

**HEALTHCARE PUBLIC HEALTH ADVICE SERVICE TO CAMBRIDGESHIRE AND
PETERBOROUGH CLINICAL COMMISSIONING GROUP: 2014/15 ANNUAL
REPORT AND 2015/16 MEMORANDUM OF UNDERSTANDING**

To: **Health Committee**

Meeting Date: **16th July 2015**

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 2014/15.

To present the 2015/16 Memorandum of Understanding (the 'MOU') between CCC, Peterborough City Council (PCC) 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 2014/15 annual report of the Cambridgeshire County Council Local Authority Healthcare Public Health Advice Service to the CCG and comment as appropriate.**
- b) Approve the 2015/16 Memorandum of Understanding between CCC, PCC and the CCG.**

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1. BACKGROUND

- 1.1 The Local Authority Healthcare Public Health Advice (HPHAS) is an advisory statutory service and is provided to Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) at no cost.
- 1.2 The operation of the service is described in a Memorandum of Understanding ('MOU'), which is agreed annually between Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and the CCG. This includes an annual work plan and a requirement to provide an annual report on the work undertaken.

2. MAIN ISSUES

HPHAS Annual Report (2014/15)

- 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.
- 2.2 The work completed in 2014/15 covered the following key areas:
 - Clinical prioritisation policies and advice on funding requests.
 - Public health advice on CCG commissioning plans / service redesign.
 - Evidence reviews and evaluation.
 - Specific data and analytical services.
 - Healthcare public health advice service development.

A more detailed summary of the work completed is provided as Annex A.

Proposed HPHAS Memorandum of Understanding (MOU) 2015/16

- 2.3 The proposed 2015/16 Memorandum of Understanding (MOU) is included below as Annex B. The MOU is a combined MOU with Peterborough City Council.
- 2.4 The annual HPHAS work plan for 2015/16 is detailed in Appendix 2 of the MOU.

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 Public Health 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 further consulted in order that the 2015/16 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: HPHAS Annual Report (2014/15)

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.

The scope of the work completed in 2014/15 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 on individual and exceptional funding requests for NHS treatment.
- Evidence reviews and evaluation to support the development of clinical policies and clinical services.

Public health advice on CCG commissioning plans / service redesign

- Public health advice on the development of CCG strategies and commissioning plans, with specific reference to primary prevention, health inequalities and lifestyle aspects.
- Public health advice to the Locality Commissioning Groups (LCGs).
- Public health input to the development of an outcomes framework for older people's services, pathway re-design and the long term conditions JSNA.
- 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.
- Ensuring CCG/LCG input to long term conditions, mental health and cardiovascular disease JSNAs.
- 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.
- Public health advice to the CCG's Transformation Programme.
- Public health advice to the CCG's 111/Out of Hours Services Procurement.

Evidence reviews and evaluation

- Evidence reviews for mental health and housing.
- Public health analytical support to the evaluation of integrated care multi-disciplinary teams.

- Public health advice into the review of hospital based mortality.

Other 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 and LCG level public health information profiles.
- Public health intelligence advice to the development of CCG data services and related collaborative work covering information governance.
- Public health analysis of the findings of the Public Health England's cancer practice profiles and supporting their use.

Healthcare public health advice service development

- During 2014/15 considerable attention has been given to the development of processes to enable the mutual organisation, monitoring and planning of the service. This includes:
 - Working with the CCG and PCC to agree a 2015/16 Memorandum of Understanding (last year there were separate MOUs for CCC and PCC).
 - Working much more closely on the planning of the annual work plan with the CCG and PCC.
 - Setting up a process to receive, evaluate and monitor requests for work under the service.
 - Working on communications and understanding of the service with the CCG, including enhancing the CCG's Extranet page and organising a stakeholder event.

DRAFT VERSION 0.7 – 04 July 2015

MEMORANDUM OF UNDERSTANDING BETWEEN CAMBRIDGESHIRE COUNTY COUNCIL, PETERBOROUGH CITY COUNCIL AND CAMBRIDGESHIRE AND PETERBOROUGH CLINICAL COMMISSIONING GROUP

Local Authority Healthcare Public Health Advice Service

DRAFT

2015/16 Memorandum of Understanding between Cambridgeshire and Peterborough Clinical Commissioning Group and both Cambridgeshire County Council and Peterborough City Council

Document Title	<u>2015/16</u> Memorandum of Understanding for the delivery of Local Authority Healthcare Public Health Advice Service to Cambridgeshire and Peterborough Clinical Commissioning Group
Author(s)	Kathy Hartley, Peterborough City Council and David Lea, Cambridgeshire County Council
Owner	Cambridgeshire County Council, Peterborough City Council and Cambridgeshire and Peterborough Clinical Commissioning Group
Date	This memorandum covers the period 1 st April 2015 to 31 st March 2016.
Version	0.6
Status	DRAFT – 4 July 2015

1.0 Purpose

The purpose of this Memorandum of Understanding (MOU) is to establish a framework for the working relationship between both Cambridgeshire County Council's and Peterborough City Council's Public Health Departments and Cambridgeshire and Peterborough Clinical Commissioning Group for the financial year 2015/2016.

2.0 Introduction

Provision of a healthcare public health advice service (HPHAS) 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 to be covered through the HPHAS for both Cambridgeshire and Peterborough (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:

1. Inputs are led by appropriately trained and accredited public health specialists, as defined by the Faculty of Public Health.
2. Inputs are sensitive to the needs of, and individual priorities of the CCG, its member practices and Local Commissioning Groups (LCGs).
3. 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.
4. Requests for input receive a timely response.
5. The inputs are closely linked to the outcomes in National Outcome Frameworks, and the priorities of the JSNAs and Joint Health and Wellbeing Strategies and it is possible to demonstrate the contribution the advice made to the achievement of those outcomes.
6. 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 (DH) 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. This equates to approximately 1.9 WTE public health consultants from Cambridgeshire County Council (CCC) and 0.6 WTE public health consultants for Peterborough City Council (PCC).

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% (1.6 WTE for CCC and 0.6 WTE for PCC) of the capacity of the public health intelligence teams should be included in the HPHAS. In addition 80% (0.8 WTE) of the time of CCC's Public Health Research Officer will be offered to 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 may 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 – PH Consultant and other PH staff time
<ul style="list-style-type: none"> Clinical prioritisation – Lead development of CCG Clinical Policies, Pathways and Surgical Thresholds (non-drugs). Specialist public health and clinical input to Clinical Priorities 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. Specialist public health and clinical input to Joint Prescribing Group. 	0.8 WTE PH consultants – CCC 0.2 WTE PH consultants - PCC
<ul style="list-style-type: none"> Healthcare public health specialist advice and input to commissioning and operational planning issues, identified as priorities by Cambridgeshire LCGs and/or the CCG. Public health advice to support to system's transformation. 	0.9 WTE PH consultants – CCC
Healthcare public health specialist advice and input to commissioning - identified as priorities against the joint prioritisation framework agreed between Borderline and Peterborough LCGs and Peterborough PH Department. Work will have either a Borderline/ Peterborough focus or part of a wider CCG priority.	0.4 WTE PH consultants PCC

Director of Public Health management and supervision of consultant and other staff time to HPHAS.	0.1 WTE direct input to CCG Governing Body and SCPG as Director of Public Health 0.1 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.	1.6 WTE CCC and 0.6 WTE PCC public health intelligence analysts (total 2.2 WTE).
Public Health Research Officer <ul style="list-style-type: none"> • Support to development of clinical policies and pathways including providing the relevant evidence base and commissioning data. • Literature reviews to support Exceptional Cases, Individual Funding Requests and system's transformation. 	0.8 WTE public health research officer - CCC

7.0 Working with the CCG's Strategy and Improving Outcomes Team

The CCG's Strategy and 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. Requests for HPHAS work will be processed through and monitored by the Strategy and Improving Outcomes Team of the CCG. HPHAS staff will work closely with other LCG and CCG staff as required.

8.0 Agreement of HPHAS annual work plan and monitoring of the MOU

An annual work programme to deliver the HPHAS for Cambridgeshire and Peterborough will be agreed between the CCG and both Cambridgeshire County Council Public Health Directorate and Peterborough City Council Public Health Department.

The draft MOU will be taken initially to the CCG/LCGs operational planning meeting and then to the CCG's Clinical and Management Executive Team meeting. It is expected that Borderline and Peterborough LCGs will agree the work programme for Peterborough focussed HPHAS work in advance of agreement by the CCG.

Following agreement of the headline workplan, detailed planning of some aspects of the workplan will be taken forward with individual workstream leads. General commissioning support and operational planning support will be planned in collaboration with the CCG's Head of Operational Planning and Head of the Programme Management Office. As such, the work plan will aim to align with CCG

and LCG operational planning timelines. The MOU will be discussed in-year with the Head of Operational Planning and Head of the Programme Management Office via a series of regular meetings.

An annual report covering both CCC's and PCC's healthcare public health advice service to the CCG will be prepared for the CCC Health Committee, the PCC Health and Wellbeing Board and Cambridgeshire & Peterborough CCG's Clinical and Management Executive Team meeting (CMET).

Regular monitoring of the outputs of the HPHAS will be recorded and discussed with the CCG during the year and will be presented to CMET routinely on a six monthly basis, on request from CMET, or where there is significant information that needs to be brought to CMET's attention. In addition, Borderline and Peterborough LCG have requested regular local meetings and reporting on local issues with Peterborough City Council. This will be at the Borderline and Peterborough Executive Partnership Board.

9.0 Dispute resolution

Any concerns from the CCG or LCGs 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 Executives. Any concerns from the Local Authorities regarding the CCGs actions in relation to the healthcare public health advice service should be raised in the first instance with the Director of Public Health and/or the CCG Strategy and Improving Outcomes Team and then with the CCG Accountable Officer.

If the Local Authority CEOs and CCG Accountable Officer are not able to reach a resolution and all avenues have been thoroughly investigated, 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.

10.0 Additional principles governing the delivery of the HPHAS

- CCG and local authority named leads will enable the joint management of the healthcare public health advice service, service development and input to CCG meetings.
- In particular, CCG and local authority named leads will continue to develop 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.
- CCG and local authority named leads will continue to improve awareness and communications between the CCG/LCGs and the local authorities for the HPHAS.
- The CCG will complete work specification scoping sheets for new pieces of HPHAS work and these will be approved according to the agreed protocols for HPHAS work requests.
- CCG analytical and data services staff will supply the data required to enable the local authorities to deliver the service. Data supply, receipt, use and storage will comply with the Data Protection Act, information governance best practice and any additional requirements specified and agreed by the parties involved.

11.0 Glossary

CCG	Clinical Commissioning Group
LCG	Local Commissioning Group
CMET	Clinical and management Executive Team
CCC	Cambridgeshire County Council
PCC	Peterborough City Council
DH	Department of Health
DPH	Director of Public Health
HPHAS	Healthcare Public Health Advice Service (also known as Ask Public Health)
JSNA	Joint Strategic Needs Assessment
MOU	Memorandum of Understanding
NICE	National Institute of Clinical Excellence
WTE	Whole time equivalent

Agreement signatories:

Cambridgeshire County Council Chief Executive:

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Peterborough City Council Chief Executive:

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Cambridgeshire and Peterborough Clinical Commissioning Group Accountable
Officer

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Appendix 1 to the MOU

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
<p>Strategic planning</p> <p>Assessing Needs</p>	<ul style="list-style-type: none"> • Using and interpreting data to assess the population's health, this may include: • 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.
<p>Reviewing Service Provision</p>	<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 	<ul style="list-style-type: none"> • Vulnerable and target populations clearly identified; PH recommendations on commissioning to meet health needs and address inequalities.

	<p>characteristics covered by the Equality Duty.</p> <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). 	<ul style="list-style-type: none"> • PH Advice on focussing commissioning on effective/cost effective services. • PH advice to medicines management e.g. ensuring appropriate prescribing policies. • PH advice on

<p>Planning capacity and managing demand</p>	<ul style="list-style-type: none"> • Providing PH specialist advice on appropriate service review methodology. • Providing PH specialist advice on medicines management. • 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>development of care pathways/ specifications/quality indicators.</p> <ul style="list-style-type: none"> • PH advice on relevant aspects of modelling/capacity planning.
<p>Monitoring and Evaluation</p> <p>Supporting patient choice. Managing performance. Seeking public and patient views.</p>	<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.

Appendix 2 – indicative annual workplan for the HPHAS, 2015/16

Indicative annual workplan for Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) Healthcare Public Health Advice Service (HPHAS) to Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Local Commissioning Groups (LCGs), 2015/16.

It is recognised that the workplan is described at a high level, that further detailed planning will be required where appropriate and that there needs to be in-year flexibility in terms of requirements.

Named local authority and CCG/LCG leads are provided and are principal points of contact for each work area.

Clinical prioritisation policies and advice on funding requests

- 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. **PH Lead:** Raj Lakshman. **CCG Lead:** Richard Spiers and Julie Istead.
- Determine public health support requirements for medicines management. **PH Lead:** Raj Lakshman. **CCG Lead:** Richard Spiers and Sati Ubhi.
- Determine support requirements for audits of care pathways in acute hospitals. **PH Lead:** Raj Lakshman. **CCG Lead:** Chris Gillings.
- Level 4 bariatric surgery clinical policy development for the CCG and LCGs. **PH Lead:** Kathy Hartley. **CCG Lead:** Richard Spiers and Julie Istead.

Public Health Advice on CCG and LCG commissioning plans and service redesign (excluding transformation programme)

- Support to CCG and LCG planning: annual commissioning intentions and operational planning, including primary prevention and lifestyle dimensions and providing a focus on inequalities in health. **PH Leads:** David Lea and Kathy Hartley. **CCG Lead:** Tom Dutton.
- Public health input to the development of CCG commissioning plans for children and young people (this will often relate to joint working and commissioning), including support to the development of a children's outcomes framework (cross reference transformation programme section below) and links to the PCC JSNA covering access to services and appropriate use of healthcare by children and young people. **PH Leads:** Fay Haffenden and Kirsteen Macleod. **CCG Leads:** TBC and Lee Miller.
- Older people's programme: further support to development of the outcomes framework, pathway re-design and long term conditions (including LTC JSNA for CCC and Older People's prevention JSNA PCC). **PH Lead:** Angelique Mavrodaris (CCC) and Kathy Hartley (PCC). **CCG Leads:** Arnold Fertig (clinical) Matthew Smith and Cath Mitchell (for PCC).
- Public health input to development of priority outcomes for mental health services, including evidence reviews and further development of mental health

minimum dataset for needs analysis and commissioning support. **PH Lead:** Emma De Zoete and **CCG Lead:** John Ellis.

- Support to suicide prevention implementation, including public health analysis, audit and other specialist programme input. **PH Lead:** Emma De Zoete (CCC) with support from Kathy Hartley (PCC) and **CCG Lead:** John Ellis.
- Reducing inequalities in cardiovascular disease (CVD): provision of public health analysis, making appropriate links with health checks and lifestyles programmes and assisting and supporting with CCG / LCG input to the PCC CVD JSNA and PCC CVD strategy development. **PH Leads:** Val Thomas (CCC) and Anne McConville (PCC) and **CCG Lead:** Rebecca Perry and Amrit Takhar (clinical).
- Support to review of stroke services for the CCG and Borderline and Peterborough LCGs. **PH Leads:** TBC (CCC) and Anne McConville (PCC) and **CCG/LCG Lead:** TBC.
- End of life care: provision of public health analysis and evidence base to enable people to die in a place of their choice, including supporting the regular reporting of place of death and analysis of GP EOLC surveys. **PH Lead:** David Lea and **CCG Leads:** Rebecca Perry and Rob Bailey (clinical).
- Public health specialist advice and input to NHS 111/out of hours procurement. **PH Lead:** Raj Lakshman and **CCG Lead:** Jess Bawden.
- Provide public health consultant input and information support to LCG priorities, as agreed. **PH Leads:** David Lea and Kathy Hartley and **CCG Lead:** Tom Dutton and LCG leads.
- Public health specialist advice into the designated commissioner requested services and location specific services workstream. **PH Lead:** Raj Lakshman (CCC) and **CCG Lead:** Tom Dutton.

Specific needs assessments, evidence requests and evaluations

- Borderline and Peterborough LCG: support to an integrated comprehensive mental health needs assessment. Development of a public mental health strategy for Peterborough. **PH Lead:** Kathy Hartley and **LCG Lead:** Cath Mitchell.
- Needs assessment of migrant health in Peterborough, including access and use of health services. **PH Lead:** Kathy Hartley and **LCG Lead:** Cath Mitchell.
- Needs assessment and service planning for tier 3 weight management services in Peterborough. **PH Lead:** Kathy Hartley and **LCG Lead:** Cath Mitchell.
- Public health analysis, evidence base and pathway review for non-elective hospital admissions for children and adults. **PH Lead:** Raj Lakshman and **CCG Leads:** Chris Humphris and Chris Gillings.
- Production of CCG, LCG and practice level public health information profiles. **PH Lead:** David Lea and **CCG Lead:** Chris Gillings.

CCG transformation programme

- Public health consultant support, evidence base and public health analysis support to transformation programme workstreams. **PH Leads:** Val Thomas (primary care); Fay Haffenden (children); Raj Lakshman (system design & urgent care and planned care); Emma De Zoete (mental health) Angelique Mavrodaris (older people) and **CCG Leads:** Mark Avery and named workstream leads.
- Public health input to development of CCG commissioning plans for children and young people (this will often relate to joint working and commissioning), including support to the development of a children's outcomes framework (cross reference Public Health Advice on CCG and LCG commissioning plans and service redesign section above) . **PH Lead:** Fay Haffenden and **CCG Leads:** TBC and Lee Miller.
- Public health input to the refresh of "Understanding Today, Designing Tomorrow" – the overview document covering health needs for the transformation programme. **PH Lead:** Liz Robin and **CCG Lead:** Fiona Head.
- Public health advice and leadership for system transformation prevention programmes. **PH Lead:** Liz Robin and **CCG Lead:** Andy Vowles.
- Public health intelligence input to the Transformation Programme's Acute Analysis and Modelling Oversight group. **PH Lead:** David Lea and **CCG Lead:** Mark Avery.

Support to health protection and emergency preparedness

- Support to Borderline, Peterborough and Wisbech LCG's design of TB services. **PH Lead:** Anne McConville (PCC) Linda Sheridan (CCC) and **Borderline and Peterborough LCGs Lead:** Cath Mitchell; **Wisbech LCG Lead:** TBC.
- Support to health protection and emergency preparedness. **PH Lead:** Linda Sheridan and **CCG Lead:** TBC.