

## Chief Executives' Group – North Yorkshire and York

12 September 2013

### Community plan update - Working jointly to reduce health inequalities

#### 1 Purpose of the Report

- 1.1 The purpose of the report is to provide an update on the actions that are being taken by the Public Health Team within North Yorkshire County Council to reduce health inequalities by promoting healthier lifestyles and reducing risky behaviour in all ages; in particular smoking, alcohol misuse and obesity.

#### 2 Background

- 2.1 On 1 April 2013, responsibilities for commissioning of public health services transferred from the NHS to North Yorkshire County Council (NYCC). In May 2013, I presented a paper to the Health and Wellbeing Board on the commissioning intentions for public health services (appendix 1). I noted that the majority of the public health grant had already been committed to continue funding for service contracts that the Council inherited from the Primary Care Trust. I proposed the areas that would be given priority for any unallocated funding which include smoking, alcohol misuse and childhood obesity.
- 2.2 The variations in communities with respect to employment, housing, education and access to services correlate strongly with health outcomes. The built and social environments provide the powerful context in which individual choices are made and behaviours are practiced. How we work together to influence the wider determinants of health is as important to reducing health inequalities as the impact we have on promoting healthier behaviours.
- 2.3 The National Institute for Health and Care Excellence (NICE) notes that reducing health inequalities can lead to reduced public sector costs, reduced premature deaths, improved population health and creation of healthier, happier communities.
- 2.4 NICE also notes that programmes which aim to reduce inequalities across the social spectrum and include a combination of both universal (population-wide) and targeted interventions that reflect the level of disadvantage and hence, the level of need are likely to have greater impact than those focusing on the health needs of a small proportion of the population deemed to be at greatest disadvantage.

#### 3 Update on public health programmes

- 3.1 Heart disease and stroke are the main cause of death in North Yorkshire and contribute substantially to early death and variation on health outcomes across the county. NYCC now commissions the **NHS Health Checks programme** which is a national risk assessment and prevention programme that identifies people at risk of developing heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps people take action to avoid, reduce or manage their health. Early findings from a review of the programme indicate that more targeted work is needed to increase invitations and uptake to the eligible population in the most disadvantaged communities. We have responded with a targeted media campaign to raise awareness of the Health Checks programme and are working with key GP practices to support delivery of the programme to those in greatest need.

- 3.2 We commission **smoking cessation services** from a specialist Stop Smoking Service and from GP practices and pharmacies. A tobacco needs assessment in October 2012 showed that the specialist service was effectively targeting smoking cessation support to those in the routine and manual occupational groups which have high levels of smoking and find it harder to quit than other occupational groups. It identified a gap in provision for pregnant women in Scarborough where levels were high; one in five women delivering at the hospital smoked. We are working with the local CCG to commission additional specialist smoking cessation support for pregnant women. We will also be reviewing the co-ordination of tobacco control activities and will form a local Tobacco Control Alliance to ensure our efforts to prevent young people from taking up smoking are maintained.
- 3.3 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. A strategic approach to alcohol (from prevention through to treatment) involving partners in the Police, colleagues in licensing, criminal justice, district councils, the NHS, community groups and other stakeholders is needed across the county. We will facilitate the development of an alcohol strategy within the next year.
- 3.4 We are working closely with colleagues in District Councils to identify joint projects to promote **physical activity, health eating and prevention of obesity**. We are working with partners to plan for the legacy of the Tour de France to ensure that we can maximise the potential of the event to promote take up of physical activity. We have identified a gap in weight management services particularly in children and this is an area we will give priority to developing with any unallocated funds from the public health grant. We currently fund places at MoreLife residential weight loss camps for children who are identified through the National Child Measurement Programme as being obese.

## 4 Recommendations

- 4.1 The Chief Executive group is asked to receive the report

## 5 Appendices

- 5.1 Appendix 1 – Commissioning Intentions for Public Health Services

Dr Lincoln Sargeant  
Director of Public Health for North Yorkshire

20 August 2013

## Health and Wellbeing Board

### Commissioning Intentions for Public Health Services

#### 1. Purpose

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. Scope

The scope of the paper is to outline the commissioning intentions for public health services to be funded by the public health grant in 2013/14 and 2014/15. 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. Background

NYCC has a public health grant allocation of £19 021 000 in 2013/14 and £19 732 000 in 2014/15. 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:

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

Partners across North Yorkshire have undertaken a Joint Strategic Needs Assessment and agreed a Joint Health and Wellbeing Strategy to address the identified needs. 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.

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

The mandatory services and steps that local authorities will need to provide are:

- appropriate access to sexual health services
- 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
- ensuring NHS commissioners receive the public health advice they need
- the National Child Measurement Programme
- NHS Health Check assessment

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.

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.

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.

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.

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

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.

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. 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.

**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. 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.

**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

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. 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 the roll out of MECC.

## 7. Recommendations

The Board and its member organisations are 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

Author: Dr Lincoln Sargeant, Director of Public Health for North Yorkshire

Contact Details: [lincolnsargeant@northyorks.gov.uk](mailto:lincolnsargeant@northyorks.gov.uk)