
**Vale of York Clinical Commissioning Group
Governing Body
Public Health Services**

2 March 2017

Summary

1. The purpose of this report is to provide the Vale of York Clinical Commissioning Group (CCG) with an update on public health services for their registered patients living in the local authority areas of City of York, East Riding and North Yorkshire.

Local Authority Public Health Responsibilities

2. Local authorities' statutory responsibilities for public health services are set out in the Health and Social Care Act 2012 and associated regulations¹. Section 12 of the Act introduced a new duty for all upper-tier and unitary local authorities in England to take appropriate steps to improve the health of the people who live in their areas.
3. The Act set out a number of key mandated functions which are summarised below:
 - Health visiting services. Local authorities are required to provide, or secure the provision of, five universal health visitor reviews delivered at 28 weeks pregnancy, 10-14 days, 6-8 weeks, 1 year and 2 to 2.5 years.
 - Weighing and measuring of children at age 4-5 years and 10-11 years as part of the National Child Measurement Programme
 - Health Check assessments for eligible persons aged 40 to 74 years – although local authorities are required to provide, or secure the provision of, the offer of a Health Check to all eligible persons, Public Health England supports a proportionate universalism approach which targets resources to higher risk and vulnerable communities.
 - Sexual health and contraception services. The mandated function requires each local authority to provide, or secure the provision of, open

¹ Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

access sexual health services in its area including: preventing the provision of sexually transmitted infections (STIs); treating, testing and caring for people with STIs and partner notification except for HIV – local authorities are responsible for HIV testing but the treating and caring for people with HIV sits with NHS England. Local authorities are required to ensure reasonable access to contraception services and advice on preventing unintended pregnancy but are not responsible for the provision of sterilisation or vasectomy services or termination of pregnancy – this responsibility sits with the CCG

- Public health advice to CCGs. There is a statutory duty for upper-tier and unitary local authorities to give NHS commissioning a population focus to make maximum impact on population health. This is described in regulations as “*each local authority shall provide, or shall make arrangements to secure provision of a public health advice service to any CCG whose area falls wholly or partly within the local authority’s area and further, that the service consists of provision of such information and advice to a CCG as the local authority considers necessary or appropriate with a view to protecting or improving the health of people in the local authority’s area*”. In addition the Act gives each CCG a duty to obtain public health advice appropriate for enabling it to discharge its functions. This as a minimum should include the Joint Strategic Needs Assessment and local support to implement Right Care or public health advice to sustainability and transformation plans.
 - Protecting the health of the local population. The role of the local authority is to provide information and advice to relevant organisations to ensure that all parties discharge their roles effectively for the protection of the local population. This includes providing public health advice to CCGs which includes health protection. Directors of Public Health also have responsibility for any of the local authority functions that relate to prevention, planning for and responding to emergencies involving a risk to public health, working with Public Health England who provide specialist health protection functions as part of the local health protection system.
 - Mandated functions for oral health. The Health and Social Care Act 2012 transferred the responsibility for consulting residents on water fluoridation from strategic health authorities to local authorities. Local authorities are required to consult with residents on any proposals to introduce, vary or terminate water fluoridation in their area. Local authorities are also required to participate in any oral health survey conducted or commissioned by the Secretary of State in their area
4. In addition to the mandated local authority public health functions, the Health and Social Care Act 2012 sets out non-mandated functions that

have to be delivered as a condition of the ring-fenced public health grant. The Secretary of State can vary these at his discretion. The current grant conditions are set out below:

- Drug and alcohol services. Local authorities have a duty to reduce health inequalities and improve the health of their local population by ensuring that there are public health services aimed at reducing drug and alcohol misuse. Public health grant conditions state that a local authority must, in using the grant, “...have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services ...” This includes the regular review of recovery rates and successful completions with active measures undertaken when needed to ensure best possible service and outcomes
5. Alongside the mandated functions there are a range of public health services such as stop smoking, healthy weight, mental and emotional wellbeing, behavioural and lifestyle campaigns that are discretionary. Local authority commissioning, or provision, of these services is guided by the Public Health Outcomes Framework, the local joint strategic needs assessment and the joint health and wellbeing strategy.

Locality Authority Public Health Grant Allocation

6. Local authorities are awarded a ring-fenced Public Health Grant from the Department of Health for delivery of public health mandated and non-mandated services. In July 2015 the Department of Health announced an in-year reduction in the Public Health Grant of 6.2% in 2015/16 with further cuts announced over the period 2016/17 and up to 2019/20. To put this in context, public health funding will be cut by 9.6% by 2019/20. In cash terms this is £331 million, on top of the £200 million cut in-year for 2015/16.
7. Over the period 2015/16 to 2019/20 these cuts to local authority Public Health Grant funding are anticipated to be £1.6 million for City of York; £2.1 million for North Yorkshire and £1.8 million for East Riding. These cuts are particularly worrying since the three local authorities have some of the lowest Public Health Grant allocations per head of any English Council.

Impact on Public Health Grant Funded Prevention Services

8. East Riding has been able to keep their level of public health services provision largely the same through efficiencies within the contracts they have procured and through careful contract management. The Public Health Team do not envisage significant changes to the services but there is uncertainty about future allocations especially in view of the change to 100% business rate retention and this could potentially lead to

future service changes.

9. In North Yorkshire the local authority was able to build up a reserve during the first two years of the Public Health Grant and is using this to buffer the impact of the grant cuts and by limiting the ambition of some of their public health initiatives they are limiting the impact on frontline services. The impact of Public Health commissioned services has been generally positive for North Yorkshire residents of the Vale of York CCG area through the re-commissioning and transformation of existing services and the introduction of new services. For example, there were no structured weight management services for adults or children before these were commissioned following the transfer of public health responsibilities to the Council. The Living Well service is also new.
10. In City of York the picture is much less positive. The local authority inherited a deficit financial position on the transfer of responsibilities for public health in April 2013 with a Public Health Grant allocation that was insufficient to meet the costs of the services that transferred. There were already plans in place to re-commission some public health services and restrict access to others to bring the budget into financial balance before the Department of Health announced the cuts to the Public Health Grant and so the cuts have had a significant impact on the delivery of public health services to the Vale of York CCG population resident within the City. Cuts have either already affected, or are planned, to all Public Health commissioned services including sexual health and contraception services, drug and alcohol treatment and recovery services, stop smoking, NHS Health Checks, sport and physical activity and the Healthy Child Service.
11. Despite these challenges, the City of York Public Health Team are committed to improving the health of residents and tackling the healthy life expectancy gap through developing innovative approaches to the delivery of public health services and maximising our resources. Examples of this include the development of the integrated wellness service 'Yorwellbeing Service' which is aimed at delivering targeted Health Checks and person-centred healthy lifestyle support and advice on issues such as smoking, alcohol, healthy weight, physical activity and emotional health and wellbeing. Some elements of this provision are new and were not available to residents prior to the transfer of public health responsibilities to the Council.

Consultation

12. Proposed changes to Public Health Services are subject to local authority governance and decision making processes. City of York Council has debated the impact of cuts to Public Health Grant in public and written to the Secretary of State for Health on two occasions objecting to the cuts in

the Public Health Grant in the strongest terms expressing concern that the cuts would lead to a reduction in Public Health Services. Public Health Services are included as part of the overall Council budget setting process which is subject to public consultation and approved at a Full Council budget meeting in public in February each year.

13. City of York Council held a public consultation on the proposed changes to the Healthy Child Service in 2015 which included consultation with key stakeholders. Consultation and engagement has been ongoing since then throughout the process of developing the new service as part of the Local Area Team model and has involved staff, trade unions, parents, young people, children's services, schools and Head Teachers, elected Members and the CCG. There is further consultation planned with York Teaching Hospital NHS Foundation Trust, Tees, Esk and Wear Valley NHS Foundation Trust, GP Practices and community pharmacists on specific elements of the service including effective pathways of communication, safeguarding, vision screening, provision of Healthy Start vitamins and emotional health and wellbeing.
14. The commissioning intentions for drug and alcohol services in the City of York have been subject to consultation with the Police and Crime Commissioner, Community Safety Team, existing providers, elected Members, community and voluntary sector and service users. The Vale of York CCG were represented at the Drug and Alcohol Commissioning Group by the Service Improvement Team and were involved in developing the model and service specification for the new Alcohol and Illicit Drug Treatment and Recovery Service which is currently out to tender. A CCG representative is a member of the procurement panel which will review the bids and determine the preferred new provider.
15. The development of the Yorwellbeing Service in the City of York has been discussed at the CCG Clinical Executive and the intention is to present the model for the service for discussion at the Council of Representatives. The plan is to pilot the service with a GP Practice and discussions are taking place about this.
16. There has been informal and formal communication by letter with providers of City of York public health services on proposed changes to their contracts and to advise of the Council's commissioning intentions. Changes to primary care services have included communications with the CCG, Local Medical Committee and Community Pharmacy North Yorkshire. There has been very little flexibility to respond to primary care concerns about changes to their contracts because of funding constraints and the Council's procurement procedure rules. One area of success, following extensive discussions with CCG and GP colleagues and the legal

and procurement team in the Council, was the Council's decision to reinvest £200,000 per annum into a jointly commissioned service with the CCG for the provision of long acting reversible contraception in primary care. This is an excellent example of how effective joint commissioning between Public Health and the CCG can help secure primary care services and improve access to services for residents and can hopefully provide a template for future joint commissioning decisions.

Options

17. There are no options for the Governing Body to consider. The report is intended to be an update on the position of Public Health Services in the three local authorities with a particular focus on City of York where there has been the greatest level of change.

Analysis

18. The three local authorities have all managed the cuts to their Public Health Grants in a way that is responsive to their individual local circumstances.
19. It is recognised nationally and locally that these cuts will have an impact on the NHS and compromise the ability of Public Health to support the aspirations in the sustainability and transformation plans and NHS Five Year Forward View. However the NHS, including CCGs, have a statutory duty to tackle health inequalities with a shift in investment to prevention and so there is an urgent need to improve joint commissioning and make better use of the Joint Strategic Needs Assessment to inform investment and disinvestment decisions.
20. The Vale of York CCG can work in partnership with each of the local authorities to respond to local identified needs and consider contributing to services and programmes that will have real benefits for residents and reduce pressures on the NHS and social care such as Living Well services, community based and population approaches to improving mental health, strengthening the resilience of individuals and communities to be able to do more for themselves through evidence based initiatives such as social prescribing and sharing the medication costs associated with Public Health services.
21. For the City of York there are lessons to be learned about the level of consultation and engagement the Public Health Team has had with Vale of York GP Practices whose patients are directly impacted by the changes to service provision and the effectiveness of our communication. With the establishment of the Clinical Executive and Consultant in Public Health membership of this committee there is an opportunity to strengthen this but

other suggestions from the Governing Body on ways of improving partnership working relationships will be welcome.

Direct Implications

22. There are no direct implications arising from this report.

Recommendations

23. As the report is for information only there are no specific recommendations.

Reason:

To provide an update on Public Health Services commissioned by City of York Council, East Riding of Yorkshire Council and North Yorkshire County Council in the Vale of York CCG area.

Contact Details

Author:

Sharon Stoltz

Director of Public Health

City of York

Email:

Sharon.stoltz@york.gov.uk

Tel No. 01904 553224