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

**2 February 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 residents in the City of York.
2. The report describes the changes to services that have taken place following the transfer of public health responsibilities to the local authority on 1 April 2013, the context in which these changes have taken place against a background of Department of Health cuts to local authority public health budget cuts and sets out future commissioning intentions.

**Local Authority Public Health Responsibilities**

3. Local authorities' statutory responsibilities for public health services are set out in the Health and Social Care Act 2012 and associated regulations<sup>1</sup>. 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.
4. 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 2.5 years.
  - Weighing and measuring of children at age 4-5 years and 10-11 years as part of the National Child Measurement Programme

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

- 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 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
5. 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
6. 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**

7. Local authorities have been subjected to an unprecedented reduction in their funding from central government and the need to balance their budgets while still providing necessary services. City of York Council has already made efficiency savings totally £97 million in the last 10 years but the pressures on the Council’s finances remain. The direct financial support from central government has been cut from 40% in 2012/13 to just 7% this year and by 2020 local authorities expect to receive no central government funding with local services funded by Council Tax and business rate retention.
8. Additionally, in July 2015, the Department of Health imposed 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 2020/21. To put this in

context, public health funding will be cut by 9.6% by 2020/21 in cash terms of £331 million, on top of the £200 million cut in-year for 2015/16. For City of York Council this amounts to an anticipated reduction in public health funding of around £1.6 million.

- 8.1 This level of cuts to public health funding has already had a significant impact on the delivery of public health services in City of York and this will get worse as the cuts continue, undermining commitments to prevention and our aspirations to improve the public's health and to keep pressure off the NHS and Adult Social Care and risk widening the health inequalities gap across the City.
9. These public health budget cuts have been felt particularly strongly in City of York because the Council is significantly below its target allocation of Public Health Grant based on the population size and demographics of the City and inherited a public health budget deficit position on the transfer of public health responsibilities on 1 April 2013. The budget has had no reserves with which to cushion the impact of budget cuts and services have been impacted as a result.

### **Changes to Public Health Services since the Transfer of Responsibilities to City of York Council**

10. This section of the report details the changes to public health commissioned services for residents in the City of York following the transfer to the Council in April 2013:

#### Sexual Health and Contraception Services

11. Sexual health and contraception services were put out to competitive tender in 2015 with a new contract awarded to York Teaching Hospital NHS Foundation Trust to establish a new integrated York sexual health Service.
12. The contract with GP Practices for the provision of sexual health services (long acting reversible contraception and chlamydia screening) was de-commissioned in March 2016 due to budget cuts and concerns about value for money. The provision of long acting reversible contraception (LARC) is now commissioned jointly by the Council and the CCG with a service level agreement in place since April 2016.
13. The contract with community pharmacists for the provision of free Emergency Hormonal Contraception (EHC) was de-commissioned in 2015 due to concerns about clinical governance and value for money. Community pharmacists were working to an out of date Patient Group Direction (PGD) and it was not possible to validate that claims for payment were for City of York residents thus leading to concerns about pressures

on the public health budget. Access to EHC for residents has continued in the Yorsexualhealth Service and from primary care via the General Medical Services contract.

14. School nurse provision of EHC and pregnancy testing to young people in school settings ceased on 1 April 2016 with the TUPE transfer of the school nursing service from York Teaching Hospital NHS Foundation Trust to City of York Council. A teenage sexual health pathway is in place to facilitate the rapid access of young people requiring support to the Sexual Health Community Outreach Team commissioned as part of the Yorsexualhealth Service. Young people are also able to access their GP Practice for support. School nurses continue to provide sexual health and contraception advice and sign posting and facilitate access for young people to appropriate service provision.

#### Support for Stop Smoking Services

15. The contract with Harrogate and District NHS Foundation Trust for the provision of specialist stop smoking support expired in March 2016. A number of staff transferred under TUPE to the Council on 1 April 2016 and have continued to provide stop smoking advice and support services on referral.
16. The contracts with GP Practices and community pharmacists for the provision of stop smoking services were de-commissioned in March 2016 due to budget cuts.
17. The Council funding of free stop smoking medication ended in 2016. A decision was subsequently made to fund access to free Nicotine Replacement Therapy (NRT) for pregnant women and to establish a 'hardship fund' to provide free NRT for a limited period of time for residents on low income accessing the Council's stop smoking service.

#### NHS Health Checks

18. The contract with GP practices for the provision of NHS Health Checks was de-commissioned in March 2016 due to budget cuts. The Council is in the process of developing a new integrated wellness 'Yorwellbeing Service' which will offer a NHS Health Check to eligible individuals as part of a holistic healthy lifestyles assessment targeted to the most disadvantaged communities across the City.
19. Health Checks are also being offered to eligible employees of City of York Council as part of a workplace health and wellbeing programme and it is hoped that other employers will be encouraged to work in partnership with Public Health in developing their own workplace health programmes.

### Dental Public Health Services

20. The contract with Harrogate and District NHS Foundation Trust for the provision of dental public health services (health promotion and dental epidemiological survey) expired in 2015. The service went out to competitive tender jointly with North Yorkshire County Council with a contract awarded to Harrogate and District NHS Foundation Trust Community Dental Service for delivery of the mandated dental survey and a reduced health promotion offer targeted to children with disabilities in order to deliver budget savings.
21. The universal provision of oral health promotion is being included in the Healthy Child Service 0-19

### Health Visiting and School Nursing Services

22. The contract with York Teaching Hospital NHS Foundation Trust expired in March 2016. A decision was made not to go out to competitive tender for health visiting and school nursing services. The staff transferred to the Council under TUPE on 1 April 2016 and work is ongoing to establish an integrated Healthy Child Service 0-19 as part of the Local Area Team arrangements for children's services.

### **Future Commissioning Intentions**

23. This section of the report outlines the future commissioning intentions for public health services in order to work within the Council's governance and procurement procedures and deliver the necessary budget savings:

### Drug and Alcohol Services

24. The contract with GP Practices for shared care prescribing; community pharmacists for the provision of needle exchange and supervised consumption and contracts with Lifeline and Changing Lives for alcohol and drug treatment and recovery services are due to expire in 2017. The Council is currently out to competitive tender for a new Alcohol and Illicit Drug Treatment and Recovery Service. The intention is to award a new seven year contract which will be required to deliver in excess of £500,000 savings over the first four years.

### Healthy Lifestyles – Prevention

25. We are in the process of developing a new, integrated wellness service for City of York residents. This will bring together the stop smoking, NHS Health Check and sport and active leisure functions in a Yorwellbeing Service which will provide screening, assessment, health advice, ongoing support and signposting to other appropriate services. The service will focus on providing support on stopping smoking, healthy eating, alcohol, physical activity and mental well-being. The focus will be on promoting self

management and encouraging people to make the healthy lifestyle changes that will help to reduce their risk of obesity, diabetes, heart disease and stroke.

26. The service has limited capacity due to funding constraints so will be focusing on narrowing the gap in life expectancy and healthy life expectancy in the City by targeting the most disadvantaged communities and groups.
27. The intention is to recruit volunteer 'Community Health Champions' to work alongside the Public Health Practitioners in the Yorwellbeing Service in order to strengthen the service and provide additional capacity.
28. Although the service has an important role in promoting healthy weight, it should be noted that it is not a Weight Management Service. It does not have sufficient capacity to take on this function. The service would require additional NHS investment if it was to take on the responsibilities of a weight management service as per NICE guidelines.

#### Healthy Child Service 0-19

29. Only the 0-5 elements of service provision are mandated. However the Council Plan and the draft Joint Health and Wellbeing Strategy 2017-2022 commit to giving every child the best start in life and so it is a public health priority to ensure universal provision across the 0-19 age range.
30. It is proposed that the 5-19 universal offer moves away from the traditional school nursing model with the creation of a new Children and Young People Health Outreach Worker role that will allow for a more needs-led and targeted approach.
31. The new service is required to deliver £250,000 savings over the next two years. This will be achieved by better integration across the 0-19 pathway avoiding duplication and by embedding the new service into the emerging Local Area Teams.
32. A priority will be to deliver better safeguarding and health outcomes for children by much closer partnership working across agencies, particularly primary care.

#### Sexual Health and Contraception Services

33. The contract with York Teaching Hospital NHS Foundation Trust for the provision of the Yorsexualhealth Service was awarded for three years in 2015 with the option to extend for a further two years. Initial discussions are taking place with neighbouring local authorities around the possibility of collaboratively commissioning sexual health services and so it is likely that this contract will be extended up until 2020 to provide sufficient time for re-procurement decisions to be made.

34. This has implications for the joint commissioning of long acting reversible contraception in primary care for York residents and Public Health will shortly be starting discussions with the CCG and the legal and procurement team within the Council to agree commissioning intentions hopefully up to 2020 to coincide with the length of the term of the contract for the York sexual health Service.

## **Consultation**

35. Proposed changes to Public Health Services are subject to City of York Council governance and decision making processes. The 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.

36. There was 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.

37. The commissioning intentions for drug and alcohol services 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 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.

38. The development of the York wellbeing Service, particularly NHS Health Checks and information sharing with GP Practices, has been discussed at the CCG Clinical Executive and will hopefully be presented 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.

39. There has been informal and formal communication by letter with providers of 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**

40. 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 City of York.

### **Analysis**

41. The Council has had to make very difficult decisions in the face of unprecedented cuts to its Public Health Grant Allocation. The priority has had to be to focus on mandated services specified in the Health and Social Care Act 2012 and on those services local authorities are required to provide under the conditions of the Public Health Grant.
42. 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 and evidence base e.g. Right Care to inform investment and disinvestment decisions.

## Council Plan

43. Public Health services support the priorities within the Council Plan:

- A Prosperous City for All
- A Focus on Frontline Services
- A More Responsive and Flexible Council that puts Residents First and Meets its Statutory Obligations

## Direct Implications

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

## Recommendations

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

### Reason:

To provide an update on the changes to services that have taken place following the transfer of public health responsibilities to the local authority on 1 April 2013, the context in which these changes have taken place against a background of Department of Health cuts to local authority public health budget cuts and set out future commissioning intentions.

## Contact Details

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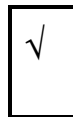
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### Chief Officers Responsible for the report:

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Report  
Approved



Date 20/01/17

**Specialist Implications Officer(s)** None

**Wards Affected:** List wards or tick box to indicate all

All



**For further information please contact the author of the report**