

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

MEMORANDUM OF UNDERSTANDING FOR PUBLIC HEALTH ADVICE TO NOTTINGHAMSHIRE COUNTY CLINICAL COMMISSIONING GROUPS

Purpose of the Report

- The purpose of this report is for the Public Health Sub-Committee to ratify the Memorandum of Understanding (MoU) for Public Health (PH) advice to the Nottinghamshire County Clinical Commissioning Groups for the period 2013 - 2016.

Definition

- A MoU is often created between parties who should not need a contract. It is used as a confirmation of agreed terms between two or more parties that is not legally approved but is more binding than an informal agreement. It can be used to agree the basic principles and guidelines under which the parties will work together to accomplish their goals

The Context

- *Healthy Lives, Healthy People: update and way forward* (July 2012) laid out the role public health professionals have in ensuring NHS services are designed to meet the needs of the whole population and are based on the best available evidence.
- Under the Health and Social Care Act 2012 (the Act) Public Health (PH) will transfer to the Local Authority (LA) or Public Health England (PHE) from April 2013. In Nottinghamshire the Director of Public Health (DPH) is responsible for the Nottinghamshire County Council PH functions.
- One of the mandatory responsibilities within the Act is to ensure local NHS commissioners receive the Public Health advice they need so they can discharge their statutory duties. It is important to note that PH support will mainly occur through the NCC PH team but there will also be support from Public Health England (PHE) and the PH teams at the NHS Commissioning Board.
- To ensure NCC meets the requirements within the Act a three year 'core offer' (MoU) for public health advice from PH to the Nottinghamshire County Clinical Commissioning Group (CCG) has been developed in partnership with the CCGs and NHS Commissioning Board. As a result the MoU has been extended to show the full range of

interdependencies with other statutory commissioners in the health and wellbeing commissioning structures

- Each CCG has received their MoU which has been adapted to reflect local need. This is captured in table 5 of the MoU.
- The CCG Governing Bodies for Bassetlaw, Mansfield and Ashfield, Newark and Sherwood, Rushcliffe, Nottingham West and Nottingham North and East all approved the MoU at their meetings during March 2013.

The Rationale

- Public Health expertise is an indispensable and essential part of commissioning NHS services. With the NHS facing major financial challenges, these functions are more important than ever.
- The DPH and his team will provide public health expertise, advice and analysis to CCGs and the Health and Wellbeing Board in order to improve outcomes and secure optimum health services for individuals and local populations in Nottinghamshire County as a whole

Expected Outcomes

The MoU will be the basis for partnership working and the outcomes from PH are expected to:

- Produce and deliver a refreshed Joint Strategic Needs Assessment based on provision of timely, robust evidenced based information and actionable intelligence, gathered from across the health and social care community that measures improvement as defined in the three national outcomes frameworks
- Validation and analysis of the information available to inform what needs to change or be sustained at CCG level where possible
- Development and management of a local outcomes framework and an information sharing agreement reflected in the Health and Wellbeing Strategy and implementation plans.
- Production of the Health and Wellbeing (HWB) strategy based on the JSNA and local Health Needs Assessment (HNA) at CCG level where able
- Present reports to the Health and Wellbeing Group as requested to provide assurance against delivery and performance targets
- Produce technical reports to the HWB Board and other CCG committees/boards on the full range of policy areas
- Produce a Public Health annual report which will be CCG specific where possible
- Provide evidence that all PH staff meet the national and statutory requirements and deliver a service to CCGs that is equal to historical standards and levels
- Training Network Annual Deanery Report
- Coordinate the regional PH professional appraisal programme to meet all standards
- Complete annual professional appraisals for all consultants
- Deliver a local learning and development programme
- Develop and refresh strategic plans and action plans for each policy and topic area to reduce inequalities and promote equality

- Develop and lead programmes around improving lifestyles into front line services, including support to primary care.
- Produce service specifications
- Report on contract performance monitoring of PH activity at PH Subcommittee and with others as appropriate
- Report on relevant quality and safety issues
- Advice on the implementation of national infection control initiatives across the health and social care community
 - Clinical advice to health and social care professionals in the prevention and reduction of communicable diseases, healthcare-associated infections and decontamination
 - Develop and maintain safe effective infection control policy and guidance documents
 - Provide targeted infection control training
 - Support infection control audits
 - Advise on design/refurbishment of clinical premises
 - Advise on the procurement of products
- Lead and facilitate local clinical networks and policy groups
- Membership of Strategic Clinical Networks and Academic Health Science Network (AHSN)
- Advice on pathways, service specifications and action plans for delivery using evidence based intelligence e.g. NICE
- Lead/assist prioritisation plans to inform NHS commissioning with consultant input into prioritisation panels
- Produce guidance and evidenced based reports at CCG level and for contracting purposes
- Provide specialist technical and PH support and evidenced based reports to CCGs and NHS CB
- Provide specialist PH support to Area Prescribing Committee.
- Provide guidance on health community prescribing where specialist PH view required.
- Produce predictive modelling and case for change evidence
- Produce Health Equity Audits
- Monitor, evaluate, collect and interpret data presented in reports to HWB board and other Boards/Committees
- Support Quality Innovation Productivity and Prevention and other efficiency programmes by analysing information and the evidence base
- Share plans and commission for the PH areas identifying possible impact on other parts of the system
- On behalf of the NHS lead commissioning including contract and performance management for:
 - Substance Misuse (prison and community)
 - School nursing and special school nursing
- Deliver cross cutting community and neighbourhood work plans to address determinants of health and associated inequalities in Bassetlaw (e.g. troubled families, partnership plus, neighbourhood management)
- Produce and support plans for locality partnership for health work e.g. LSP, community safety (including local domestic violence programmes)
- Guidance and evidence based reports for effective interventions to reduce inequalities and impact positively on social determinants of health

- Cost effective and equitable provision of specialist public health advice to the South Yorkshire Area Team
- Lead Bassetlaw Wellbeing at Work programme
- Provide PH leadership to the CCG Governing Bodies and Clinical cabinet/committees with regard to value, variation and inequalities
- Provide PH leadership in the development and implementation of the CCG's HWB strategy
- Provide PH advice on commissioning healthcare via the CCG leads for NHS contracts including Nottingham University Hospital, Sherwood Forest Hospitals, Nottinghamshire Healthcare Trust County Health Partnerships and Bassetlaw Health Partnership

Other Options Considered

14. **Do not have a MoU.** This option would not assure the CCGs that a robust process was in place to access PH advice and therefore discharge their functions
15. **Secure the agreement in a legally binding contract.** This should not be required as the organisations are required to work together through the Health and Wellbeing Board which will be held to account for delivering improved outcomes

Statutory and Policy Implications

16. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications for Service Users

17. The local population of Nottinghamshire can expect public services to be commissioned in partnership, underpinned by the best available evidence and PH advice

Financial Implications

18. The public services are required to work together to deliver the local efficiencies required to meet the national economic challenge

RECOMMENDATION/S

19. The Public Health Sub-Committee are asked to approve the Memorandum of Understanding

Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Cathy Quinn Associate Director of Public Health.

Constitutional Comments (NAB 28.03.13)

Public Health Sub-Committee has authority to approve the recommendation set out in this report by virtue of its terms of reference.

Financial Comments (ZM 28.03.13)

The financial implications are set out in paragraph 18 of this report.

Electoral Division(s) and Member(s) Affected

All