APPENDIX 1

ADULT PUBLIC HEALTH SERVICES

NHS Health Checks Programme

Brief Service Description

The NHS Health Check programme aims to prevent vascular diseases including: heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years. In discharging this requirement, local authorities should act with a view to securing continuous improvement in the percentage of eligible persons in the area participating in health checks.

The programme uses various tests (blood pressure, cholesterol, body mass index) to assess individual's risk of developing CVD. Relevant lifestyle and medical approaches are then used to manage patients' risk factors, such as, diabetes prevention programme, smoking cessation, life prescription of medication to reduce blood pressure and cholesterol.

Evidence

Epidemiological studies show that a small number of well-known risk factors contribute the bulk of the population attributable risk for non-communicable diseases. These are poor diet, smoking, high blood pressure, obesity, physical inactivity, alcohol use and high cholesterol. Their contribution to ill health and premature mortality is so large that unless the numbers in the raised risk categories for these factors change substantially, national outcome measures cannot be expected to improve by much.[1]

In Bromley, the main causes of death are cardiovascular disease and cancer, with inequalities in life expectancy in key population and geographic areas. Based on strong evidence, NICE guidance recommends identification of individuals with the key risk factors for these diseases, and the use of evidence based interventions to manage them [4,5,6,7]. Early identification and intervention to reduce risk can prevent, delay and in some circumstances reverse the onset of cardiovascular diseases. The NHS Health Checks is the delivery model designed to address these seven risk factors.[2]

[1]. Murray CJL et al (2013) UK health performance: findings of the Global Burden of Disease Study 2010 The Lancet 381 No. 9871 p997-1020 23 March 2013 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60355-4/abstract

[2]. Public Health England (2015) NHS Health Check Best Practice Guidance. February 2015 http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/

Commissioning and contracting arrangements

Eligible patients are identified through GP registers. GP Practices have been the majority Provider of the NHS Health Checks for 2017-18. 43 out of a possible 45 GP Practices participated in the NHS Health checks element of the Public Health Service Level Agreement (PH SLA). Additional NHS Health Checks are being performed by the Bromley GP Alliance in order to support areas of lower uptake and to improve accessibility. The contracts with the GP Alliance for 2017-18 were to pilot this provision. This pilot was a successful and Bromley GP alliance have been re-procured for 2018-21 with plans to build further capacity to fill the gaps in GP Practice provision.
In addition, blood testing for cholesterol and HbA1c is provided through Point of Care Testing. A company called Alere (Abbott) is procured to ensure delivery of this service in Bromley.

Contract History and Value

*As NHS Health Checks Providers are paid per Check completed, there is no absolute contract value as it varies depending on activity of the Providers. Underperformance by one Provider can be picked up by the other Providers. There is a maximum number of NHS Health Checks set which Providers should offer which should not exceed which is 20% of Bromley's eligible population. For NHS Health checks completed, a cap was applied to 10% of the eligible population.

Contract History	Estimated Contract Value*	Spend 2017-18
Bromley GP Alliance – Alternative Provider of NHS Health Checks, to support gaps in GP Practice provision.	• £72,770	£12,216
44 GP Practices –Service Level Agreements began on 01 April 2015 for one year, then extended for a further year to expire on 31 March 2017 with an option to extend for a further year.	estimated value • £ 176,110 per annum	£175,425
Alere – Point of Care Testing – Contract began on 01 April 2014 and will expire on 31 March 2016	• estimated value: £100,000 per annum (dependent on volumes)	£74,929
Smarthealth Solutions – Training for Providers of NHS Health Checks	• Maximum of £5,000	£5,090
Total spend on contracts	£ 353,880	**£267,660**

Performance

National targets		Bromley 2013-14	Bromley 2014-15	Bromley 2015-16	Bromley 2016-17	Bromley 2017-18
Total eligible population		92,020	93,215	94,312	95,190	95,969
	Target %					
The number and percentage of eligible population aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check	20%	23,867 (26%)	21,400 (23%)	18,748 (19.9%)	17,524 (18.4%)	18,594 (19.3%)
The number and percentage of eligible population aged 40-74years offered an NHS Health Check, who received an NHS Health Check	50%	9,028 (37.8)	8,533 (39.9%)	8119 (43.3%)	6,738 (38.5%)	8119 45.1%
The percentage of eligible population aged 40-74years who received an NHS Health Check	10%	9.8%	9.2%	8.6%	7.1%	8.5%

Numbers of NHS Health Checks offered have been on or near the target figure for the previous 5 years. 2016-17 was the lowest achieved as a consequence of the introduction of a cap on numbers of NHS Health checks that Providers would be paid for. 2017-18 showed improvement from the previous year.

Public Health are pleased to report that in 2017-18, the percentage uptake of NHS Health Checks by those offered reached the highest recorded percentage in Bromley since the programme began at 45.1% (England 47.9%).

Numbers of people receiving an NHS Health Check of those eligible has shown an improvement in 2017/18 compared with the previous year, when the cap on performance was first implemented. Therefore for 2017-18 Public Health has met the statutory requirement of a securing improvement in the percentage of eligible persons in its area participating in the NHS Health Checks.

Key Outcomes Measures

1. Identification of people with undiagnosed risk factors for CVD:
- Hypertension: ➢ Current prevalence in Bromley is 13.7%, expected prevalence is 23.4%.[1]
- Type 2 diabetes and people at high risk of developing diabetes
- Increased cholesterol ≥7.5mmol/l

2. Identification of patients with 10 year risk of CVD ≥20%
3. Reduction in **CHD** mortality for people <75years.

Results

In 2017-18 From analysis of 8,364 NHS Health Checks records, the findings measured 06.08.18 were as follows*

- Hypertension: 1570 (19%) were identified as having raised blood pressure (≥140 systolic BP and /or ≥90 diastolic BP) at the time of the NHS Health Check. 1,224 (15%) people were prescribed antihypertensive medication following their NHS Health Check, 130 (1.6%) people were diagnosed with hypertension following their NHS Health Check.
- Type 2 diabetes: 403 (4.8%) people had a raised blood glucose test indicating them to be at high risk of developing diabetes at or after the NHS Health Check. 288 (3%) had a diagnosis of non-diabetic hyperglycaemia.
  107 (1.3%) had a very high blood glucose within the range for diagnosis of diabetes.
  81 (1%) were diagnosed with Type 2 diabetes at or after the NHS Health Check.
- High cholesterol: 70 (0.9%) people had a very high cholesterol ≥7.5mmol/l, 100% of who were receiving statin medication at the time of data collection.
- High risk of CVD: 351 (4.4%) people were assessed to have a 10year Qrisk score of 20% or more. Of these, 103 (29%) were receiving statin therapy at the time of data collection.
  A further 1415 (17%) people had a 10year Qrisk score of 10-19% indicating moderate cardiovascular risk, Of these 196 (14%) were prescribed statin therapy.

(These figures should be considered with caution, as there may have been insufficient time for diagnoses and medication management to have been instigated at the time of data extraction. Therefore the figures would be expected to be higher on reaudit.)

- In the three year period 2014-16, the premature mortality rate for CHD in NHS Bromley CCG was 29.9 per 100,000. This continues the steady decrease from 42.2 per 100.000 since 2004-6.

References

[1] National cardiovascular intelligence network (2016) Cardiovascular disease profiles www.ncvin.org.uk.

APPENDIX 2

CHILDREN AND YOUNG PEOPLE PUBLIC HEALTH SERVICES

Primary School Vision Screening and National Childhood Measurement Programme (NCMP)

This service entails leading, co-ordinating and delivering programmes of surveillance of height and weight and vision screening of children in state-maintained schools, including academies, in Bromley. These programmes are in line with the current Healthy Child Programme and the National Screening Committee recommendations for all children. The evidence base for these programmes is robust.

Brief Service Description

This is a national programme and it is mandated for Public Health. The programme has two key purposes:
1. to provide robust public health surveillance data on child weight status, to understand obesity prevalence and trends at local and national levels, to inform obesity planning and commissioning and underpin the Public Health Outcomes Framework indicator on excess weight in 4-5 and 10-11 year olds

2. to provide parents with feedback on their child's weight status: to help them understand their child's health status, support and encourage behaviour change and provide a mechanism for direct engagement with families with overweight, underweight and obese children.

The NCMP measures the weight and height of children in Reception class (aged 4 to 5 years) and Year 6 (aged 10 to 11 years).

Evidence

NCMP

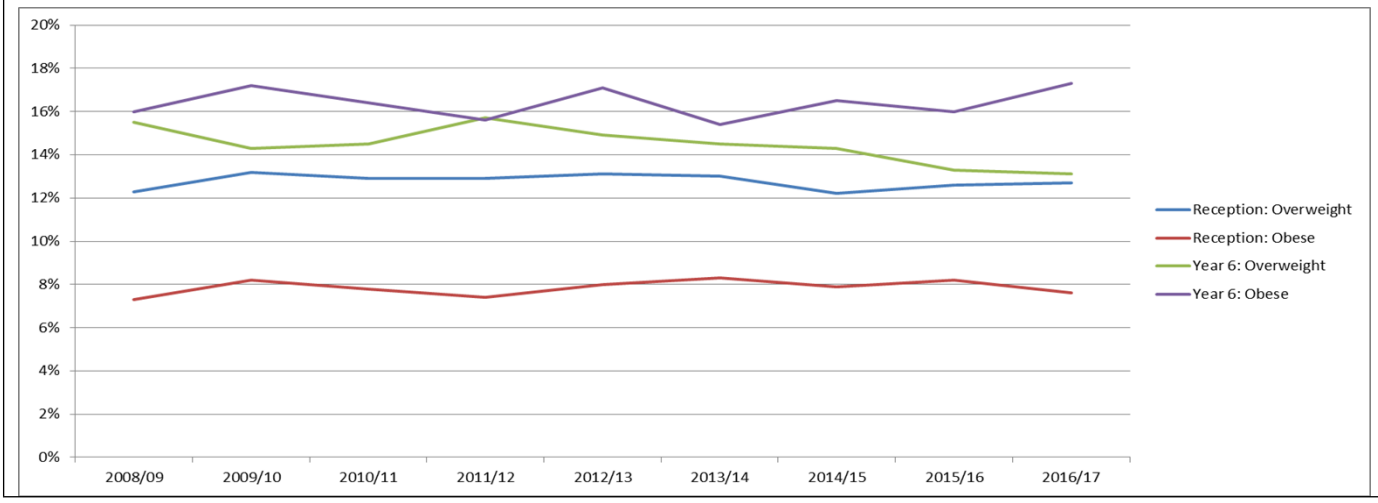
Recent findings from the Health and Social Care Information Centre report on obesity trends[1] showed that:
• Child obesity is a critical public health issue, putting children at greater risk of developing cancer, type 2 diabetes and heart disease in later life.
• About one in five children in reception (aged 4–5 years) are overweight or obese, rising to one in three in year 6 (10–11 year olds).
• At a national level prevalence rates remain stubbornly high (among the highest in Europe) however, in comparison to other London boroughs, Bromley does have one of the lowest levels of obesity
• In line with most other local authorities, locally prevalence of overweight and obesity doubles between the first and the last years of primary school. Obesity prevalence shows a strong association with socioeconomic deprivation. The obesity inequality gap is wide between the most and least deprived quintiles.
100% of eligible schools engage in the NCMP programme in Bromley and pupil participation is over 95%.

Vision

There are evidence-based recommendations that support Orthoptic-led delivery of the vision screening to provide the approach required by Public Health England. The recommendation was made following a review of research evidence and it includes the importance of standardised delivery of screening provision. A national review of this programme found that the main problem found by screening in this age group is Amblyopia. Amblyopia can be a very mild problem but can become more serious if left untreated or if sight in the other eye is lost or damaged. Other problems commonly found at screening include refractive error (short or long sight) and strabismus (squint).

In 2017/18, following initial vision screening, 6.8% referrals to the orthoptist service were made, that is a total of 268 children. Approximately half of them needed glasses and 30 of them had some other indication and needed further treatment.

Demographics and Epidemiology



Commissioning and contracting arrangements

In October 2018 Public Health awarded the new Bromley Primary School Screening Programme contract to Bromley Healthcare. It includes vision screening for children in Reception and National Child Measurement Programme for Reception & Year 6 pupils in all state-maintained primary schools, including academies, within the local authority boundary in Bromley. Currently, there are no commissioning intentions to fund specific weight management programmes for children and young people. In the absence of support for families of children who have been identified as overweight or obese through NCMP, signposting to national weight management resources is important. Colleagues in education, health and social care have been advised to signpost families to Change4life resources https://www.nhs.uk/change4life-beta/your-childs-weight

Contract History

This is the first year where vision and NCMP have been combined into one screening service. The contract is for 3 years and will terminate in September 2020. Previously the NCMP function was carried out under the block contract by The Healthy Weight Service and the vision screening was carried out by the School Nurse Service.

Contract Value

£145,429

Health Visiting Service

Health Visiting Service Background

The Healthy Child Programme (HCP) is a public health programme for children, young people and families, which focuses on early intervention and prevention. It offers a programme of screening tests, developmental reviews, information and guidance on parenting and healthy choices. The HCP is core to the specifications the 0-4 Service, which includes Health Visiting and Family Nurse Partnership and it is also core to the school nurse function of the Health Support to Schools Service. It is universally available to all Bromley families and aims to ensure that every child receives the good start they need to lay the foundations of a healthy life.

The Healthy Child Programme aims to:

• Help parents develop and sustain a strong bond with children
• Encourage care that keeps children healthy and safe
• Protect children from serious disease, through screening and immunisation
• Reduce childhood obesity by promoting healthy eating and physical activity
• Identify issues early, so support can be provided in a timely manner
• Make sure children are prepared for and supported in education settings
• Identify and help children, young people and families with problems that might affect their chances later in life

Service Description

From October 2015 the responsibility for commissioning public health services for children aged 0-5 transferred to local authorities. At this time the Government mandated certain elements of the Healthy Child Programme. The mandated elements are the five universal health visitor assessments that form part of the '4-5-6 Model for Health Visiting'. This model offers a framework for health visiting teams to provide universal and non-stigmatising services to all families with children under 5 years of age. The model includes a four level service model (Community, Universal, Universal Plus and Universal Partnership Plus) and five mandated elements include;

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2 to 21/2 year review

Nationally six High Impact Areas were identified. The intention is for these areas to be prioritised and ensure resources are targeted appropriately, according to health need and to maximise health outcomes. They describe the areas where the 0-5 workforce can and should have a significant impact on health outcomes. The 6 High Impact Areas are:

1. Transition to parenthood and the early weeks
2. Maternal (perinatal) mental health
3. Breastfeeding
4. Healthy weight (healthy diet and being active)
5. Managing minor illnesses & reducing accidents
6. Health, wellbeing & development at 2 years & support to be 'ready for school' at 4 years

Evidence

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being, educational achievement and economic status. Universal and specialist public health services for children are important in promoting the health and wellbeing of all children and reducing inequalities through assessment and intervention as and when need is identified and on an ongoing basis for more complex or vulnerable children and families. Successive reviews have demonstrated the economic and social value of prevention and early intervention programmes in pregnancy and the early years.

Demographics and Epidemiology

As Health Visiting is a universal service, the relevant population is all pregnant women and children under 5 years in Bromley. The live birth rate in Bromley has been rising since 2002, with the highest rates in Mottingham & Chislehurst North and Clock House wards. The number of births in Bromley has risen from 3500 in 2002, to over 4000 in 2012. The number of 0 to 4 year olds has gradually been increasing since 2006 and will peak in 2017 (21,196) but is projected to decrease to 21,016 by 2019 and then to 20,825 by 2024 (JSNA 2015). The Health Visiting Service are working with seventy seven families (70 families in 15/16) where there is a Child Protection Plan, seventy nine Child In Need cases (69 in 15/16) and thirty two Child Looked After cases (24 in 15/16).

This demonstrates the caseloads of the Health Visiting Service is not only increasing but also becoming more complex.

Commissioning and contracting arrangements

The table below illustrates coverage of mandated HV reviews 2017-18:

Mandated contacts	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Antenatal contact	204	145	122	233	514	454	406	488	194	375	103	118
New birth visit	77%	86%	93%	93%	94%	94%	93%	92%	92.40%	92.30%	93.30%	94%
6 week review	Accurate Data Unavailable	Accurate Data Unavailable	Accurate Data Unavailable	Accurate Data Unavailable	80%	84%	90%	89%	93.00%	89.70%	79.90%	82%
12 month review	84%	74%	83%	88%	89%	90%	81%	88%	86.00%	89.40%	77.40%	60%
2.5 yr review using Ages & Stages Questionnaire (ASQ)	69%	71%	52%	73%	69%	80%	78%	79%	77%	76%	27%	30%

The health visiting service provider changed in Q3, October 2017. Transitional issues such as data recording and some challenges in transferring information which led to delays in inviting families to reviews drop in the data for the first few quarters was anticipated due to the fact that the providers use different systems. However it is expected that coverage will now increase incrementally to re-establish a high performing service.

Contract history

Through the procurement process the 3 year contract was awarded to Oxleas NHS Foundation Trust. The contract commenced 1 October 2017 and will expire 30 September 2020.

Contract Value

£3,371

Health Support to Schools

Background
Following the decision in February 2016 to de-commission the current School Nursing service from April 2017, Public Health conducted a Risk Assessment and a Child Wellbeing Needs Assessment. The risk assessment identified key risks areas and the Needs Assessment outlined these in more detail. This work indicated that there is a growing number of vulnerable children and young people in Bromley who are at a significant risk and there is a gap in service provision to address this risk.
At its meeting on 30th November 2016, the Council's Executive agreed to fund a new service to support the health of school age children for 2 years, funded by the Better Care Fund. The new service started 1st April 2017.

An evaluation of the new "Health Support to Schools Service" in October 2017 showed that the small team were only able to offer very limited safeguarding support due to capacity. The Designated Safeguarding leads in Bromley CCG and Public Health worked together to identify the gaps and risks to safeguarding in the new service.

Service Description
The current Health Support to Schools (HSS) service covers two specialist nursing functions: safeguarding vulnerable groups, and strategic health support to schools to minimise the risks of children with health conditions in schools.

a) Safeguarding Nursing support

As well as providing nursing expertise to general safeguarding processes in Bromley, this service is commissioned to provide nursing support to some of the most vulnerable groups in Bromley as identified by the Needs Assessment, including Electively Home Educated children, young people in contact with the Youth Offending Team, young people in the Gypsy Traveller community, and young carers. In addition, this service is commissioned to support identification and assessment and provide appropriate support to young people who have suffered CSA/CSE.

The evaluation of the Health Support to Schools Service in October 2017 showed that the service were able to attend nearly all Initial Case Conferences but almost no Review Case Conferences or Core Group meetings due to lack of capacity. It also showed that the only targeted support the service was able to provide was to the Youth Offending Service.

b) Supporting pupils with medical needs in schools

The service is commissioned to provide nursing support to maintained schools and academies in Bromley in order to reduce the risks to schools of looking after pupils with medical conditions. This model of working involves each school clearly leading this work, with appropriate strategic nursing support to minimise risks to the school and the young people. Individual Health Care Plans for children with medical conditions are a key mechanism to manage this risk in schools.
Due to recent deaths from asthma in schools outside Bromley, it is recommended that all children with asthma in Bromley schools are offered an Individual Health Care Plan. This is likely to involve at least 6000 children and young people, based on existing data collected by GPs in Bromley.

Demographics and Epidemiology
Children and young people population projections are shown in the table below. The age groups roughly correspond to pre-school, primary school and secondary school age groups. The largest growth is due to be in the secondary school age group.

Children's Population Projections 2017 to 2027:

Age	2017	2022	2027
0-4 years	21,600	22,100	22,200
5-10 years	26,700	27,100	27,300
11-18 years	30,100	34,400	36,800

Source: GLA 2016 Central Trend Base Population Projections

Since 2010 there has been an increase in the borough's school age population, particularly driven by an increase in birth rates and inward migration. However, the rate of inward migration to Bromley from other boroughs, a major driver of the projected growth in the school population, is showing signs of reduction.

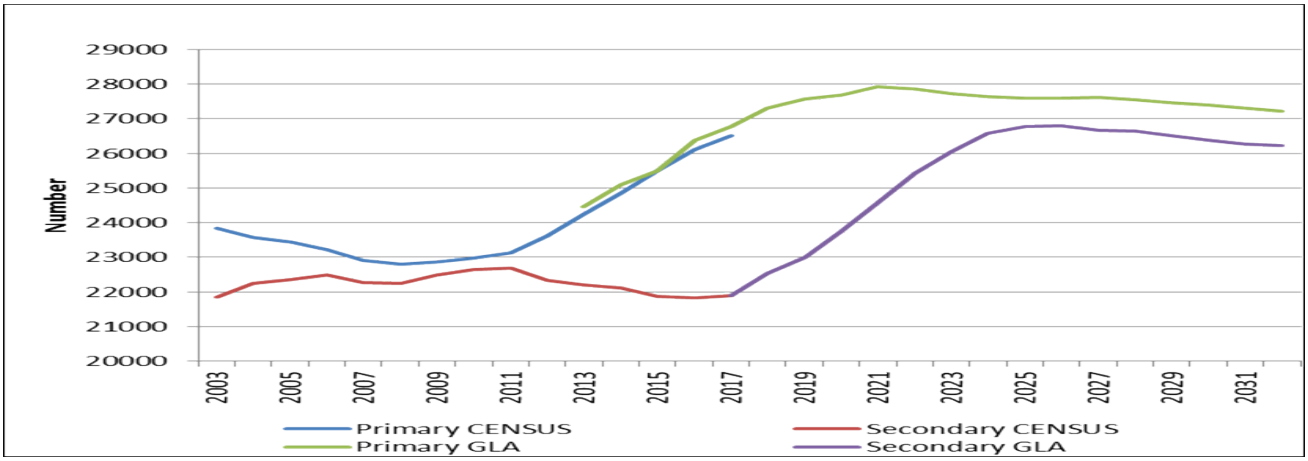
The growth in demand for school places is now passing from the primary to the secondary sector, with the need for Year 7 places in secondary schools forecast to increase from 3,445 in 2016/17 to 4,205 in 2023/24. This represents

a 22% increase over 7 years.

Over the next 15 years the number of pupils in Bromley schools will increase. Based on the 2017 GLA School Roll Projections, the school population will rise from 48,679 in 2017 to a peak of 54,392 in 2026, before falling back slightly to 53,441 in 2032.

The graph below provides details about actual changes to primary and secondary rolls from the school census up to 2017 and forecasts from the GLA School Roll Projections up to 2032. It demonstrates the significant growth in primary and secondary school rolls that will be sustained over the next decade.

Actual and Projected School Rolls 2003 to 2032:



Source: School Census and GLA 2017 School Roll projections

A needs assessment of the health needs of Bromley children in summer 2018 identified the following key issues affecting school-age children:

- There appears to be a significant drug problem in young people in Bromley and to some extent an alcohol problem as well. Overall the numbers accessing drug services are reducing.
- There are high rates of opiate and/or crack use in young people aged 15-24.
- It is estimated that nearly two thirds of drug users in Bromley are not known to drug treatment services.
- There were more than 1400 children living in temporary accommodation in Bromley in 2016/17 and this number is likely to rise.
- Smoking rates in young people in Bromley are higher than London and national rates and areas of highest deprivation are disproportionately affected.
- Demand for early intervention Wellbeing (CAMHS) services are increasing each year, the majority because of relationship, school or family issues. Anxiety and mood problems are mentioned in more than half of the cases. Of particular concern are the hundreds of children and young people presenting with self-harm, suicidal thoughts, or even a history of suicide attempts (66 young people between April and December 2017).
- The number of children and young people presenting in mental health crisis at A&E continues to rise.
- Referrals of Bromley children to Eating Disorder services are high compared to other London boroughs
- The increasing number of children with SEMH correlates with the increasing number of attendances at the Wellbeing Service. Both support wider evidence on increasing levels of emotional difficulties in children and young people in Bromley.
- The number of Electively Home Educated (EHE) children is increasing. Vulnerability and safeguarding concerns in EHE children and young people may not be identified. This is of particular concern for young people who may be EHE for longer periods of time.
- Gypsy Traveller young people are over-represented in the EHE group.
- Referrals to the YOS increased by 10% this year. The majority of referrals are young men involved in violence, motor offences or drugs. The small proportion of young women are referred for offences of violence. There is an over-representation of black young people.
- There are a growing number of young people in Bromley with suspected gang affiliation. Most are young black men living in the Penge and Anerley area.
- CSE in Bromley appears to be mainly peer-on-peer with some gang-related association. Hotspot locations of CSE in the borough have been identified. Risk factors for being CSE include being female, being Looked After, going missing, and attending a PRU.
- There appears to be a mismatch between the perception of crime and violence and the reality for many young people in Bromley. This requires further work to gather local data and understand the concerns of young people in Bromley.
- There were 125 young people aged 16 to 21 accepted as homeless by Bromley in 2016/17, a 42% rise on the previous year.

- Children with diabetes in Bromley are being admitted more than those in London or England and this rate is increasing. Blood sugar control in children in Bromley is poorer than in London or England.
- Although nationally standardised outcomes of care for children with asthma (hospital admissions) indicate good care, some processes to prevent future admissions appear quite poor.
- The Learning Disability Profiles show a year on year increase in the number of children with Autism known to schools, although not all of those children have been formally assessed as being on the Autistic Spectrum.
- Rates of social, emotional and mental health difficulties and speech, language and communication needs are rising in Bromley.

Commissioning and contracting arrangements
Bromley CCG procured the service from Bromley Healthcare on behalf of the Council under a Section 75 agreement. The service started April 2017 with a 2 year contract. Contract monitoring and performance management of the service is managed by Public Health.

Contract Value
In April 2017 the service was funded £303k per year. By October 2017 it was identified that this funding was insufficient to run a safe service. The funding in the second year of the contract is £603k plus an extra £60k to ensure the extra Individual Health Care Plans are in place and up to date.

Contract performance
The evaluation of the Health Support to Schools Service in October 2017 showed that the service were able to attend nearly all Initial Case Conferences but almost no Review Case Conferences or Core Group meetings due to lack of capacity. It also
showed that the only targeted support the service was able to provide was to the Youth Offending Service.

The additional monies have improved the service performance. This will be covered in the report for 2018/19.

APPENDIX 3

SEXUAL HEALTH SERVICES (OPEN ACCESS STATUTORY SERVICES)

Control of Sexually Transmitted Infections (STIs)

Brief Service Description

Sexually transmitted Infections (STIs) are communicable diseases that must be controlled. Once acquired, STIs need to be diagnosed and treated quickly to prevent onward transmission to partners. It is therefore essential to provide accessible screening, diagnosis and treatment management for those affected and their partners. Prevention methods and advice are a crucial part of the care pathway to minimise the re-infection rates within the community.

Screening programmes for Chlamydia[1] and Gonorrhoea for the under 25s along with target testing to detect undiagnosed and late diagnosis of HIV[2] are commissioned to avoid consequences of untreated infection and inadvertent onward transmission. Outreach programmes targeting those at risk population to promote condom use and early HIV testing are also commissioned to prevent transmission.

To minimise further transmission risks and progression rates, HIV clinical nursing and community specialist services are also commissioned to support people newly diagnosed and those living with HIV in managing their conditions effectively.

Evidence

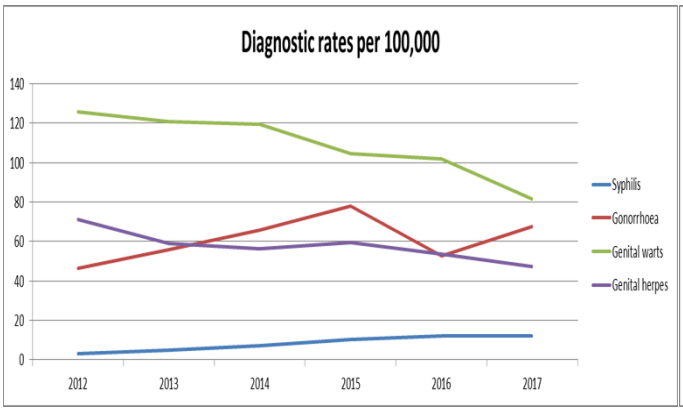
Central to preventing onward transmission of STIs is early diagnosis through increased testing and screening (e.g. the National Chlamydia Screening Programme) as well as the promotion of safer sex, especially condom use. Early detection is therefore a proven and effective control method.

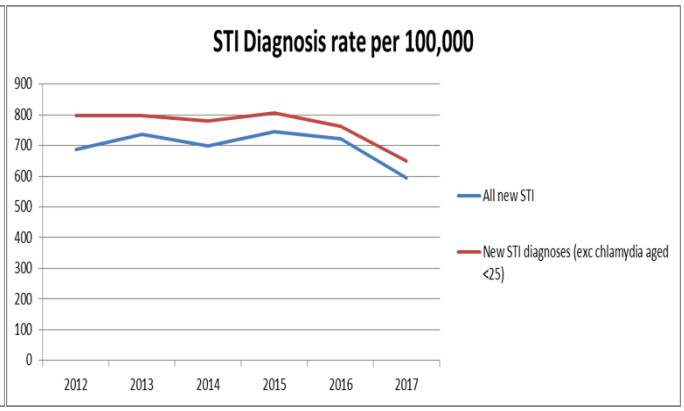
There is evidence that behaviour change interventions can increase condom use and reduce partner numbers[3] as well as showing delayed sexual initiation and reduction in STI incidence.[4]

Early diagnosis of HIV infection enables better treatment outcomes and reduces the risk of transmission. HIV testing is key to prevent its transmission. Increasing the number of tests in non-specialist healthcare setting[5] and the frequency of testing those groups at increased risk of HIV will play a key role in tackling HIV. [6] Outreach providing rapid point-of-care tests is recommended for increasing the uptake of HIV testing among Men having Sex with Men (MSM). [7]

Epidemiology

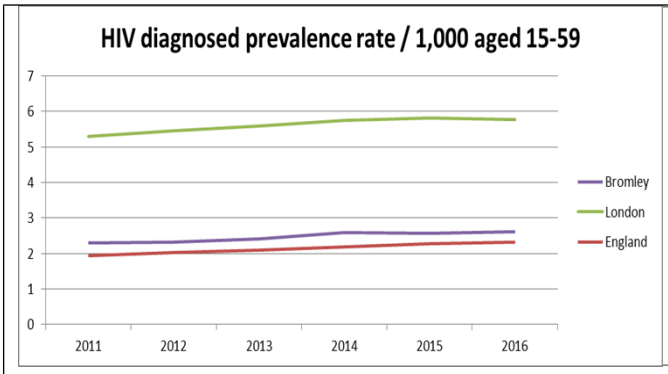
STIs continue to represent an important public health problem in London, which has the highest rate of 5 listed STIs (chlamydia, gonorrhoea, genital herpes, genital warts and syphilis) in England. Bromley has a lower rate than London for all 5 listed STIs. It also has a lower rate than England for Chlamydia, Genital Warts, Genital Herpes and new STIs. The graph below shows a downward trend in new STIs in Bromley. The at risk populations continues to be young people aged 15-24 who are at highest risk of chlamydia infection, MSM and Black African (BA)/Caribbean ethnic groups who have the highest rates of new STI infections in Bromley. Based on the diagnostic rates (diagnostic rates are used as a proxy for incidence) this indicates there is also a steep rise in the incidence of Gonorrhea and Syphilis in recent years and due to their resistance of current treatment, a more targeted approach is required.

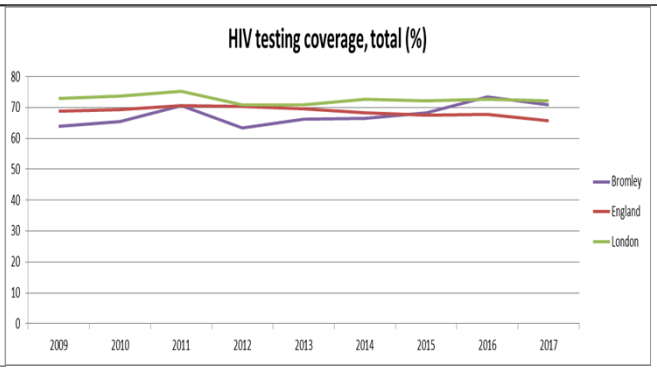


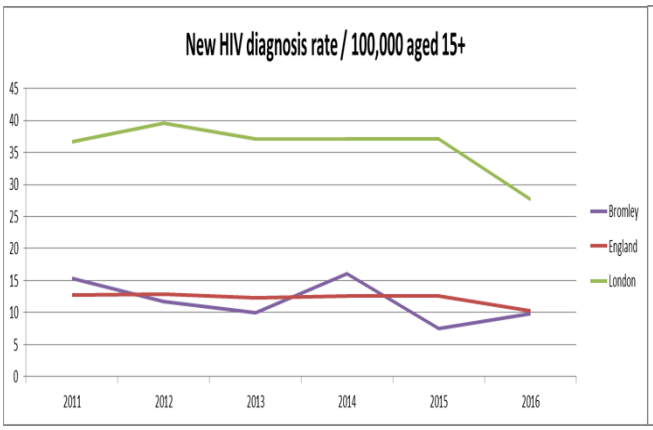


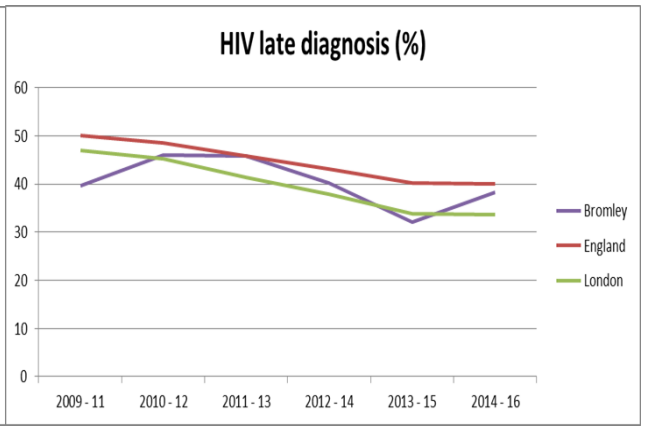
HIV

The number of Bromley residents living with HIV infection continues to rise with the latest available data continuing to show a year on year increase with a prevalence rate of 2.7 per 1000 population overall. When the prevalence rate reaches 2 per 1000 population, early testing to detect the infection is required. As Bromley is seeing a rising trend of late and very late diagnosis, their early detection will continue to be a priority and focus of delivery in 2018/19.



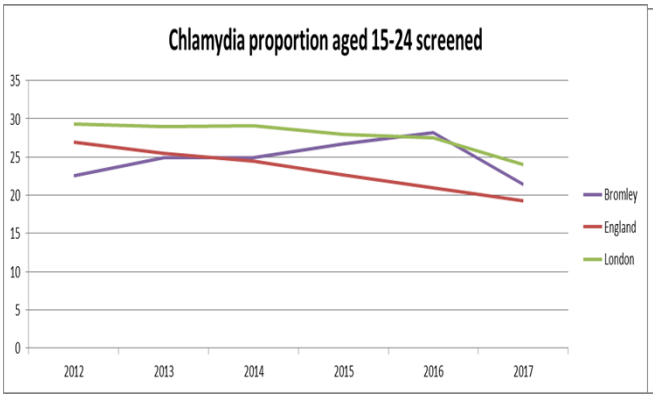


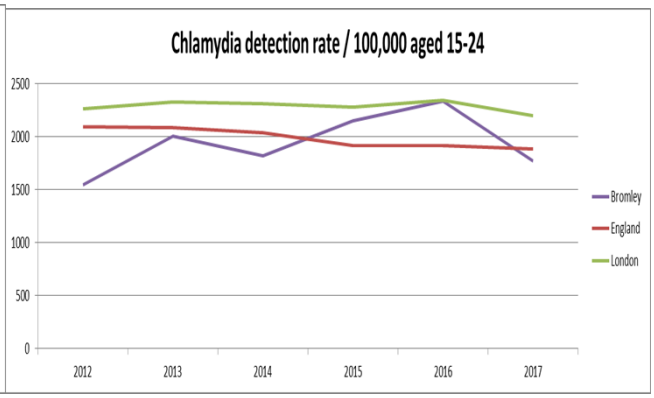




Chlamydia Detection (under 25s)

In 2017/18, 7,012 (21.4%) young people (15-24 years old) were tested for Chlamydia in Bromley with a positivity rate of 8.27%. These compared to 9,237 (28.2%) in 2016/17, and 9,066 (26.7%) in 2015/16 young people tested with a positivity rate of 8.26%, and 8% respectively. This suggests that despite a lower testing coverage rate, the programme continues to screen its population group at most risk of the infection which is indicated by the higher positivity rate.





Note: at the time of writing this report some of the data will not be complete due to PHE releasing STI reports based on calendar year figures and not financial contracting years.

Commissioning and contracting arrangements

Socio-economic deprivation is a known determinant of poor health outcomes and sexual health data show a strong positive correlation between rates of new STIs and the index of multiple deprivations across Bromley. A universal approach to control STIs is neither cost effective nor delivering best value for Bromley. Targeting those deemed to be high risk individuals and those hard to reach communities are priority groups for controlling STIs in Bromley. As STIs proportionately affect young people and Chlamydia being the most commonly diagnosed STIs, priority is given to this detection programme. Given the rise in both Gonorrhea and Syphilis, continued efforts will be made in 2018/19 to target those at risk populations, especially young people and MSM.

Open Access Sexual Health Service (£1,608k budget with spend of £1,478k) - During 2017/18, Bromley continued to collaborate with other London boroughs in contract negotiations with all London providers to achieve lower prices. This resulted in an under spend of £130k.

Community Detection programmes (£172k budget with spend of £163k) - Chlamydia screening programme and target STI including HIV testing outside of GUM clinics were commissioned from Community Pharmacies and from eligible General Practices, using the Service Level Agreement.

HIV community clinical and specialist support services (£186k budget with spend of £176k) - HIV clinical nursing services are commissioned as part of the BCCG Community Block Contract and community specialist support was commissioned from Metro under the approved Framework Agreement. Health education along with condom distribution to hard-to-reach and high risk groups of men were commissioned and included in the BHC Block contract - Health Improvement Service (Sexual Health).
A new Community Sexual Health Early Intervention Service commenced on 1 October 2017 when the community block contract came to an end. The new service consolidates five elements of community services to include community pharmacy provisions into one with the contract being retained by BHC after a rigorous tendering process.

Provider contractual performances

Open access Sexual Health Service

2017/18 is a year of transition for sexual health services across London. The phased roll out of the new tariff with currencies applied to a number of clinical pathways and treatments makes performance monitoring extremely challenging with a number of providers applying the new tariffs mid-year whereas others, who have yet to adopt the tariffs, were charging the first and follow up attendance (payment by result) rate published by the NHS. This coupled with the alternative online STI offer makes comparison of performance with previous years difficult.

During the first six months of 2017/18, 5,000 attendances were delivered and if this were to be projected to a full year effect to use as a proxy for comparison of the 13,000 attendances delivered in 2016/17, the projected level of activity (10,000) appears to be lower than previous year. However, an online self-sampling trial was put in place in south east London with Bromley participation to ascertain the potential level of diversion from clinic activities prior to the implementation of the London wide online service. It is predicted that approximately 10% of previous year's activity could be diverted to online services and the trial has delivered 1,780 tests. Taking into account of the online activity, it is considered that overall the level of activities has not decreased and is on par with previous levels at lower cost.

As implementation of the new tariff and SHL online service continues into 2018/19, the different datasets collected by these services will continue to make comparison of trend analysis challenging. However, it is anticipated this will improve over time with plans in place to develop a different performance monitoring framework over the coming year.

References

[1] Public Health Outcomes Framework Indicator 3.2 Chlamydia detection rate (15-24 years old)
[2] Public Health Outcomes Framework Indicator 3.4 People presenting with HIV at a late stage of infection
[3] Clutterbuck D et al. UK National Guidelines on safer sex advice. The Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) July 2012
[4] Charamoa MR, Cre[az N, Guenther-Gray C, Henny K, Liau A, Willis L, et al. Efficacy of structural-level condom distribution interventions: a meta-analysis of U.S. and international studies, 1998-2007. AIDS and behaviour 2011; 15(7): 1283-1297
[5] Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas, Health Protection Agency, 2012
[6] Increasing the uptake of HIV testing among black Africans in England (PH33), National Institute for Health and Clinical Excellence, 2011
[7] Increase the uptake of HIV testing among men who have sex with men (PH34), National Institute for Health and Clinical Excellence, 2011

Reduce Unplanned Pregnancies including Teenage (Under 18) Conception Rate

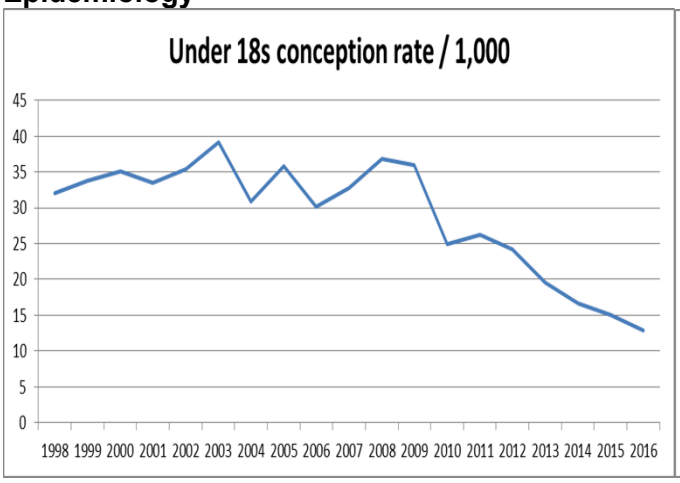
Brief Service Description

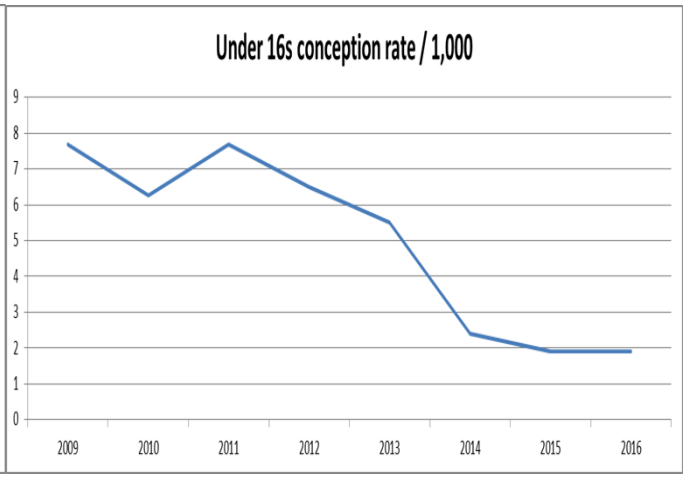
Provision of an open access Contraception and Reproductive Health Service is a prescribed function of Local Authorities. Conception rate in under-18 year olds is an indicator in the PHOF.
Bromley commissions a range of community contraception services to reduce unintended pregnancies with a specific focus on reducing teenage (under 18) conception rate. These include contraception advice and methods such as long-acting reversible contraception (LARC), Emergency Hormonal contraception (EHC) and condom scheme along with a range of health education and advice for young people in local schools and colleges.

Evidence

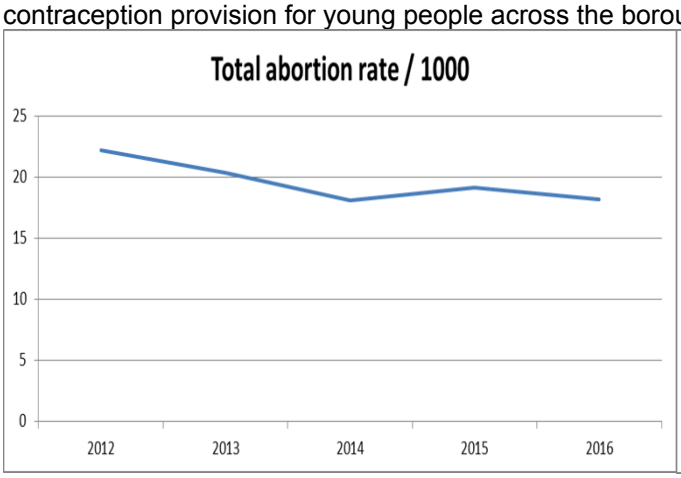
The Department of Health's "A Framework for Sexual Health Improvement in England" indicated that up to 50% of pregnancies are unplanned. While many unplanned pregnancies will become wanted, around half of the teenage pregnancies end in an abortion. [1]
Evidence shows that teenage pregnancy is associated with poorer health and social outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty. They have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poor quality housing and are more likely to have accidents and poor emotional health and well-being, which impacts on their children's behaviour and achievement. Good contraception services have been shown to lower rates of teenage conceptions.
According to NICE on effectiveness of contraception methods, LARC methods have a wider role in contraception and their increased uptake could help to reduce unintended pregnancy. [2] Both the Government and the Faculty of Sexual and Reproductive Healthcare highlight that knowledge, access and choice for all women and men to all methods of contraception are crucial elements that contribute to the reduction of unwanted pregnancies. Evidence also suggests that school-based sexual health services have positive effects on reductions in births to teenage mothers. [3]

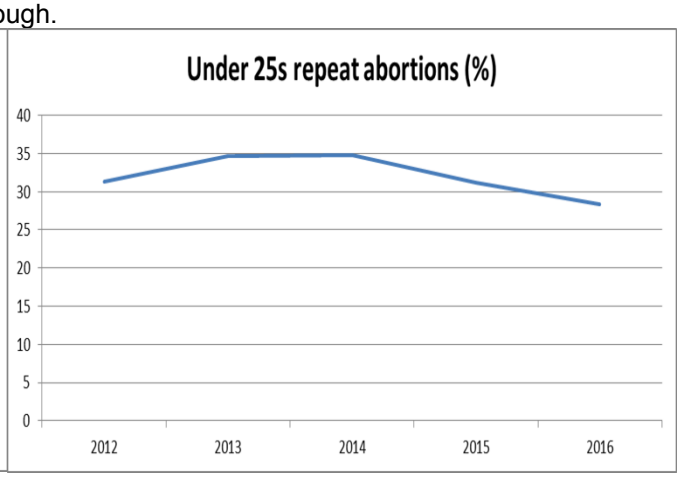
Epidemiology





The continued reduction in teenage conception rates can be attributed to a more integrated way of service delivery. Concerted efforts were given to SRE delivery, supported by a young people specific website (information, advice and signposting to services), widely accessible Condom scheme with online registration and emergency hormonal contraception provision for young people across the borough.





Research evidence continues to show that it is teenage pregnancies that are associated with poorer outcomes for both the parents and children. More work is therefore needed to continue to tackle unintended pregnancies,

especially in areas that have the highest rates of TP in Bromley. These continue to be found in Bromley wards that also have a higher level of deprivation such as Penge, Mottingham, Plaistow & Sundridge, The Crays and Darwin.

Commissioning and contracting arrangements

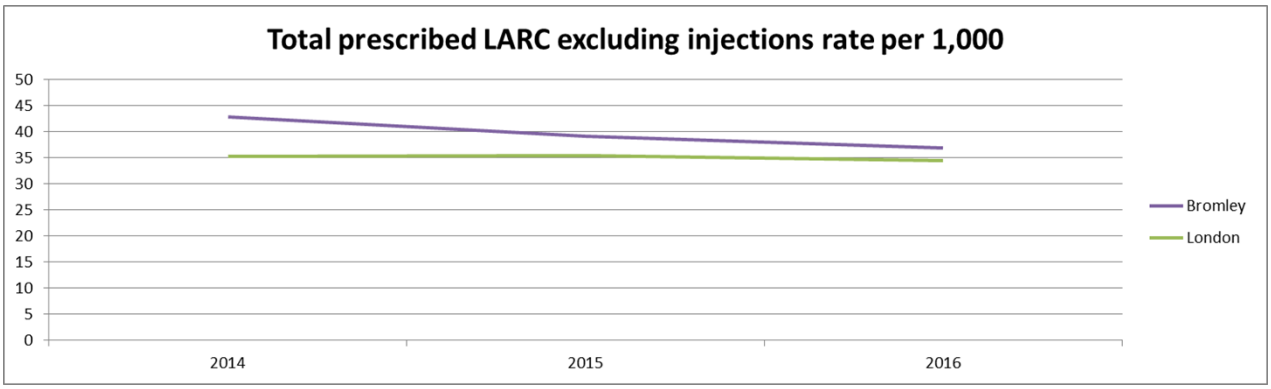
Contraception and Reproductive Health and Health Improvement Service were commissioned from Bromley Healthcare and included in the Bromley CCG Community Block Contract using S75 agreement in the first six months of 2017/18. The services were then reconfigured to form a new Community Sexual Health Early Intervention Service to include pharmacy schemes. This was re-procured and a two year contract with the option to extend for further two years (2+1+1) was awarded to BHC.

LARC methods were commissioned from eligible General Practices (contract value up to £231k plus £120k prescribing costs) under the Public Health Service Level Agreement with actual spend of £215k plus £97k prescribing costs in 2017/18.

EHC were procured from Community Pharmacies in the first six months under the Framework Agreement and the remaining six months was subcontracted by BHC under the new Community Sexual Health Early Intervention Service. The spend of this was £16k against a budget of £14k.

Provider contractual performance

In 2017/18, general practices in Bromley fitted 1,651 Long-Acting Reversible Contraception Methods (LARC). This compared with 1,542 LARC methods fitted in 2016/17. The sexual health service fitted 2,572 LARC insertions (includes Depot Provera injections) in 2017/18, compared to 2,402 in 2016/17.



LARC Methods	2016/17	2017/18
EHC – GPs	562	486
EHC – Community Pharmacy	1,195	1,039
Depo Provera Injections - GPs	1,429	1,582
Depo Provera Injections – BHC Community Clinics	774	748

References

[1] A Framework for Sexual Health Improvement in England, Department of Health. March 2003

[2] Clinical Guidance 30 Long-acting Reversible Contraception (Update), National Institute for Health and Clinical Excellence. September 2014

[3] Owen J, Carroll C, Cooke J, Formby E, Hayter M, Hirst J, Lloyd Jones M, Stapleton H, Stevenson M, Sutton A. School-linked sexual health services for young people (SSHYP): a survey and systematic review concerning current models, effectiveness, cost-effectiveness and research opportunities. Health Technol Assess. June 2010

Substance Misuse Service - Adults

Brief Service Description

Substance Misuse Treatment Services:

CGL (Change Grow Live) is commissioned to deliver the adult substance misuse treatment service (Bromley Drug & Alcohol Service – BDAS) and the young people's substance misuse service (Bromley Changes).

BDAS aims to work with clients to move them from a position of problematic drug and/or alcohol misuse, associated with poor physical health, chaotic lifestyle and risky behaviours to a positon of stability, improved health and well-being, employment and positive engagement with the community.

BDAS works with adults aged over 18 and provides the following services:

- Assessment – comprehensive assessment of an individuals' needs including physical, social and psychological
- Recovery service – range of interventions including counselling and peer support
- Prescribing services – provided for those clients with a physical dependence to opiates and delivered in partnership with local pharmacies delivering the supervised administration of methadone scheme (SAM)
- Needle exchange – provided at BDAS and local pharmacies to reduce the transmission of blood-borne viruses
- Criminal Justice - working with clients involved with the criminal justice system
- Outreach – partnership work with Oxleas Dual Diagnosis Service at the in-patient wards, joint work with Job Centre Plus, Princess Royal University Hospital
- Hepatitis C – screening and treatment
- Aftercare service – mutual aid – including Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery. Also includes return to employment programmes to support clients to maintain abstinence
- Training and consultancy for partners

Bromley Dual Diagnosis Service:

The Oxleas Dual Diagnosis Service provides 1.5 workers delivering specialist interventions to clients with co-morbid issues.

Needle Exchange & Supervised Consumption of Methadone:

A range of pharmacies in the borough are commissioned to provide supervised consumption of methadone and needle exchange. All pharmacies work closely with BDAS.

Residential placements for detoxification and rehabilitation

LBB spot purchases residential placements for the detoxification and rehabilitation of Bromley residents reaching the criteria for this kind of specialist treatment. Each application is assessed by a Panel of specialist's chaired by the Director of Public Health.

Evidence

The current national strategies informing the direction of substance misuse activity are the 2017 Drug Strategy[1] and other publications to include the Building Recovery in Communities (BRiC) Consultation & Response Document[2] and Annual reviews of the Drug Strategy[3]. These all highlight the move from a focus on retention in treatment towards reduction, reintegration and recovery. These strategies emphasise a holistic approach to tackling substance misuse needs to look at the whole range of activity for both drugs and alcohol, from prevention right through to structured treatment provision and onto the recovery infrastructure afforded to those emerging from addiction and rebuilding their lives.

The 2017 Strategy also recognises the very real challenges of an ageing treatment population with increasingly complex health problems, declining numbers of people entering treatment, falling numbers of opiate users primarily who are overcoming their addictions and an alarming increase in the rate of drug related overdoses and deaths.

All of these issues are compounded by changing patterns of drug use, production and supply that were unheard of even a decade or so ago be it; synthetic drugs, purchased through the 'dark web' and delivered by drones.

The impact of these changes is seen in communities and amongst some of the most vulnerable clients groups across the country. There is also a particular emphasis on evidence based approaches to treatment.

The 4 key themes in the National Drug Strategy are:

Reducing demand – there is a strong focus on preventing the onset of drug use, its escalation at all ages, through universal action combined with more targeted action for the most vulnerable. The strategy places great emphasis on building resilience and confidence among children and young people to prevent the range of risks they face such as drug and alcohol misuse, crime, exploitation and unhealthy relationships.

Restricting supply – there remains a core focus on disrupting supply routes and tackling organised crimes; adopt approaches to reflect changes in criminal activity; using innovative data and technology; taking co-ordinated partnership action to tackle drugs alongside other criminal activity.

Building recovery – a stated ambition for full recovery by improving both treatment quality and outcomes for different user groups; ensuring the right interventions are given to meet the needs of different cohorts of drug users at local levels; and facilitating the delivery of an enhanced joined-up approach to commissioning and the wide range

of services that are essential to supporting every individual to live a life free from drugs.
Global action - There are strong commitments throughout the strategy at international cooperation, intelligence sharing and monitoring to better track patterns and prevalence of drug use, identify best practice and the global impact of drug policies in tackling harms, reducing the spread of HIV and other BBV's and promoting human rights.

Specifically focussing on alcohol, the 'Government's Alcohol Strategy'[4] and NICE guidance Alcohol-use disorders: preventing harmful drinking, PH24[5] set out key policies that affect the wider population to create an environment that supports lower risk drinking.

1 Drug Strategy 2017, HM Government
2 Building Recovery in Communities,Consultation & Response Document, NTA 2012
3 A Balanced Approach' Third Annual Review of the 2010 Drug Strategy, The Home Office 2015Su
4 The Government's Alcohol Strategy, 2012, The Home Office
5 https://www.nice.org.uk/guidance/ph24?unlid=17500

Epidemiology of substance misuse

National estimates[1] show alcohol problems are widespread. In England, 10.4 million adults drink at levels that increase their risk of health harm. Of these 595, 000 may need treatment for alcohol dependence. The impact of harmful and dependent drinking is greatest in deprived communities.

Most adult drug misusers in treatment in the UK still report opiates (primarily heroin) as their main problem drug. However, significant and increasing minorities report their main problem drugs to be stimulants or cannabis.

Data shows that drug and alcohol misuse harms communities. Approximately 45% of acquisitive offences are committed by regular heroin/crack users and 48% of convicted domestic abuse perpetrators had a history of alcohol dependence; 73% had consumed alcohol prior to the event.

When considering drug and alcohol misuse and employment, it is estimated that up to £7bn in work productivity is lost due to alcohol misuse in the UK. Large proportions of problematic alcohol and drug users seeking treatment are not in paid employment (82% seeking alcohol treatment and 80% seeking drug treatment). There is a mutually-reinforcing relationship between employment and recovery. In services for homeless people, 39% of individuals report that they take drugs or are recovering from a drug problem and 27% have/are recovering from an alcohol problem.

Commissioning and contracting arrangements

Adult Substance Misuse Services

During 2017/18, these services continued to be provided by a range of community providers with the main one being Change, Grow, Live (£1,216k) and Community Pharmacies (£35k against a budget of £47k). In-patient detoxification and rehabilitation placements are spot purchased following a multi-disciplinary panel decision making process (£46k against a budget of £129k).

On 24 May 2017, the LB Bromley Executive agreed to;

- Approve the extension of the Adults and Young People's Substance Misuse contracts with Change, Grow, Live for a period of one year from 1 December 2017 to 30 November 2018.
- Approve the exemption from tendering of the Community Pharmacy Needle Exchange and Supervised Administration of Methadone services for a period of eight months from 1 April 2018 to 30 November 2018 to align with the above Adults and Young People's Substance Misuse contracts.
- Agree to tender all Substance Misuse Contracts for a period of three years plus an optional two year extension from 1 December 2018 to 30 November 2021 (3+ 1 + 1 years).

During 2017/18 the re-commissioning process for the adult and young people's substance misuse services commenced in September 2017. The contract was awarded in May 2018 to CGL for both services and the mobilisation period started in June 2018 with the service due to go live on 1/12/18.

The contract for the provision of the Adult's Substance Misuse Service was awarded for three years with a possible extension of up to a further 2 years. The contract has an annual value of £1,349k with a whole life value (inclusive of extension options) of £6,745k.

The new service will manage the needle exchange and supervised methadone consumption project, currently provided by community pharmacies. It will also hold the budget for the spot purchase of residential rehabilitation and detoxification placements. There will be a focus on working with parental substance misuse with a whole family approach to increase resilience.

Community Alcohol Pathway Pilot

A Community Alcohol Pathway Pilot was also commissioned in 2017/18 as a result of the identification in 2016/17 of the levels of hazardous drinking in the borough.

The pathway pilot tender was won by and contract awarded to CGL. The 5-month Pilot Programme commenced in

[1] Alcohol and Drugs Prevention, Treatment and Recovery: why invest? Public Health England 12/2/18

January 2018 with evaluation taking place during May 2018 The Community Alcohol Pathway has been included within the specification for the New Adult Substance Misuse Treatment Service.

The Community Alcohol Pathway was designed to address the increasing prevalence of harmful alcohol consumption in Bromley and improve and increase access for those who require support to treatment services. The pilot was designed to provide in-reach and proactive interventions in partnership with GP practices, in order to reduce demands on practices and provide preventative measures for alcohol related health concerns.

The pilot project centred around the delivery of a community alcohol pathway, which includes Extended Brief Intervention (EBI)2 sessions within GP surgeries. The 3 surgeries that took part in the pilot were Broomwood Road Surgery, Elm House Surgery and Cator Medical Centre. It was delivered as a partnership between the GP Practices and BDAS.

Provider contractual performance

The key measure of successful treatment for adults is the proportion of people who successfully completed treatment and did not return within 6 months.

Adult Substance Misuse Service Performance

Performance Indicator	Substance	Q4 2015-16	Q4 2016-17	Q4 2017-2018
Successful Completions	Opiate	17/314 (5.4%)	25/304 (8.2%)	23/280 (8.2%)
	Non-opiate	30/64 (46.9%)	26/50 (52.0%)	20/55 (36.4%)
	Alcohol	67/230 (29.1%)	79/195 (40.5%)	81/170 (47.6%)
	Alcohol & Non-opiate	24/67 (35.8%)	27/83 (32.5%)	437/92 (40.2%)
Representations	Opiate	3/14 (21.4%)	0/19 (0%)	1/12 (8.3%)
	Non-opiate	1/16 (6.3%)	1/17 (5.9%)	1/14 (7.1%)
	Alcohol	3/38 (7.9%)	1/41 (2.4%)	1/40 (2.5%)
	Alcohol & Non-opiate	0/7 (0%)	2/12 (16.7%)	1/20 (5%)

Source: NDTMS Diagnostic Outcomes Monitoring Executive Summary

Successful completions of alcohol and alcohol and non-opiate using clients have increased in 2017/18. Some of this increase can be attributed to the work of the alcohol pathway pilot in primary care.

Residential rehabilitation

In 2016/17, 8 adults attended residential rehabilitation. This was comprised of 1 male and 7 females and represents 2% of the treatment population (nationally 3% of the treatment population attended residential rehabilitation). The following table shows the source of referral into treatment in Bromley for 2016/17.

SOURCE OF REFERRAL	% OF TREATMENT POPULATION
Self	48%
Criminal Justice System	21%
GP	14%
Hospital/A & E	4%
Social Services	5%
Other	7%

Source: Adults – Drugs Commissioning Support Pack 2018-2019 Key data, PHE

Substance misuser profile

Anecdotally, a substance misuse user profile is emerging of a middle aged, middle class white male who is misusing alcohol and is not accessing treatment.

There is also another emerging profile of individuals who are using prescribed medication or over the counter medication problematically but not necessarily defining themselves as substance misusers. This is another group of potential clients it will be necessary to engage in 2018/19.

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[2] IBA stands for 'Identification and Brief Advice', an alcohol brief intervention which typically involves: **Identification**: using a validated screening tool to identify 'risky' drinking, such as the AUDIT Tool C, **Brief Advice**: the delivery of short, structured 'brief advice' aimed at encouraging a risky drinker to reduce their consumption to lower risk levels

EBI: This is motivationally-based and can take the form of motivational-enhancement therapy or motivational interviewing. The aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change. In this guidance, all motivationally-based interventions are referred to as 'extended brief interventions'.

Substance Misuse Service – Young people

Brief Service Description

CGL (Change Grow Live) is commissioned to deliver the adult substance misuse treatment service (Bromley Drug & Alcohol Service – BDAS) and the young people's substance misuse service (Bromley Changes).

Bromley Changes works with young people under 18. As well as providing a strong focus on prevention and early intervention, the service provides psychosocial interventions and treatment for young people misusing drugs and/or alcohol. The following services are offered:

- Outreach - satellites in 10 secondary schools
- Treatment – psycho-social interventions
- Groupwork
- Your Choice Your Voice school workshops in collaboration with Bromley Healthcare
- Specialist support to young people involved in the criminal justice system
- Support to parents

Epidemiology of substance misuse

Nationally, substance misuse services saw fewer young people in 2016/17 than in the previous year (a decrease of 4% compared to 2015/16). This continues a downward trend, year-on-year, since a peak in 2008/09.[3]The majority of young people in treatment report cannabis as their main problem (often with alcohol).

Parental drug or alcohol misuse features in a quarter of cases on the child protection register. Drug misuse is involved in 38% of serious case reviews while alcohol misuse is involved in 37% of serious case reviews.

Alcohol

PHE commissioned the University of Sheffield to provide estimates for the number of dependent alcohol users with children living in the household and the number of children in those households.

Annual met treatment need estimates, alcohol dependency 2014/15 to 2016/17

Adults with an alcohol dependency	**Bromley**			**National Average**
	Prevalence	*Treatment*	*% met need*	*%*
Total number of adults with a dependency who live with children	460	81	18%	21%
Total number of children who live with an adult with a dependency	816	125	15%	21%

Drugs

Liverpool John Moore's University were commissioned to provide estimates for the number of adults with an opiate dependency who live with children, and the number of children living in those households.

Annual met treatment need estimates, opiate dependency 2014/15 to 2016/17

Adults with an opiate dependency	**Bromley**			**National Average**
	Prevalence	*Treatment*	*% met need*	*%*
The number of women with a dependency who live with children	87	37	43%	60%
The number of children who live with a woman with a dependency	156	66	42%	60%
The number of men with a dependency who live with children	86	21	24%	48%
The number of children who live with a man with a dependency	157	44	28%	49%
Total number of adults with a dependency who live with children	173	58	34%	52%

[3] Young People's Statistics from the National Drug Treatment Monitoring System (NDTMS) (1/4/16 – 31/3/17) PHE

Total number of children who live with an adult with a dependency	313	110	35%	53%

Commissioning and contracting arrangements

Young People's Substance Misuse Services

During 2017/18, this service continued to be provided by Change, Grow, Live under a block contract (£165k). The Young People's Substance Misuse Service was re-commissioned in 2018 along with the adult service with both contracts awarded to Change, Grow, Live.

The contract for the provision of the Young People's Substance Misuse Service was awarded under the same terms as the adults service and it has an annual value of £149,000 with a whole life value of £745,000

The new service will focus on both prevention and treatment with a goal to support more young people into treatment and to raise awareness of substance misuse and improve pathways with key partners.

Provider contractual performance

Parental substance misuse

In 2016/17, 23% of service users were parents living with children and 27% were parents not living with their children. The majority were not parents and had no contact with children (49%). The table provides more detail:

PARENTAL STATUS	BROMLEY NUMBER	BROMLEY %	NATIONAL AVERAGE %
Living with children (own or other)	54	23%	20%
Parents not living with children	62	27%	31%
Not a parent/no child contact	114	49%	48%
Incomplete data	1	0%	1%
Number of children living with drug users entering treatment	100	0%	1%
New female presentations who were pregnant	4	6%	4%

Source: Adults – Drugs Commissioning Support Pack 2018-2019 Key data, PHE

Recent data from PHE suggests the local prevalence of adults with an opiate dependency living with children could be much higher, approximately 173.[4]

Young People

In 2017/2018, there were 50 young people in treatment this is a decrease from the previous year (there were 55 young people in treatment in 2016/17).

The following data was obtained from the PHE, 'Young People – Substance Misuse Commissioning Support pack 2018/2019'[5]

Of the 55 young people in treatment in 2016/17, 45% (25) identified as female and 55% (30) identified as male. Of all females in treatment in 2016/2017, 80% cited alcohol as a problematic substance and 76% cited cannabis as a problematic substance. Of females in treatment, 52% were aged 15 years or under.

Amongst females seen at the substance misuse treatment service, the percentage presenting with mental health (29%) is higher than those presenting nationally (24%). Alcohol is the most significant substance (again higher percentage than recorded across the country) and half of all the young women seen were 15 years old or younger.

Of males in treatment, 12% cited alcohol as a problematic substance and 30% cited cannabis as a problematic substance. Most of those presenting were aged 17 years or over.

During 2016/17, Youth Justice (including the Secure Estate) made the most referrals to the service (25 referrals), followed by A & E (8 referrals). The proportion of referrals from Schools and Children & Family services were below the national average.

The following specific vulnerabilities have been identified in the cohort of young people in treatment:

- 75% of young people in treatment began using their main problem substance under 15 years of age

[4] PHE Innovation Fund toolkit 2018

[5] *Young People – substance misuse commissioning support pack 2018/2019: key data – Bromley PHE*

- 56% of young people using 2 or more substance (this includes alcohol)
- 21% are identified with a mental health problem
- 8% are those without a fixed abode or with unsettled housing

In 2016/17, 100% of all young people in treatment were provided with psychosocial interventions (there were no pharmacological interceptions), 47% of young people were in treatment for between 0 – 12 weeks and 45% were in treatment for between 13 – 26 weeks.

The new substance misuse contract will provide an opportunity to develop the substance misuse service further. The KPIs set for the new service will support an increase in numbers of young people and adults into treatment and stronger referral pathways into services from the universal workforce.

The graph below shows successful completions of treatment for both parents who do not live with their children and adults who live with children. To be included in this indicator, individuals must have entered treatment in the reported three year period and have successfully completed treatment, and they must then have not returned to treatment by the end of the three year period.