

Title of Meeting:

NY CCG Primary Care
Commissioning Committee

Date of Meeting:

22/7/21

Paper Title:

North Yorkshire Public Health Update
Report

Session (Tick)
Public
Private
Development Session

Responsible PCCC Member Lead Report Author and Job Title

Name: Clare Beard Name: Angela Hall

Title: Consultant in Public Health Title: Health Improvement Manager

Purpose – this paper is for:

Decision	Discussion	Assurance	Information
	Х	Х	X

Has the report (or variation of it) been presented to another Committee / Meeting? N

Executive Summary

The report provides an update on:

- COVID-19 prevention and management arrangements and developments;
- Commissioned service updates
- Independent Review of Drugs
- Update on primary care representation and Public Health Team representation on system meetings
- Resources

Recommendations

The Primary Care Commissioning Committee is being asking to:

- Note the content of the report
- Work with The Public Health Team and Live Well Smoke Free Service to review opportunities for delivery, and improved uptake by the population.

Monitoring

CCGs Strategic Objectives supported by this paper

	CCG Strategic Objective	X
1	 Strategic Commissioning: To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice. To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care. To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition. 	х
2	Acute Commissioning: We will ensure access to high quality hospital-based care when needed.	
3	Engagement with Patients and Stakeholders: We will build strong and effective relationships with all our communities and partners.	х
4	Financial Sustainability: We will work with partners to transform models of care to deliver affordable, quality and sustainable services.	х
5	Integrated / Community Care: With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.	Х
6	Vulnerable People: We will support everyone to thrive [in the community].	х
7	Well-Governed and Adaptable Organisation: In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.	Х

CCG Values underpinned in this paper

	CCG Values	X
1	Collaboration	Х
2	Compassion	X
3	Empowerment	X
4	Inclusivity	X
5	Quality	X
6	Respect	X

Does this paper	provide evidence	of assurance	against the	Governing	Body	Assurance
Framework?						

YES	x	NO	

If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline	

Any statutory / regulatory / legal / NHS Constitution implications	N/A
Management of Conflicts of Interest	N/A
Communication / Public & Patient Engagement	In line with North Yorkshire County Council procedures where applicable
Financial / resource implications	N/A

Outcome of Impact	N/A
Assessments completed	

Name: Angela Hall

Title: North Yorkshire Public Health Update Report

1. COVID-19 update

Ongoing delivery of the <u>COVID-19 Outbreak Management Plan</u> and associated national developments remain a key priority for the Public Health Team.

The Public Health Team continues to work with the North Yorkshire and York Local Resilience Forum, NHS partners, District and Borough Councils, Public Health England, Health and Safety Executive and the community and voluntary sector to prevent and manage COVID-19 transmission and outbreaks.

Data on COVID is available on the North Yorkshire County Council website, broken down by County, District/ Borough Council and Middle Super Output Area: https://www.northyorks.gov.uk/coronavirus-data.

The rate of COVID cases per 100,000 population is higher across most Districts in North Yorkshire compared to the England average at the time of writing (14 July 2021), with the exception Scarborough, Craven and Ryedale. The Public Health Team is currently supporting a majority of educational settings, and a smaller number of care settings, workplaces and hospitality settings. Data is carefully monitored in each locality to target action when evidence of/ opportunities for transmission are identified. There is evidence of widespread community and household transmission across most Districts

The Public Health Team continues to support the NHS to promote uptake of both doses of the vaccination, as well as facilitate the development of a targeted testing strategy in conjunction with partners and in line with national strategy, which focusses on disproportionately impacted groups such as the homeless and those using substance misuse services etc. Details on Two Events Coordinators have been appointed to support the Local Authority Safety Advisory Groups to maintain public health advice and assurance, based on the <a href="https://example.com/representation-new-maintain-new-

Whilst we move into the next stage of the national roadmap, we encourage all organisations and the public to continue to take key preventative action (hands, face, space and fresh air), and register or drop in for both doses of the vaccination.

A range of updated resources to support workplace settings have been published here: <u>Guidance</u> for workplace settings | North Yorkshire County Council.

Vaccination clinic options are published here: <u>Coronavirus (Covid-19) vaccinations in North</u> Yorkshire | North Yorkshire County Council

2. Commissioned services update

2.1 Public health commissioned primary care services – Approved Provider List

North Yorkshire County Council is currently in the process of extending existing contracts with GP practices and Pharmacies for the provision of a range of primary care based public health services, which are commissioned directly via an Approved Provider List. The North Yorkshire Public Health Team will continue to work closely with NHS Commissioners and primary care colleagues to design and deliver a prevention offer which is ambitious and fit for purpose.

The payment process associated with the drug misuse treatment and recovery service has changed and will be reflected in the contract extension arrangement.

2.2 Smoking cessation service

Notwithstanding significant pressure in primary care, which we acknowledge has been exacerbated by the pandemic, numbers engaging with primary care based specialist stop smoking support has declined over successive years since 2019/20 (406 2019/20; 332 2020/21 and 113 Q1 2021/22).

Smoking remains the single most preventable predictor of morbidity and mortality, and a significant factor in COVID-19 morbidity and recovery.

Recommendation: To work with The Public Health Team and Live Well Smoke Free Service to review opportunities for delivery, and improved uptake by the population.

3. North Yorkshire and York Dual Diagnosis Strategic Forum

Following discussion at the last meeting, Dr Peter Billingsley will represent primary care at this meeting. Dr Helena Ebbs and Dr Ruth Walker will also continue to be corresponding (and attending where clinical commitments allow) members.

4. North Yorkshire and York Area Prescribing Committee

Angela Hall (Health Improvement Manager) attended the inaugural meeting as representative for NYCC/ Public Health, and will be a voting member with support from the public health pharmaceutical advisory service commissioned from the North East Commissioning Support Unit.

Public health commissioned service medicines formularies will continue to be received and/or approved by this Committee as applicable.

5. National updates

The Independent Review of Drugs Part 2 Report was published by Professor Dame Carol Black last week in conjunction with Minister's Kit Moorhouse and Jo Churchill.

The Part 1 and Part 2 Reports are available here: <u>Independent review of drugs by Professor Dame</u> <u>Carol Black - GOV.UK (www.gov.uk)</u>

The recommendations are wide ranging, but in summary include:

- Call to action nationally and locally;
- Reinforcement of complexity of drug misuse, and role of trauma;
- Acknowledgement of preventable (increasing) drug related deaths;
- Establishment of a national Drugs Unit cross Government;
- Development of a national outcomes framework;
- Call for significant additional investment in treatment and recovery services, and associated system;
- Workforce development;
- Role of lived experience;
- Reinforcement of 'no wrong door' ethos across system;
- Research and Development particularly on recovery from dependence

6. Resources

MECC Link: Making every contact count/ mental health and wellbeing web resource: <u>MECC Link - Simple signposting to better health and wellbeing</u>

HeadFirst: Mental health and suicide prevention online web resource: <u>About Us > Head First</u> (headfirst-northyorks.org)