

Notice of a public meeting of

Health & Adult Social Care Policy & Scrutiny Committee

- To:** Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Perrett, Waudby, Kilbane and Melly
- Date:** Thursday, 19 March 2020
- Time:** 5.30 pm
- Venue:** The Thornton Room - Ground Floor, West Offices (G039)

AGENDA

1. Declarations of Interest

At this point in the meeting, members are asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests which they may have in respect of business on this agenda.

- 2. Minutes** (Pages 1 - 10)
To approve and sign the minutes of the meeting held on 18 February 2020.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00pm on Wednesday 18 March 2020.**

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- 4. Review of the changes to repeat prescription ordering** (Pages 11 - 18)
The CCG agreed to attend a future meeting to discuss the impact of the recommendations to change the process of repeat prescription ordering. This paper provides some of the early findings from analysis so far.
- 5. Practice Merger Application - Jorvik Gillygate Practice and East Parade Medical Practice** (Pages 19 - 40)
The Committee will consider a report regarding the requested merger of the above General Medical Service contracts from 1st May 2020. One of the key drivers for the merger is the imminent retirement of Dr Murray, who is the sole provider at East Parade Medical Practice. Therefore, the merger will help ensure a more resilient primary care service in York.
- 6. Smoking Cessation and Tobacco Control in York** (Pages 41 - 48)
The Committee will consider a report which summarises the current work of both the council smoking cessation service and the wider partnership tobacco control work.
- 7. Work Plan** (Pages 49 - 52)
The Committee will consider the draft work plan for the coming year.

8. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name – Michelle Bennett

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E-mail - michelle.bennett@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting.

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

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City of York Council

Committee Minutes

Meeting	Health & Adult Social Care Policy & Scrutiny Committee
Date	18 February 2020
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Perrett, Waudby, Kilbane and Melly

58. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interests not included on the Register of Interests or any prejudicial or discloseable pecuniary interest that they might have in respect of the business on the agenda.

Councillor Perrett declared a personal non-prejudicial interest in item 7 of the Agenda, the 'Work Plan', in that she had suggested that the Committee considered looking at the 'Learning Disability Strategy', a strategy she had been involved in drafting during her time working for York CVS.

During discussion of item 7 of the Agenda, the 'Work Plan', the Chair, Councillor Doughty, declared a non-prejudicial interest in an item on 'Dying Well' suggested for consideration at a future meeting of the Committee, in that his partner is a CEO of a hospice.

There were no further declarations of interest.

59. Minutes

Subject to the following amendments:

- (1) Page 2 of the Agenda, Minute 53 'Minutes'
...at The Retreat for its two 'impatient' eating disorder services...
This should read two 'in-patient'....
- (2) Page 5 of the Agenda, Minute 57 'Work Plan' the addition of the following emboldened wording:

- The performance and effectiveness of City of York Council's public health services '**specifically work undertaken in relation to smoking cessation and health checks which were areas the committee wanted to consider in more detail**'.

Resolved: That the Minutes of the previous meeting of the committee held on 21 January 2020 be approved and signed as a correct record.

60. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

61. Half Yearly Report of the Chair of Health and Wellbeing Board (HWBB)

Members considered a mid-year update report from the Chair of the Health and Wellbeing Board (HWBB), Cllr Runciman. Cllr Runciman and the Director of Public Health were in attendance to present the report and to respond to questions.

The following information was provided in response to questions from committee members:

- Regarding sub-structures and the need to identify a lead group for work on the living and working well priority, Cllr Runciman explained that this was a broad theme and that there were various groups that were working on different aspects of this such as Health Trainers in relation to healthy weight.
- Confirmed that the Ageing Well priority would also include 'dying well'. NHS colleagues had undertaken work on this as it had been recognised from surveys that people were not wanting to die in hospital. Members were interested in receiving a report on dying well and mentioned work undertaken by St Leonard's Hospice who were involved in organising 'York's Dead Good Festival' last year, an event organised with the aim of encouraging people to be more open about dying, death and bereavement.
- It was noted that further to extensive consultation with Healthwatch and the Older Persons Assembly, the HWBB priorities had remained similar to that set previously.

- The HWBB Chair spoke about GP's in their commissioning role and how this was evolving to joint commissioning with other practices within Primary Care Networks.
- GPs were increasingly drawing from a broader spectrum of treatment options, which included social prescribing, where appropriate.
- In response to concern regarding access to GP's and gaps in some areas in relation to the supply of GP's, it was explained that the role of the HWBB was to raise these concerns to the clinical representation on the Board.
- The HWBB recognised that if it was going to improve the health of the city in terms of its living and working well priority, all things such as: homelessness, economic concerns and work strategies etc. had an impact on health. The role of Board was to have good communication and links with the relevant decision makers so that the Board could influence and challenge those responsible.
- The Council and our NHS partners appreciated and understood the vital role of carers. The subgroups, on behalf of the HWBB, were undertaking work to support them.
- The HWBB Co-ordinator works with Healthwatch and will write to partner organisations on the Board asking them to respond to recommendations within a set amount of time. This scrutiny committee would be notified should an organisation fail to respond.

Resolved: Members considered and noted the report.

Reason: To keep Members of Health and Adult Social Care Policy and Scrutiny Committee up to date with the work of the Health and Wellbeing Board (HWBB).

62. 2019-20 Finance and Performance Third Quarter Report - Health and Adult Social Care

Members considered a report which analysed the latest performance for 2019-20 and forecasted the financial outturn position by reference to the service plans and budgets for all the relevant Health and Adult Social Care services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care. The Corporate Director of Health, Housing and Adult Social Care, the Head of Finance: Adults, Children & Education and the Strategic Support Manager (Adults and Public Health), were in attendance to present the report and to respond to questions.

The following information was provided in response to questions from committee members:

- Officers provided assurances that the budget set for 20/21 would be sufficient given predicted overspend on a range of the 19/20 accounts. £4.8m revenue would be directed to the Adult Social Care budget. Some of that would mitigate some of the pressures in existing growth in the 20/21 budget. Officers would consider underlying causes of these pressures.
- The Corporate Director along with colleagues in the Finance team held weekly monitoring meetings to consider pressure points in budgets across the whole directorate and was confident that areas of her directorate were under control. However, noted that York had a markedly high number of self-funders which drives up the cost of care in this area. Further work needed to be undertaken in influencing how care was provided.
- In relation to the length of time it had taken to transition to a model more focused on independent living, officers explained that one obstacle had been that the term 'independent living' had encompassed a range of differing definitions and approaches and had varied between different care settings.
- Members were very interested to hear about The Grand Care Pilot and requested further information on this in due course. Officers explained that twenty service users were trialling different technologies apps and sensors which would help pick up vital signs and inform carers. The feedback had been positive. The City of York Council had the opportunity to be at the forefront of this kind of project.
- Regarding Continuing Health Care funding and whether the Council or the NHS pay for this and the implications for patients if funding were to be denied, the Corporate Director assured Members that staff had been employed to undertake these assessments working alongside colleagues in the health service to ensure a completely integrated assessment of health care based on patient need and without delay.
- Regarding mitigations totalling £0.9m and some of that sum arising from direct payment contingency levels, officers clarified that there had been a concern regarding the Council not being able to reclaim payments to client accounts which had not been spent. A system had been put in place this

year which had allowed the Council to reclaim £600k. Work was being undertaken to put a permanent technological solution in place.

- Officers confirmed that overspend and underspend can be balanced out between the different directorates and all directorates consider where savings could be made.
- Officers confirmed that where single patient use equipment such as crutches, frames etc. were no longer required by that patient, they were not necessarily collected and re-issued for use to another service user. Officers agreed to give this consideration and to report back to this Committee in due course.
- In relation to forecast overspend at: The Small Day, Supported Employment services and The Avenue, officers explained that they were working with services to increase efficiency and make improvements. Members requested further information on the help offered.
- Regarding supporting those with mental health issues to live independently, this depended upon the degree to which service users could live independently. This could be about physical or mental health problems, the living environment and a range of variables. Sometimes people struggle even with a lot of help. Support services listen and are responsive and flexible.
- Key performance Indicator: ASCOF1H regarding percentage of adults in contact with secondary mental health services living independently had indicated that this aspect was deteriorating. Paragraph 34 of the report had explained this. There had been a slight deterioration which would represent 6 people. This indicator had also been due to a recording issue regarding the source of data as originally the information had been provided by Tees, Esk and Wear Valleys (TEWV), and then from NHS England.
- Members requested further information on spend options under consideration for the additional budget allocations to the current substance misuse contract totalling £200k.
- Officers clarified that planned budgetary reductions in relation to Substance Misuse were likely to go ahead. The Council would usually know the amount of allocation regarding the Public Health budget in November. As this was not known, officers were not in a position to make plans regarding this funding. If an uplift was received that was significantly higher than estimated, there may be an opportunity for Executive to review this.

- Regarding £49k overspend on long active reversible contraceptive (LARC) there had been higher than expected take up. This is jointly commissioned with VOY CCG. This is a free choice based service that both the Council and NHS are legally obliged to offer. There may be other budgets the service could draw from to support this.
- Regarding alcohol and substance misuse and the York rates being lower than the national average, the figures do not take into account local factors which are complex in terms of mental health and involvement with the criminal justice system. Changing Lives were working with TEWV and North Yorkshire Police on this aspect. This was discussed regularly within the CCG and is a priority of the Health and Wellbeing Board (HWBB).
- Childhood Obesity – the Healthy Child service will weigh and measure every child in reception year and year 6. It was noted that work needed to be undertaken for young people on the pathway from identifying a child as being above a healthy weight in the school based child measurement programme. This was a cultural issue and a complex area of health. York does not have a dedicated service to work with families, although health workers cover mandatory requirements and many aspects of this work unintentionally, such as: weaning, what is a healthy diet and exercise.
- Regarding The 2019/20 Q2 data on improving access to psychological therapies (IAPT) in the Vale of York CCG area shows referrals to IAPT (504 per 100,000) are lower than the England average. Members requested further information regarding why there was a lower rate of referral.

Resolved: That the Committee considered and noted the 2019/20 Finance And Performance Third Quarter Report for Health And Adult Social Care.

Reason: So that the Committee is updated on the latest financial and performance position for 2019/20.

63. Lowfield Green: Responding to Older Persons' Accommodation Needs

Further to the meeting of this committee in December, where officers were asked to provide further information regarding the progress being made on the development of older persons' accommodation on the Lowfield Green site and on the Oakhaven site. Members considered options on how these

sites should be used to support the accommodation needs of our older residents. The Director of Health, Housing & Adult Social Care and the Head of the Older Person's Accommodation Programme were in attendance to present the report and to respond to questions.

The following information was provided in response to questions from committee members:

- Although they had provided specific information within their report regarding the Lowfield Green site, this hadn't been possible in relation to the Oakhaven site as the situation was changing all of the time and needed to remain flexible.
- Information regarding the Oakhaven site would be received at Executive in April as part of another report. Officers confirmed that this Committee would receive an update on Oakhaven at their next Committee meeting in March.
- In a procurement exercise, the Council would set a criteria and score bidders in accordance with specific identified priorities agreed at Executive.
- These dwellings would be specialist older persons accommodation, which therefore would fall outside 'Right to Buy' legislation and would remain in social rented stock.
- Officers had kept an open dialogue with private landlords, and independent industry experts regarding a delivery model aligned to the Council's priorities.

Members discussed a range of options outlined in the officer report and considered the following concerns to be relevant to any brief for the sites:

- Concerned about meeting need and having the right balance of housing and care provision in each part of the City.
- Access to shops and services, particularly at Lowfield Green location.
- A variety of tenure, particularly at Lowfield Green site where there were opportunities to have a broader range of options.
- Dwellings built to passivhaus standard in line with the housing delivery programme.
- Members were supportive of adaptable, technologically smart housing, which enabled service users to remain in their home.

Members agreed that option (d), to "appropriate the older persons' accommodation plot on Lowfield Green into the HRA and for the

Council itself to develop extra care accommodation within the housing delivery programme,” was the closest to what they would support and considered that there would be no benefit to pursuing options (a) and (b).

Resolved:

- (i) The Committee noted the report.
- (ii) That the comments of Committee Members would be reflected in the Executive reports.

Reason: So that Members are kept informed of options for this site and so that the views of the Committee are communicated to the Executive.

64. Work Plan

The Committee considered its draft work plan for the municipal year 2019/20.

March :

- Update on Oakhaven
- Update on the situation regarding rough sleepers
- Poverty review sub-committee scoping report

Suggested items for consideration at future meetings:

1. The NHS led provider collaborative will be in place from April 2020. It would be beneficial to invite relevant colleagues to a future meeting to gain an understanding of these changes.
2. The ‘All Age Learning Strategy’ York CVS to be considered in future.
3. ‘Dying Well’ – a theme arising from a discussion earlier in the meeting (Minute 61). Under this broad heading would include consideration of hospices. The Chair mentioned that they are not supported financially by the Health Service and raise almost all of their own funding. At this point, the Chair declared a non-prejudicial interest in that his partner is a CEO of a hospice.
4. Blue Badge Guidance for implementation
5. Childhood Obesity - for consideration on what other Authorities do to address this concern. It had been noted that Leeds had success in this area. This report would need to cover identifying funding streams to support work on this aspect.

6. 'Children's Dental Health' - an item for allocation to a future committee.

The Scrutiny Officer suggested the addition of an extra box on the Work Plan to note pending items where the Committee had requested further reports yet to be allocated to a future committee meeting.

Resolved: That the work plan be approved, subject to the above amendments/additions.

Reason: To keep the Committee's work plan updated.

Cllr Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.30 pm].

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Health and Adult Social Care Policy and Scrutiny Committee

19 March 2020

Review of the changes to repeat prescription ordering.**Summary**

In August 2019, the NHS Vale of York Clinical Commissioning Group (CCG) submitted a paper with the City of York Council Health and Adult Social Care Policy and Scrutiny Committee detailing the recommendations made to GPs on changing the process of repeat prescription ordering. Subsequently, the CCG was invited to a Committee meeting in September 2019 for further discussions, the CCG agreed to attend a future meeting to discuss the impact of the recommendations. This paper provides some of the early findings from analysis so far.

Background

In early summer of 2019, the NHS Vale of York CCG introduced recommendations to change the process of repeat prescription ordering. The recommendation was that from the 1st of September 2019, GPs should no longer accept repeat prescription requests from dispensing/appliance contractors such as a community pharmacy. A number of options and choices were still available for patients to choose from including:

- Using GP online services or downloading the new NHS App onto a mobile phone or tablet device
- Handing in the tear-off part of the repeat prescription in person to the GP surgery
- Posting the repeat slip to the GP surgery
- Ringing the GP surgery

The key aims of the recommendations were to improve patient safety by reducing the risk of errors in what is dispensed, and to reduce the number of unwanted medicines being received by patients.

Built in to the changes was the option for vulnerable patients to be exempted from the changes, as well as a prolonged 2 month roll out period to allow for a gradual implementation of the service. Information

(including patient leaflets and posters) were also distributed to all practices and pharmacies by our Medicines Management Team.

Analysis

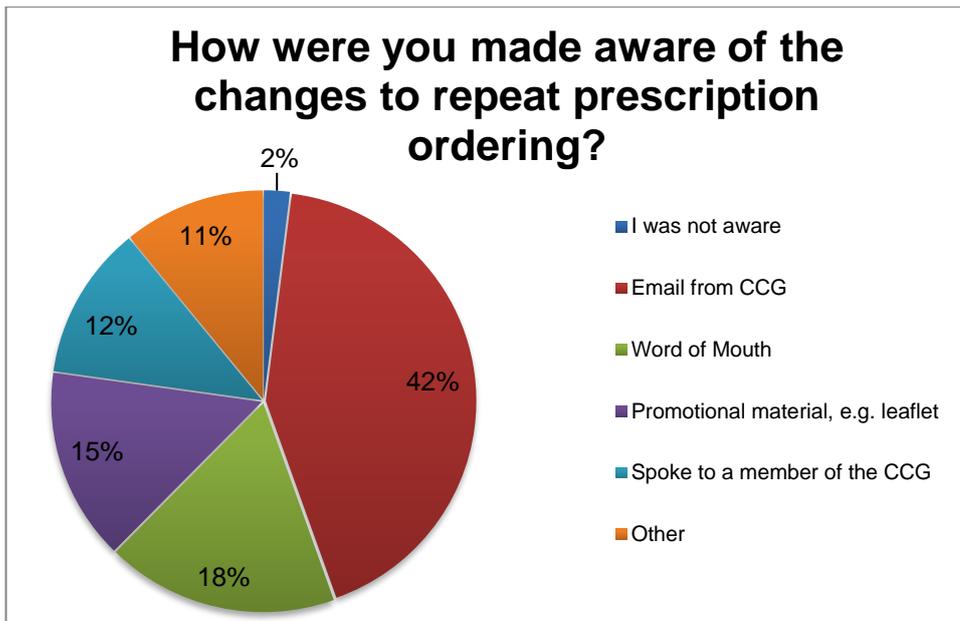
When the recommendations were first introduced, there was some public scrutiny concern which we had expected. Our patient relations team reported the following number of complaints regarding the recommendations:

- July - 2
- August - 34
- Sept - 18
- Oct - 4
- Nov - 4
- Dec - 2

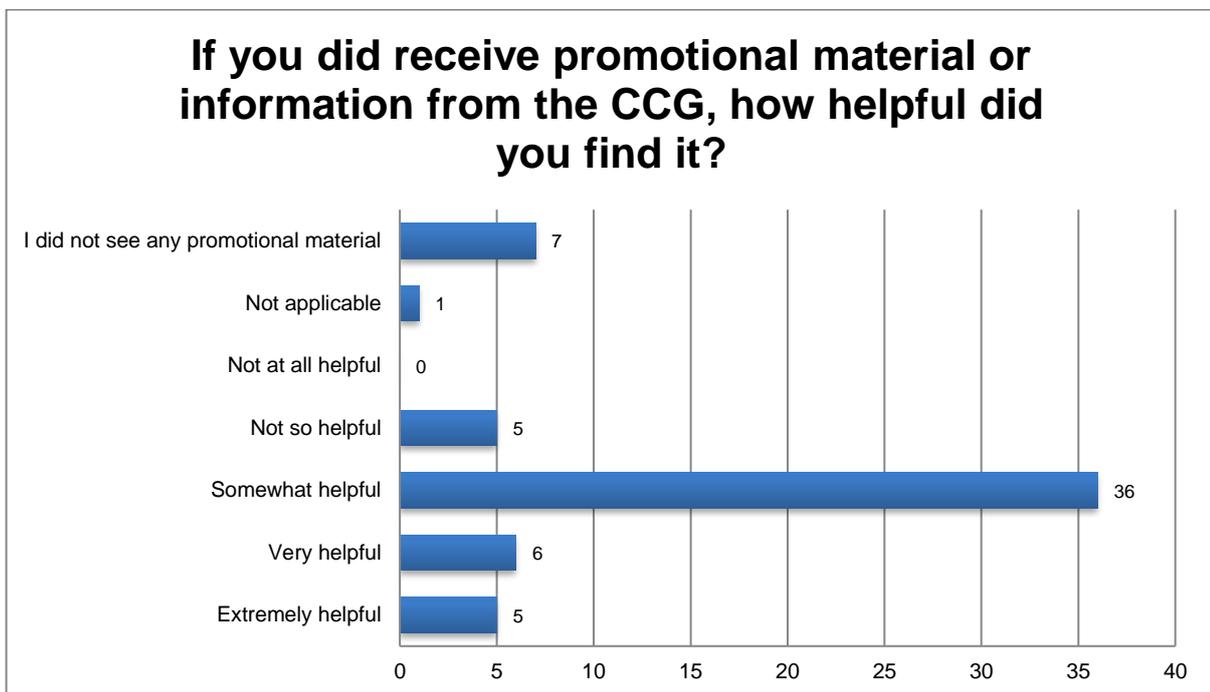
In total, 64 complaints were received regarding the changes, the majority of which were received *prior* to the implementation of the recommendations, indicating patients were aware of the incoming changes. In all instances, when the complainants were informed of the reasons for the change and the measures which had been taken to reduce inconvenience and the risk of harm, their concerns were allayed.

Subsequently, the CCG has conducted an audit with primary care practice teams to understand their views on the implementation of the recommendations. The CCG was able to successfully engage with almost 80% of the GP surgeries in the Vale of York with a total of 63 completed audits. Almost 50% of the audits were completed by GPs; the remaining audits were completed by practice pharmacists, nurses, and other administration staff.

Of the respondents, only 2% reported they were unaware of the recommended changes to repeat prescription ordering. The majority of respondents had been made aware of the changes by the CCG.

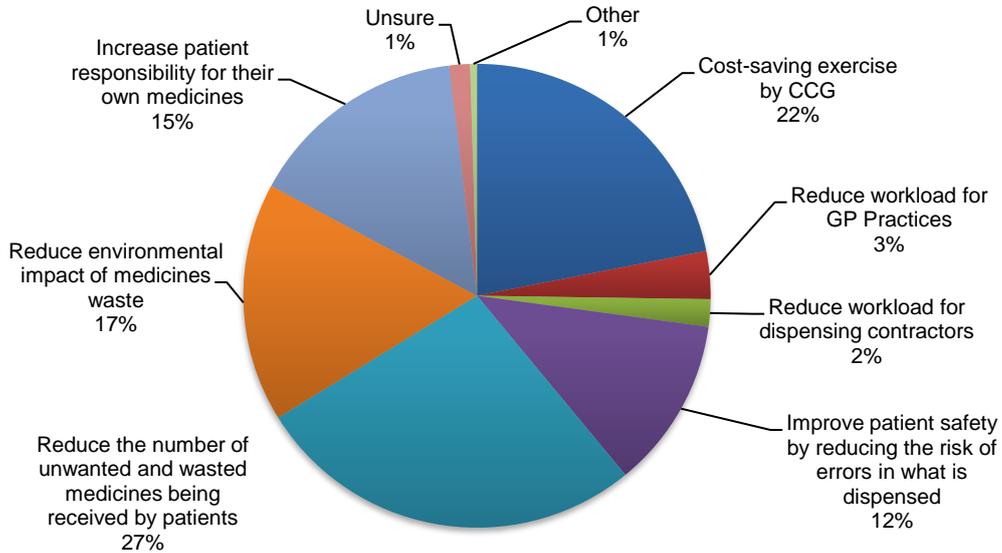


We wanted to know how the patient information packs had been received, whether these were found to be as useful as they were intended to be. Also we wanted to know if practice staff had been made aware of the information packs. The majority of respondents found the information packs helpful.



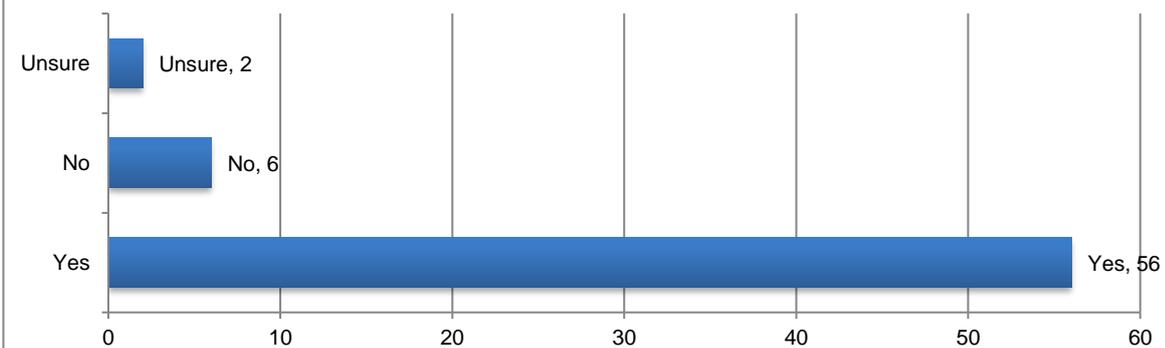
The key aims of the recommendations were to increase patient safety and reduce medicines waste. We wanted to understand if the ethos of the recommendations had been understood across primary care. It was positive to see the majority of the respondents were aware of the aims of the recommendations

What do you understand to be the reason(s) for the recommendations?



Exemptions to the recommendations were in place to ensure patients who required additional assistance would not be disadvantaged or at a risk of coming to harm. The CCG created a wealth of resources to help GP and community pharmacy teams, identify and process vulnerable patients.

Were you aware of the exemptions?



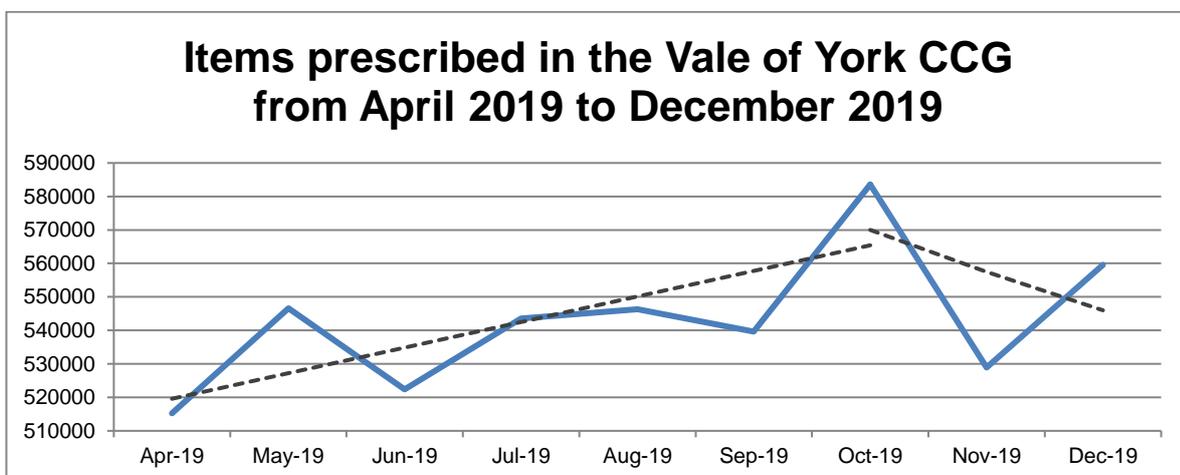
We have also liaised with our local hospital, York Foundation Trust, regarding the scheme and no concerns were raised.

Measures of success

At the onset of this project, it was understood that a real measure of success would be difficult to define; we would rely on pooling information sources and completing retrospective analysis.

A measure of reduced medicines wastage would be to see a decrease or a non-increase in the number of prescribed items compared to previous months and years. This prescribing information is available from the NHS Business Services Authority (NHSBSA) and is made available in roughly 3 month arrears. A number of factors will impact on the variance in the number of items prescribed in primary care, including, treatment duration, repeat interval, quantity of medicine supplied, change in prescribing or formulary, lost medication, or use of surplus stock. Loosely, the prescribing data can be used to indicate if there has been a reduction in the amount of medicines being prescribed. For a definitive answer, case studies would be needed which would retrospectively review the prescribing in patient cohorts.

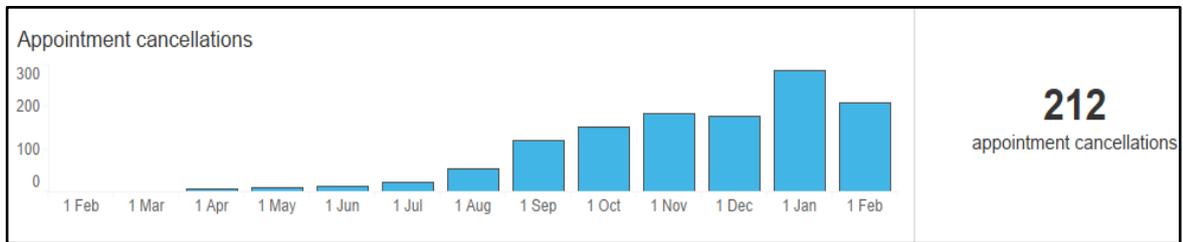
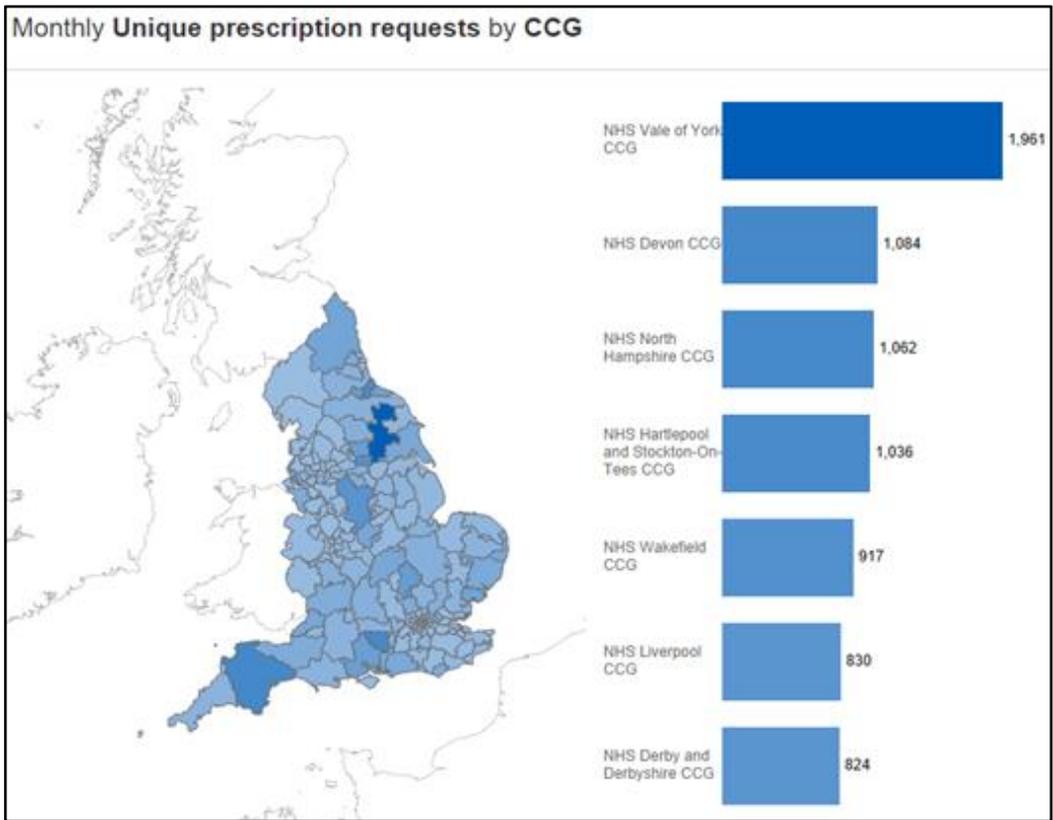
The most recent data available from NHSBSA is to December 2019, the number of items prescribed in primary care have been illustrated below for the financial year 19/20 until December 2019. Whilst it is still early to consider the full impact of the recommendations, the implementation of the recommendations appear to have reversed a rising trend in prescribing.

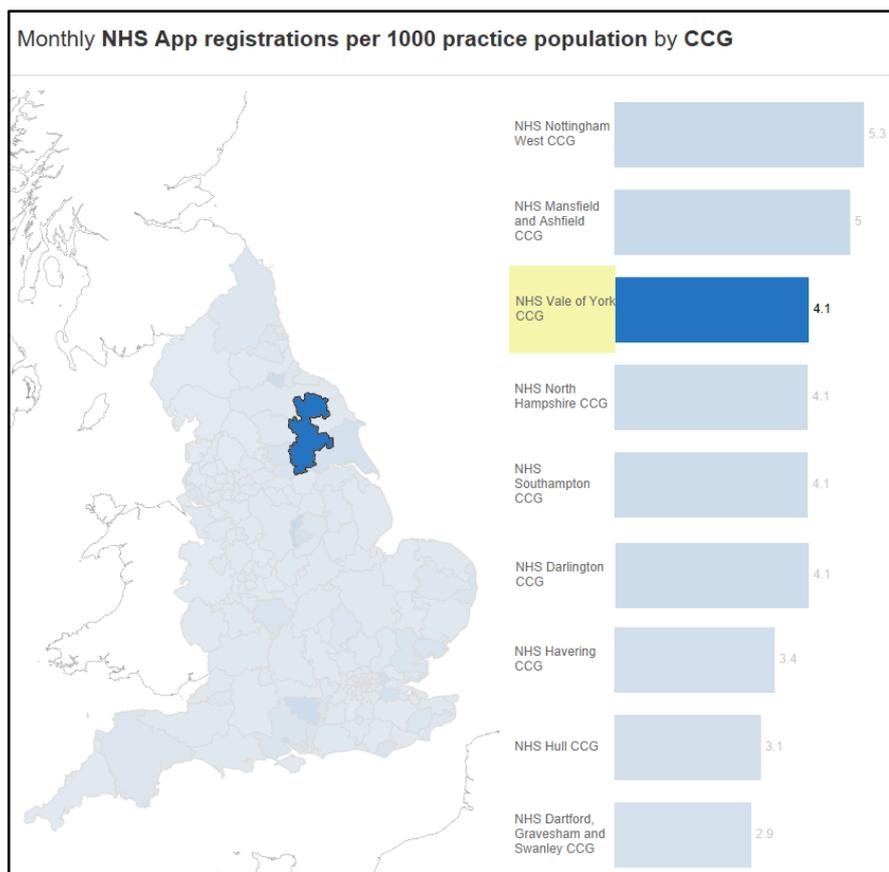


Throughout this project, the CCG encouraged the use of online ordering of repeat prescriptions, in particular the NHS App or online platforms such as the GP website. The added benefits of the NHS App allow users to book or cancel appointments, check symptoms, and view their GP record. Further information on the NHS App has been made available by NHS England and is available to view [here](#).

There have also been unexpected benefits of the changes such as an increased uptake of the NHS App. Data which NHS England has made available has shown the use of the NHS App against a number of

different comparators. The Vale of York's use of the NHS App is currently the highest compared to any other CCG in the country for ordering repeat prescriptions. The Vale of York has the third highest number of NHS App registered patients per weighted population. In addition, the use of the NHS App in that time period has led to over 200 appointments that were no longer wanted being cancelled via the NHS App. This frees up the appointments for other patients who need them.





The Vale of York CCG medicines management team led on the roll out of the recommendations, and have been working closely with the medicines management teams that oversee Hull CCG, North East Lincolnshire CCG, East Riding CCG, and North Lincolnshire. These CCGs are launching their recommendations on the 1st of April 2020 with an 8 week transition period as with the Vale of York. The recommendations are identical to the recommendations in the Vale of York, the promotional material is the same, and the exception criteria is also the same. Across the Yorkshire and Humber STP footprint, all of the CCGs in the area will have implemented the recommendations to change the way repeat prescriptions are ordered.

Conclusion

The Vale of York CCG implemented recommendations in September of 2019 to change the way repeat prescriptions are ordered. These recommendations have regrettably caused some disruption and concern for patients and carers alike. There was always an expectation this project would cause some displeasure to the public due to the perceived convenience of 3rd party prescription ordering, the expectation was the complaints would subside once patients had adjusted to the

recommendations, which it has. We will continue to closely monitor the effect of this change on our population.

As an NHS organisation with patient, environmental and fiscal responsibilities, we are often required to make difficult decisions but always do so with the best intentions for the population we serve. This initiative has improved uptake of digital solutions, unexpectedly reduced wastage of GP appointments, and will reduce the risk of over-prescribing and medication errors. Any cost savings that emerge will also enable us to continue to fund sustainably health services that patients value and need.

Recommendation

Members are asked to note and comment on the contents of this report.

Reason: To inform Members of the findings from analysis into the changes in the process of repeat prescriptions ordering.

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the report:**

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City of York Council Health and Adult Social Care Policy and Scrutiny Committee

19 March 2020

Practice Merger Application

Jorvik Gillygate Practice and East Parade Medical Practice

Report Prepared by:
David Iley, NHS England and NHS Improvement (North East and Yorkshire)

1.) Background

Jorvik Gillygate Practice (The Stonebow, York, YO1 7NP) and East Parade Medical Practice (89 East Parade, York, YO31 7YD) have requested to merge their General Medical Service contracts from 1st May 2020. One of the key drivers for the merger is the imminent retirement of Dr Murray who is the sole provider at East Parade Medical Practice. Therefore, the merger will help ensure a more resilient primary care service in York. The Vale of York Clinical Commissioning Group are supportive of the merger and are working with NHS England and NHS Improvement to manage the process.

2.) Overview of how the Practices are merging

- Jorvik Gillygate Practice and East Parade Medical Practice are currently two separate General Medical Service contract holders both situated in the City of York area, 1.1 kilometres apart.
- Jorvik Gillygate Practice is run by 12 partners and has a growing patient population of 21,457.
- East Parade Medical Practice has one partner and one salaried GP jointly employed by East Parade Medical Practice and Jorvik Gillygate Medical Practice; they have a growing population slightly more than 2,400.

- Due to the planned retirement of Dr Chris Murray (sole provider at East Parade) it is proposed that there be a formal merger of the two contracts creating a single partnership operating under one single contract and maintaining a single registered list of patients.
- The merger would be affected through simultaneous termination of the East Parade Medical Practice contract and the variation of the Jorvik Gillygate Medical Practice contract to incorporate the East Parade Medical Practice as a branch site named Jorvik Gillygate East Parade branch. This will become a second branch site for Jorvik Gillygate Medical Practice.
- Upon completion of the merger the Practice will continue to operate over 3 sites as they currently are:
 - Main site – The Stonebow, York, YO1 7NP
 - Branch site – South Bank Medical Centre, 175 Bishopthorpe Road, York, YO23 1PD
 - Branch site – East Parade Medical Practice, 89 East Parade, York, YO31 7YD
- Due to the current staff sharing arrangements between the two practices and both practices being in the same Primary Care Network this is seen as a natural progression. It will also enable the management of Dr Murray's retirement and increase the resilience of the two practices whilst maintaining continuity of care for the patients who will benefit from the practices working at scale.
- Dr Murray will remain a salaried GP with Jorvik Gillygate until his retirement ensuring continuity for his patient list. The partnership of the new merged contract will comprise of the existing partners of Jorvik Gillygate Medical Practice.

3.) Key benefits to patients

- The merger will result in increased opening hours at the East Parade site whilst also allowing the Practice to extend the online consultations service currently offered at Jorvik Gillygate making the East Parade site service more accessible to its patients.

- Plans to add two additional consultation rooms to the East Parade site will allow the Practice to increase the number of clinicians/appointments.
- Patients at East Parade Medical Practice will have access to a wider range of enhanced services.
- Whilst many patients will continue to receive the majority of their care from their existing practice site in the short term the Practice will be redesigning services to deliver some appointments in the most appropriate places e.g. specialist clinics
- The workforce as a merged practice will allow for the adaptation of new models of access at the East Parade site such as Physician Associates, Clinical Pharmacists & ACPs.
- Jorvik Gillygate's online and social media presence which shares practice news and health awareness promotions will become more accessible to East Parades patients and staff.
- The merger will allow for the streamlining of processes across the fully merged patient list to support an improvement in patient outcome.
- The merger will ensure the avoidance of the practice patient list at East Parade being dispersed when Dr Murray retires which would cause unplanned pressures on the surrounding area/practices and anxiety for patients.
- Jorvik Gillygate is currently an approved training practice. The merger will allow Jorvik Gillygate to increase the number of trainers in the merged practice.

4.) Comms and Engagement

The Practice have been working with the Vale of York CCG Comms team around the engagement strategy. The key messages the merged Practice want to communicate are;

- Together we can provide excellent primary care services to the combined patient population

- Patients will experience greater access to care through a choice of locations and services
- Continuation of good quality general practice service within the local economy
- Our patients will receive a consistent offer of services across a significant geographical and population base.
- Improvement of access to our patients utilising different methods of contact.

Engagement with the key stakeholders has been mapped as follows;

To engage the patients

- PPG engagement, organise patient engagement events for all patients who wish to hear more about the merger. Have a Practice open day
- Update patient information on our websites, in the practice and online media i.e. Facebook in respect of the merger and asking patient to feedback their concerns
- Make available the results of the consultations to all patients
- Feedback to patients via the website, online media, practice information leaflets, posters and any other resources any updates as the merger progresses.

To engage the Local Community & Practices

The practices recognise that a wider engagement strategy will take place with the local community strategy which we operate within.

- Contact all local voluntary and other citizen forums to inform them of the merger and to invite questions.
- In respect of local practices we anticipate that we will be able to inform them via our CCG newsletter and at the next Practice Managers meeting.

- Liaise with Healthwatch York inviting them to attend our engagement events.
- Open up engagement sessions planned to the community

To engage with staff

- All staff meetings to be held to engage with staff

Patient facing FAQs are available in Annex 1

5.) Mobilisation

The Practice has developed a mobilisation plan available as Annex 2

6.) Practice details and intentions for the merged Practice

Below is a table demonstrating how the 2 existing contracts provide services and how the merged Practice will operate

	Current Provision – Practice 1	Current Provision – Practice 2	Merged Practice
Name and address of practice (provide name and address)	Jorvik Gillygate Practice Woolpack House The Stonebow York YO1 7NP	East Parade Medical Practice 89 East Parade York YO31 7YD	Jorvik Gillygate Practice Woolpack House The Stonebow York YO1 7NP
Contract type (GMS, PMS, APMS)	GMS	GMS	GMS
Name of contractor(s)	Jorvik Gillygate Practice	East Parade Medical Practice	Jorvik Gillygate Practice
Location (provide addresses of all premises from which practice services are provided)	Woolpack House The Stonebow York YO1 7NP & South Bank Medical Ctr. 175 Bishopthorpe Rd York	89 East Parade York YO31 7YD	Woolpack House The Stonebow York YO1 7NP & South Bank Medical Ctr. 175 Bishopthorpe Rd York

	YO23 1PD		YO23 1PD & East Parade Medical Practice 89 East Parade York YO31 7YD
List size (provide figure)	21,457	2,400	23,857
Number of GPs and clinical sessions (provide breakdown)	14 GPs (1 GP jointly employed with East Parade) - 80 Clinical sessions per week 2 Pharmacist/ACP – 10 Clinical sessions per week 3 Physician Associates – 24 Clinical sessions per week 1 Pharmacist – 4 Clinical session	2 GPs (1 GP jointly employed with East Parade) – 11 Clinical sessions per week	15 GPs - 91 Clinical Sessions per week 2 Pharmacist/ACP – 10 Clinical sessions per week 3 Physician Associates – 24 Clinical sessions per week 1 Pharmacist – 4 Clinical session
Number of other practice staff (provide breakdown)	1 Managing Partner 1 Business & Finance Manager 1 IT Manager 1 Rota Administrator 3 Secretaries 6 Read coder/Summariser 1 Compliance Assistant 1 Medical Report Clerk 2 Reception Team leaders 12 Receptionists 2 Receptions/Prescription Clerks 3 Apprentices 2 Cleaners 1 Maintenance person Please note numbers are not WTE but actual numbers of staff and some staff work have dual roles	1 Practice Manager 1 Secretary 3 Receptionists Please note numbers are not WTE but actual numbers of staff	1 Managing Partner 1 Project Manager 1 Business & Finance Manager 1 IT Manager 1 Rota Administrator 4 Secretaries 7 Read coder/Summariser 1 Compliance Assistant 1 Medical Report Clerk 15 Receptionists 3 Receptions/Prescription Clerks 3 Apprentices 2 Cleaners 1 Maintenance person Please note numbers are not WTE but actual numbers of staff and some staff work have dual roles
Number of hours of nursing time	135.5 hrs of Practice nurse time per week 111 hrs of HCA/HCA	20hrs Practice nurse time supplied by Jorvik Gillygate	155.5 hrs of Practice nurse time per week 111 hrs of HCA/HCA

(provide breakdown)	apprentice time per week		apprentice time per week
CCG area(s) (list CCG(s) in which practices are located)	VoY CCG	VoY CCG	VoY CCG
Which computer system/s (list system(s) used)	EMIS	EMIS	EMIS
Clinical governance/complaints lead and systems (provide names)	Clinical Governance = Dr Sarah Eaton Complaints Leads Dr Carolyn Forrest clinical & Wendy Stevens non-clinical	Dr Murray & Sarah Bean	Clinical Governance = Dr Sarah Eaton Complaints Leads Dr Carolyn Forrest clinical & Wendy Stevens non-clinical
Training practice (yes/no)	Yes	No	Yes
Opening hours (list days and times)	Monday – Friday 8am to 6pm	Mon – Friday 8am to 12.30pm & 2pm to 6pm	Monday – Friday 8am to 6pm
Extended hours (list days and times)	Monday 6.30pm to 8pm – Woolpack House Site only Saturday 8am to 12pm - Woolpack House Site only	1 hr provided by another GP practice within our PCN	Monday 6.30pm to 8pm – Woolpack House Site only Saturday 8am to 12pm - Woolpack House Site only
Out of hours cover provided (list days and times)	Yorkshire Doctors Urgent Care – Monday to Friday 6pm to 6.30pm	GP UC telephone cover 12.30pm to 2pm. Yorkshire Doctors Urgent Care – Monday to Friday 6pm to 6.30pm	Yorkshire Doctors Urgent Care – Monday to Friday 6pm to 6.30pm
Enhanced services (list all enhanced services delivered)	Special allocation Scheme Diabetes Bone Protection Service Shared Care Amber Drugs (NPT) Minor Injuries Phlebotomy Wound care and Suture Removal Complex Wound Care PSA LARC (IUS) Near Patient Testing Anticoagulation Level 4 Extended hours Improved Access Learning Disabilities Minor Surgery	BPS; Child Imms; Child Flu; CWC; diabetes; Hep B New born; HPV girls; Men B Babies; Men ACWY; Minor injuries, Minor Surgery; MMR; Near patient Testing; Pertussis in pregnancy; Phlebotomy; Pneumo; PSA; Public Health Vacs; Rotavirus; seasonal Flu; shingles; WCSR; HibMen C	Special allocation Scheme Diabetes Bone Protection Service Shared Care Amber Drugs (NPT) Minor Injuries Phlebotomy Wound care and Suture Removal Complex Wound Care PSA LARC (IUS) Near Patient Testing Anticoagulation Level 4 Extended hours Improved Access Learning Disabilities Minor Surgery

	Public Health Vaccinations & Immunisation; Childhood imms 2yr & 5yr olds Childhood Influenza Hepatitis B 'at risk' Pneumococcal PCV & PPV HiB/Men C HPV MMR 10yr & 11yr olds MMR Age 16 & over Meningococcal, ACWY & B Pertussis for pregnant women Rotavirus Seasonal influenza Shingles Routine & Catch-up		Public Health Vaccinations & Immunisation; Childhood imms 2yr & 5yr olds Childhood Influenza Hepatitis B 'at risk' Pneumococcal PCV & PPV HiB/Men C HPV MMR 10yr & 11yr olds MMR Age 16 & over Meningococcal, ACWY & B Pertussis for pregnant women Rotavirus Seasonal influenza Shingles Routine & Catch-up
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Recommendation

The Committee is asked to note the content of this report the report

Reason: To inform Members of the proposed merger of East Parade and the Jorvik Gillygate Medical Practices.

Annexes:

Annex 1 – Merger FAQs

Annex 2 – Mobilisation plan

Intended GP Practice Merger Patient Questions & Answers

Alongside our intended press release, the following questions and answers have been prepared to assist all patients of the following 2 GP Practices who, **subject to all regulatory approvals**, intend to merge to form a single GP Practice

Jorvik Gillygate – Woolpack House & Southbank Sites;
East Parade Medical Centre

As our plans develop further and following a series of patient engagement events, we will continually refresh, update and add to these.

Q1. When will the merge to the new Practice take place?

It is anticipated that the merge will take place within the next 4 months subject to all regulatory approvals and following extensive engagement with patients and all of the staff who are employed by each of the 2 GP practices noted above.

Q2. Will I still be able to make an appointment to see my usual doctor or nurse?

Yes. We very much value all of the one to one relationships our patients have with our doctors and nurses. It is therefore expected that merging practices will further increase our ability to provide you with continuity of care and access to your usual doctor and/or nurse. We also expect to be able to reduce the need for locum doctors at East Parade and provide you with a greater number of highly skilled local doctors and nurses in the event that your usual doctor or nurse is absent from work.

Q3. Will I still be able to make appointments at my usual doctor's surgery?

Yes. We will continue to provide daily appointments to see doctors, nurses and healthcare support workers.

Q4. Will my usual surgery opening times stay the same?

We are planning on increasing the opening hours at East Parade, offering increased access to our patients.

Q5. Will there be changes made to the way I book appointments?

No. We are not currently anticipating any changes to the way you book appointments and you will therefore continue to be able to book these in the same way as you do now. As now, we will also continue to contact all of our patients who require scheduled vaccinations, chronic disease reviews or routine screening e.g. cervical screening tests, etc...

Q6. Will I be able to make an appointment to see a doctor and/or nurse at another GP practice site?

As our plans fully develop, we expect that you will be able to request appointments with any doctor and/or nurse from any of our 3 practice sites, therefore providing you with greater access to a wider range of services and availability.

Q7. Will I have to go to another GP Practice site for consultations and/or treatments?

No. However, if in the future we feel that one of the other sites provides a better or more appropriate service for specific patients – for example a particular doctor or nurse at one site may specialise in COPD or diabetes you may be asked if you would like to attend there in order to access more specialised care if this is appropriate and you choose this option.

Q8. Will any service that is currently offered by my usual surgery be removed or stopped?

No. We do not anticipate services being removed or stopped. If anything, we anticipate that this merger will bring about a greater choice of services. In the event that the contracts against which we deliver are changed by the Vale of York CCG or NHSE, we would be unable to influence these changes.

Q9. Will there be any changes to how I access the GP out of hours service?

No. In order to access a GP when the new practice is closed, you will still continue to have access to the out of hours service or the option to

telephone the NHS 111 service and they will either signpost you to the most appropriate service or arrange for you to access a GP.

Q10. Will the current arrangements that I have in place for getting my medicines stay the same?

Yes.

Q11. Will the intended merge affect any treatment or medication I am currently receiving either at my usual surgery or any hospital?

No. Any current treatments, medications or investigations will not be affected by our intentions to merge.

Q12. Will I need to re-register to become a patient of the single GP Practice? What will happen to my health records?

No, you will not need to re-register and we also anticipate that you will remain registered with the same GP as you are now. All of our patients will automatically be merged into a single GP Practice and your health records will reside within a single patient database. The NHS safeguards in relation to patient confidentiality of information will continue to remain in place throughout the transition.

Q13. Will the single GP Practice be able to provide new services to patients?

One of the main reasons to merge and form a larger practice, is for us to be able to expand the services that we are able to provide locally. For example, we hope to be able to offer access to see other healthcare professionals e.g. Pharmacists for medication reviews, Physician Associates to all patients etc.

Q14. How will the new arrangement benefit GPs and Nurses at the practice?

Our GPs, Pharmacist, ACPs, Physician Associates, Nurses and Healthcare Support Workers will all have access to a wider pool of clinical knowledge and expertise to draw upon and we will have far greater opportunities to specialise in areas such as diabetes, care of the elderly, palliative care and urgent care access. We also anticipate that the current level of administrative tasks that our clinical staff perform will be dramatically reduced, therefore allowing them more time to spend on

responding to and delivering the clinical care our patients need. We will also be able to better cover any planned or unplanned absences which we hope will alleviate the resulting pressures felt by remaining staff. In addition, we should also be able to reduce our reliance on expensive locum and bank staff. We also anticipate that **all of our staff** will be provided with greater opportunities for enhanced training and career development.

Q15. I have further questions I would like to ask and / or comments I would like to make. How do I do this?

You can put these in writing for the attention of the Practice Manager at your usual surgery. We will aim to respond to any questions / comments within 10 working days of receipt.

Mobilisation Plan for Practice Merger - Jorvik Gillygate & East Parade

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
Patients						
1.1 Communication	Draft letter for patients	Feb/Mar	Practice	Letters to include details of: <ul style="list-style-type: none"> • Neighbouring practices, • PALS / Health Watch • FAQs such as <ul style="list-style-type: none"> ○ Next steps, ○ Contact details of new practice ○ Background new practice - Introduction ○ Prescriptions ○ Referrals 	Managing Partner (MP)PM/GP	
	Distribution of letter to patients	Feb/Mar	Practice	Practice to arrange distribution	PM/MP/GP	
	Telephone message to be put onto practice telephone.	May	Practice	Forwarding message on old telephone system	East Parade PM	
	Notice on doors & local pharmacy		Practice		Reception team Leaders	
	Consider welcome message / patient group work		Practice	to consider: <ul style="list-style-type: none"> • Patient group invite 	PM/MP	

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
				<ul style="list-style-type: none"> Welcome Leaflet Poster 		
1.2 Records	Medical records	May	Practice	Initially to stay at WH & EP but, consider moving to one site of transferring onto to EMIS system	PM	
1.3 Clinical Overvie w	Share Plan with Medical Director	Jan	Commissioner			
Staff						
2.1 Communication	Inform staff of current situation and options.	Jan	Practice	This is has been ongoing throughout regular meetings with staff inviting feedback. But formal TUPE consultations will commence once merger approved as will additional staff meetings	Managing partner (MP)/ Practice Manager led by LMC Law Lead HR GP	
Premises						
3.1 Lease	Ensure premises lease are in place	May	Practice	Confirmed by CCG that notional rent to pass to Jorvik Gillygate subject to merger and purchase of East Parade medical practice.	Managing Partner	

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
Premises						
4.1 IT Plan	<ul style="list-style-type: none"> IT Plan 	May	Practice	Liaise with Embed/Necs to integrate EMIS systems Merge telephone systems	IT manager PM	
4.2 BSU Transfer of Patients	<ul style="list-style-type: none"> BSU/ LASCA – merger of registered patients 	May	Practice	Practice need to confirm pooled list or GP List Update practice information Agreed dates	PM/CCG	
Communications						
5.1 OTMG / RRMG	Letter to Practice 3 to confirm approval for merger		N/A			
5.2 Practices	Letter/email to neighbouring practices to inform of merger confirmation		Practice	Will be shared at next PM meeting following confirmation of merger	MP	

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
5.3 Overview and Scrutiny	Liaise with overview and scrutiny to confirm merger date.		Practice			
5.4 LMC	Communication with LMC to confirm merger date.		Practice		Dr Hartley	
5.5 PCT comms team	Email to comms to inform them of potential media interest		Practice / Commissioner	N/A		
5.6 FT/ s Provider arm	District Nurses/Health Visitors to be notified to liaise with patients on caseload.		Practice		PM	
	Palliative care manager to be informed to liaise with nurses.		Practice		PM	
	Common Mental Illness – all mental health workers to be notified and liaise with patients.		Practice		PM	

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
	Severe and Enduring Mental Health		Practice		PM	
	Mental Health Trust		Practice		PM	
	Midwifery		Practice		PM	
	Business Managers at FT's to be informed		Practice /Commissioner	Patients Discharged from Hospital Local Hospitals and Trust Mental health trust Ambulance Service	PM	
5.7 PALS	Inform PALS and complaints of merger		Practice	Inform of contact details for practice	PM	
5.8 BSU	Need to update lists/practice information		Commissioner			
	Inform courier services		Practice		PM	
5.9 CCG	Need Email to CCG to cascade to Directors.		Practice		MP	

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
5.10 OOH	Need to notify OOH - NHS111	May	Practice		MP/PM	
5.11 Regional Team	Notify directors of regional NHS England team		Commissioner	Notify PCSE & merger pension codes		
5.12 Notify other agencies	Local Pharmacies	May	Practice		PM	
	Local Hospitals					
	Business Services agency (BSA)					
	SHA					
Finance						
6.1 Contract	Need to prepare contract schedule to reflect contract termination / merger contract value		Finance	Finance to prepare and agree sign off with practice Capitation list size 1 st January		
6.2 Exeter / QMAS	Administer closure of contract on Exeter system/QMAS		Commissioner			

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
	Practice to print off copy of population manager		Practice		PM	
6.3 Bank Accounts	Payments and recoveries	May	Practice	To confirm: <ul style="list-style-type: none"> New / same bank accounts old account to stay open for payments and recoveries 	PM & Business & Finance Manager	
Contractual						
7.1 Contractual	Contract Variation to add all Partners to contract		Commissioner	Date to be confirmed		
	Confirm Practice agreement in place	May	Practice / Commissioner		PM/CCG	
	Termination notice		Commissioner			
	Confirmation of provider name	May	Practice	To confirm if name is staying the same or changing	Managing Partner	
7.2 BSU	BSU/LASCA to add end date to the Exeter contract and transfer patients		Commissioner	BSU to update contract details and transfer patients		
Actions from patient engagement						

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
8.1 Appointments	Capacity of appointments		Practice	<ul style="list-style-type: none"> • Following merger existing clinics to be reviewed to consider better allocation across the two sites; • Following merger cross site working to be implemented for clinicians, and; • Following merger changes to be made at Practice 3 site to accommodate more clinical sessions to increase appointment availability. 		
	Continuity of GP		Practice	<ul style="list-style-type: none"> • The practices will discuss with patients and inform them that they will still be able to see their doctor although it may be at either Practice. • The practice will monitor continuity of care throughout the merger. 		
8.2 Adequate facilities	Telephone System		Practice	<ul style="list-style-type: none"> • The practice will inform patients that there will be one improved telephone system with multiple lines to improve access to the practices. 		

Area	Action Required	Due Date	Who	Comments/issues	Key Contacts	Status
	Capacity of waiting room		Practice	<ul style="list-style-type: none"> • Following merger existing clinics to be reviewed to consider better allocation across the three sites; • Following merger cross site working to be implemented for clinicians, 		
8.3 Staffing	Concerns for staff		Practice	<ul style="list-style-type: none"> • We plan to work with all of the staff to ensure a smooth positive change with benefits for our staff and patients. 		

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Health and Adult Social Care Policy and Scrutiny Committee**19th March 2020**

Report of the Assistant Director – Public Health

Smoking Cessation and Tobacco Control in York**Summary**

1. Smoking is still the leading preventable cause of death and illness in York, with 11.4% of the York adult population currently smoking.
2. Since 2013 and the transfer of Public Health services from the NHS to Local Government, the Council have had responsibility for the provision of smoking cessation services in York.
3. In July 2019, the York Tobacco Control Alliance was formed, bringing partners together with the aim to reduce the prevalence of tobacco use in the city of York to below 5% of the adult population, through the actions of each individual organisation represented to prevent the uptake of smoking and through support for cessation services.
4. This report summarises the current work of both the council smoking cessation service and the wider partnership tobacco control work.

Background

5. Smoking is the leading cause of preventable death worldwide, killing half of all lifetime users. Currently, 11.4% of the York adult population smoke (nearly 20,000 smokers), which resulted in over 700 deaths in the city (2015-17), nearly 2000 hospital admissions a year, and costs the economy (through healthcare costs and lost productivity) nearly £40m a year.
6. Whilst levels of smoking have fallen faster in York than nationally over the last decade (the prevalence of smoking in England is 14.4%), it still ranks as one of the major public health issues facing our population, and one of the key modifiable factors in improving the health and wellbeing of the people of York across the life course.

7. In addition, there are large inequalities in smoking rates in York. 18.6% of people in routine and manual occupations smoke in the city, compared to 8.4% in managerial work. 19.8% of inpatients at York Teaching Hospitals Foundation Trust smoke, as do 36.8% of people with a severe mental illness in the city. 10.6% of pregnant women are recorded as smoking at the time of their baby's delivery, a statistic which has not reduced in line with general smoking rates in the last 6 years.
8. Smoking is linked to countless pathogenic mechanisms in the human body, and decades of research has proved that amongst other things it
 - hugely increases the risk of developing cardiovascular disease e.g. stroke or heart attack
 - causes 16 types of cancer including 9 in 10 lung cancers
 - is responsible for over 10% of incident Type II diabetes cases
 - is the cause of most Chronic Obstructive Pulmonary Disorders
 - exacerbates asthma and makes acute life threatening attacks more likely
 - contributes to both common mental health problems such as depression and anxiety and severe mental illness such as psychoses

In addition, these risks are significant not just to the user but also – through second hand smoke – to those who live, work and socialise around them.

9. Smoking is not a lifestyle choice. Nicotine has been shown to be a more powerful and addictive a substance than heroin, and most tobacco users start the habit in their late teens before developing a lifelong use of tobacco. Smoking is thus more rightly framed as a chronic relapsing long term condition starting in childhood, but treatable through behavioural support and nicotine replacement therapy.
10. Over the last decade, the number of smokers in York has halved, which gives enormous hope for a continuing reduction in rates. One aspect of this is a slowing of uptake (prevention), whilst another is the increasing number of people attempting to quit (cessation).
11. There is very robust and clear evidence about what works to improve the chances of smoking cessation, and – although no quit is guaranteed and

some relapse – people are 3 times more likely to succeed in quitting smoking if they use a combination of behavioural support by a qualified advisor and nicotine replacement therapy (NRT).

12. Alongside deployment of cessation support, smoking rates can be reduced through public policy measures, known as ‘tobacco control’. These approaches are laid out in the World Health Organisation Framework Convention on Tobacco Control, signed by 181 countries including the UK in 2005. They are:

Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion and sponsorship

Raise taxes on tobacco

13. The York Tobacco Control Alliance was founded in July 2019, and aims to reduce the prevalence of tobacco use in the city of York to below 5% of the adult population, through partner actions, tackling the determinants of smoking, and supporting cessation services. This is in line with all other Local Authorities in the Yorkshire and the Humber who have endorsed the Breathe2025 initiative of the Yorkshire and Humber Association of the Directors of Public Health based on reducing rates to under 5% by 2025.

14. The benefits of work on smoking cessation and tobacco control go far beyond health and healthcare. Reducing smoking to 5% in York has the potential to:

- Lift thousands out of poverty
- Increase local productivity
- Protect children from harm
- Reduce inequalities
- Improve quality of life in local neighbourhoods
- Save thousands of lives

Smoking Cessation Services in York

15. Community smoking cessation support in York is delivered by the York Health Trainer service, part of the council's Public Health team. This team of Health Trainers are trained to deliver three services: the national 40-74 year old Healthchecks; smoking cessation interventions; and a health trainer intervention covering stop smoking advice, alcohol awareness, weight management, physical activity and social isolation.
16. The Health Trainer service is responsible for providing support to residents that wish to stop smoking. This is provided in accordance with NICE Guidance and staff are trained to deliver the service as set out by the National Centre for Smoking Cessation and Training (NCSCT Level 2), as well as supply Nicotine Replacement Therapy (NRT).
17. The service model developed in York prioritises as follows:
 - Pregnant smokers and their family: 12 weeks of NRT and behavioural support from a Health Trainer.
 - Adult smokers: 4 weeks of NRT and support for up to 12 weeks whilst self funding NRT from a Health Trainer
 - Smokers aged 12-18: NRT can be provided to young people over the age of 12 as part of a family intervention
18. Since 2019 a licensed stop smoking medication (Varenicline, known as Champix) has been added to this offer in conjunction with community pharmacy for those who advisors judge would benefit. The recommended treatment from NICE is 12 weeks of NRT or 12 weeks of Varenicline; historic budgetary decisions mean the council funds 4 weeks of NRT and 6 weeks of Varenicline.
19. In 2018/19 the Health Trainer service received 331 referrals or self-referrals for smoking cessation support, and 28% of clients who were seen by an advisor had successfully quit for four weeks. As a proportion of York's smoking population, the number of referrals was low. The service has recently created extra capacity to see more smokers per year in an increased number of community venues, and by raising awareness of the service and through multi-agency work with the recently established York Tobacco Control Alliance, referrals were expected to rise.
20. In the first three quarters of 2019-20 there have been an improvement in referral and quit rates. Referrals increased from 94 in 2019-20 Q2 to 133

in 2019-20 Q3. There have been 420 referrals in the year to date, already significantly higher than in 2018-19 before the year has ended. The percentage of clients that were seen by an advisor who successfully quit at four weeks has risen to 48%. In the first three quarters of 2019-20, a total of 95 smokers set a quit date and 56 of those (59%) had quit smoking at the four week follow up. Of the smokers who set a quit date, 22 were pregnant and 10 of these (46%) had quit smoking at the four week follow up.

21. In addition to community run cessation services, other partners in the city have a key role to play in promoting cessation, primarily through promoting Very Brief Advice on smoking for patients and signpost into Health Trainers. Pharmacists are heavily involved in promoting the Stoptober campaign, and supply Varenicline. GP practices have referred 63 patients to stop smoking services so far this year, a relatively small proportion of their smoking patients. Currently, with midwifery and respiratory medicine as notable exceptions, referrals from the rest of York Teaching Hospitals Trust are also low. There is the potential for further work to strengthen the treatment of tobacco dependency within acute care in the city in a similar manner to the CURE project in Greater Manchester or the QUIT programme in South Yorkshire.
22. One local model of good practice is the work of Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust, who provide community and inpatient mental health services in York. TEWV have been a 'smokefree' organisation since 2016, an initiative which includes robust clinical, HR and estates policy around smoking but is underpinned by a high quality cessation offer (including two York-based clinics), which builds on their experience that people with a mental health condition generally want to quit smoking. The TEWV Healthy Living team ensure that inpatient services and community services provide a supportive environment for quitting smoking, and give people an alternatives through bespoke interventions delivered by mental health practitioners and easy access to nicotine replacement therapy and e-cigarettes. Since 2015, the percentage of adult inpatients who are smokers has declined from 62% to 48%. TEWV are an active member of the York Tobacco Alliance.

York Tobacco Control Alliance

23. The York Tobacco Control Alliance was launched in July 2019, and aims to reduce the prevalence of tobacco use in the city of York to below 5% of the adult population, through partner actions and support for cessation services.

24. Current membership of the Alliance includes several CYC departments, North Yorkshire Police, Vale of York CCG, York Teaching Hospital, North Yorkshire Community Pharmacy, North Yorkshire Fire and Rescue, York Against Cancer, Tees Esk and Wear Valley Mental Health Trust, and a GP representative.
25. The Tobacco Alliance is a partnership with no formal resourcing, working as a galvanising and coordinating group for efforts on this agenda. The range of activity which could be undertaken is large, with Tobacco Alliances in other Local Authority areas working on projects around:
- Education on smoking in the school curriculum
 - Policy and public health messages on the use of e-cigarettes
 - Point of sale enforcement
 - Under age sale enforcement
 - Work to support Smokefree Homes
 - The designation of Smokefree outside zones
 - Tackling illicit/counterfeit tobacco
 - Enforcing advertising restrictions e.g. plain packaging
 - Mass media campaigns
 - Improving access to smoking cessation services
 - Targeted Cessation (maternity, mental health settings)
 - Very Brief Advice
 - Supporting organisations with workplace policies on smoking
26. The Alliance is currently building relationships, prioritising which projects are achievable within the capacity of partners, mapping the good work already going on by different agencies, and planning a programme of work which will result in a Tobacco Control Plan for the City of York.

Council Plan

27. Smoking cessation and tobacco control work is in line with the Council's Plan 2019-23, to ensure Good Health and Wellbeing through a broad

range of opportunities to support healthy lifestyles. The York Health and Wellbeing Strategy 2017-2022 specifically commits to 'make sustained progress towards a smoke-free generation in York'. Tobacco Control work in York aligns with the Council's Health in All Policies approach whereby public health encompasses not just a set of services or work done by a single team, but runs through all city policies and practice and aims to improve the wider determinants of health.

Implications

- **Financial**

Smoking cessation services are funded through the Public Health grant. Nationally, the size of this grant reduced by £700m in real terms between 2015/16 and 2019/20 (LGA).

- **Human Resources (HR)**

There are no HR implication of this report

- **Equalities**

People in routine and manual occupations in York are twice as likely to smoke as those in other occupational groups. This is one of the major causes in the life expectancy and healthy life expectancy gap between the poorest and most affluent member of society. Supporting and enabling people to quit and protecting children from the harms of smoking with disproportionately benefit people from lower socioeconomic backgrounds, and decrease health inequalities.

- **Legal**

There are no Legal implication of this report

- **Crime and Disorder**

There are no Crime and Disorder implication of this report

- **Information Technology (IT)**

There are no IT implication of this report

- **Property**

There are no Property implication of this report

Risk Management

28. The major risk within smoking cessation and tobacco control in the city is the potential missed opportunity if this work is deprioritised to tackle the largest and most avoidable cause of early illness and death in our area.

Recommendations

29. Members of Scrutiny are asked:

- to note this report and comment on progress to prevent uptake of cigarette smoking and support people to quit smoking in the city
- to comment on the ambitions and work of the Tobacco Alliance and the resourcing and capacity required to make it successful
- to make recommendations for partners e.g. GPs and York Teaching Hospitals Trust to increase efforts to refer patients to stop smoking services

Reason: To assist the council smoking cessation service and the wider partnership tobacco control work

Contact Details

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Chief Officer Responsible for the report:

Fiona Philips
Assistant Director of Public Health

Report Approved Date 6/03/2020

Wards Affected:

All

For further information please contact the author of the report

Health and Adult Social Care Policy and Scrutiny Committee

Work Plan 2019-20

<p>Tuesday 18 June 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> 1. Scrutiny Arrangement Overview Report 2. Presentation of Public Health Directorate-Sharon Stoltz 3. Work Plan
<p>Tuesday 30 July 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> 1. Healthwatch York Six Monthly Performance Report 2. Executive Member for Health & Adult Social Care, Cllr Runciman, Executive Member 3. Health and Wellbeing Board Annual Report Cllr Runciman, Chair HHWB 4. Year End Finance and Performance Monitoring Report 5. Overview of Health and Adult Social Care Directorate, Sharon Houlden, Director 6. CSMC Food Poverty Review 7. Work Plan
<p>Tuesday 17 September 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> 1. Unity Health Progress Update 2. CCG: Repeat Medicines Ordering Update 3. 1st Quarter Finance and Performance Monitoring Report 4. Six Monthly Quality Monitoring Report – Residential, Nursing and Homecare services 5. Safeguarding Vulnerable Adults Annual Assurance Report 6. Work Plan
<p>Wednesday 23 October 2019</p>	<ol style="list-style-type: none"> 1. Older Persons Accommodation Needs Survey 2. Substance Misuse Review Implementation Update

@ 5.30pm	<ol style="list-style-type: none"> 3. Mental Health Update- Developing a Community approach to Mental Health and Wellbeing 4. Bootham Park Update 5. Work Plan
Monday 11 November 2019 @ 5.30pm	<ol style="list-style-type: none"> 1. Review of Adult Safeguarding Policy 2. Annual Health Protection Assurance Report 3. Oral Services Update 4. Work Plan
Tuesday 17 December 2019 @ 5.30pm	<ol style="list-style-type: none"> 1. Older Persons Accommodation Update Report 2. CCG - Mental Health GP Services closure 3. Multiple Complex Needs Network Update 4. Food Poverty Corporate Review 5. Work Plan
Tuesday 21 January 2020 @ 5.30pm	<ol style="list-style-type: none"> 1. Healthwatch York six-monthly Performance Report 2. Multiple Complex Needs Network Update 3. Work Plan
Tuesday 18 February 2020 @ 5.30pm	<ol style="list-style-type: none"> 1. Health and Wellbeing Board Bi-annual Report 2. 2nd & 3rd Quarter Finance and Performance Monitoring reports 3. Update Report on Lowfields Extra care Accommodation 4. Adult Safeguarding Policy Update report. 5. Work Plan

Thursday 19 March 2020 @ 5.30pm	<ol style="list-style-type: none"> 1. CCG Repeat Prescription Update 2. Practice Merger – Gillygate and East Parade Medical Practices. 3. Update Report on Smoking Cessation 4. Work Plan
Thursday 23 April 2020 @ 5.30pm	<ol style="list-style-type: none"> 1. Six Monthly Quality Monitoring Report – Residential, nursing and homecare services 2. Update report on Oakhaven Options Appraisal 3. Overview Report on Public Health Services 4. Primary care provision for rough sleepers and individuals staying in hostels or temporary accommodation 5. Work Plan
Tuesday 19 May 2020 @ 5.30pm	<ol style="list-style-type: none"> 1. Work Plan

Issues for consideration

Funding for child obesity

Children's dental health

All age learning disability strategy

Application of national guidance for blue badges for unseen disabilities

NHS-led provider collaboration

Council Plan Priorities relating to Health and Adult Social Care

Good Health and Wellbeing

- Contribute to mental Health, Learning Disabilities and Health and Wellbeing strategies
- Improve mental health support and People Helping People scheme
- Support individual's independence in their own homes
- Continue the older persons' accommodation programme
- Support substance misuse services
- Invest in social prescribing, Local Area Coordinators and Talking Points
- Open spaces available to all sports and physical activity
- Make York an Autism friendly city
- Embed Good help principles into services
- Safeguarding a priority in all services

Creating Homes and World-class infrastructure

- Deliver housing to meet the needs of older residents

A Better Start for Children and Young People

- Tackle rise in Mental Health issues

Safe Communities and Culture for All

- Explore social prescribing at local level to tackle loneliness
- Expand People Helping People scheme