

NORTH YORKSHIRE COUNTY COUNCIL

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

Wednesday 29 May 2013

Commissioning Intentions for Public Health Services

1.0 Purpose of Report:
1.1 To outline the proposed commissioning intentions for public health services to support delivery of the public health responsibilities that transferred to North Yorkshire County Council (NYCC) in April 2013.

2.0 Introduction:

2.1 The scope of the paper is to outline the commissioning intentions for public health services to be funded by the public health grant in 2013 / 2014 and 2014 / 2015. It is not meant to be a public health strategy but aims to complement the North Yorkshire Joint Health and Wellbeing Strategy for 2013-2018. It will support the work of NYCC and its directorates in helping the Council to fulfil its new roles as a public health authority and is intended to provide partners with a high-level guide to the strategic priorities for commissioning public health services. The specialist public health team will also have a key role in leading strategies and work areas such as a prevention strategy for older people and a public health communications strategy for NYCC.

3.0 Background:

2.1 NYCC has a public health grant allocation of £19,021,000 in 2013 / 2014 and £19,732,000 in 2014 / 2015. This funding is to be used to ensure that the Council can fulfil its statutory duties as conferred by the Health and Social Care Act 2012. These duties include providing leadership for the local public health system and commissioning public health services. Some of these services are mandated but the Council also commissions services that will contribute to the achievement of two main public health outcomes:

- 2.1.1 Increased healthy life expectancy, and
- 2.1.2 Reducing differences in life expectancy and healthy life expectancy between communities.

- 2.2 Partners across North Yorkshire have undertaken a Joint Strategic Needs Assessment and agreed a Joint Health and Wellbeing Strategy to address the identified needs.
- 2.3 In April 2013, NYCC took over a number of contracts and commitments from the Primary Care Trust with respect to public health services. The majority of the public health grant is therefore already committed to ensure that high quality services continue to be delivered during the transition period.
- 2.4 The paper briefly describes the current range of public health services that the Council is committed to deliver and indicates the priorities for investing additional funding to public health programmes where there is scope to do so.

4. Mandated Public Health Services:

- 4.1 The mandatory services and steps that local authorities will need to provide are:
 - 4.1.1 Appropriate access to sexual health services.
 - 4.1.2 Steps to be taken to protect the health of the population, in particular, giving the local authority a duty to ensure there are plans in place to protect the health of the population.
 - 4.1.3 Ensuring NHS commissioners receive the public health advice they need.
 - 4.1.4 The National Child Measurement Programme.
 - 4.1.5 NHS Health Check Assessment.
- 4.2 Over the next two years sexual health service provision will be reviewed to ensure it is meeting the needs of the population and services will then be re-procured and commissioned accordingly. Some services are delivered by one Provider across both North Yorkshire and York. As with all public health services, we need to address the particular challenges of delivering services in a rural county in the context of financial pressures on the public sector. We will engage with clients and key stakeholders to gather views on sexual health service provision across North Yorkshire and York and then develop and consult on a new service model of delivery.
- 4.3 Public Health England (PHE) from 1 April 2013 is responsible for providing specialist **health protection services** including advice to other organisations who also have health protection responsibilities. The NYCC Emergency Planning Unit (EPU) will assist the DPH in seeking assurance emergency plans are in place for the health of the population by collating single and multi-agency plans and monitoring their review dates.
- 4.4 The Healthcare **Public Health Advice Service (PHAS)** will be a key vehicle for working with Clinical Commissioning Groups and will complement the role of the link Consultant who will act as liaison between CCGs and the specialist public health team. The PHAS is a new service and is not necessarily limited to CCGs; however this is where the mandated responsibility lies. We will begin to explore our work with other partners and how it links into the PHAS and the public health intelligence role of the team.

- 4.5 The **National Child Measurement Programme** involves the annual weighing and measuring of all eligible children in reception year and Year 6. Locally the delivery of this programme is commissioned through school nursing services and delivered in the school setting. Parents are given feedback on their child's weight status, to help them understand their child's health status and support and encourage behaviour change. However, the JSNA identifies a gap in weight management services. We will identify and commission a service model that ensures that parents/carers and their child/ren who are identified at risk due to their unhealthy weight can access appropriate local health weight advice and support. This will be a priority for new investment from the public health grant.
- 4.6 The **NHS Health Check assessment programme** aims to identify adults in England aged between 40 and 74 years who are at risk for four common but often preventable diseases: heart disease, stroke, diabetes and kidney disease. From April 2013, local authorities are also mandated to offer dementia awareness and signposting to those individuals aged 65 to 74 years accessing the NHS Health Check programme and offer an alcohol check for all people attending a NHS Health Check. The programme therefore addresses several of the areas of focus identified in the Joint Health and Wellbeing Strategy. We will map the health improvement and health care pathways that start with Health Checks to ensure that the programme is integrated with wider health provision and ensure that evidence-based health improvement programmes are commissioned to encourage positive lifestyle behaviour changes.

5. Health Improvement Services:

- 5.1 The responsibility for commissioning public health aspects of the **Healthy Child Programme 5-19 years** transferred to NYCC in April 2013 with commissioning responsibility for 0-5 years to follow in 2015. We will review and identify gaps in the local delivery of the 0-19 healthy child programme engaging with key stakeholders and consult on a new model of delivery that will maximise the outcomes for children and young people by ensuring that the Healthy Child Programme is fully integrated with other services delivered or commissioned by NYCC and partners.
- 5.2 We are consulting on a new approach to commissioning the adult **substance misuse service**. The details of the consultation can be found at <http://www.nypartnerships.org.uk/smpbconsultation>. In brief, the new service will promote a clear and personalised focus on recovery. It will have a clear point of access into treatment and include alcohol treatment (Tiers 3 and 4). The service will also facilitate a wide range of partnership working in recognition that more than one agency will need to contribute to the solution and recovery of each individual. These include support for recovering access suitable and housing and employment. We will invest in developing this new approach and in extending the service provision for alcohol misuse to include tier 1 and tier 2 treatment to the extent that resources allow. We will also ensure that support continues for work with children and young people and families to prevent the impact of substance misuse. As commissioners of substance misuse services, we will ensure joint working with relevant partners and agencies to minimise

the adverse impact of substance misuse on the victims and perpetrators of crime and anti-social behaviour.

- 5.3 The JSNA identifies smoking as the most important cause of premature mortality and the single greatest contributor to different health outcomes between communities. It notes that in North Yorkshire the focus of **tobacco control** has been almost exclusively on smoking cessation. We will invest in smoking prevention especially among young people and in supporting local and regional partners to establish Tobacco Control Alliances. We will ensure that the smoking cessation service continues to support the priority groups identified in the Joint Health and Wellbeing Strategy with a particular focus on smoking in pregnancy.
- 5.4 **Obesity, physical activity and nutrition** feature in several of the areas of focus identified by the Joint Health and Wellbeing Strategy. We will fund partnership initiatives with District Councils and CCGs to support the delivery of community initiatives that support healthy eating and active lives outcomes for children, young people and adults.
- 5.5 There is no co-ordinated strategy on **mental health promotion** for North Yorkshire that could then take into account the broad range of indicators in the public health outcomes framework that relate to mental health and begin to integrate prevention with early identification, management and recovery. The interplay of mental health issues and substance misuse, particularly alcohol, is important in understanding the causes and consequences of violence. The Joint Health and Wellbeing Strategy identified domestic violence and social exclusion and loneliness as areas for focus. The specialist public health team will lead a prevention strategy for older people that will address interventions to tackle social isolation and loneliness. We will contribute to the development of a mental health promotion strategy with relevant partners and provide funding for initiatives to support public mental health such as mental health first aid training.
- 5.6 **Engaging our workforce and the public** to adopt healthier lifestyles is vital to achieving public health outcomes. With the transfer of public health responsibilities to NYCC on 1 April 2013, the Council became a public health organisation. In order to demonstrate the Council's commitment to public health there are a number of national and regional initiatives that the Council can engage with that will build public health capacity within its own workforce which will impact on the health and well-being of the local population; and will also support improvements in staff health and well-being. 'Making Every Contact Count' (MECC) is a workforce approach that aims to improve the health and well-being of communities and ultimately reduce costs across health and social care. It is a region wide programme which aims to ensure all front-line staff are trained and confident to make the most of all opportunities to help people stay healthy. We will support the roll out of the MECC programme to 20,000 members of NYCC staff, who have contact with a significant proportion of the NY population. It is likely that a high percentage of these staff are NY residents and by helping them to lead healthy lifestyles we can impact on the health of the NY population directly. We will also develop a public health communications strategy to ensure engagement with the public on their health.

6. Priorities for Unallocated Public Health Grant:

- 6.1 Based on the JSNA, Joint Health and Wellbeing Strategy and consultation with partners some areas have emerged where new investment in commissioning of public health services can positively influence health outcomes for the residents of North Yorkshire. Over the course of the next 2 years, all public health service commissioning will be reviewed and we will consult partners on the approaches and models for service delivery.
- 6.2 We propose additional investment in the procurement of substance misuse services to ensure that a recovery model can be implemented and provision for alcohol treatment and prevention can be extended. We will invest in weight management initiatives for children who are identified through the mandated National Child Measurement programme. We will provide additional funding to address gaps in Tobacco Control and smoking cessation services. We will support initiatives aimed at improving diet, increasing physical activity and preventing obesity working closely with districts and CCGs in local communities. We will support initiatives to promote positive mental health and to combat the negative effects of social isolation and loneliness. We will support of the roll out of MECC.

7.0 Recommendations:

- 7.1 The Board is asked to:
 - a) Note the proposed commissioning intentions for public health services in North Yorkshire.
 - b) Provide feedback on the proposed priorities for the unallocated public health grant.

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