

Public Document Pack

North Yorkshire Council
Health and Adult Services - Executive Member & Corporate Director Meeting

Friday, 10 May 2024 / 1.30 pm

A G E N D A

1 **Apologies for Absence**

2 **Declarations of Interest**

Items for Director of Public Health decision

3 Contract for the provision of primary care services (Pages 3 - 30)

4 Date of next meeting
28 June 2024

Circulation:

Executive Members
Michael Harrison

Officer attendees
Richard Webb

Presenting Officers
Louise Wallace

This page is intentionally left blank

North Yorkshire Council

Health & Adult Services Executive

10 May 2024

Procurement of new contracts for the provision of Public Health Primary Care Services

Report for decision by the Director of Public Health in consultation with the Corporate Director and Executive Member

1.0 PURPOSE OF REPORT

The purpose of this report is to seek approval for the procurement of new contracts for the provision of Public Health Primary Care Services across North Yorkshire.

2.0 SUMMARY

- 2.1 This report presents recommendations relating to the procurement of new contracts for the provision of a number of Public Health Primary Care Services across North Yorkshire which provide vital local access to public health services, thereby improving and protecting population health. These local services relate to Substance Use, Sexual Health, Tobacco Control and NHS Health Checks. The current Approved Provider List arrangements with local General Practices (GPs) and Community Pharmacies expire on 31st March 2025.
- 2.2 A full review of requirements and options for each service has been undertaken to inform the development of service specifications and tariffs for 7 services, as follows:
- Primary Care Services
 - Sexual health – long-acting reversible contraception (LARC), Chlamydia screening, condom distribution
 - Tobacco control – issue Nicotine Replacement Therapy (NRT)
 - Substance use – drug treatment shared care
 - NHS Health Checks – NHS Health Checks Programme
 - Dispensing services
 - Sexual health – emergency hormonal contraception (EHC), Chlamydia screening
 - Tobacco control – issue Nicotine Replacement Therapy (NRT)
 - Substance use – needle, syringe and harm reduction service, supervised methadone consumption
- 2.3 The key changes proposed to the scope of services compared to current arrangements are as follows (together with rationale and mitigations):

Stop smoking advice: North Yorkshire Council (NYC) will no longer commission GP Practices or Community Pharmacies to provide support, advice and guidance

on behalf of Living Well Smokefree (LWSF). This is due to limited take up from providers in recent years and evidence of better outcomes being achieved by the LWSF service, which will be further strengthened through forthcoming Smokefree Generation additional government funding (subject to appropriate grant decision-making). NYC's LWSF will continue to provide support for anyone wishing to stop smoking within North Yorkshire, which can be accessed directly or via a referral from a partner organisation (including primary care services). Other primary care services for Tobacco Control will still be in place.

Pharmacological alcohol abstinence therapy supervision service (time limited prescribing by GP following completion of a medically assisted alcohol withdrawal with NY Horizons, specialist drug and alcohol service): It is proposed that North Yorkshire Council Public Health will no longer fund this pathway, as it is a joint ICB and NYC responsibility and there has been very low uptake of this service across primary care since roll out in 2016. The draft Substance Use Strategy (endorsed by Drug and Alcohol Partnership Board, Sept 2023) includes a priority action for 2024-26 to "develop alcohol care offer - via co-commissioning with NHS". This should include maximising the opportunity to strengthen holistic healthcare offer for people who successfully complete an assisted alcohol withdrawal, and support maintenance of abstinence and improved outcomes. Discussions are being progressed with the ICB to work on this development.

- 2.4 Tariffs for all services have been modelled based on previous activity, benchmarking against other areas, national requirements and feedback from the provider market. £100k savings are proposed from a total current investment of £1.8m Public Health Grant across a range of budget lines based on this modelling, whilst noting that these services are demand-led. Evidence base shows that all services provide a good return on investment across the wider public sector / health and care system.
- 2.5 Engagement with the market was undertaken in Summer 2023 to inform the process. The new contracts will be procured under The Health Care Services (Provider Selection Regime) Regulations 2023 (the 'PSR') which came into force on 1 January 2024, and detail new requirements when procuring health care services. The regime focuses on ease via direct awarding where possible to health care providers, and the 5 possible routes to market must be followed in a particular order. Following a review of the procurement regulations in relation to the services in question, procurement advice determined that all services are recommended to follow Direct Award Option B. This option allows the Authority to enter into a contract with every eligible provider in order to give patient choice. Contracts are directly awarded to all eligible providers. This option focuses on patient choice and allows an unrestricted market to receive a contract for the services.
- 2.6 The key risks associated with this work relate to provider appetite to engage in the procurement process and deliver services along with financial risks associated with savings achievement from demand-led budgets. Further information including mitigations can be found in section 14.
- 2.7 Following decision to proceed with the procurement, the next steps are to complete specifications and tender documentation for each of the 7 services, to communicate

with the market and publish the tender opportunity during the summer of 2024, to complete due diligence on expressions of interest in Autumn 2024, approve contract awards at the end of 2024 and issue contracts and mobilise the service ready to commence delivery from 1st April 2025, ensuring continuity of provision for local residents.

3.0 **BACKGROUND**

3.1 The Council has statutory responsibilities for improving the health and wellbeing of North Yorkshire residents through the implementation of the Health and Social Care Act 2012. This includes a number of commissioning responsibilities for primary care services which were transferred from the NHS to Local Government in 2013.

The Public Health Approved Provider Lists, last fully commissioned in 2013, are the current mechanism in place for delivery through GPs and Pharmacies of some local services for Substance Use; Sexual Health; Tobacco Control; and NHS Health Checks.

Appendix A outlines an activity summary for the current Approved Provider List.

Mandated services are Targeted Sexual Services contraception and NHS Health Checks. It is recognised that all areas of service provide vital local access to high quality public health services as part of a wider system of support, thereby improving and protecting population health.

4.0 **KEY ISSUES**

4.1 **Approach**

The current arrangements for providing public health primary care services for substance use, sexual health, tobacco control and NHS health checks were extended under the emergency COVID-19 regulations. As part of this there was light-touch review of service specifications however a procurement exercise must now be carried out to implement new contracts from 1st April 2025 and ensure continuity of provision for local residents.

The proposals contained within this report have been developed following an in-depth review of each service area. This was informed by a range of information including existing provision and coverage, baselining and benchmarking with other areas, national evidence and data, local performance information and feedback from the market and the wider local health system.

In the development of service specifications, consideration has been given to the quality of behaviour change interactions and its effectiveness, as well as ensuring that we reach our CORE20PLUS population groups to maximise impact on reducing health inequalities. A key priority across all service areas will be to maintain/increase coverage to ensure that residents across North Yorkshire can access provision within their local communities.

Details of each service area are presented below:

4.2 **Substance Use**

Primary Care services are critical components of the specialist substance use service offer for North Yorkshire – alongside North Yorkshire Horizons – and are recommended in commissioning and clinical best practice guidance. The key elements of primary care provision are as follows:

Supervised consumption: Guidance recommends that supervised consumption should be available to all people who are titrated on to opioid substitute medications and provided for a length of time appropriate to their individual needs and risks. It is proposed to increase tariffs following benchmarking and cost modelling to expand local coverage of this service.

Needle, Syringe and Harm Reduction Service: New tariff structure has been designed with the aim of increasing provision, increasing return of injecting paraphernalia, and strengthening delivery of harm reduction elements of the service.

Drug treatment shared care: It is proposed to cap demand for this service at 45 people per year, working with North Yorkshire Horizons specialist service which manages throughput / referral to this service. The tariff structure has been reviewed with a proposal to replace the automatic annual payment with one off payment(s) to support Designated Clinician to complete competence requirement, noting that this proposal may lead to disengagement by providers.

Pharmacological alcohol abstinence therapy supervision service (time limited prescribing by GP following completion of a medically assisted alcohol withdrawal with NY Horizons, specialist drug and alcohol service): It is proposed that North Yorkshire Council Public Health will no longer fund this pathway, as it is a joint ICB and NYC responsibility and there has been very low uptake of this service across primary care since roll out in 2016. The draft Substance Use Strategy (endorsed by Drug and Alcohol Partnership Board, Sept 2023) includes a priority action for 2024-26 to “develop alcohol care offer - via co-commissioning with NHS”. This should include maximising the opportunity to strengthen holistic healthcare offer for people who successfully complete an assisted alcohol withdrawal, and support maintenance of abstinence and improved outcomes. Discussions are being progressed with the ICB to work on this development.

4.3 **Sexual Health**

Elements of this provision are part of the list of mandated public health services. Locally accessible primary care services will complement the specialist provision through the YorSexual Health service, including:

- Long-Acting Reversible Contraception (LARC) for contraceptive purposes, opportunistic Chlamydia screening to women and girls and condom distribution.
- Emergency Hormonal Contraception (EHC) to those aged 13-24 years, opportunistic Chlamydia screening to women and girls and condom distribution.

All providers will be required to fulfil training obligations as set out in the specifications, including Letter of Competence (LoC) for Intrauterine devices (IUD) and Sub-dermal implants (SDI) with minimum annual fits for competence and Declaration of Competence (DOC) for Emergency Hormonal Contraception (EHC) delivery. Revised tariffs are proposed following benchmarking and cost modelling work.

4.4 **Tobacco Control**

Stopping smoking remains an important health priority in North Yorkshire, with a particular emphasis on priority populations such as those in routine and manual occupations.

Through the options appraisal process, it is proposed that NYC will no longer commission primary care to provide support, advice and guidance on behalf of Living Well Smokefree (LWSF). This is due to limited take up from providers in recent years and evidence of better outcomes being achieved by the LWSF service, which will be further strengthened through forthcoming Smokefree Generation additional government funding (subject to appropriate grant decision-making). NYC's LWSF will continue to provide support for anyone wishing to stop smoking within North Yorkshire, which can be accessed directly or via a referral from a partner organisation (including primary care services). There will be a hybrid model of engagement so that people wishing to access support can do so in person in local communities, over the phone or online.

Relationships will be maintained between the LWSF Service and primary care to ensure quick and easy access for clients to the full range of pharmacotherapy treatment options. Work is underway to explore the most effective prescribing model moving forward to enhance the current offer.

4.5 **NHS Health Checks**

NHS Health Checks is a vital statutory service in tackling Cardio-vascular disease (CVD). CVD has strong links to deprivation, significant cause of death, ill-health, economic inactivity, costs to care and health system as well as to residents.

This service is a major priority locally and nationally as it focuses on both detection of early CVD such as hypertension and atrial fibrillation as well as prevention of CVD by addressing risk factors such as smoking, obesity and alcohol.

The aim is to increase local coverage of providers delivering this service through the new procurement arrangement, and a simplified tariff structure is proposed to support this.

4.6 **Procurement Approach**

The new contracts will be procured under The Health Care Services (Provider Selection Regime) Regulations 2023 (the 'PSR') which came into force on 1 January 2024. The PSR is applicable to all Local Authorities, ICBs and the NHS who procure relevant health care services.

The regime focuses on ease via direct awarding where possible to health care providers, and the 5 possible routes to market must be followed in a particular order. Following a review of the procurement regulations in relation to the services in

question, it has been determined by the Council's Procurement Advisory Board that all services will follow Direct Award Option B. This option allows the Authority to enter into a contract with every eligible provider in order to give patient choice. Contracts are directly awarded to all eligible providers. This option focuses on patient choice and allows an unrestricted market to receive a contract for the services.

In order to progress with this option, we must ensure:

- We do not restrict the market
- We have a process in place for providers to express their interest
- We offer a contract to every eligible provider
- All stakeholders complete a declaration of interest form

Under direct award option B, the pool of providers will be open for the full contract term so providers can request to join at any point.

Other than the requirement to meet the qualification criteria, local requirements and satisfy the specification, Direct Award Option B doesn't allow any selection criteria or restrictions therefore, there is a risk that a large number of providers may sign up which may drive additional demand above what has been forecast (with budget implications). These risks are being considered on a service-by-service basis. Sufficient internal resource will also be required to support the procurement and contracting process.

It is proposed that the contracts are offered for a total potential contract term of 7 years, comprising an initial term of 3 years and then 2 optional extensions of 2 years each.

5.0 CONSULTATION UNDERTAKEN AND RESPONSES

5.1 A Request for Information questionnaire was published in Summer 2023 for the market to respond to. Eight responses were received, including seven from individual GP Practices and one from a GP Federation. These responses were considered as part of the in-depth review of services and options appraisal.

6.0 CONTRIBUTION TO COUNCIL PRIORITIES

6.1 The services in scope support the achievement of the following Council Plan priorities under the Health and Wellbeing ambition:

- People are supported to have a good quality of life and enjoy active and healthy lifestyles
- Reduced variations in health through tackling the root causes of inequality
- People can access good public health services and social care across our different communities

7.0 ALTERNATIVE OPTIONS CONSIDERED

7.1 The proposals contained within this report have been developed following a full options appraisal of different delivery models, scopes and tariff structures for each service. This was informed by a range of information including existing provision and coverage, baselining and benchmarking with other areas, national evidence and data, local performance information, financial modelling and feedback from

the market and the wider local health system. This included consideration of the “do minimum” option for each service, i.e., to continue to deliver the mandated services only, however this was discounted as there is high need for the non-mandated services also as part of our duties to protect and promote the health of the population. Not providing these local services through primary care will likely drive demand/need into specialist services for which unit costs are higher, and also services are generally less accessible locally, which risks health protection needs not being met.

- 7.2 Following the introduction of The Health Care Services (Provider Selection Regime) Regulations 2023 (the ‘PSR’), the available options for procurement and routes to market under this legislation were reviewed, noting that the 5 possible routes to market must be followed in a particular order.

8.0 **IMPACT ON OTHER SERVICES/ORGANISATIONS**

- 8.1 These proposals will impact on primary care providers (GPs and Pharmacies) who currently deliver services through the Public Health Approved Provider List. Each service though stand-alone for contracting purposes forms part of a wider system of delivery for sexual health, tobacco control and substance use services, and as such, changes in offer and/or providers will impact on the whole pathway in each case.

- 8.2 There will be an impact on the NYC Living Well Smoke Free service in terms of increased volume of referrals, and this has been modelled to ensure sufficient capacity in place to meet need, further strengthened through forthcoming Smokefree Generation additional government funding (subject to appropriate grant decision-making).

9.0 **FINANCIAL IMPLICATIONS**

- 9.1 A full review of tariffs and financial modelling has taken place for each service, including consideration of increased tariffs in line with benchmarking and to ensure that service coverage and quality is enhanced/maintained. A £100k saving from the Public Health grant is proposed across service areas. There is an assumption demand for these services will remain broadly in line with recent years, upon which costs have been modelled.

- 9.2 These Services offer a high return on investment at a public services / health system level: every £1 spent on drug treatment provides a (social) return of £4, for alcohol every £1 spent on treatment provides (social) return of £3, for every £1 invested in Primary Care LARC contraception it gives a £48 return on investment, and for every £1 spent on the NHS Health Check programme it achieves a return of £2.93. Smoking is the leading cause of premature, preventable death globally.

10.0 **LEGAL IMPLICATIONS**

- 10.1 The procurement process will be in accordance with the Health Care Services (Provider Selection Regime) Regulations 2023. Contracts will be drafted by Legal Services to include appropriate terms and conditions and will be entered into in accordance with the Council’s Procurement and Contract Procedure Rules.

11.0 **EQUALITIES IMPLICATIONS**

- 11.1 A screening for Equality Impact was undertaken and determined that a full Equality Impact Assessment was required in relation to the 2 areas of service provision for which a change is proposed. This is included in Appendix B.

Core20PLUS5 will be used to help evaluation how these services support the wider work of Public Health to tackle health inequalities in the North Yorkshire population.

12.0 **CLIMATE CHANGE IMPLICATIONS**

- 12.1 A screening has been completed and advice sought from a climate change specialist – this can be found at Appendix C. The conclusion is that a full CCIA would not be proportionate as the potential impact of any changes is very minimal.

13.0 **PERFORMANCE IMPLICATIONS**

- 13.1 A key aim of the new specifications and tariffs is to maintain/increase coverage of local services across North Yorkshire. All service specifications will include performance metrics which will be monitored via a central system for provider returns. A robust approach will be in place via the procurement process to ensure that providers meet the minimum requirements for each service. Contract performance will be monitored by Public Health leads with support from the Health and Adult Services Contracting function. Key performance metrics for services and population health are reviewed on a regular basis through service performance reporting.

14.0 **RISK MANAGEMENT IMPLICATIONS**

- 14.1 The key risks associated with this work are:

- Provider sign up – risk of inconsistent coverage across North Yorkshire, particularly in view of the fact that some providers have stopped delivering some services in recent years. Low coverage could impact health outcomes/patient safety and potentially increase costs through more people needing to access specialist services. High coverage through the use of Direct Award Process B could increase service demand/activity with budget implications. Mitigations in place include demand and tariff modelling, market engagement and communication
- Financial spend – services and budgets are demand-led therefore significant increases in service activity (through increasing need and/or increasing number of providers) could mean savings are not achieved and/or budgets overspend. Mitigations in place include demand and tariff modelling, robust budget management and acceptance of the risk which exists currently.
- Wider landscape for primary care – nationally and locally there are a number of changes and pressures affecting primary care which may impact on the ability or appetite of providers to engage with the procurement process and/or deliver these services. Mitigations include market engagement and communication, support for the procurement process, proposed tariffs and identification of “plan B” options for service delivery.

15.0 **HUMAN RESOURCES IMPLICATIONS**

- 15.1 Internal resource from Public Health, Procurement, Legal and Contracting teams is required in order to deliver the initial procurement process and then manage

ongoing engagement of providers, as the pool of providers will remain open for the full contract term.

The anticipated increase in volume of referrals to the NYC Living Well Smoke Free service has been modelled to ensure sufficient capacity within the service to meet need. This will be further strengthened through forthcoming Smokefree Generation additional government funding (subject to appropriate grant decision-making).

16.0 **CONCLUSIONS**

16.1 A procurement exercise must be undertaken under The Health Care Services (Provider Selection Regime) Regulations 2023 (the 'PSR') to ensure continuity of local primary care public health services for sexual health, substance use, tobacco control and NHS Health Checks.

17.0 **REASONS FOR RECOMMENDATIONS**

17.1 A full range of options have been appraised, based on consideration of both local and national data and evidence. The proposed options enable NYC to continue protecting and improving the health of the North Yorkshire population whilst ensuring good value for money and return-on-investment.

18.0 **RECOMMENDATION(S)**

18.1 To approve the procurement of new contracts with a total investment of approx. £1.7m Public Health Grant for the provision of Public Health Primary Care Services relating to sexual health, substance use, tobacco control and NHS health checks across North Yorkshire using Direct Award Process B under the Health Care Services (Provider Selection Regime) Regulations 2023, with new arrangements to come into effect from 1st April 2025.

APPENDICES:

Overview of coverage and activity data – Appendix A

Equality Impact Assessment – Appendix B

Climate Change Impact Assessment screening – Appendix C

Report Author – Naomi Smith – Head of Health and Adult Services Planning

Note: Members are invited to contact the author in advance of the meeting with any detailed queries or questions.

Appendix A: Public Health Approved Provider List – overview of coverage and activity data

	Tobacco	NHS Health Checks	Sexual Health	Substance Use
Signed up	54 Community Pharmacies	69 GP Practices	LARC: 72 GP Practices EHC: 74 Community Pharmacies	Drug treatment shared care: 21 GP Practices Alcohol recovery prescribing: 20 GP Practices Needle & syringe programme: 22 Community Pharmacies Supervised consumption: 86 Community Pharmacies
Active 2022-23	44 Community Pharmacies (36 in 2021-22)	63 GP Practices	LARC: 62 GP Practices EHC: 29 Community Pharmacies	Drug treatment shared care: 13 GP Practices Alcohol recovery prescribing: 0 claimed last year Needle & syringe programme: 15 Community Pharmacies Supervised consumption: 59 Community Pharmacies

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

(form updated June 2023)

Public Health Primary Care Services transformation

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.



যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to County Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people find completed EIAs, we also publish them in our website's Equality and Diversity section. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	HAS: Public Health
Lead Officer and contact details	Naomi Smith Naomi.Smith@northyorks.gov.uk
Names and roles of other people involved in carrying out the EIA	Dan Atkinson – Public Health Manager (Tobacco Control portfolio) Angela Hall – Public Health Manager (Substance Use portfolio) Naomi Smith – Head of HAS Planning, Project Sponsor Katya Coldwell – Project Manager Advice sought from Equalities specialists
How will you pay due regard? for example, working group, individual officer	Continual review by project team
When did the due regard process start?	May 2023 (Screening EIA)

Section 1. Please describe briefly what this EIA is about (for example, are you starting a new service, changing how you do something, stopping doing something?)

This EIA relates to the review of services and the procurement of new contracts for the provision of a number of Public Health Primary Care Services across North Yorkshire which provide vital local access to public health services, thereby improving and protecting population health. These local services relate to Substance Use, Sexual Health, Tobacco

Control and NHS Health Checks. The current Approved Provider List arrangements with local General Practices (GPs) and Community Pharmacies expire on 31st March 2025.

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (for example, to save money, meet increased demand, do things in a better way.)

The purpose of this project is to review the provision of Public Health Primary Care Services across North Yorkshire. The current arrangements for providing public health primary care services for substance use, sexual health, tobacco control and NHS health checks were extended under the emergency COVID-19 regulations, however a procurement exercise must now be carried out to implement new contracts from 1st April 2025 and ensure continuity of provision for local residents. The new Primary Care contracts are being procured under the new Health Care Services (Provider Selection Regime) Regulations 2023 (the 'PSR'), which came into force on 1 January 2024.

Mandated services are Sexual Health and NHS Health Checks. However, all services included in the project provide vital local access to high quality public health interventions as part of a wider system of support, thereby improving and protecting population health.

The proposals for the new contracts have been developed following an in-depth review of each service area. This was informed by a range of information including existing provision and coverage, baselining and benchmarking with other areas, national evidence and data, local performance information and feedback from the market and the wider local health system.

In the development of service specifications, consideration has been given to the quality of behaviour change interactions and its effectiveness, as well as ensuring that we reach our CORE20PLUS population groups to maximise impact on reducing health inequalities. A key priority across all service areas will be to maintain/increase coverage to ensure that residents across North Yorkshire can access provision within their local communities.

Tariffs for all services have been modelled based on previous activity, benchmarking against other areas, national requirements and feedback from the provider market. £100k savings are proposed from a total current investment of £1.8m from the Public Health Grant across a range of budget lines, based on this modelling, whilst noting that these services are demand-led. Evidence base shows that all services provide a good return on investment across the wider public sector / health and care system – and are therefore a cost-effective use of public money.

The proposal is to procure services through Direct Award Option B under the Provider Selection Regime (PSR). This option requires the Authority to direct award our requirements to all eligible providers (those who meet the qualification criteria, local requirements and satisfy the specification). Under Direct Award Option B, the pool of providers will be open for the full contract term so providers can request to join at any point.

The key changes to service specifications/provision are outlined below.

Section 3. What will change? What will be different for customers and/or staff?

Sexual Health

- No proposed changes to service delivery. Providers may change depending on the outcome of the procurement exercise

NHS Health Checks

- No proposed changes to service delivery. Providers may change depending on the outcome of the procurement exercise

Tobacco Control

- North Yorkshire Council (NYC) will no longer commission GP Practices or Community Pharmacies to provide support, advice and guidance on behalf of Living Well Smokefree (LWSF). This is due to limited take up from providers in recent years and evidence of better outcomes being achieved by the LWSF service, which will be further strengthened through forthcoming Smokefree Generation additional government funding (subject to appropriate grant decision-making). NYC's LWSF will continue to provide support for anyone wishing to stop smoking within North Yorkshire, which can be accessed directly or via a referral from a partner organisation (including primary care services). Other primary care services for Tobacco Control will still be in place, ie the customers will still be able to use their GPs as the first point of contact to be referred to the LWSF service.

Substance Use

- Proposal to stop NYC funding for the 'alcohol pharmacological abstinence therapy supervision service' ('alcohol stepdown service'). This service funds GP's to offer time limited prescribing for people on their practice register who have completed a medically assisted alcohol withdrawal (detoxification) with the separate specialist adult drug and alcohol service – North Yorkshire Horizons – following referral from one of the North Yorkshire Horizons clinicians. These medications are clinically effective in preventing relapse and promoting sustained recovery, and national guidance recommends that these are available within locally commissioned arrangements. Only a small proportion of North Yorkshire practices are currently signed up to deliver the service (20), despite significant efforts by the Public Health Team, Local Medical Committee and former NHS Clinical Commissioning Groups to promote GP engagement with the service when it was established, which was supported by a bespoke training offer delivered through GP Protected Learning Time arrangements by the clinical provider within North Yorkshire Horizons. his proposal is contingent on NYC maturing a discussion with NHS Integrated Care Board (ICB) colleagues on the overall alcohol care offer – and reviewing and agreeing respective responsibilities/ co-commissioning arrangements - as part of the delivery of the *draft* NY Substance Use Strategy. The proposal to cease funding this offer will undoubtedly have an impact if executed without an alternative agreed pathway/ arrangement. North Yorkshire Horizons will have to absorb this prescribing, and this will impact on their clinical capacity to treat people. This will also potentially impact on the experience and outcome(s) for the person, as this pathway offers an opportunity to promote their engagement with their GP for wider healthcare support.
- In mitigation of the above, we are taking forward discussions with ICB colleagues to explore options for continued provision of prescribing within primary care and will review in June 2024.

The focus of the remaining sections of this EIA is on the services where there is a proposed change in offer/specification compared to current primary care services, namely tobacco control provision of stop smoking advice and substance use alcohol step down service.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

A Request for Information questionnaire was published in Summer 2023 for the market to respond to. Eight responses were received including seven from individual GP Practices

and one from a GP Federation. These were considered as part of the in-depth review of each service area along with a range of information including existing provision and coverage, baselining and benchmarking with other areas, national evidence and data, local performance information and feedback from the wider local health system.

Further communication with the market will take place as procurement proceeds.

Stop smoking advice

Managers for the Living Well Smokefree service were included in discussions for the decision-making process around the Approved Provider List. This was to ensure that the service would be able to meet the additional demand of supporting the individuals who wish to stop smoking but would no longer be able to access support or advice via their GP or local pharmacy.

This engagement has formed part of a wider programme of work with Living Well Smokefree linked to new funding that the Government have announced to create a ‘Smokefree Generation’. Over the last few months work has been underway with staff, leaders and the local wider system to understand how best to implement this new funding, initially. The intention is to then, over the first year of funding, to work with the service to gather feedback, thoughts and views from those wishing to stop smoking to ensure that the service remains as accessible as possible.

Substance Use (alcohol stepdown service)

The proposal is contingent on NYC maturing a discussion with ICB colleagues on the overall alcohol care offer – and reviewing and agreeing respective responsibilities/ co-commissioning arrangements - as part of the delivery of the *draft* NY Substance Use Strategy. A representative of the North Yorkshire ICB has now been nominated so that discussions can progress, with support from the joint North Yorkshire ICB /Public Health Head of Population Health role. Work is also underway to ensure that the needs of populations covered by West Yorkshire ICB (Craven) and Lancashire and South Cumbria ICB (Bentham and Ingleton) are considered as part of this development.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

In total the transformation of the Primary Care Public Health Services aims to achieve a reduction in costs to the council of circa £100,000.

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		x		LWSF: Make things better. Digital offer will be available for all age groups, alongside the existing offer of face-to-face appointments. This hybrid offer will ensure a choice-based service offer that empowers anyone wishing to stop smoking with the opportunity to determine how they wish to engage with support.
		x	x	Alcohol stepdown service: Make things worse if the pathway was no longer delivered in primary care - it could then impact on the experience and outcome(s) for older people as primary care pathway offers an opportunity to

				<p>promote their engagement with their GP for wider healthcare support as older people are more likely to have other conditions and require holistic care. 44% of adults engaged with North Yorkshire Horizons for support with alcohol only in 2022-23 were over 50 (source: NDTMS.net - View It).</p> <p>Make things better if we are able to develop agreed pathways delivered by a greater number of primary care providers in discussion with the ICBs.</p>
Disability		x		<p>LWSF:</p> <p>Make things better. Full hybrid offer (both digital and face-to-face appointments) of service delivery means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. This digital offer for groups with disability issues may support where accessibility might be a challenge. Work is being done to enhance the range of community venues available to provide in-person clinics across North Yorkshire to mitigate any travel issues.</p>
		x	x	<p>Alcohol stepdown service:</p> <p>Make things worse if the pathway was no longer delivered in primary care - it could then impact on the experience and outcome(s) for disabled people as primary care pathway offers an opportunity to promote their engagement with their GP for wider healthcare support as disabled people are more likely to have other conditions and require holistic care. In England, among people aged 15 to 49 years, alcohol is the leading cause of ill-health, disability, and death (source). Local people entering alcohol treatment in 21-22 were recorded as being more likely to be disabled (45% vs 29%. Source: NDTMS.net - Commissioning Support Packs – restricted access).</p> <p>Make things better if we are able to develop agreed pathways delivered by a greater number of primary care providers in discussion with the ICBs</p>
Sex	x			<p>LWSF:</p> <p>No impact. Full hybrid offer (both digital and face-to-face appointments) of service deliver means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contributed to poorer health outcomes as a result.</p>
	x			<p>Alcohol stepdown service:</p> <p>No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic. More men than women were engaged with North Yorkshire Horizons for support with alcohol only in 2022-23 (source: NDTMS.net - View It), however this does not necessarily mean that need is greater in men than women's are typically under-represented in treatment service statistics nationally.</p>

Race	x			LWSF: No impact. Full hybrid offer (both digital and face-to-face appointments) of service deliver means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contributed to poorer health outcomes as a result.
	x			<u>Alcohol stepdown service:</u> No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic. More local people entering alcohol treatment in 21-22 were recorded as White British (95% vs 82%. Source: NDTMS.net - Commissioning Support Packs – restricted access).
Gender reassignment	x			LWSF: No impact. Full hybrid offer (both digital and face-to-face appointments) of service deliver means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contributed to poorer health outcomes as a result.
			x	<u>Alcohol stepdown service:</u> Make things worse if the added vulnerability relates to the need for holistic care for people who are more likely to have other healthcare needs (eg some Trans people who may be on hormone treatment)
Sexual orientation	x			LWSF: No impact. Full hybrid offer (both digital and face-to-face appointments) of service deliver means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contributed to poorer health outcomes as a result.
	x			<u>Alcohol stepdown service:</u> No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic
Religion or belief	x			LWSF: No impact. Full hybrid offer (both digital and face-to-face appointments) of service deliver means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are

				utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contribute to poorer health outcomes as a result.
	x			<u>Alcohol stepdown service:</u> No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic
Pregnancy or maternity		x		LWSF: Make things better. Working across Humber and North Yorkshire within the Centre for Excellence, there are stronger links being forged between Living Well Smokefree and local NHS trusts. These local NHS trusts lead on the delivery of the long-term plan, which includes the development of the maternity offer. Living Well Smokefree will be one of the community delivery partners of this maternity offer moving forward.
		x	x	<u>Alcohol stepdown service:</u> Make things worse if the pathway was no longer delivered in primary care - it could then impact on the experience and outcome(s) for the pregnancy/maternity category as primary care pathway offers an opportunity to promote their engagement with their GP for wider healthcare support. Make things better if we are able to develop agreed pathways delivered by a greater number of primary care providers in discussion with the ICBs.
Marriage or civil partnership	x			LWSF: No impact. Full hybrid offer (both digital and face-to-face appointments) of service delivery means that individuals can determine how they wish to access support to stop smoking from Living Well Smokefree. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and can contribute to poorer health outcomes as a result.
	x			<u>Alcohol stepdown service:</u> No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic

Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
..live in a rural area?		x		LWSF: Make things better. The expansion of the LWSF offer will include extra availability for remote sessions as well as in-person so providing more

				options for those living in rural areas to access the services.
			X	Alcohol stepdown service: Make things worse if we can't secure ongoing primary care offer, this may impact people living in rural areas more, who would need to continue to travel to a North Yorkshire Horizons service location for this intervention
...have a low income?		X		LWSF: Make things better. The expansion of the LWSF offer will include extra availability for remote sessions as well as in-person so providing more options for those living on low income to access the services. Potential for telephone appointments rather than having to travel into GP surgeries, reducing travel costs. Potential for use of Council buildings which may be closer to home for some users.
			X	Alcohol stepdown service: Make things worse if we can't secure ongoing primary care offer, this may impact people on a low income more, who would need to continue to travel to a North Yorkshire Horizons service location for this intervention
...are carers (unpaid family or friend)?		X		LWSF: Make things better. The expansion of the LWSF offer will include extra availability for remote sessions as well as in-person so providing more options for those with caring responsibilities to access the services, eg potential for telephone appointments rather than having to travel into GP surgeries.
			X	Alcohol stepdown service: Make things worse if we can't secure ongoing primary care offer, this may impact people in the caring role if they or their loved one needs to travel (eg if they needed to find alternative support for their loved one, or if the loved one needed support from the carer to access a North Yorkshire Horizons service location for this intervention)
..... are from the Armed Forces Community	X			LWSF: No impact. The service will be delivered via a hybrid model offering both digital and f2f interventions. A range of community settings are utilised to provide accessible interventions across communities in North Yorkshire. Settings are chosen to be safe spaces. Priority population groups will be targeted as prevalence can be higher within these groups and leads to poorer health outcomes as a result
	X			Alcohol stepdown service: No impact. Other than the general impacts of the proposal which are outlined in section 3 above, there are no specific impacts identified for this group of the population based on protected characteristic

Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)	
North Yorkshire wide	LWSF: Better reach through a combination of continuing with the F2F offer and developing a new digital offer Alcohol stepdown service: currently there is coverage (albeit low – 20 practices across the county are contracted to deliver this offer). We (NYC) are taking forward discussions with ICB colleagues to explore options for continued provision of this service within primary care across North Yorkshire.
Craven district	LWSF: n/a Alcohol stepdown service: n/a
Hambleton district	LWSF: n/a Alcohol stepdown service: n/a
Harrogate district	LWSF: n/a Alcohol stepdown service: n/a
Richmondshire district	LWSF: n/a Alcohol stepdown service: n/a
Ryedale district	LWSF: n/a Alcohol stepdown service: n/a
Scarborough district	LWSF: n/a Alcohol stepdown service: n/a
Selby district	LWSF: No GPs delivering in Selby, so expansion of LWSF will be a positive for these residents. Alcohol stepdown service: n/a
If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.	
LWSF: Residents living in Selby district currently have no offer of smoking cessation from a GP service, so this proposal will particularly benefit this group of residents. Alcohol stepdown service: no specific impacts for one or more individual districts	

Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (for example, older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.
<p>LWSF: No groups with a combination of protected characteristics will be affected. By offering more venues to access the service and a combination of fully accessible F2F and digital access, we will be enhancing the existing service, which will be more accessible to all groups regardless of their protected characteristics.</p> <p>Substance Use: If we can't secure an ongoing primary care offer, this may impact on the experience and outcome(s) for people with a combination of protected characteristics, as primary care pathway offers an opportunity to promote their engagement with their GP for wider healthcare support (see section 6). We (NYC) are taking forward discussions with NHS ICB colleagues to explore options for continued provision of prescribing within primary care and will review in June 2024.</p>

Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change is needed to the proposal. There is no potential for discrimination or adverse impact identified.	x
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these	x

adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
Explanation of why the option has been chosen (include any advice given by Legal Services.)	
LWSF: Option 1. No potential for adverse impact; the service will be more accessible to all groups, including those with protected characteristics and the priority populations as has been outlined by the government.	
Substance Use: Option 2. Potential challenges identified but working with ICB partners to mitigate the impact and re-evaluate in June 2024.	

<p>Section 11. If the proposal is to be implemented, how will you find out how it is really affecting people? (How will you monitor and review the changes?)</p> <p>LWSF:</p> <ul style="list-style-type: none"> • Regular project board meetings • Regular review meetings between LWSF team and PH lead. • Service review meetings each quarter with LWSF • Service user feedback / evaluation following engagement with LWSF • GP and Pharmacy referral data. <p>Substance use:</p> <ul style="list-style-type: none"> • Regular project board meetings • Regular briefings with DPH • Service and performance data

Section 12. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.				
Action	Lead	By when	Progress	Monitoring arrangements
Work with ICBs to establish alternative pathways/funding for primary care alcohol stepdown service to mitigate impact of proposed changes and review progress to confirm any further mitigations required	PH lead (Substance Use) Joint Strategic Lead for Health Inequalities	June 2024	Colleagues within HNY ICB have been identified to begin discussions. Working to identify leads from other ICB areas.	Project board and DPH
Ensure specifications and performance monitoring arrangements include relevant	PH leads	Legal review of specifications to be completed by 30/04/24	Finalised specifications reviewed by Procurement and sent to Legal 21/03/24.	Procurement processes

data to monitor impact				
Review geographical coverage of providers under the new arrangement and identify targeted action to address any issues with level of provision in particular geographical areas	PH leads, procurement	Summer / autumn 2024		Procurement processes and via project board
Ongoing monitoring of service performance data to review impact, and update EIA as required	PH leads	From April 2025		Performance reporting process

Section 13. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

LWSF

There is no potential for adverse impact; the service will be more accessible to all groups, including those with protected characteristics and the priority populations as has been outlined by the government. We will monitor the service delivery as outlined in section 11 and ensure we capture and mitigate any variation to this assessment.

Substance Use

The proposal to stop NYC funding for the ‘alcohol pharmacological abstinence therapy supervision service’ (‘alcohol stepdown service’) is contingent on NYC maturing a discussion with ICB colleagues on the overall alcohol care offer. This is being addressed by PH Lead (Substance Use) and Strategic Lead Population Health and Inequalities, ICB. The mitigations outlined in section 3 will be reviewed in June 2024 and, if required, alternative arrangements will be considered.

Section 14. Sign off section

This full EIA was completed by:

Name:

Dan Atkinson – Public Health Manager (Tobacco Control portfolio)
 Angela Hall – Public Health Manager (Substance Use portfolio)
 Naomi Smith – Head of HAS Planning, Project Sponsor
 Katya Coldwell – Project Manager
 Advice sought from Equalities specialists

Completion date: 11 April 2024

Authorised by relevant Assistant Director (signature):



Date: 1 May 2024

This page is intentionally left blank

Initial Climate Change Impact Assessment (Form created August 2021)

The intention of this document is to help the council to gain an initial understanding of the impact of a project or decision on the environment. This document should be completed in consultation with the supporting guidance. Dependent on this initial assessment you may need to go on to complete a full Climate Change Impact Assessment. The final document will be published as part of the decision-making process.

If you have any additional queries, which are not covered by the guidance please email climatechange@northyorks.gov.uk

Title of proposal	Public Health Primary Care Services transformation
Brief description of proposal	The purpose of this project is to reshape and redefine the current Public Health Primary Care Services contracts which cover local services relating to Substance Use, Sexual Health, Tobacco Control and NHS Health Checks and which expire 31st March 2025, to ensure that there is a new arrangement procured and in place by 1st April 2025 to meet the needs of the North Yorkshire population within the available budget envelope, and taking account of changes in people's needs and the market since the covid-19 pandemic alongside the opportunities presented by digital and local government re-organisation.
Directorate	Health and Adult Services
Service area	Public Health
Lead officer	Louise Wallace
Names and roles of other people involved in carrying out the impact assessment	Naomi Smith – Head of HAS Planning Andy Stewart – Public Health Officer Alan Watson – Project Manager Katya Coldwell – Project Manager Review by Project Board

The chart below contains the main environmental factors to consider in your initial assessment – choose the appropriate option from the drop-down list for each one.

Remember to think about the following;

- Travel
- Construction
- Data storage
- Use of buildings
- Change of land use
- Opportunities for recycling and reuse

Environmental factor to consider	For the council	For the county	Overall
Greenhouse gas emissions	No effect on emissions	No Effect on emissions	No effect on emissions
Waste	No effect on waste	No effect on waste	No effect on waste
Water use	No effect on water usage	No effect on water usage	No effect on water usage
Pollution (air, land, water, noise, light)	No effect on pollution	No effect on pollution	No effect on pollution
Resilience to adverse weather/climate events (flooding, drought etc)	No effect on resilience	No effect on resilience	No effect on resilience
Ecological effects (biodiversity, loss of habitat etc)	No effect on ecology	No effect on ecology	No effect on ecology
Heritage and landscape	No effect on heritage and landscape	No effect on heritage and landscape	No effect on heritage and landscape

If any of these factors are likely to result in a negative or positive environmental impact then a full climate change impact assessment will be required. It is important that we capture information about both positive and negative impacts to aid the council in calculating its carbon footprint and environmental impact.

Decision (Please tick one option)	Full CCIA not relevant or proportionate:	x	Continue to full CCIA:	
Reason for decision & mitigations	<p>Advice sought from CCIA officer (13.9.23)</p> <p>Conclusion is that a full CCIA would not be proportionate as the potential impact of any changes is very minimal.</p> <p>Any proposed changes in service delivery would be mitigated by an increase in the digital and in-person offer. Therefore, meaning that carbon emissions would be either negligible or positive (NYC fleet cars are now EV).</p>			
Signed (Assistant Director or equivalent)	Signed off by Louise Wallace – Director of Public Health			
Date	02/10/2023			

This page is intentionally left blank