

Health and Adult Social Care Policy and Scrutiny 29<sup>th</sup> March 2017  
Committee

Report of the Director of Public Health

## **Council Motion – Access to NHS Services**

### **Summary**

1. The purpose of the report is to respond to the motion on Access to NHS Services which was passed at the Council meeting on 15 December 2016, and to update the Health and Adult Social Care Policy and Scrutiny Committee on subsequent discussions with the Vale of York Clinical Commissioning Group (CCG).
2. The CCG Governing Body approved the ‘Prevention and Better Health Strategy’ at its meeting on 1 September 2016. The strategy has been developed to demonstrate how focusing the CCG efforts on prevention, self-care and shared decision making can support a shift in the way health care resources are valued, and to empower patients in the Vale of York to become more active participants in shaping their health outcomes.
3. The strategy is supported by a commissioning statement which outlines the CCG strategy for addressing the lifestyle risk factors of smoking and obesity in pre-operative patients, with the aim of helping them to experience the best possible post-operative outcome. This statement position is that the CCG does not routinely commission an elective (planned) surgical intervention on patients who have a Body Mass Index (BMI) of 30 or above (classified as obese) or patients who are current smokers.
4. On 15 December 2016, elected members debated a council motion on Access to NHS Services proposed by Cllr Stuart Barnes which was unanimously supported. The motion is set out below:

*‘Council notes:*

- *The financial crisis in health facing the NHS and City of York Council, whose public health funding has seen cutbacks in recent years;*
- *The decision of Vale of York Clinical Commissioning Group (CCG) to ration access to NHS services by imposing conditions for surgery on some who smoke or who are obese;*
- *The expert clinical view put forward by the Royal College of Surgeons and comments from its President, Clare Marx, who has labelled Vale of York NHS CCG's policy as "frankly shocking".*

*Council agrees with the CCG's aim to reduce levels of obesity and smoking prevalence among York residents, and recognises that individuals must play a part and take responsibility for looking after their own health.*

*But Council believes the recent CCG policy change regarding the provision of surgery to patients who are obese or who smoke sets a dangerous precedent. A change to restrict and ration health services to specific groups of people is unfair.*

*Furthermore, Council believes this policy threatens to exacerbate existing health inequalities.*

*Council resolves:*

- *To write to Vale of York Clinical Commissioning Group (CCG), Sir Simon Stephens, Head of NHS England and Jeremy Hunt, Secretary of State for Health objecting to this decision in the strongest possible terms*
  - *To request that the Executive commissions the Director of Public Health to assess the impact of this policy, including the impact on health inequalities, reporting back to Health and Adult Social Care Policy and Scrutiny Committee with options recommended to the Executive for what the Council can do to mitigate its impact on health inequalities.'*
5. Copies of the letters sent to Phil Mettam Accountable Officer, Vale of York CCG, Sir Simon Stephens, NHS England and Jeremy Hunt, Secretary of State for Health and the responses received to date are attached as Annexes to this report.

6. This report seeks to brief the Health and Adult Social Care Policy and Scrutiny Committee on the impact of the CCG policy, including the impact on health inequalities, set out the actions across the health and care system that could be undertaken to mitigate against these impacts and proposes a number of recommendations for consideration by Scrutiny Committee members to put forward to the Executive for what the Council can do to mitigate its impact on health inequalities.

## **Background**

### Smoking – the case for change for the NHS

7. The cost of smoking in England was estimated in 2014 to be around £2 billion a year to the NHS with an annual cost to the NHS in York for treating smoking-related illness of £3.8 million on average. Smoking remains the leading cause of preventable illness and death in England. Smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups. Smokers under the age of 40 have a 5 times greater risk of a heart attack than non-smokers. Smoking causes around 80% of deaths from lung cancer, around 80% deaths from bronchitis and emphysema, and about 14% of deaths from heart disease. More than one quarter of all cancer deaths can be attributed to smoking. These include cancer of the lung, mouth, lip, throat, bladder, kidney, pancreas, stomach, liver and cervix. About a half of all life-long smokers will die prematurely. On average, cigarette smokers die 10 years younger than non-smokers.
8. In addition smoking can cause complications in pregnancy and is also associated with lower survival rates, delayed wound healing, increased infections, prolonged hospital stays and repeated admissions after surgery.
9. The NHS England *Five Year Forward View* makes an increased focus on prevention a priority. Prevention is also a priority in the Sustainability and Transformation Plan for Humber, Coastal and Vale and in the Vale of York CCG Operational Plan for 2017-18. An NHS that is truly committed to improving the health of the population, and not simply to treating patients when they present with specific conditions, must therefore make reducing smoking prevalence a very high priority.

10. NHS England has published Commissioning for Quality and Innovation (CQUIN) supplementary guidance to the NHS standard contract for 2017-19 which focuses on prevention of ill-health from risky behaviours - smoking and alcohol. The CQUIN payment framework enables NHS commissioners to reward excellence by linking a proportion of NHS providers' income to the achievement of local quality improvement goals. This new national CQUIN indicator asks NHS Trusts to identify and record the smoking status of all inpatients and to provide smokers with Very Brief Advice and an offer of medication and referral. The scheme applies to acute trusts in 2018/19 and to community and mental health trusts in both 2017/18 and 2018/19.
11. These CQUINS, which include measures on how many people have been referred for treatment and stopped smoking, offer an important incentive to embed tobacco dependence treatment into care pathways. However the CQUIN payment made to local NHS providers – York Teaching Hospital NHS Trust and Tees, Esk and Wear Valley NHS Trust should be used to provide investment into NHS stop smoking provision. Otherwise increased referrals into the Council Yorwellbeing Service will simply result in long waiting lists for support because the service has such limited capacity.

#### Smoking – the case for change for local authorities

12. The cost of smoking in England was estimated in 2014 to be £1.1 billion to local authorities in social care costs with around a further £9.8 billion in costs to the wider economy through sickness, loss of productivity etc. The estimated cost to adult social care in York is £3.4 million per annum.
13. Because of the impact of smoking on health in later life, smoking imposes a direct cost to local authorities in the form of additional requirements for social care. The latest estimates of the costs to adult social care (January 2017) are set out in Table 1 below:

**Table 1: Social Care Costs of Smoking – January 2017 estimates**

Cost to local authorities from increased social care needs	£760m
Cost to self-funders from increased social care needs	£630m
Increased number of people receiving social care support (funded by local authorities)	35,000
Increased number of people receiving social care support (self-funded)	17,000
Increased number of people receiving care from friends and relatives	234,000
Difference in age between when smokers and non-smokers need to access care	4 years

Source: All Party Parliamentary Group on Smoking and Health – Burning Injustice

14. It should be noted that the Care Act 2014 placed a duty on local authorities to enable access to services that reduce the need for support among people and their carers in the local area, and contribute towards preventing or delaying the development of such needs. Since smoking doubles the risk of developing care needs, it is highly relevant when considering the provision of preventive services. Reducing smoking prevalence reduces social care costs.

#### Obesity – the case for change

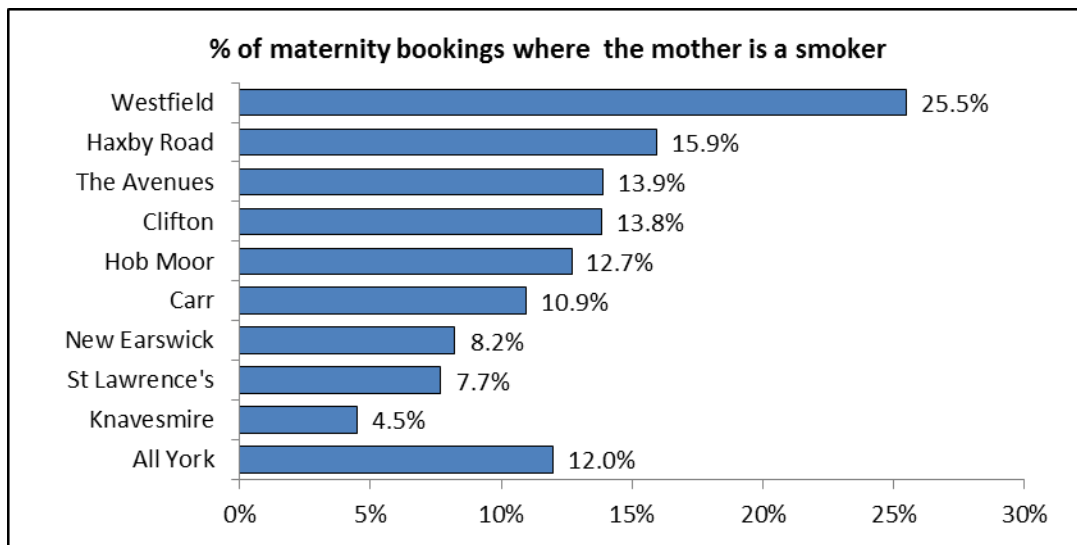
15. Obesity is a global concern. In the UK 23% of adults are obese with a BMI over 30. In 2015 the estimated cost of obesity to the Vale of York CCG was £46 million.
16. Obesity contributes to many illnesses. An obese man is 5 times more likely to develop type 2 diabetes than a man of healthy weight, 3 times more likely to develop cancer of the colon and more than 2 and a half times more likely to develop high blood pressure – a major risk factor for heart disease and stroke.
17. An obese woman is 13 times more likely to develop type 2 diabetes than a woman of healthy weight, more than 4 times more likely to develop high blood pressure and more than 3 times more likely to have a heart attack.

18. Risks of other diseases including angina, gall bladder disease, liver disease, breast and ovarian cancer, osteoarthritis and stroke are also increased.
19. The development of diabetes as a result of obesity is said to be one of the largest 'time bombs' for the NHS with potentially 1 in 10 people having Type 2 diabetes by 2034, overtaking smoking as the major cause of premature death.
20. Alongside the serious ill-health it can cause, obesity can also reduce people's prospects in life, affecting individuals' ability to obtain and hold down work, their self-esteem and their underlying mental and emotional health.

### **Impact on Health Inequalities in York**

21. Although the overall prevalence of smoking and obesity are lower in York than in many other parts of the country we know that there are significant inequalities in smoking and obesity within the local population with a clear link between higher levels of smoking and obesity and deprivation.
22. We do not have good data on the prevalence of smoking in the adult population in York but data is collected by York Teaching Hospital NHS Trust Maternity Services on smoking in pregnancy in women attending Children's Centres across the City. It is reasonable to assume that smoking in pregnancy is a fairly reliable proxy indicator for smoking levels in the general population in an area. The percentage of women recorded as smoking at the time of their first appointment with the midwife (booking) varies considerably across the City with the rate in Westfield more than five times higher than in Knavesmire. This demonstrates deep rooted cultural attitudes to smoking in some communities in York. Table 2 below shows the % of maternity bookings where the mother is a smoker by Children's Centre area:

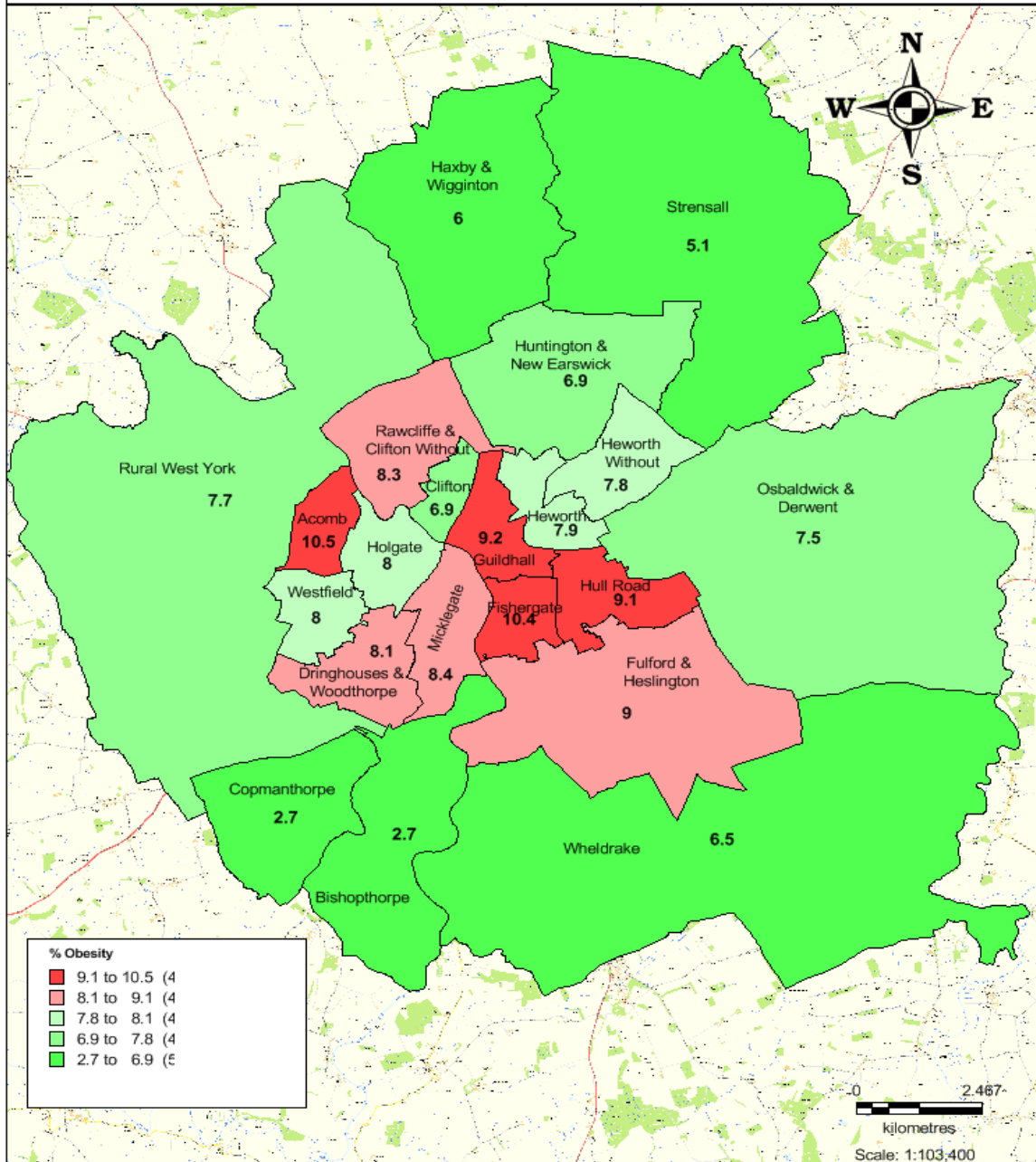
Table 2: Mothers Smoking at Maternity Booking



Source: Business Intelligence Hub

23. Similarly we do not have good data on the prevalence of obesity in the adult population in York. However we have very good data in children collected as part of the National Child Measurement Programme. Children have their height and weight measured in reception class and in year 6. Again this data shows that York has relatively low rates of obesity compared to other areas but there remains a clear gradient with children living in the more deprived areas of the City having a rate of obesity more than twice that in the least deprived areas. The maps below show the variation in obesity levels for children in reception class and year 6 across York:

**% of measured children in Reception who were classified as obese, 2012/13-2014/15**



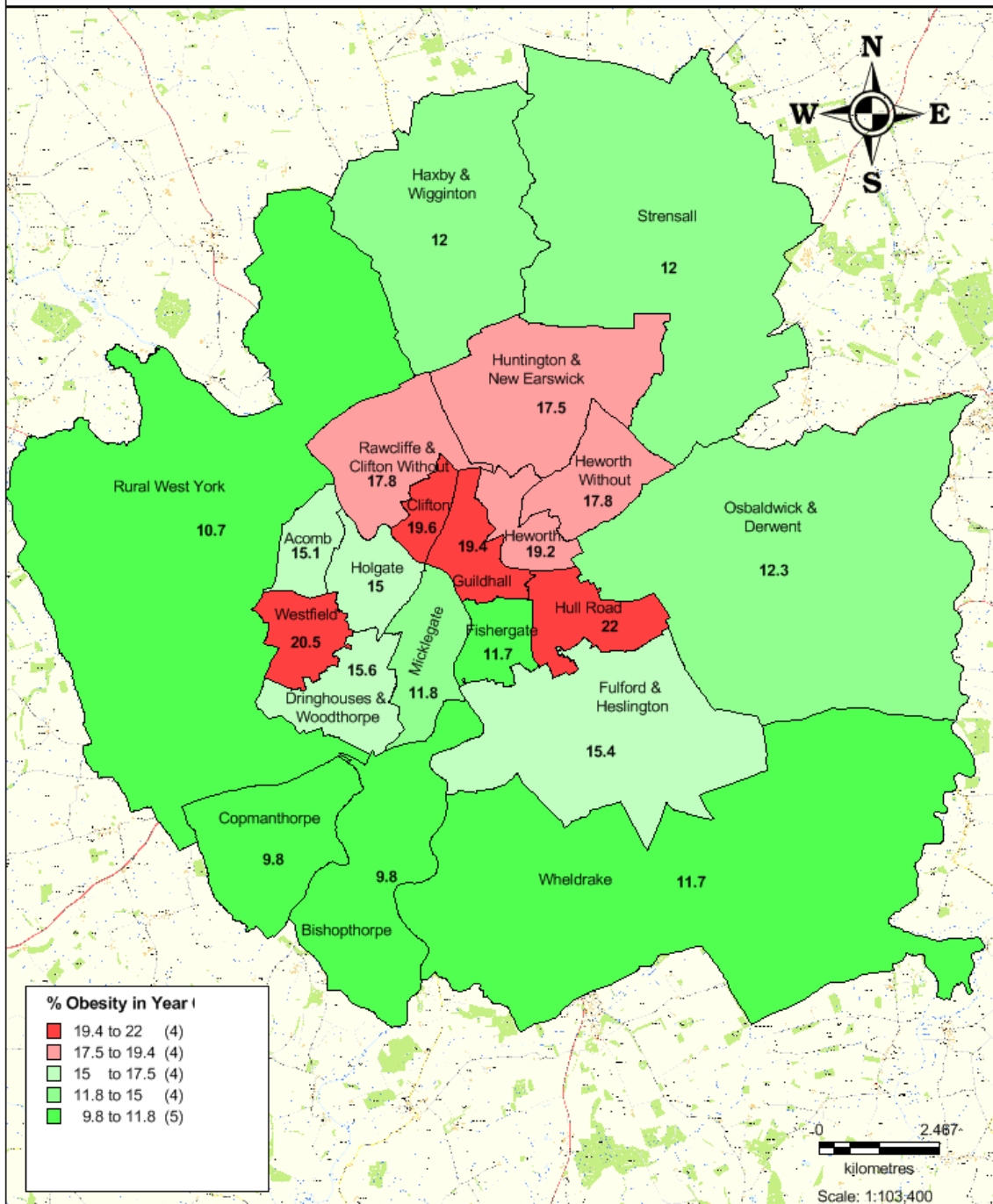
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**% of measured children in Year 6 who were classified as obese, 2012/13-2014/15**



19.4 to 22	(4)
17.5 to 19.4	(4)
15 to 17.5	(4)
11.8 to 15	(4)
9.8 to 11.8	(5)

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24. Therefore it is important that any interventions to reduce health inequalities caused by smoking and obesity are targeted in those areas that have the greatest prevalence.
25. The introduction of the CCG policy will improve our understanding of the picture of smoking and obesity across the City since all GPs are now being encouraged to record weight and BMI and smoking status.
26. The CCG has taken steps already to ensure that the most vulnerable patients are not affected by the restrictions applied by the policy. The most up to date list can be found on the CCG website by accessing the link below:

<http://www.valeofyorkccg.nhs.uk/rss/index.php?id=optimising-outcomes-1>

27. The policy states that exclusions apply to enable access to urgent care, but all patients must be offered access to smoking cessation and/or weight management concurrently regardless of urgency. Exclusions at the time of writing this report include:
  - Patients requiring emergency surgery or with a clinically urgent need where a delay would cause clinical risk:
  - Cholecystectomy
  - Surgery for arterial disease
  - Anal fissure
  - Hernias that are at high risk of obstruction
  - Anal fistula surgery
  - Revision hip surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, recurrent dislocations, impending peri-prosthetic fracture, gross implant loosening or implant migration.
  - Revision knee surgery which is clinically urgent AND where delay could lead to significant deterioration/acute hospital admission. Includes infection, impending peri-prosthetic fracture, gross implant loosening/migration, severe ligamentous instability.
  - Primary hip or knee surgery which is clinically urgent because there is rapidly progressive or severe bone loss that would render reconstruction more complex.
  - Nerve compression where delay will compromise potential functional recovery of nerve.

- Surgery to foot/ankle in patients with diabetes or other neuropathies that will reduce risk of ulceration/infection or severe deformity.
- Orthopaedic procedures for chronic infection.
- Acute knee injuries that may benefit from early surgical intervention (complex ligamentous injuries, repairable bucket handle meniscal tears, ACL tears that are suitable for repair). Other (please specify on the form)
- Lower limb ulceration
- Referrals for interventions of a diagnostic nature:
  - Gastroscopy
  - Colonoscopy
  - Nasopharyngolaryngoscopy
  - Laparoscopy
  - Hysteroscopy
  - Cystoscopy
- Patients with advanced or severe neurological symptoms of Carpal Tunnel Syndrome such as constant pins and needles, numbness, muscle wasting and prominent pain AND that are significantly affecting activities of daily living
- Patients who despite having a BMI >30 have a waist circumference of:
  - Less than 94cm (37 inches) male
  - Less than 80cm (31.5 inches) female
- Children under 18 years of age
- Patients receiving surgery for the treatment of cancer or the suspicion of cancer
- Any surgical interventions that may be required as a result of pregnancy
- Patients with tinnitus
- Patients requiring cataracts surgery
- Vulnerable patients who will need to be clinically assessed to ensure that, where they may be able to benefit from opportunities to improve lifestyle, that these are offered. (Please note that deferring elective interventions may be appropriate for some vulnerable patients based on clinical assessment of their ability to benefit from an opportunity to stop smoking/reduce their BMI/improve pre-operative fitness.) This includes patients with the following:
  - learning disabilities
  - significant cognitive impairment

- severe mental illness<sup>1</sup>
28. City of York Council has reduced the level of investment into stop smoking services as a consequence of Department of Health cuts to its Public Health Grant Allocation. It is no longer practical to fund a comprehensive stop smoking service for all residents who smoke and wish to quit. Smokers are being signposted to resources to help them stop smoking through self-care such as the NHS Smoke Free Service. The website <https://www.nhs.uk/smokefree> contains a wide array of resources to help people including a free downloadable NHS Smoke Free App, Quit Kit and people can receive free ongoing support including emails and texts.
  29. Citizens can also receive advice and support from Community Pharmacists on medications they can buy over the counter to reduce nicotine cravings and improve their chances of quitting e.g. nicotine replacement therapy. For some people a harm reduction approach may be the preferred way forward with a switch to e-cigarettes. Varenicline (Champix) can be purchased privately via an online pharmacy service such as Lloyds Pharmacy On-line.
  30. The Council is integrating its stop smoking service into the new Yorwellbeing Service and is prioritising support for pregnant women, pre-operative patients as part of the 'Stop before your op' programme and those patients with respiratory disease or cancer. Free Nicotine Replacement Therapy (NRT) is only available to pregnant women and to those on low incomes. For those on low incomes free NRT is available for a limited period of 2 weeks only after which time they will need to buy their own NRT.
  31. City of York has never had a weight management service since the old NHS Primary Care Trust did not invest in weight management services and so funding did not transfer to the Council or CCG respectively to offer this provision. The NHS is responsible for commissioning tier 3 and tier 4 weight management services in line with NICE (National Institute of Health and Care Excellence) guidance. Local authorities are responsible for population

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<sup>1</sup> Adults with a serious mental illness are persons who currently or at any time during the past year, have a diagnosable mental, behavioural, or emotional disorder of sufficient duration that has resulted in functional impairment which substantially interferes with or limits one or more major life activities

approaches to promote healthy weight including physical activity. York has one of the highest levels of participation in sport and physical activity in the country but does not currently have any programmes in place to promote healthy eating.

32. The CCG are signposting patients to their website and to other sources of support for weight loss including Slimming World and Weight Watchers.
33. There is some capacity for the Yorwellbeing Service to offer advice and support on healthy weight for those citizens referred to it but this is limited because it is a small service which has focused on providing stop smoking support and developing the NHS Health Checks offer. Capacity will improve in time through the recruitment of volunteer Community Health Champions who will be focusing on providing peer support for healthy lifestyles in communities across the City.

### **Consultation**

34. Consultation has taken place with the Vale of York CCG to better understand the Prevention and Better Care Strategy and plans for implementation and with NHS England.

### **Options**

35. There are no specific options. The Health and Adult Social Care Policy and Scrutiny Committee are asked to consider whether the proposed recommendations are appropriate to be put forward as options to the Executive for what the Council can do to mitigate the impact of the CCG policy on health inequalities.

### **Analysis**

36. Based on the data presented, it has to be recognised that citizens from lower socio-economic groups will undoubtedly be most affected by the CCG Policy. However the Policy is not about rationing access to NHS services but rather that people have support to achieve the best outcomes from their surgery by stopping smoking and losing excess weight first.
37. However concerns remain that without the necessary funding and services in place, this may be difficult to achieve.

38. The impact of decisions that the Council has made in its budget to cut funding to public health services will also impact on access to support for stop smoking and healthy weight and risk exacerbating existing health inequalities. Therefore it is important that available public health resources are targeted to those citizens that are most in need of additional support in order to make the necessary lifestyle change.

### **Council Plan**

39. The report has a focus on improving health and tackling health inequalities linked to smoking and obesity that have an impact on all three of the Council Plan priorities: A prosperous city for all; a focus on frontline services; a council that listens to residents

### **Implications**

40. Consideration has been given to the following:
- **Financial** – the report has no direct financial implications
  - **Human Resources (HR)** – the report has no HR implications
  - **Equalities** – the report considers the impact of the CCG Prevention and Better Care Strategy on health inequalities. Certain groups in the population are more at risk of health inequalities and so the recommendations, if adopted, will have a positive impact on equalities across the City.
  - **Legal** – there are no legal implications

### **Risk Management**

41. There are no specific risks associated with the recommendations in this report.

### **Recommendations**

42. The report proposes a number of options for the Health and Adult Social Care Policy and Scrutiny Committee to consider putting forward as recommendations to the Executive. These are set out below:
- Ask the Executive Member for Adult Social Care and Health to review her decision on the level of support for smokers and in particular the provision of free Nicotine Replacement Therapy for

smokers and funding for Varenicline (Champix) stop smoking medication.

- The Council should set itself an ambition to increase prevention spending and integrate preventive action into all decision making to tackle inequalities utilising a “Health in all Policies” approach.
- The Council, through the Health and Adult Social Care Policy and Scrutiny Committee, and the Health and Wellbeing Board, should hold the leaders across the health and care system to account for looking beyond the interests of their own organisations and driving forward improvement in health and wellbeing outcomes for the citizens of York, leading a cultural change to a health and care system in which different organisations work together to narrow the gap in inequalities across the City.
- Require the Council, together with its partner organisations, to establish innovative ways of tackling inequalities within existing resources, working in partnership with communities using a co-production approach.

Reason: To respond to the Council Motion on Access to NHS Services.

### Contact Details

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**Chief Officer’s name:**

Sharon Stoltz  
Director of Public Health

**Report  
Approved**

**Date** 17/03/17

**Specialist Implications Officer(s)** - None

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

**All**

**For further information please contact Fiona Phillips Assistant  
Director Public Health  
Background Papers**

NHS Vale of York Clinical Commissioning Group – Prevention and Better Health Strategy available at:

<http://www.valeofyorkccg.nhs.uk/data/uploads/governing-body-papers/1-september-2016/item-7.1-prevention-and-better-health-strategy.pdf>

Burning Injustice. Reducing the tobacco-driven harm and inequality. All Party Parliamentary Group on Smoking and Health available at:

[www.ash.org.uk/burninginjustice](http://www.ash.org.uk/burninginjustice)

NHS England Preventing Ill Health: CQUIN Supplementary Guidance 2017/19 available at: <https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/>

<http://www.valeofyorkccg.nhs.uk/your-health/>

<https://www.gov.uk/local-wellbeing-local-growth-adopting-health-in-all-policies>

## **Annexes**

Annex 1 – Letter to Phil Mettam, Accountable Officer Vale of York CCG

Annex 2 – Letter to Sir Simon Stevens, NHS England

Annex 3 – Letter to Jeremy Hunt, Secretary of State for Health

Annex 4 – Letter to Director of Public Health from Dr David Black,  
Medical Director NHS England