

# North Tyneside Council Report to Cabinet Date: 9 December 2013

**ITEM 6(h)**  
A North Tyneside  
Community Health  
Network

**Portfolio(s):** Adult Social Care

**Cabinet Member(s):** Councillor Lesley Spillard

**Report from Directorate:** Public Health

**Report Author:** Marietta Evans, Director of Public Health

**Tel:** (0191) 643 2880

**Wards affected:** All

## **PART 1**

### **1.1 Purpose:**

The purpose of this report is to seek Cabinet approval for proposals to implement a Community Health Network managed by North Tyneside Council Sport and Leisure Services.

### **1.2 Recommendation(s):**

It is recommended that Cabinet:

(1) approves the implementation of a Community Health Network managed by North Tyneside Council Sport and Leisure Services

### **1.3 Forward Plan:**

28 days notice of this report has been given and it first appeared in the Forward Plan on 6 November 2013.

### **1.4 Council Plan and Policy Framework**

This report relates to the following themes in the 2013-14 *Our North Tyneside*:

Our People will:

- A. Be listened to by services that respond better and faster to their needs
- B. Be supported to achieve their full potential, especially our children and young people
- C. Be supported to live healthier and longer lives

This report also relates to the following objectives in the North Tyneside Joint Health and Wellbeing Strategy 2013-2023:

- To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough
- To shift investment to focus on evidence based prevention and early intervention
- To build resilience in local communities through focussed interventions and ownership of local initiatives to improve health and wellbeing
- To integrate services where there is an opportunity for better outcomes for the public and better use of public money

## **1.5 Information:**

### **1.5.1 Background**

Under the Health and Social Care Act 2012 the Authority has significant statutory responsibilities for improving the health of residents, tailoring local solutions to local problems, and using all the levers at their disposal to improve health and reduce inequalities. This includes giving information, providing services or facilities to promote healthy living and providing incentives to live more healthily.

1.5.2 On 10 June 2013 Cabinet approved in principle the development of health improvement services within the Authority. However, further engagement with key stakeholders was requested by Cabinet prior to the establishment of new services from 1 April 2014.

1.5.3 In July 2013 the Director of Public Health established a working group to produce an option appraisal and detailed plan for a delivery system for health improvement services in North Tyneside. The remit was to:

- Articulate the desired vision for health improvement in North Tyneside
- Set out the associated outcomes and how these contribute to the vision
- Examine the extent to which the current commissioning and provision arrangements maximise health outcomes
- Set out options for the service models available to deliver improved service integration and better health outcomes
- Consider the interrelationships with other relevant services
- Examine the feasibility of each option
- Recommend the service model that should be adopted by the Authority.

A wide variety of internal and external stakeholders have now been contacted to identify their concerns and issues, as well as options for the delivery of future health improvement services. A full option appraisal forms the background to the new delivery model.

### **1.5.4 Commissioning Health Improvement Services**

The timetable of the Public Health Commissioning and Procurement Programme 2013-2015, approved by Cabinet on 10 June 2013, set out the strategic commissioning intentions of the Authority in relation to Public Health. The programme proposed that the existing contracts for health improvement services would not be renewed in 2014/15 and that the Authority would become the provider of health improvement services. This

represents the first phase of a rebalancing of public health investment, and a shift of resources to front-line, integrated health improvement delivery.

A range of health improvement services are currently commissioned from Northumbria Healthcare Foundation Trust (NHCFT) and Newcastle upon Tyne Hospitals Trust (NUTHT). Both Trusts have been informed that contract agreements for the majority of these services will not be extended in 2014/15.

1.5.5 The policy background to these proposals is the publication of the Health Improvement Commissioning Strategy 2013/14 by the Public Health Directorate, presented to Cabinet on 14 January 2013, which established a number of key commissioning principles:

- Evidence based initiatives
- Integration with Council provision
- Outcome focused
- Best value
- Proportionate to need

1.5.6 These principles underpin the proposals for a new approach to health improvement service provision, which will also support delivery of *Our North Tyneside* objective to support our people to live healthier and longer lives, as measured by a reduction in the gap in life expectancy within the borough.

1.5.7 The proposals also align with the recommendations of the Marmot Review into health inequalities in England (2010) including the recommendation that interventions need to be provided at a universal level or as a 'universal offer' but where needs are greater a more targeted intensive or progressive approach is required.

1.5.8 Initially, the new preventative services will address the risk factors linked to the high premature death rates from cardio-vascular disease (CVD), cancers and respiratory disease. These diseases are the most common causes of premature mortality in North Tyneside. In 2008-10, 63% of all premature deaths were due to either cancer or CVD. They are also the main contributors to the gap in life expectancy within the borough.

The main focus will be on lifestyle changes at a population level that will have the greatest impact on health and health inequalities:

- increasing physical activity
- maintaining healthy weight
- reducing smoking prevalence

It is envisaged that the scope of these new services will be broadened over time to address other population health priorities, such as mental health.

1.5.9 A Community Health Network Approach

The North Tyneside Council delivery system will be a radical departure from the service model of the current providers. Services will be delivered through a Community Health Network approach, implemented and managed by Sport and Leisure Services, using the existing leisure centre infrastructure as the core basis of a hub and spoke model within each of the four North Tyneside localities.

The nature and purpose of services provided by the Authority will be fundamentally different from the services provided by the NHS. The approach will be primary prevention at a population level, rather than secondary prevention at an individual level. The new

services are designed to meet the needs of the whole population rather than the assessed healthcare needs of individual patients.

1.5.10 Each locality within the Community Health Network will provide three levels of service:

**Level 1** – In order to improve the health of residents we will expand sport and leisure services to increase physical activity across the whole population. Exercise is the ‘best buy’ in Public Health and this up-scaling of activity will have the greatest health benefit at a population level. Increased sport and exercise activity will be monitored each year. Level 1 services will include, for example:

- Swimming
- Contours Health and Fitness
- Exercise to music
- Sport specific activities

**Level 2** - In order to ensure that residents across the social gradient are encouraged and enabled to access sport and exercise, we will provide additional outreach services in each locality. For example, in a Children’s Centre that identifies the need for post-natal exercise or in Care Homes that want to organise armchair exercise for residents. The priority will be to widen participation in sport and exercise among those with a risk of CVD (i.e. hypertension, overweight and inactivity), and who are most likely to benefit from participation in these services. Equity audits will be used to monitor access to, and uptake of, outreach sport and exercise activity. Level 2 services will include, for example:

- Cycling
- Guided Walks
- Dance

**Level 3** – The Community Health Network will also be integrated with other health improvement services commissioned by the Public Health Team. Level 3 services will include Stop Smoking Services and obesity prevention programmes for children and adults.

It is anticipated that Level 1 services will be available from April 2014, and new Level 2 and 3 services will be in place from summer 2014.

1.5.11 A management hub will sit at the centre of the Community Health Network to monitor activity and plan service development. Within each of the four geographic areas of Whitley Bay, Wallsend, North West and North Shields, the leisure facilities of Waves, Hadrian Leisure Centre, The Lakeside Centre, and The Parks, will be the focal points of the Community Health Network, with Locality Network Managers responsible for service delivery within their area.

Each of the four Locality Networks will have access to locality budgets. The level of funds required to provide services will be dependent on the specific needs of each locality. The Locality Network Managers will proactively reach out and develop working relationships with other Council services and partner organisations in order to provide integrated services across the patch.

The management and delivery of Levels 1 & 2 sport and exercise services will be provided by qualified leisure staff. The management and co-ordination of Level 3 health

improvement services will be provided by public health specialists within the Public Health Team.

1.5.12 The Network will be further supported by the development of a Community Health Champions programme. Community volunteers will have a crucial role in helping to encourage participation in sport and exercise and access to health improvement services, as well as spreading health improvement messages within their local communities.

1.5.13 Apprenticeships in leisure services will also be offered to young people for up to 18 months. The apprentices will be enrolled on an NVQ Level 2 Diploma in 'Instructing Exercise and Fitness' and they will receive a combination of on the job work experience in a Contours facility and two days each week training in line with the relevant NVQ syllabus.

## **1.6 Decision options:**

The following decision options are available for consideration by Cabinet:

### Option 1

Cabinet approve the proposal to implement a Community Health Network managed by Sport and Leisure Services.

### Option 2

Cabinet reject the proposal to implement a Community Health Network managed by Sport and Leisure Services.

### Option 3

Cabinet may request further information prior to the implementation of a Community Health Network.

Option 1 is the recommended option.

## **1.7 Reasons for recommended option:**

Option 1 is recommended for the following reasons:

1.7.1 The provision of a Community Health Network managed by Sport and Leisure Services will provide better value for money and programmes will aim to maximise the impact of each pound spent to improve resident's health. The approach is supported by the National Institute for Health and Care Excellence (NICE) assessment of cost effective public health interventions.

The new service model will:

- be more closely aligned to the objectives of *Our North Tyneside* and the Authority's responsibilities for health improvement.

- deliver measurable, evidence based outputs, contributing to better health outcomes across the whole population;
- be proportionate to the needs of local residents, groups and communities;
- deliver more efficient, effective and accountable services;
- shift the balance of investment to frontline services;
- develop a more sustainable health improvement workforce;
- better integrate public health responsibilities across Council services; and
- reduce duplication of specialist health improvement roles.

1.7.2 The Department of Health is developing a new Health Premium Incentive Scheme to promote health improvement in local authorities. From 2015/16 the Scheme will make reward payments available to the Authority. The establishment of a Community Health Network will give the Authority greater control over the delivery of better health outcomes that will determine the level of reward for the Authority.

## 1.8 Appendices:

None

## 1.9 Contact officers:

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## 1.10 Background information:

The following background papers have been used in the compilation of this report and are available at the office of the author:

- (1) Public Health Commissioning and Procurement Programme 2013-15;
- (2) North Tyneside Health Improvement Commissioning Strategy 2013-14;
- (3) Joint Strategic Needs Assessment
- (4) North Tyneside Health and Wellbeing Strategy 2013-2023
- (5) Marmot Review, *Fair Society, Healthy Lives*
- (6) Public Health in Local Government – Commissioning Responsibilities, DoH
- (7) A Community Health Network of health improvement services
- (8) Money Well Spent? Assessing the cost effectiveness and return on investment of public health interventions, LGA

## **PART 2 – COMPLIANCE WITH PRINCIPLES OF DECISION MAKING**

### **2.1 Finance and other resources**

- 2.1.1 The Authority has received a £10.4m ring-fenced grant to fund the transfer of public health responsibilities in 2013/14 and will receive £10.8m in 2014/15. The funding for the Community Health Network will come from this envelope of funding.
- 2.1.2 The proposal to establish a Community Health Network rather than re-procure existing services will achieve a net saving of £200,000 per annum to be reinvested in public health.
- 2.1.3 From 2015/16 the Authority will be eligible for additional funding, as yet unspecified, through the Health Premium Incentive Scheme.

### **2.2 Legal**

- 2.2.1 Health improvement services were originally commissioned by NHS North of Tyne and these contracts expired on March 31<sup>st</sup> 2013 and the Director of Public Health, on behalf of the Authority, entered into new public health contracts with providers, for a duration of 1 year commencing on 1 April 2013. From 2014/15 the Authority has the option to provide services, as well as to procure services from any qualified provider.
- 2.2.2 Under the Health and Social Care Act 2012 the Authority has statutory responsibility for commissioning and/or providing a range of mandatory and non-mandatory public health services to improve health and address health inequalities. The services covered by the Community Health Network are non-mandatory and require the Authority to make informed decisions about the best way to deliver health improvement.
- 2.2.3 The recommendation in this report has been made having regard to (i) the background and legacy issues associated with the current services, and (ii) the implications of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (Regulations). Whilst it is not possible to exclude any possibility of challenge to the recommended proposal, it is not considered that there is any obvious or excessive risk of successful legal challenge should the proposal be adopted.

### **2.3 Consultation/Community Engagement**

#### **2.3.1 Internal Consultation**

Consultation has been undertaken with the Elected Mayor; Cabinet Members for Adult Social Care and Leisure, Culture and Tourism; Deputy Chief Executive; the Head of Children, Young People and Learning and the Senior Leadership Team.

Between January and May 2013, as part of the Adult Social Care, Health and Wellbeing Sub-committee of the Overview and Scrutiny Committee investigation into the transfer of public health from NHS North of Tyne to North Tyneside Council, Members discussed in detail the plans for future commissioning of health improvement contracts and services.

The current health improvement services were commissioned by North Tyneside PCT to deliver NHS Operating Framework priorities and targets. It is widely accepted that the government policy to transfer public health responsibilities to the local authority was not about the same programmes being offered by a different organisation but a complete transformation of the delivery agenda. Health improvement services are non-mandatory public health services, and the commissioning of these services should be guided by the local Joint Strategic Needs Assessment, Health and Wellbeing Strategy and Public Health Outcomes Framework.

Effective delivery requires sustained community involvement and the OSC sub-group thought that the Council was, in some instances, best placed to deliver effective health improvement services.

### 2.3.2 External Consultation/Engagement

Consultation has taken place with North Tyneside Clinical Commissioning Group (NT CCG), Newcastle Hospitals NHS Foundation Trust (NHFT) and Northumbria Healthcare NHS Foundation Trust (NHCFT). Residents will also be engaged in the development of the new service model.

In developing the Joint North Tyneside Health and Wellbeing Strategy 2013-23 there was an extensive consultation process with local communities, key partners and stakeholders, which supports a transformational approach to promoting health and wellbeing.

### 2.3.3 The proposal for a Community Health Network has been discussed with North Tyneside CCG to ensure they are able to pick up areas of responsibility during the transition to a new service model, in particular, to ensure that the CCG makes provision for patients to have access to exercise on referral.

On 21<sup>st</sup> August 2013 the Public Health Directorate presented a paper to the CCG Commissioning Development Group on 'Developing Health Improvement Services in North Tyneside Council'. At subsequent meetings with the CCG, Officers outlined the Authority's commissioning intentions and the issues arising from proposals not to renew the health improvement contracts with NHCFT. These briefings also indicated the policy drivers behind the Authority's transformation agenda for health improvement practice and the division of commissioning responsibilities going forward.

### 2.3.4 Contract meetings with NHS service providers from NHCFT and NHFT are being held to ensure the cessation of current services is carefully managed to minimise disruption to patients and public.

### 2.3.5 A Communication Plan will be developed to ensure information on the proposed changes is available to residents, service users, elected members and other local stakeholders.

## 2.4 Human rights

There are no Human Rights implications arising from this report.

## 2.5 Equalities and diversity

Currently there is a difference in life expectancy between the most deprived and least deprived communities of the borough. The Community Health Network will be focused on closing this gap. Services will be provided universally, but with a scale and intensity that is proportionate to the level of need within each community.

## 2.6 Risk management

### 2.6.1 The risks associated with the establishment of a Community Health Network relate to the cessation of NHS contracts. These risks have been assessed and mitigating action will be taken and monitored through a detailed Project Plan. The following risks are highlighted and will require particular attention:

- Services
- Staffing
- Premises
- Costs



## 2.6.2 Services

Healthy Living Centre and Adult Weight Management service users are currently referred by primary and secondary care practitioners for a twelve week gym-based programme of therapeutic exercise. These service users have complex healthcare and clinical needs, such as heart conditions, respiratory conditions and obesity, and require intensive support. The Authority inherited these service specifications from North Tyneside PCT. Department of Health guidance gives a clear indication that the responsibility of the local authority is largely a primary rather than a secondary prevention role and it is not the responsibility or intention of the Authority to provide specialised Adult Weight Management or exercise on referral.

North Tyneside Clinical Commissioning Group (CCG) is responsible for commissioning exercise on referral and rehabilitation services for patients who have clinical needs, and is developing a new integrated rehabilitation service. The CCG has yet to decide what provision will be made for people who are clinically obese, but it would be possible for the CCG to utilise the capacity for exercise on referral within the current block contract that it has with NHCFT to meet the needs of people with long term conditions and obesity. We will continue to work closely with the CCG to give public health advice to the commissioners of these specialist services.

The cessation of other service agreements with either NHCFT or NHFT will not have a significant impact on patient care or public health outcomes.

## 2.6.3 Staffing

The Community Health Network is fundamentally different in form, substance, ethos and method of delivery from the services provided by Northumbria Healthcare NHS Trust. The NHS staff within these services will not have a substantive claim under TUPE regulations.

Two members of staff in the NHFT Stop Smoking Service will have claims under TUPE regulations for positions in the new stop smoking service.

## 2.6.4 Premises

The cessation of NHCFT service agreements for Healthy Living Centres will have implications in relation to leasing arrangements.

- Moor Park Healthy Living Centre is leased by NHS Property Services from the Council via a Peppercorn rent. If the property becomes vacant, it will potentially be handed back to the Council. The Authority would determine future use.
- Meadow Well Healthy Living Centre is owned by NHS Property Services. There is a Business Transfer Agreement arrangement made 2 years ago between the then North Tyneside PCT and NHCFT. From the date that the contract ends any vacant space has to be picked up by North Tyneside CCG. There is no financial liability for the Authority.
- The John Willie Sams Centre is owned by Newcastle and North Tyneside Local Improvement Finance Trust (NNT LIFT Co) and there is a leasehold agreement with NHCFT with regards to the Healthy Living Centre gym, which is licensed to NHCFT for day hours i.e. 9-5pm. On termination of the lease the disposal decision would be via the LIFT Co shareholder agreement.

### 2.6.5 Costs

The proposal to provide a Community Health Network rather than re-procure existing services, will achieve a net saving of £200,000 per annum. Any transition costs associated with the risks highlighted above can be met from these savings.

### 2.7 **Crime and disorder**

There are no crime and disorder implications arising from this report.

### 2.8 **Environment and sustainability**

The proposal to provide a Community Health Network within the Authority will exploit access to, and use of, outdoor space in North Tyneside and will promote sustainable approaches to health improvement activities.

### **PART 3 - SIGN OFF**

- Chief Executive
- Deputy Chief Executive
- Mayor/Cabinet Member(s)
- Chief Finance Officer
- Monitoring Officer
- Strategic Manager, Policy, Partnership, Performance and Communication