

**HEALTHCARE PUBLIC HEALTH ADVICE SERVICE TO CAMBRIDGESHIRE AND
PETERBOROUGH CLINICAL COMMISSIONING GROUP: 2013/14 ANNUAL
REPORT AND 2014/15 MEMORANDUM OF UNDERSTANDING**

To: Health Committee

Meeting Date: 10th July 2014

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: *Key decision:* No

Purpose: The purpose of this report is:

To provide a brief annual report of the Cambridgeshire County Council (CCC) Local Authority Healthcare Public Health Advice Service to Cambridgeshire and Peterborough Clinical Commissioning Group (the 'CCG') for 2013/14.

To present the 2014/15 Memorandum of Understanding (the 'MOU') between CCC and the CCG, covering the work of the CCC Local Authority Healthcare Public Health Advice Service, for approval.

Recommendation: The Health Committee is asked to

- a) Note the 2013/14 annual report of the Cambridgeshire County Council Local Authority Healthcare Public Health Advice Service to the CCG and comment as appropriate.
- b) Approve the 2014/15 Memorandum of Understanding between CCC and the CCG.

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1. BACKGROUND

- 1.1 Provision of a healthcare public health advice service to the NHS is one of a limited number of mandated (statutory) public health services to be provided by upper tier Local Authorities. The resource to deliver this service has been transferred nationally to upper tier Local Authorities, as part of the ring-fenced public health budget.
- 1.2 The local operation of this service is described in a Memorandum of Understanding ('MOU'), which is agreed between Cambridgeshire County Council (CCC) and NHS Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG). This includes an annual work plan and a requirement to provide an annual report on the work undertaken.
- 1.3 The service is an advisory service to the CCG, with decision making responsibility remaining with the CCG.
- 1.4 National benchmarking for the delivery of the Healthcare Public Health Advice Service (HPHAS) 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). This guide has also been applied to other staff groups providing the service, e.g. public health information analysts.
- 1.5 Further guidance, as to the scope and operation of the service, is at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216835/Healthcare-Public-Health-Advice-Service-Guidance-FINAL.pdf.

2. MAIN ISSUES

HPHAS Annual Report (2013/14)

- 2.1 The operation of the HPHAS is governed by an MOU which includes an annual workplan. Regular monitoring reports are supplied to the CCG and, annually, a report is supplied to the CCG's Clinical and Management Executive Committee covering the work completed. A brief summary is presented below.
- 2.2 The scope of the work completed in 2013/14 covered the following key areas:

Clinical prioritisation policies and advice on funding requests

- Healthcare public health advice to clinical prioritisation processes, including leading on the development of clinical policies, surgical thresholds and treatment pathways related to non-pharmacological interventions.
- Public Health input to medicines management and policies.
- Public Health input on individual and exceptional funding requests for NHS treatment.

Public health advice on CCG commissioning plans/ service redesign

- Public health advice on the development of CCG strategies and commissioning plans.
- Public health advice to the Locality Commissioning Groups (LCGs).
- Public health input to the development of an outcomes framework for older people's services.
- Public health input to the development of priority outcomes for children and young people.
- Public health advice for the development of priority outcomes for mental health services.
- Public health advice on the CCG's core priorities of improving care for older people, improving end of life care and reducing inequalities in cardiovascular disease.

Evidence reviews and evaluations

- Evidence review for the Better Care Fund, jointly requested by CFA (Children Families and Adults Directorate) and the CCG.
- Evidence review for integrated work for children, jointly requested by CFA and the CCG.
- Evidence review for integrated work for older people.
- Public health analysis and evidence base for the evaluation of integrated care multi-disciplinary teams.

Data and analytical services

- Provision of specialist public health intelligence advice, demographic modelling and analysis, geographic information services and analytical reporting to the CCG and the LCGs.
- Production of CCG, LCG and practice level public health information profiles.
- Public health intelligence advice to the development of CCG data services and related collaborative work covering information governance.

Proposed HPHAS MOU 2014/15

- 2.3 The proposed 2014/15 Memorandum of Understanding (MOU) is attached as Annex A. For 2014/15 the capacity offered and areas of work are similar to those approved for 2013/14. Changes from the 2013/14 MOU are marked in bold or underlined. Now that more is understood in practice about the service, it is recognised that the processes that underpin the operation of the service

need to be further developed during 2014/15. There is a specific work plan item covering this work area. A key issue is ensuring that the work commissioned by the CCG matches the benchmarked capacity available, and that this is routinely monitored.

- 2.4 The annual HPHAS work plan for 2014/15 is detailed in Appendix 2 of the MOU. It is recognised that there needs to be a strong element of in-year flexibility, although where projects and requirements can be identified well in advance, this leads to the most efficient use of capacity.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

- A healthy population with appropriate access to healthcare enables economic growth and prosperity. The public health advice service aims to support the CCG in commissioning health services that support those aims.

3.2 Helping people live healthy and independent lives

- The public health advice offered to the CCG under the healthcare public health advice service aims to support the CCG to commission health services that help people to live healthy and appropriately independent lives.

3.3 Supporting and protecting vulnerable people

- The public health advice offered to the CCG under the healthcare public health advice service aims to support the CCG to commission health services that are supportive of vulnerable population groups and, where appropriate, to reduce inequalities in health.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Statutory, Risk and Legal Implications

Provision of a Local Authority Healthcare Advice Service to the local clinical commissioning group is a statutory function.

4.3 Equality and Diversity Implications

There are no significant implications within this category, but where requested, public health advice services would aim to reduce inappropriate differentials in access to healthcare.

4.4 Engagement and Consultation Implications

Cambridgeshire and Peterborough Clinical Commissioning Group will be consulted in order that the 2014/15 Memorandum of Understanding can be agreed.

4.5 Localism and Local Member Involvement

There are no significant implications within this category.

4.6 Public Health Implications

The local authority public health advice service aims to improve population health by providing good quality public health advice and evidence to the local clinical commissioning group.

However, it should be noted that the service is advisory only and the CCG has the decision making remit related to any advice provided.

Source Documents	Location
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	(https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216835/Healthcare-Public-Health-Advice-Service-Guidance-FINAL.pdf).

Annex A**Local Authority Healthcare Public Health Advice Service****2014/15 Memorandum of Understanding between Cambridgeshire and Peterborough Clinical Commissioning Group and Cambridgeshire County Council**

Document Title	<u>2014/15 Memorandum of Understanding for the delivery of Local Authority Healthcare Public Health Advice Service to Cambridgeshire and Peterborough Clinical Commissioning Group</u>
Author(s)	<u>David Lea and Raj Lakshman, Cambridgeshire County Council</u>
Owner	Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group
Date	This memorandum covers the period <u>1st April 2014 to 31st March 2015.</u>
Version	3
Status	Draft

1.0 Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish a framework for the working relationship between Cambridgeshire County Council's Public Health Department and Cambridgeshire and Peterborough Clinical Commissioning Group for the financial year 2014/2015.

2.0 Introduction

Provision of a healthcare public health advice service is one of a limited number of mandated public health services to be provided by 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 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').

3.0 Exclusions and scope of the service

This MOU refers solely to the mandated healthcare public health advice service. Other aspects of ongoing joint interest and joint working between GP commissioners and Local Authority public health teams are not covered here. Areas which are **not** covered include joint strategic leadership through the Health and Wellbeing Board,

screening, immunisations, healthcare acquired infections, GP practice delivery of preventive services and local authority commissioning of public health services.

The scope of the healthcare public health advice service is in line with national guidance, as outlined in Appendix 1. The national guidance is supported by this MOU, detailing the agreed inputs and outputs from the healthcare public health advice service (HPHAS) and a list of the key areas of work currently being covered through the HPHAS (see Appendix 2). It is recognised that an element of in-year flexibility is required.

4.0 Quality

In line with national guidance the service will be required to achieve the following quality standards:

- Inputs are led by appropriately trained and accredited public health specialists, as defined by the Faculty of Public Health.
- Inputs are sensitive to the needs of, and individual priorities of the CCG, its member practices and Local Commissioning Groups (LCGs).
- 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.
- Requests for input receive a timely response.
- 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.
- The confidentiality of sensitive information will be maintained by all staff.

5.0 Staff resource

Benchmarking for the delivery of the HPHAS, as included in Department of Health (DoH) guidance, 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 weighted capitation population. For Cambridgeshire this equates to approximately 2.0 WTE 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 and research officers will be needed to support the consultants. It is proposed that 40% (1.4 WTE) of the capacity of the CCC public health intelligence team and 80% (0.8 WTE) of the time of the Public Health Research Officer should be included in the HPHAS.

6.0 Priority areas of work for the Local Authority Public Health Advice Service and allocation of consultant and other staff time

Priority areas of HPHAS supported work for the CCG and LCGs, together with an indicative allocation of PH consultant time, are laid out below. It is recognised that there will be a need for flexibility in terms of the areas of work to be delivered as priorities will change over time.

Table 1: Priority areas of work for HPHAS support to the CCG and LCGs and indicative allocation of local authority public health consultant and other public health staff time

Priority area	WTE - CCC
Clinical prioritisation – Lead development of CCG Clinical Policies, Pathways and Surgical Thresholds (non-drugs). - Specialist public health and clinical input to Clinical Policies Forum, Strategic Clinical Prioritisation Group (SCPG), Exceptional Cases & Individual Funding Request processes, or new committees/processes which replace these. - Ad hoc support to the Commissioning and Contracts Directorate and assessment of business cases submitted to the CCG.	<u>0.6</u> WTE PH consultants-Prioritisation and Pathways
Specialist public health and clinical input to Joint Prescribing Group and Exceptional Cases & Individual Funding Request processes, or new committees/processes which replace these.	<u>0.2</u> WTE PH consultants- Health Protection
Healthcare public health specialist advice and input to commissioning of: Older people's health services: Children's, mental health, and disability services. LCG link support	<u>0.2</u> WTE PH consultants- Older People <u>0.4</u> WTE PH consultants- Children, Mental Health and Inequalities <u>0.3</u> WTE PH consultants- All consultants (0.05 each)
Director of Public Health management and supervision of consultant and other staff time to HPHAS.	<u>0.1</u> WTE direct input to CCG Governing Body and SCPG as Director of Public Health <u>0.1</u> WTE DPH management and supervision of public health staff delivering the HPHAS

Public Health Intelligence – knowledge and intelligence support, analytical support and advice, methodological and technical support and management input for HPHAS.	<u>1.4</u> WTE public health intelligence analysts
Public Health Research Officer – support to development of clinical policies and pathways including providing the relevant evidence base and commissioning data. -Literature reviews to support Exceptional Cases and Individual Funding Requests - Ad hoc literature reviews for Improving Outcomes Team	<u>0.8</u> WTE public health research officer*

Note: Compared to 2013/14, overall consultant input has been reduced from 2.0 to 1.9 WTE to compensate for an increase of Research Officer input from 0.6 to 0.8 WTE.

7.0 Working with the CCG Improving Outcomes Team

The CCG Improving Outcomes Team is funded by the CCG as part of its internal management structure. It works closely with clinicians in the CCG Governing Body and in the LCGs, to deliver evidence based strategic change, innovation and robust evaluation – maintaining a strong and consistent focus on improving outcomes for patients within available resources. The Improving Outcomes Team will work closely with the Local Authority HPHAS and will provide a key link from the Service into the wider business of the CCG. HPHAS staff will work closely with other LCG and CCG staff as required.

8.0 Dispute resolution

Any concerns from the CCG about the delivery of the healthcare public health advice service should in the first instance be raised with the Local Authority DPH then the Local Authority Chief Executive. Any concerns from the Local Authority regarding the CCGs actions in relation to the healthcare public health advice service should be raised in the first instance with the Consultant in Public Health – Improving Outcomes and then with the CCG Accountable Officer.

If the Local Authority CEO and CCG Accountable Officer are not able to reach a resolution, they will decide if a process of mediation with an independent mediator (selected by agreement between the parties and appointed in writing) is required to resolve the issue. The findings of the mediator shall be binding upon both parties, with costs borne equally.

9.0 Monitoring of the MOU

An annual work programme to deliver the healthcare public health advisory service will be agreed between the CCG and Cambridgeshire County Council's Public Health Directorate. It is proposed that an annual report covering the healthcare public health advice service to the CCG should be prepared for the CCC Health Committee and Cambridgeshire & Peterborough CCG Clinical and Management Executive Group, jointly by the DPH and the CCG Accountable Officer. In year regular monitoring of the outputs of the HPHAS will be recorded and published (see Appendix 2).

Appendix 1

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

Table 1: The Specialist Healthcare Public Health Advice Service to Clinical Commissioning Groups

Stages in the Commissioning Cycle	Specialist Healthcare Public Health Service	Examples of Outputs
Strategic planning Assessing Needs	<p>Using and interpreting data to assess the population's health, this may include:</p> <ul style="list-style-type: none"> • Supporting CCGs 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 CCGs 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 (HNA) 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. 	<ul style="list-style-type: none"> • JSNA and joint health and wellbeing strategy with clear links to CCG commissioning plans. • Neighbourhood/locality / practice health profiles, with commissioning recommendations. • Clinical commissioners supported to use health related datasets to inform commissioning. • HNA for condition/disease group with intervention / commissioning recommendations.
Reviewing Service Provision	<ul style="list-style-type: none"> • Identifying vulnerable populations, marginalised groups and local health inequalities and advising on commissioning to meet their health needs. Geo-demographic profiling to identify association between need and utilisation and outcomes for defined target population groups, including the protected population characteristics covered by the Equality Duty. 	<ul style="list-style-type: none"> • Vulnerable and target populations clearly identified; PH recommendations on commissioning to meet health needs and address inequalities.

	<ul style="list-style-type: none"> • Support to CCGs on interpreting and understanding data on clinical variation in both primary and secondary care. Includes PH support to discussions with primary and secondary care clinicians if requested. • PH support and advice to CCGs on appropriate service review methodology. 	<ul style="list-style-type: none"> • PH recommendations on reducing inappropriate variation. • PH advice as appropriate.
Deciding Priorities	<ul style="list-style-type: none"> • 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 CCGs on prioritisation processes - governance and best practice. • Work with CCGs 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 both populations and individuals. • Horizon scanning: identifying likely impact of new NICE guidance, new drugs/technologies in development and other innovations within the local health economy and assist with prioritisation. 	<ul style="list-style-type: none"> • Review of programme budget data. • Review of local spend / outcome profile. • Agreed CCG prioritisation process. • Clear outputs from CCG prioritisation. • Clinical prioritisation policies based on appraised evidence for both populations and individuals. • PH advice to clinical commissioners on likely impacts of new technologies and innovations.
Procuring Services Designing shape and structure of supply	<ul style="list-style-type: none"> • Taking into account the particular characteristics of a specified population: • Providing PH specialist advice on the effectiveness of interventions, including clinical and cost-effectiveness (for both commissioning and de-commissioning). • Providing PH specialist advice on appropriate service review methodology. • Providing PH specialist advice on medicines management. 	<ul style="list-style-type: none"> • PH Advice on focussing commissioning on effective/cost effective services. • PH advice to medicines

Planning capacity and managing demand	<ul style="list-style-type: none"> • Providing specialist input to the development of evidence-based care pathways, service specifications and quality indicators to improve patient outcomes. • PH advice on modelling of the contribution that interventions make to defined outcomes for locally designed and populated care pathways and current and future health needs. 	<p>management e.g. ensuring appropriate prescribing policies.</p> <ul style="list-style-type: none"> • PH advice on development of care pathways/ specifications/quality indicators. • PH advice on relevant aspects of modelling/capacity planning.
Monitoring and Evaluation Supporting patient choice. Managing performance. Seeking public and patient views.	<ul style="list-style-type: none"> • PH advice on the design of monitoring and evaluation frameworks, and establishing and evaluating indicators and benchmarks to map service performance. • 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 Assessment and meeting the public sector equality duty. • Interpreting service data outputs, including clinical outputs. 	<ul style="list-style-type: none"> • Clear monitoring and evaluation framework for new intervention/ service PH recommendations to improve quality, outcomes and best use of resources. • Health equity audits. PH advice on Health Impact Assessments • PH advice on use of service data 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.

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Appendix 2

Indicative annual workplan for Cambridgeshire County Council (CCC) Healthcare Public Health Advice Service (HPHAS) to Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Local Commissioning Groups (LCGs), 2014/15.

It is recognised that the workplan is stated at a high level and that there needs to be in-year flexibility in terms of requirements

The mechanism for work planning in future will be agreed more formally during 2014/15.

Clinical prioritisation policies and advice on funding requests

- a. Maintain robust healthcare public health input to clinical prioritisation processes and individual funding requests, including leading the development of clinical policies, pathways and surgical thresholds.
- b. Public health input to medicines management.

Public Health Advice on CCG Commissioning plans/service redesign

- c. Provide public health consultant input to LCG priorities
- d. Work with the CCG on the older people's services procurement, providing public health input to the development and implementation of an outcomes framework for older people's services, including, where appropriate, trajectories for the selected outcome measures.
- e. Public health specialist advice as appropriate on pathway redesign for older people and people with long term conditions (this will often relate to joint working and commissioning).
- f. Assist and support CCG input to the JSNA for long term conditions
- g. Public health analysis and evidence base for improving end of life care and the numbers of people enabled to die at home where this is their choice.
- h. Public health input to development of priority outcomes for mental health services.
- i. Public health input to development of CCG commissioning plans for children and young people (this will often relate to joint working and commissioning)

Specific Needs assessments, evidence requests and evaluations

- j. Needs assessment for children with complex needs
- k. Respond to requests from the CCG for work requiring specialist public health skills, expertise and analysis not specified in the work plan (may be confidential).

Data and analytical services

- l. Public health intelligence input to the development and maintenance of CCG data and analytical services, data access to support the delivery of the HPHAS and related collaborative work covering information governance.
- m. Production of CCG, LCG and practice level public health information profiles.

General inputs

- n. Strengthen the planning process for the formulation of the HPHAS annual work plan and the processes, procedures and protocols that underpin the mutual operation of the service.
- o. Formulate and agree a communications and engagement plan for the HPHAS with the CCG.
- p. Develop strong working relationships with the CCG Improving Outcomes Team and productive links with local research/academic institutions relevant to healthcare public health.