

**WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP  
BOARD MEETING**

**08 September 2015**

<b>Title of the report:</b>	Revised Memorandum of Understanding (MOU) between Leicestershire County Council Public Health Directorate and local Clinical Commissioning Groups – ‘The Core Offer’
<b>Section:</b>	Setting the Strategic Direction
<b>Report by:</b>	Mike Sandys, Director of Public Health Mike McHugh, Consultant in Public Health
<b>Presented by:</b>	Mike McHugh, Consultant in Public Health

<b>Report supports the following West Leicestershire CCG’s goal(s) 2012 – 2015:</b>			
Improve health outcomes	✓	Improve the quality of health-care services	✓
Use our resources wisely	✓		

<b>Equality Act 2010 – positive general duties:</b>
1. The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics.
2. The CCG will work with providers, service users and communities of interest to ensure if any issues relating to equality of service within this report are identified and addressed.

<b>Additional Paper details:</b>	
Please state relevant Constitution provision	5.2 <b>General Duties</b> – in discharging its functions the Group will: 5.2.9 <b>Obtain appropriate advice</b> from persons who, taken together, have a broad range of professional expertise in healthcare and public health by ensuring the duty to do so is recognised and reflected by the Group’s governing body and its sub-groups.
Please state relevant Scheme of Reservation and Delegation provision (SORD)	N/A
Please state relevant Financial Scheme of Delegation provision	N/A
Please state reason why this paper is being presented to the WLCCG Board	The CCG needs to review its working relationship with Public Health on a periodic basis. This particular review is timely given the recent significant changes to the local health and social care landscape.
Discussed by	Public Health Departmental Management Team on 1 <sup>st</sup> September 2015.
Alignment with other strategies	The revised MOU will help WL CCG deliver on its Operational Plan, 2014/15 and 2015/16

Environmental Implications	An effective MOU is likely to strengthen links between local authority (including elected members) and the NHS
Has this paper been discussed with members of the public and other stakeholders? If so, please provide details	No

### **EXECUTIVE SUMMARY:**

1. The Health and Social Care Act, 2012 placed responsibility on clinical commissioning groups (CCGs) for delivering improvement in the quality of health care services, reducing inequalities and promoting integration of services.
2. The Health and Social Care Act, 2012 created a statutory role for local authority based public health teams to provide public health expertise to the local NHS commissioners of health care services i.e. CCGs.
3. This Public Health ‘Core Offer’ is intended to ensure that CCGs receive appropriate access to, and benefit from, local public health leadership, advice and specialist skills including:
  - public health intelligence
  - epidemiology
  - surveillance
  - needs assessment
  - skills to tackle health inequalities
  - effectiveness and efficiency assessments
  - evidence review
  - health protection
  - commissioning health improvement across clinical and other pathways.

### **RECOMMENDATION:**

The West Leicestershire Clinical Commissioning Group is requested to:

**DISCUSS** the contents of this revised draft CCG MOU.

# **WEST LEICESTERSHIRE CLINICAL COMMISSIONING GROUP**

## **BOARD MEETING**

**08 September 2015**

### **Revised Memorandum of Understanding (MOU) with Clinical Commissioning Groups - 'The Core Offer'**

**(2015-2016)**

#### **Introduction**

1. The Health and Social Care Act, 2012 placed responsibility on clinical commissioning groups (CCGs) for delivering improvement in the quality of health care services, reducing inequalities and promoting integration of services.
2. The Health and Social Care Act, 2012 created a statutory role for local authority based public health teams to provide public health expertise to the local NHS commissioners of health care services i.e. CCGs.
3. This Public Health 'Core Offer' is intended to ensure that CCGs receive appropriate access to, and benefit from, local public health leadership, advice and specialist skills including public health intelligence, epidemiology, surveillance, needs assessment, skills to tackle health inequalities, effectiveness and efficiency assessments, evidence review, health protection and commissioning health improvement across clinical and other pathways.

#### **Development of revised MOU**

4. The Department of Health issued guidance in 2012 covering healthcare public health advice to CCGs- also known as the 'core offer'. The advice was used to develop and get agreement on a MOU between Leicestershire County Council Public Health (LCC PH) directorate and our two local CCGs, West Leicestershire (WL) CCG and East Leicestershire and Rutland (ELR) CCG. This MOU has helped inform the mutual working relationship between the PH directorate and the CCGs.
5. Since 2012, there have been significant developments in the local health and social care landscape e.g. Better Care Fund, Better Care Together, and Leicestershire County Council Medium Term Financial Strategy, Co-Commissioning of Primary care etc. The time is opportune to revisit the MOU to reflect these changes and to build on learning and experience from the working relationship between PH and CCGs since 2012.
6. The proposed MOU represents a revision of the existing MOU. In developing this revised draft, MOUs from regional colleagues were scrutinised and benchmarked to help build on best practice. The revised MOU also captures and references the recent and future changes in the local health and social care landscape and to

strengthen working arrangements between PH and local GGCs and the wider NHS.

7. The MOU also attempts to retain a degree of flexibility and responsiveness to reflect the rapidly changing health and social care landscape in which it exists. Once DMT has agreed on a final draft of the MOU it will be presented to the Boards of WL CCG and ELR CCG for agreement and sign off.

### **Summary**

8. This revised MOU establishes a framework to formalise and strengthen the working relationship between the LCC PH Directorate and WL and ELR CCGs. It aspires to deliver improvements in population health and wellbeing, through effective disease prevention, health improvement and commissioning of health and other services to match local health need.

### **RECOMMENDATION:**

The West Leicestershire Clinical Commissioning Group is requested to:

**DISCUSS** the contents of this revised draft CCG MOU.

**Leicestershire County Council Public Health and West  
Leicestershire and East Leicestershire and Rutland Clinical  
Commissioning Groups**

**Memorandum of Understanding-The Core Offer**

**2015/16**

**1. Purpose:**

The purpose of this Memorandum of Understanding (MOU) is to establish a framework for the working relationship between the Leicestershire County Council Public Health Directorate and West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups. This MOU aims to deliver improvements in population health and wellbeing, through effective disease prevention, health improvement and commissioning of health and other services.

**2. Background:**

Public Health has been a part of the NHS since 1974. During this time, the profession has assumed the lead for three major responsibilities on behalf of the NHS and local communities:

- **Health Improvement**-lifestyle factors and the wider determinants of health.
- **Health Protection**-preventing the spread of communicable diseases, leading the NHS response to major incidents, and screening programmes
- **Healthcare public health**-working in collaboration to ensure health services deliver high quality health care best meeting the needs of the local population and maximising health outcomes.

The Health and Social Care Act 2012 has transferred the primary responsibility for health improvement and health protection at the national level to Public Health England, and at local level to Local Authorities. Responsibility for strategic planning and commissioning of NHS services has transferred to NHS England and to Clinical Commissioning Groups (CCGs).

The Health and Social Care Act, 2012 also places responsibility on clinical commissioning groups (CCGs) for delivering improvement in the quality of services, reducing inequalities and promoting integration of services.

Good population health outcomes, including reducing health inequalities, rely not just on health protection and health improvement, but on the quality and accessibility of health care services provided by the NHS. AS a result of the Health and Social Care Act, the Department of Health has reserved a key role for local authority based public health teams to provide public health expertise to the local NHS commissioners of health care services.

This Public Health 'Core Offer' to the CCGs is intended to ensure that the CCGs receive appropriate access to, and benefit from, local public health leadership, advice and specialist skills including public health intelligence, epidemiology, surveillance, needs assessment, skills to tackle health inequalities, effectiveness and efficiency assessments, evidence review, health protection and commissioning health improvement across clinical and other pathways. Support to the CCGs will be offered by staff from across the public health team in order to ensure the highest possible level of expertise is made available.

Leicestershire County Council Public Health (LCC PH) team is led by a Director of Public Health and the Department is a recognised public health training location. West Leicestershire and East Leicestershire and Rutland CCGs each has a named senior Public Health lead from the County Public Health team to provide strategic public health leadership and ensure links are made to the most appropriate members of the Public Health team for defined pieces of work.

The Core Offer will reflect the Leicestershire Health and Well Being Board (HWBB) priorities and CCG operational plans. The Joint Strategic Needs Assessment (JSNA) will move away from being a profile of health status towards supporting specific priorities with outcome focused advice from Public Health.

### **3. Recent developments**

Recent developments including the push for greater integration between health and social care mean there are further opportunities for collaborative working between LCC PH and WL and ELR CCG as part of the core offer:

- Better Care Together
- Better Care Fund
- Delegated commissioning of primary care services by CCGs.

- Co-commissioning of care pathways between Public Health and CCGs e.g. obesity, sexual health pathways
- Requirements for robust clinical governance arrangements for PH commissioned clinical services

#### **4. Areas of shared values between PH Directorate and CCGs:**

Leicestershire County Council Public Health and WL and ELR CCGs will work in partnership together to:

- achieve agreed outcomes and ensure that a productive and constructive relationship continues to be developed and maintained
- deliver improvements in the health of the county's population, through disease prevention, health protection and commissioning health services
- maintain performance on national and locally agreed outcome measures and priorities
- ensure that local commissioning fully reflects the population perspective
- implement a mutually agreed joint work plan to deliver both NHS commissioning and Public Health priorities for the local population as set out in the JSNA and Joint HWBS

Public Health input in the following areas is considered to have value by both the CCGs and Public Health:

- Involvement with the CCGs priority setting processes
- Reduction in clinical variation (primary and secondary care)
- Service design, re-design and co-design
- Evidence of cost effectiveness
- Primary, secondary and tertiary prevention
- Tackling inequalities in health
- Mental health and physical/mental multi-morbidity
- Harm from health system overuse
- Building resilience and independence
- Health and social care integration
- System leadership, brokerage and strengthening of relationship between CCGs and local authority (including district councils)
- Development of Public Health skills within CCGs (support from Public Health team for CCGs to become 'intelligent customers')

- Co commissioning opportunities

## **5. Public Health products:**

The following is a list of specialist Public Health products where the input of Public Health has clear added value for CCGs:

- Health Needs Assessment-especially in areas where there are known gaps in knowledge
- Health Equity Audit
- Service Design, re-design and evaluation
- Cost-benefit analysis
- Programme budgeting
- Pathway design-to incorporate prevention
- Modelling
- Health Impact Assessment
- Social return on investment
- Horizon scanning
- Support for integration
- Public Health Intelligence
- Commissioning support, population need and benchmarking
- Literature searches, evidence gathering and critical appraisal
- Monitoring and evaluating frameworks
- Evaluating performance outcomes and metrics
- System leadership

E.g. Public Health will work with the CCGs on developments e.g. diabetes pathway to include appraising the evidence, expected prevalence and incidence to determine service capacity, pathway and guideline development, model cost options.

## **6. Specific areas of mutual support** (see Appendix 1 for specific examples)

### **6.1. Health improvement**

The Health and Social Care Act, 2012 gives Leicestershire County Council a statutory duty to improve the health of the population from April 2013. Meanwhile, CCGs have been given responsibility to secure continuous improvement in health and to reduce inequalities in the outcomes achieved by health services.

These responsibilities require action along the entire care pathway from primary prevention to tertiary care. CCGs are expected to support implementation of preventative measures to

reduce the burden of disease that results from smoking, alcohol, obesity, sexual health and falls.

Therefore Leicestershire County Council, the Public Health Directorate and WL and ELR CCGs have a collective interest in health improvement. The expectations for 2015/16 are:

**Leicestershire County Council Public Health Directorate will:**

- Refresh its current strategies and action plans to improve health and reduce health inequalities, with input from CCGs
- Lead on the commissioning of cost effective, equitable lifestyle services based on local needs and evidence of good practice
- Ensure that lifestyle services are evaluated and monitored and that they support CCGs in their role of improving health and addressing health inequalities.
- Lead media campaigns on lifestyle issues, and provide staff who can do media interviews.
- Support primary care to improve health- for example by offering training opportunities for staff, and through targeted health information campaigns.
- Facilitate partnership working between CCGs, local partners and residents to integrate and optimise local efforts for health improvement and disease prevention.

**The Clinical Commissioning Groups will:**

- Contribute to strategies and action plans to improve health and reduce health inequalities.
- Work with constituent practices to help maximise their contribution to disease prevention-for example by taking every opportunity to address smoking, alcohol, and obesity in their patients and by optimising management of long term conditions.
- Ensure that primary prevention and lifestyle services are considered within the commissioning process, and are an integral part of all care pathways.
- Play a full part in the work of the Leicestershire Health and Wellbeing Board.

**6.2 Health protection:**

The Health and Social Care Act, 2012 provides that the Secretary of State for Health is responsible for taking steps for the purpose of protecting the health of the population. From April 2013 local authorities through their DPH will be required to ensure that plans are in place to protect the health of the local population from threats ranging from relatively minor outbreaks to full-scale emergencies, and to prevent as far as possible those threats arising in the first place. The scope of this duty will include local plans for immunisation and

screening, as well as the plans acute providers and others have in place for the prevention and control of infection, including those which are healthcare associated.

Responsibilities for health protection are shared between local authorities, Public Health England, Clinical Commissioning Groups, NHS England Area Teams and the providers of health and social care services. The public health role of the council is one of local leadership and assurance that the system protects the health of the residents of the county.

As with health improvement, Leicestershire Public Health Department and each Clinical Commissioning Group have a collective interest in ensuring that arrangements for health protection are robust. The expectations for 2015/16 are that:

**Leicestershire Public Health Directorate will:**

- Through LLR Prepared (Local Resilience Forum) and Local Health Resilience Partnership (LHRP);
  - Ensure that strategic plans are in place for responding to the full range of potential emergencies e.g. pandemic flu, fuel crises, flooding, and other major incidents, and that the capacity and skills are in place to co-ordinate the response to emergencies, through strategic command and control arrangements.
  - Ensure that these plans are adequately tested
  - Ensure that CCGs have access to these plans and an opportunity to be involved in any exercises
  - Ensure that any preparation required e.g. training, access to resources has been completed.
- Input into the Leicestershire Infection Prevention and Control strategy and group Provide support in the event of an outbreak and seek assurance that investigations following an outbreak are conducted in a robust and effective way.
- Work in conjunction with Public Health England and the NHS England National Commissioning Board in providing specialist advice to the Clinical Commissioning Group and constituent practices on health protection issues
- Through the LLR health protection board, oversee the quality and performance of national screening programmes NHS England

**Clinical Commissioning Groups will:**

- Ensure senior level attendance at LLR Prepared, LHRP and LLR Health Protection Board

- Develop robust strategic plans for responding to emergencies and health protection issues..
- Participate in exercises when requested to do so.
- Ensure that any provider contracts they have responsibility for include appropriate business continuity arrangements.
- Work with constituent practices to develop business continuity plans to cover action in the event of the most likely emergencies.
- Meet the requirements of a category 2 responder by cooperating, providing information, ensuring resilient communications and supporting the response to emergencies.

### **6.3 Population health and social care:**

The Health and Social Care Act, 2012 establishes CCGs as the local commissioners of NHS services and gives them a duty to continuously improve the effectiveness, safety and quality of services. The Leicestershire Health and Wellbeing Board will identify the needs of the local population and ensure that these needs are addressed through Clinical Commissioning Groups, Public Health and social care commissioning plans and activities.

Public Health support for CCG NHS commissioning is a mandatory service to be provided by local authorities, funded from the ring-fenced public health budget.

The expectations for 2014/2015 are that:

#### **Leicestershire Public Health Directorate will:**

- Support the WL and ELR CCGs in their contribution to the JSNA. LC PH will refresh the JSNA to specify the needs of the population and ensure that this is relevant at the level of each CCG. The production of the JSNA will be complemented by a programme of targeted needs assessments.
- Deliver routine and bespoke analyses and interpretation of health services information through using public health informatics and Clinical Effectiveness tools
- Ensure that profile and insight data is used to help target services and reduce health inequalities
- Support clinical validation of data where necessary for commissioning purposes
- Support the CCGs contribution to the Leicestershire Health and Well-Being Strategy
- Provide a legitimate context for setting priorities using 'comparative effectiveness' approaches and public engagement and identify areas for disinvestments including using programme budgeting and marginal analysis (PBMA) in this process

- Support CCGs in agreeing their commissioning intentions
- Support the clinical effectiveness functions of the CCG including input into assessing the evidence for the formulation of clinical commissioning policy e.g. NICE guidance,
- Work on care pathways service specifications and quality indicators, including review of the evidence of effectiveness and work with clinicians to improve patient outcomes.
- Provide specialist support in relation to named patient funding requests. This will include being responsible for changes to eligibility criteria, triaging requests and providing advice to the IFR Panel on individual cases. Public health staff will sit on the IFR Panel and the IFR Review Panel.
- Support the CCG in the achievement of the indicators in the NHS outcomes frameworks for **Domain One**-preventing people from dying prematurely, **Domain Three**-Helping people to recover from episodes of ill health or following injury and **Domain Five**-Treating and caring for people in a safe environment and protecting them from avoidable harm
- Provide specialist support to ensure effective health and social care integration including Better Care Together, Better Care Fund
- Support co-commissioning of pathways encompassing primary prevention through to tertiary prevention e.g. obesity pathways
- Support the CCG to deliver delegated commissioning of high quality primary care services
- Liaise with NHS England in relation to Specialised Services
- Promote collaborative working through Greater East Midlands Commissioning Support Unit and clinical networks
- Respond to media requests for interviews on topical healthcare issues.

#### **Clinical Commissioning Groups will:**

- Incorporate specialist public health advice into decision making processes, in order that public health skills and expertise can inform key commissioning decisions.
- Utilise specialist Public Health skills to identify and understand high risk and/or under-served populations in order to target services at greatest population need and towards a reduction of health inequalities
- Contribute through commissioning and provision to delivery of the Public Health Outcomes, **Domain Two**-Health Improvement, **Domain Three**-Health Protection, **Domain Four**-Healthcare Public Health and Preventing Premature Mortality
- Contribute through intelligence and capacity to delivery of the JSNA

- Provide access to CCG quality assurance mechanisms and advice and assistance in relation to clinical governance issues in supporting public health commissioning of clinical services e.g. sexual health services

**7. Communication between Public Health and the CCGs:**

- 8.** It is recommended that members of the Public Health Core Offer team meet regularly with both CCGs in order to determine, review and update the agreed work programme. **Summary**

This MOU establishes a framework for the working relationship between the Leicestershire County Council Public Health Directorate and West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups. This will help ensure improvements in population health and wellbeing, through effective disease prevention, health improvement and commissioning of health and other services to match local health need.

The MOU needs to retain a degree of flexibility and responsiveness to reflect the rapidly changing health and social care landscape in which it exists.

**Author**

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**1/96/15**

## Appendix 1:

### Public health advice to NHS commissioners: Specific examples

#### 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

##### Examples

Joint strategic needs assessment and joint health and wellbeing strategy with clear links to clinical commissioning group commissioning plans

Development and interpretation of neighbourhood/locality/practice health profiles, in collaboration with the clinical commissioning groups and local authorities

Neighbourhood/locality/practice health profiles, with commissioning recommendations

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

Clinical commissioners supported to use health related datasets to inform commissioning

Health needs assessments for particular conditions/disease groups – including use of epidemiological skills to assess the range of interventions from primary/secondary prevention through to specialised clinical procedures

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. Geo-

##### Examples

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

demographic 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 recommendations on reducing inappropriate variation

Public health support and advice to clinical commissioning groups on appropriate service review methodology

Public health advice as appropriate

### Strategic planning: deciding priorities

#### Public health advice to NHS commissioners

#### Examples

Applying health economics and a population perspective, including programme budgeting, to provide a legitimate context and technical evidence base for the setting of priorities

Review of programme budget data

Review of local spend/outcome profile

Advising clinical commissioning groups on prioritisation processes – governance and best practice

Agreed clinical commissioning group prioritisation process

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

Clear outputs from clinical commissioning group prioritisation

Critically appraising the evidence to support development of clinical prioritisation policies

Clinical prioritisation policies based on appraised evidence

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

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

### 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

#### Examples

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

Providing public health specialist advice to the medicines management function of the clinical commissioning group

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

### 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

#### Examples

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

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

Public health advice on relevant aspects of modelling/capacity planning

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

### Public health advice to NHS commissioners

### Examples

Public health advice on the design of monitoring and evaluation frameworks, and establishing and evaluating indicators and benchmarks to map service performance

Clear monitoring and evaluation framework for new intervention/service public health recommendations to improve quality, outcomes and best use of resources

Working with clinicians and drawing on comparative clinical information to understand the relationship between patient needs, clinical performance and wider quality and financial outcomes

Providing the necessary skills and knowledge, and population relevant health service intelligence to carry out health equity audits and to advise on health impact assessments

Health equity audits

Public health advice in health impact assessments and meeting the public sector equality duty

Interpreting service data outputs, including clinical outputs

Public health advice on use of service data outputs