Health and Care Scrutiny Committee

Report from the Director of Public Health

15 January 2019

Public Health Nursing Service Update

In April 2018 the Public Health Nursing Service (PHNS) began a process of remodelling to achieve efficiency savings in line with national budget cuts, whilst continuing to deliver a high quality, timely service to the population of Gloucestershire. The remodelling is due to be completed in March 2020.

The Committee received an overview of the proposed changes to the health visiting and school nursing contracts on 12th September 2017 and were asked to contribute to the consultation:
(http://glostext.gloucestershire.gov.uk/ieListDocuments.aspx?CId=669&MId=8336&Ver=4).

The remodelling is currently on schedule and a number of improvements to the service have been made. For example School Nurse Hubs and Baby Hubs have started to be held to offer parents support around common concerns such as sleep, healthy eating and behaviour in a group setting; established a specially trained team of Public Health Nurses for children with Special Educational Needs and Disabilities and another for Children in Care; created ChatHealth, a new anonymous text message service for young people to ask any health related question and receive a personal reply; and a competency framework for Children's Nursery Nurse training has been developed to improve the quality of their encounters with families.

Although the remodelling has created opportunities to provide services in more efficient and innovative ways, it has resulted in a reduction in Health Visitor numbers and a subsequent increase in Health Visitor caseload, as reflected nationally. The current average Health Visitor caseload in Gloucestershire is 354 0-5 year old children per Health Visitor. However this is a crude average and does not reflect the level of a family's needs, the distribution of Health Visitor resource in areas of higher deprivation or capacity within the service.

Alongside the changes to Public Health Nursing there has been an increase in children's safeguarding concerns both locally and nationally. As Public Health Nurses are often the key professional to represent the health needs of the child, it is proving challenging to deliver their core services due to safeguarding demand.

Gloucestershire County Council (GCC) commissioners are working closely with colleagues in Gloucestershire Clinical Commissioning Group and the providers of health services in the county to agree a pathway for health input into children's safeguarding which is child centred, enabling the right professionals to be involved in a timely way and proportionate to

the relevance of the skills and experience they bring. GCC have also agreed an additional investment in PHNS to increase capacity to manage the safeguarding demand.

MRSA Cluster of cases

Since the beginning of April 2018 a rise in the number of blood stream infections of methicillin resistant streptococcus aureus (MRSA) has been observed in Gloucestershire. A high proportion of these cases are intravenous drug users. A blood stream infection with MRSA is very serious, and three cases have died following infection. A multiagency group has been set up to drive forward actions to reduce the number of infections and to protect the wider population. The group includes: GCC Public Health Team; Clinical Commissioning Group; Drug and Alcohol treatment services; hospital services; community providers; and Public Health England, among others. As part of the programme of work all needle exchange packs are being improved to include better information and cleansing wipes (chlorhexidine wipes) to help reduce risk of infection.

The multiagency group will continue to oversee the development and implementation of the work plan, and to report on the evolving situation to the Director of Public Health.

HIV late diagnosis

Gloucestershire has had two consecutive periods (three year rolling averages) which show that a higher proportion of diagnoses of HIV in the county are classified as 'late' compared to the proportion nationally. It is important to detect HIV early in an infection as this improves the outcomes for the individual affected, as well as reducing the risk to the wider public through early treatment (adherence to treatment will mean that most affected will pose a very small risk of infecting others). While we have relatively few cases of HIV in Gloucestershire, it is important to understand the cause of the issue, and to identify interventions to reduce the risk of late diagnosis.

The Public Health team have led the development of a cross agency group to help identify high risk HIV cases and to ensure there is a joined up approach to engaging them in treatment. The group are also developing actions to improve detection of HIV and to promote protective actions aimed at higher risk groups: review of late diagnosis to identify missed opportunities; targeted testing in the community; and extension of testing through pilot of point of care testing in homeless healthcare services. Further actions will be identified following an in depth review of past late diagnosis cases. These will respond to missed opportunities to identify and respond to HIV infection. Updates are being provided to the Director of Public Health.

Point of care test for influenza in care homes pilot

In recent years Gloucestershire has experienced a large number of influenza-like illness (ILI) outbreaks in care homes. In 2017/18 there were 58 reported outbreaks, which was the highest number in the South West. Whilst high reporting of outbreaks is a reflection of good reporting practice, it also indicates a high burden of disease.

Where influenza is present this can have a negative impact on the care home residents (through illness and premature mortality) and the wider health system (through hospital admission and reduced community capacity). Understanding quickly whether influenza is

present is important because it enables public health actions to be taken promptly to stop the spread of influenza (infection prevention and control, and prophylaxis (pre infection) with antivirals). Detecting and dealing with an influenza outbreak, or confirming that influenza is not present, can have a positive impact in terms of enabling care homes to remain open, and to have shorter periods of closure. This is turn improves patient flows in the health system. It currently takes several days to confirm an influenza outbreak through standard laboratory testing.

The Public Health Team have been working with colleagues in the Clinical Commissioning Group, Gloucestershire care Service (GCS), and Public Health England to pilot a service to perform point of care testing in care homes for influenza. This has the potential to ensure much more rapid detection, treatment and control of influenza in care homes. The pilot has been funded by the CCG, and provided through GCS. The service has been in operation since late December 2019. A full evaluation will be carried out as part of the pilot.

Influenza vaccination programme: County Council Staff and Care Homes

The County Council staff influenza vaccination programme has continued to grow during 2018. There has been a 36% increase in staff uptake compared to last year, including high coverage in social care teams dealing with some of our most vulnerable clients.

The Public Health Team have also led a pilot to improve uptake of influenza vaccination in care home staff. The pilot is testing two models of service delivery: on-site care home clinics provided by a community provider; and provision through selected GPs to allocated care homes. The pilot is still being rolled out, but initial findings are very positive. An evaluation is being carried out, which will be presented to the Gloucestershire Health Protection Assurance Board in March 2019. The Board will make recommendations on how this is taken forward in the future.

Infection prevention and control in schools programme

Every year schools in Gloucestershire experience outbreaks of influenza like illness and diarrhoea illness. This leads to pupils and staff being absent for extended periods, and can even lead to school closure in extreme cases. The Public Health Team have worked in partnership with Gloucestershire Association of Primary School Heads, Gloucestershire Healthy Living and Learning, e-bug (Public Health England training provider for infection prevention and control in schools), and County Council Communication team to develop and deliver infection prevention control training for teachers in Primary schools. This multiagency group agreed the training format, content and delivery model. They then directed the implementation of the training programme across the county. The training covered four topic areas delivered in a short interactive training format based around practical activities; introduction to microbes; hand hygiene; respiratory hygiene; and antimicrobial resistance. A key element of the approach was to ensure that teachers could leave the training sessions with all of the materials and knowledge they needed to deliver sessions to school children or to train other teachers.

We held 6 training sessions that trained 90 people (87 teachers 3 non teaching staff) across 75 primary schools in Gloucestershire. An evaluation of the programme is being carried out, but Initial teacher feedback has been very positive.

ACEs

Interest in the ACEs work in Gloucestershire has grown exponentially since the Special Meeting of the Health and Wellbeing Board held in November 2017. Members of the ACEs Panel have been invited to give numerous talks in settings all over the county. Over 100 people attended an ACEs event for the voluntary and community sector jointly hosted by GCC and the Police in September 2018.

Almost 250 people attended the Action on ACEs Conference on 8th November 2018, including the Children and Families Overview and Scrutiny Committee, other elected members, senior executives from GCC, GCCG, GHNHSFT, 2gether, Police and representatives of voluntary and community groups. The Conference was co-chaired by Chris Spencer and ACC Julian Moss, with Sarah Scott providing the closing remarks. Ben Perks, UNICEF Representative and Keynote Speaker at the conference, spoke about Gloucestershire's 'unique partnership approach to ACEs', which brings together public sector organisations and the community, to help build resilience. In his video interview he remarked that he had spoken about ACEs in 27 different countries, but had never seen the level of engagement he saw at our Conference.

There has been significant media interest in the Conference, with a piece on BBC Radio Gloucestershire drive-time (including interviews with Cllr Tim Harman and Andy Dempsey), and an article in Gloucestershire Live which has been picked up by national newspapers.

ACEs Roadshows / Resilience Screenings 23rd January and 13th February

Following the ACEs Conference we are running a series of 'roadshows'. These consist of a short summary of the messages from the conference, followed by a screening of the Resilience documentary and discussion.

Directed by James Redford, the film centres on the biological effects of Adverse Childhood Experiences (ACEs) and features professionals and communities working to overcome established harm. We are encouraging anyone working in health, education, childcare, housing, voluntary and community organisations to attend, as well as community and elected members. The film lasts for one hour, followed by a facilitated discussion about the film, the impact of ACEs and the opportunity we have to create change here in Gloucestershire. This is all being led by the ACEs panel on behalf of the Health & Wellbeing Board.

Tickets can be ordered, free of charge, through Eventbrite using the links below.

Wednesday, 23rd January, 2019 at 6pm
Sundial Theatre, Cirencester
Reserve your space here

Wednesday, 13th February, 2019 at 2pm
Dean Academy, Lydney
Reserve your space here

There will also be a screening in Shire Hall on 20 March for elected members. We are inviting all members from GCC and the district councils. Further details on registration for this event will be circulated in the next couple of weeks.

Gloucestershire Drug & Alcohol Service Performance

HSCOC members have expressed concerns that performance by the drug and alcohol service provider, CGL, against the three 'successful completions' indicators has been declining since January 2017, although performance remains above locally set targets and is more recently showing signs of improvement.

These indicators, which are calculated on a national basis, using data from the local provider, tell a small part of a complex story. As such, we are proposing a scrutiny workshop during 2019 to discuss the drug and alcohol service and its performance in greater detail. In the meantime, further information can be found in this report.

The specific 'successful completions' indicators are:

- Proportion of adult alcohol misusers who have left treatment successfully
- Proportion of all opiate users who have left treatment successfully, not representing in six months
- Proportion of all non-opiate users who have left treatment successfully, not representing in six months

These indicators form part of a balanced scorecard, which also includes:

- Number of adults receiving alcohol brief interventions
- Number of alcohol awareness sessions and number of people receiving alcohol awareness sessions
- Effective engagement rate of opiate users and non-opiate users (this means the rate of service uses retained in treatment for more than 12 weeks, incl. successful completion in that period)
- Percentage of clients waiting under 3 weeks for drug and alcohol treatment intervention

In addition, the GCC contract manager monitors performance against a range of other indicators specified in the contract, including numbers of people in treatment and indicators relating to specific elements, e.g. parental substance misuse, inpatient detox, residential rehabilitation and blood borne viruses. We also see nationally produced data, such as the estimated level of unmet need. Together, these data reflect the balanced treatment system being commissioned by GCC, with pressures occurring in different places across that system.

Although the three successful completions indicators are considered to be the primary outcome indicators for the performance of the service and are included in the Public Health Outcomes Framework (PHOF), they only reflect only part of the overall performance picture. It should be noted that CGL is performing well against other indicators.

Successful Completions Indicators

In the first 18 months of the current contract, there has been an overall decline in performance for these three indicators, although performance has remained within the

contract targets set and is now improving. To some extent, this was to be expected due to the disruption caused by recommissioning and transition from one service provider to another. Contract targets were set on a pragmatic basis to reflect this transition and changes to the contract budget and specification (see below) and therefore differ both from past contract targets and from national benchmarks. Performance tolerances have recently been reset in InPhase (GCC's performance management system) to reflect this and HSCOC members will see that performance is now reported differently.

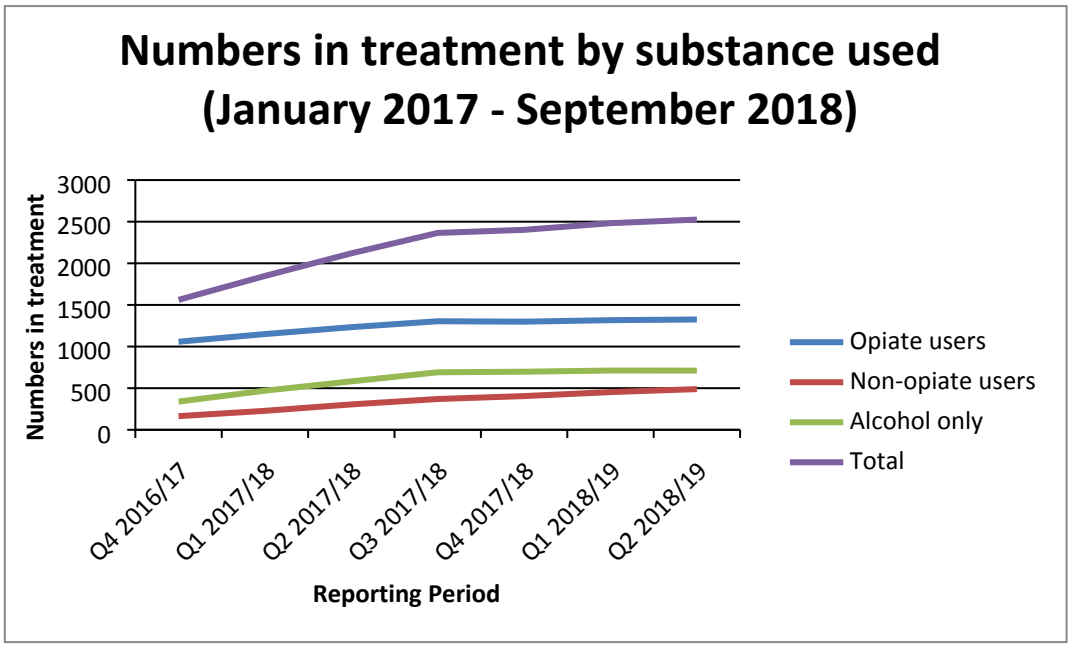
These three indicators show service users who have completed treatment over a twelve month period and then not represented to service within a further six month period. As such, there is a time lag in the calculation and, until very recently, performance data has included activity by the previous provider, Turning Point, as their contract wound down.

We are now entering a period with only CGL performance included in reported data. The most recent performance data (Q2 2018/19) shows an improvement to this decline across the three indicators:

Indicator	**Q1 2018/19 Target**	**Q1 2018/19 Performance**	**Q2 2018/19 Target**	**Q2 2018/19 Performance**
Opiate users	3.8%	4.1%	4.6%	4.6%
Non-opiate users	21.0%	21.0%	22.8%	27.3%
Alcohol users	27.0%	27.7%	29.5%	32.7%

Whilst this is encouraging, it is not yet possible to say confidently whether this improvement will be sustained. We continue to closely monitor performance and activity to improve it (see below). Contract targets for 2018/19 have been set on a quarter by quarter basis to emphasise a sustained upward trajectory.

The three indicators show service users who have successfully completed as a percentage of the treatment population, which has been steadily increasing over the contract period, as shown below. This is encouraging, as it suggests that more people in Gloucestershire are getting the help they need. However, as the treatment population increases, more successful completions are required to meet the set targets.



We have modelled how many service users would have to achieve successful completion in order to move Gloucestershire into the upper quartile of national performance. It should be noted that this can only be an estimate based on current data and that this will be a dynamic picture due to changes in treatment populations and completions in Gloucestershire and across England. However, it helps to illustrate how much better performance needs to be for Gloucestershire to be amongst the highest performing areas in the country (top quartile range).

Successful Completions of Opiate Users 2018/19	**Q1**	**Q2**	**Additional completions require to achieve top quartile range**
All clients in treatment	1349	1324	Quarter 2
Number of completions without re-presentation	55	61	**Additional 26 to 56**
% of all clients completing and not re-presenting	4.08%	4.61%	6.54% - 8.87%
Successful Completions of Non-Opiate Users 2018/19	**Q1**	**Q2**	**Additional completions require to achieve top quartile range**
All clients in treatment	414	422	Quarter 2
Number of completions without re-presentation	87	115	**Additional 12 to 45**
% of all clients completing and not re-presenting	21.01%	27.25%	30.09% - 38.03%
Successful Completions of Alcohol Users 2018/19	**Q1**	**Q2**	**Additional completions require to achieve top quartile range**
All clients in treatment	712	704	Quarter 2
Number of completions without re-presentation	197	230	**Additional 30 to 66**
% of all clients completing and not re-presenting	27.67%	32.67%	36.83% - 42.06%

The contract and service model context

This performance should be considered in the context of a changing service model and contract value, as well as a changing landscape supporting adults in vulnerable circumstances, including criminal justice, homelessness and mental health.

Gloucestershire's drug and alcohol services were recommissioned in 2016, with a new contract commencing on 1st January 2017. This new contract includes a budget reduction from £5.9m per year to £5.1m, as well as an increase in contract scope (i.e. additional elements that were not included in the previous contract, such as hospital in-reach workers and alcohol arrest referral services).

As a result, there is a new service model in place in Gloucestershire, which is predicated on higher caseloads and an increase in group work. Whilst we continue to specify a service that is evidence-based and safe, regulated by the CQC, this has resulted in less intensive interventions and it is arguable that this may lead to a lower level of outcomes than those achieved in the past. As described above, contract performance targets have been set to reflect this.

There has also been a reduction in fixed delivery venues from seven to three (in Gloucester, Cheltenham and Stroud), with an increase in outreach at satellite locations across the county. Alongside the increase in caseloads, the use of satellite locations places additional time and travel pressures on service staff.

Demand for the service at the 'front door' remains high for both alcohol and drug treatment. The graph above shows an increasing number of people accessing services over the current contract period. The current treatment population is higher than the previous provider's baseline of 2,409.

Another factor which is likely to play a role in the performance of the Gloucestershire service is the lack of shared care with GPs in the county, meaning that opiate users can only be managed by the service and not in primary care. Gloucestershire is particularly unusual in not having a shared care arrangement in place.

The CGL response

CGL has prioritised an improvement plan to better understand the issues and to drive up performance against the successful completions indicators. GCC commissioners are engaged in this, with additional input from Public Health England (PHE).

This currently includes a number of actions:

- Reviewing and checking caseloads to ensure those service users who are successfully completing treatment are being recorded accurately and not being missed;
- Monitoring and discussing potential discharges and closures through the weekly clinical meeting;
- Holding regular management meetings with all staff to look at barriers to achieving successful completion, with weekly service measures in place to assist the leadership team in monitoring improvement;
- Implementing a new tool which better segments the treatment population to assist staff to work with long-term opiate users in a systematic and consistent way.

If this improvement plan does not lead to the expected increase in successful completions, we will work further with CGL and PHE to explore other options. However, it should be noted that some possible options to reshape the service to improve these outcomes may require further consultation and contractual changes, including decisions to stop doing other things.