## Local Authority Healthcare Public Health Advice Service

| Memorandum of Understanding between Cambridgeshire and Peterborough Clinical<br>Commissioning Group and Peterborough City Council  |  |  |  |  |
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| Cath Mitchell, Local Chief Officer, Cambridgeshire and Peterborough CCG and Dr Henrietta Ewart, Interim Director of Public Health, PCC   |  |  |  |  |
| This memorandum covers the person 2015   | eriod 1 January 2014 to 31 March   |  |  |  |
| Final  |  |  |  |  |
| The purpose of this Memorandum of Understanding is to establish a framework for the working relationship between Peterborough City Council's Public Health Department and Cambridgeshire and Peterborough Clinical Commissioning Group for 2014/2015.  |  |  |  |  |
| Provision of a healthcare public health advice service is one of a limited number of mandated public health services to be provided by unitary and upper tier Local Authorities following the transfer of public health functions in April 2013. The resource to deliver this service has been transferred nationally to unitary and upper tier Local Authorities, as part of the ring-fenced public health budget, so there is no cost to the Cambridgeshire and Peterborough Clinical Commissioning Group (the 'CCG').       |  |  |  |  |
| Priority areas of work for the Local Authority Public Health Advice<br>Service and allocation of consultant and other staff time, covered by<br>this memorandum, are shown in the table:   |  |  |  |  |
| Priority area  | Resource WTE   |  |  |  |
| Healthcare public health<br>specialist advice and input to<br>ongoing CCG-wide work on<br>clinical prioritisation –<br>including specialist public<br>health advice and input to<br>Clinical Priorities Forum, Joint<br>Prescribing Group,<br>Exceptional Cases and<br>Individual Funding Request<br>processes, or new<br>committees/processes which<br>replace these.<br>Healthcare public health input<br>to projects identified by<br>Borderline and Peterborough<br>LCGs and identified as<br>priorities against the joint | 0.2 wte PH consultant<br>0.4 wte PH consultant   |  |  |  |
|  | Cath Mitchell, Local Chief Office<br>CCG and Dr Henrietta Ewart, Int<br>This memorandum covers the pe<br>2015<br>Final<br>The purpose of this Memorandu<br>framework for the working rela<br>Council's Public Health Dep<br>Peterborough Clinical Commissi<br>Provision of a healthcare public<br>limited number of mandated pub<br>unitary and upper tier Local Auth<br>public health functions in April 20<br>service has been transferred nat<br>Local Authorities, as part of the functions in April 20<br>service has been transferred nat<br>Local Authorities, as part of the function<br>there is no cost to the Cambridg<br>Commissioning Group (the 'CCC<br>Priority areas of work for the L<br>Service and allocation of consult<br>this memorandum, are shown in<br>Priority areas of work on clinical prioritisation –<br>including specialist public<br>health advice and input to<br>ongoing CCG-wide work on<br>clinical Priorities Forum, Joint<br>Prescribing Group,<br>Exceptional Cases and<br>Individual Funding Request<br>processes, or new<br>committees/processes which<br>replace these.<br>Healthcare public health input<br>to projects identified by<br>Borderline and Peterborough<br>LCGs and identified as |  |  |  |

| agreed between the LCGs<br>and Peterborough PH<br>Department.<br>Projects may have a<br>Borderline-Peterborough<br>focus or be part of a wider<br>Cambridgeshire project as<br>appropriate against LCG<br>priorities.<br>A work programme for PH<br>input to the LCGs will be<br>agreed annually with some<br>resource retained for high<br>priority input which may arise<br>in-year.<br>Attendance by public health<br>consultants at meetings, as<br>agreed with the LCG, to<br>provide brief PH advice and,<br>where appropriate, access<br>further input/support from the<br>wider Peterborough PH<br>Department. |                               |
|--|-------------------------------|
| Public Health Intelligence –<br>knowledge and intelligence<br>support, analytical support<br>and advice, methodological<br>and technical support and<br>management input for the<br>public health advice service<br>This support will be provided<br>within the context of the<br>annual work programme and<br>projects as above, with<br>additional input as<br>appropriate.  | 0.6 wte public health analyst |

National benchmarking for the delivery of the healthcare public health advice service indicates an approximate input of one whole time equivalent (wte) public health consultant per 270,000 population (or 40% of the total public health consultant workforce). The benchmarking used the NHS weighted capitation population. For Peterborough this equates to 0.6wte public health consultants.

Input from non-consultant public health staff has not been benchmarked centrally, but national guidance makes clear that input from other public health staff, such as analysts, will be needed to

|                          | support the consultants. It is proposed that 0.6wte public health analyst resource will be included in the service.  |  |
|--------------------------|--|--|
|                          | In line with national guidance the service will be required to achieve the following quality standards:  |  |
| Quality                  | <ul> <li>Inputs are led by appropriately trained and accredited public health specialists, as defined by the Faculty of Public Health.</li> <li>Inputs are sensitive to the needs of, and individual priorities of the CCG, its member practices and Local Commissioning Groups (LCGs).</li> <li>Inputs result in clear, understandable and actionable recommendations to assist clinical commissioners, with sources appropriately referenced where applicable and based on public health analysis/skills.</li> <li>Requests for input receive a timely response.</li> <li>The inputs are closely linked to the outcomes in National Outcome Frameworks, and the priorities of the JSNA and Joint Health and Wellbeing Strategy and it is possible to demonstrate the contribution the advice made to the achievement of those outcomes.</li> </ul> |  |
| Monitoring of the<br>MoU | An annual work programme to deliver the healthcare public health<br>advisory service will be agreed between Borderline and<br>Peterborough LCGs (on behalf of the CCG) and the Public Health<br>Department (on behalf of Peterborough City Council). The work<br>programme will include clearly specified objectives which will be<br>monitored against the quality standards set out above.   |  |
| Dispute resolution       | Any concerns from the CCG about the delivery of the healthcare<br>public health advice service should in the first instance be raised with<br>the Peterborough DPH then the Director of Adult Social Care and<br>Health and Wellbeing. Any concerns from the Local Authority<br>regarding the CCG's actions in relation to the healthcare public<br>health advice service should be raised in the first instance with the<br>Local Chief Officer and then with the CCG Accountable Officer.  |  |
|                          | If the Local Authority Director of Adult Social Care and CCG<br>Accountable Officer are not able to reach a resolution, they will<br>decide if a process of mediation with an independent mediator<br>(selected by agreement between the parties and appointed in<br>writing) is required to resolve the issue. The findings of the mediator<br>shall be binding upon both parties, with costs borne equally.  |  |
|                          | This Memorandum of Understanding refers solely to the mandated<br>healthcare public health advice service. Other aspects of ongoing<br>joint interest and joint working between GP commissioners and Local<br>Authority public health teams are not covered here. Areas which are  |  |

| Exclusions   | <b>not</b> covered include joint strategic leadership through the Health and<br>Wellbeing Board, screening, immunisations, healthcare acquired<br>infections, GP practice delivery of preventive services and local<br>authority commissioning of public health services.<br>The scope of public health advice covered by this memorandum is<br>set out in Annex A. |  |
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| Signatures:  |   |  |
| For Peterborough City Council                                    |   |  |
|  |   |  |
| For Cambridgeshire and Peterborough Clinical Commissioning Group |   |  |
| Date:  |   |  |

#### Annex A: Public health advice to NHS commissioners

National guidance covering the scope of a Healthcare Public Health Advice Service to Clinical Commissioning Groups.

### Strategic planning: assessing needs

## Public health advice to NHS commissioners

Supporting clinical commissioning groups to make inputs to the joint strategic needs assessment and to use it in their commissioning plans Development and interpretation of neighbourhood/locality/practice health profiles, in collaboration with the clinical commissioning groups and local authorities Providing specialist public health input to the development, analysis and interpretation of health related data sets including the determinants of health, monitoring of patterns of disease and mortality Health needs assessments for particular conditions/disease aroups - including use of epidemiological skills to assess the range of interventions from primary/secondary prevention through to specialised clinical procedures

#### Examples

Joint strategic needs assessment and joint health and wellbeing strategy with clear links to clinical commissioning group commissioning plans Neighbourhood/locality/practice health profiles, with commissioning recommendations

Clinical commissioners supported to use health related datasets to inform commissioning

Health needs assessments for condition/disease group for intervention/commissioning recommendations

#### Strategic planning: reviewing service provision

## Public health advice to NHS

## commissioners

Identifying vulnerable populations, marginalised groups and local health inequalities and advising on commissioning to meet their health needs. Geodemographic profiling to identify association between need and utilisation and outcomes for defined target population groups, including the protected characteristics covered by the equality duty. Support to clinical commissioning groups on interpreting and understanding data on clinical variation in both primary and secondary care. Includes public health support to discussions with primary and secondary care clinicians if requested Public health support and advice to clinical commissioning groups on appropriate service review methodology.

#### Examples

Vulnerable and target populations clearly identified; public health recommendations on commissioning to meet health needs and address inequalities

Public health recommendations on reducing inappropriate variation

Public health advice as appropriate

## Strategic planning: deciding priorities

## Public health advise to NHS commissioners

Applying health economics and a population perspective, including programme budgeting, to provide a legitimate context and technical evidence base for the setting of priorities Advising clinical commissioning groups on prioritisation processes – governance and best practice

Work with clinical commissioners to identify areas for disinvestment and enable the relative value of competing demands to be assessed

Critically appraising the evidence to support development of clinical prioritisation policies for populations and individuals

Horizon scanning: identifying likely impact of new National Institute for Health and Clinical Excellence guidance, new

drugs/technologies in development and other innovations within the local health economy and assist with prioritisation

#### Procuring services: designing shape and structure of supply

## Public health advice to NHS commissioners

Providing public health specialist advice on the effectiveness of interventions, including clinical and cost effectiveness (for both commissioning and decommissioning) Providing public health specialist advice on appropriate service review methodology Providing public health specialist advice t the medicines management function of the clinical commissioning group

### Procuring services: planning capacity and managing demand

## Public health advice to NHS

### commissioners

Providing specialist input to the development of evidence-based care pathways, service specifications and quality indicators to improve patient outcomes Public health advice on modelling the contribution that interventions make to defined outcomes for locally designed and populated care pathways and current and future health needs

### Examples

Examples

Review of programme budget data

Review of local spend/outcome profile

Agreed clinical commissioning group prioritisation process

Clear outputs from clinical commissioning group prioritisation

Clinical prioritisation policies based on appraised evidence

Public health advice to clinical commissioners on likely impacts of new technologies and innovations

Public health advice on focusing commissioning on effective/cost effective services

Public health advice to medicines management, for example ensuring appropriate prescribing policies managing demand Examples

Public health advice on development of care pathways/specifications/quality indicators

Public health advice on relevant aspects of modelling/capacity planning

# Monitoring and evaluation: supporting patient choice, managing performance and seeking public and patient views

| Bublic health advice to NUO  | E  |
|--|--|
| Public health advice to NHS  | Examples   |
| commissioners  |  |
| Public health advice on the design of<br>monitoring and evaluation frameworks, and<br>establishing and evaluating indicators and<br>benchmarks to map service performance<br>Working with clinicians and drawing on<br>comparative clinical information to<br>understand the relationship between patient<br>needs, clinical performance and wider quality<br>and financial outcomes | Clear monitoring and evaluation framework<br>for new intervention/service public health<br>recommendations to improve quality,<br>outcomes and best use of resources |
| Providing the necessary skills and knowledge, and population relevant health   | Health equity audits   |
| service intelligence to carry out health equity<br>audits and to advise on health impact<br>assessments<br>Interpreting service data outputs, including<br>clinical outputs  | Public health advice in health impact<br>assessments and meeting the public sector<br>equality duty<br>Public health advice on use of service data<br>outputs        |

**Source:** Department of Health, June 2012. Healthcare Public Health Advice Service to Clinical Commissioning Groups. Guidance to support the provision of healthcare public health advice to CCGs.