



REPORT OF THE DIRECTOR OF PUBLIC HEALTH

THE MEMORANDUM OF UNDERSTANDING BETWEEN NOTTS COUNTY COUNCIL PUBLIC HEALTH AND THE CLINICAL COMMISSIONING GROUPS IN NOTTINGHAMSHIRE

Purpose of the Report

1. To seek agreement to the proposed Memorandum of Understanding (MoU) 2017-2020 between Public Health in Nottinghamshire County Council and the local Clinical Commissioning Groups (CCGs).

Background

2. As a result of the Health & Social Care Act 2012, the responsibility for some aspects of Public Health transferred from the NHS to the Local Authority. The Health and Social Care Act set out a number of Public Health functions which were defined as mandatory, one of which was to ensure that CCGs receive Public Health advice. This provision is sometimes referred to as the core offer.
3. Local authorities have a duty to provide specialist Public Health expertise and advice to NHS commissioners to support them in delivering their objectives to improve the health of their population. This service is to be funded from the Public Health budget allocated to local authorities at no cost to CCGs.

Information and Advice

4. A Memorandum of Understanding (MoU) has been in place to cover the period 2013-2016.
5. The proposed new MoU will cover 2017 -2020 and is attached at Appendix 1. It is based on the previous version with updates to reflect changes such as the development of the Sustainability and Transformation Plans (STPs).
6. The previous MoU was approved by Public Health Committee on 16 April 2013. The previous MoU was developed in partnership with the CCGs and the NHS Commissioning Board.
7. Main changes are as follows:
 - a. General – the document was simplified by amalgamating where possible to reduce duplication.

- b. Principles - References to cross-charging and to agreement of additional investment have been removed, and a reference added to Sustainability and Transformation Plans which are new since the last MoU was agreed.
 - c. Table 1 – Strategy. Updates were made to reflect the current operating environment, referencing the Sustainability and Transformation Plan and the current Health and Wellbeing Board structures.
 - d. Table 2 – Health Improvement. Updates were made to reflect changed working arrangements around quality assurance and clinical governance.
 - e. Table 3 – Health Protection. This table has been changed to reflect the fact that Community Infection Prevention and Control services are now delivered by agreement by the CCGs. Updates were also made to reflect the current operating arrangements with regard to sexual health services and health protection functions.
 - f. Table 4 – Population Healthcare. This table has been consolidated to remove duplication. An additional line has been added to reference engagement with spatial planning.
 - g. Table 5 – Locally Agreed Elements. This table was removed in favour of a single, standard MoU for agreement with all CCGs. A reference is included to Section 256 agreements which exist outside of the MoU for delivery of separate children’s services.
 - h. Dispute resolution appendix – this section is practically unchanged.
8. The CCGs have been consulted on the proposed MoU via the Clinical Congress of all Nottinghamshire CCGs and through direct consultation with the Chief Operating Officer of Bassetlaw CCG. The CCGs will use their own, individual governance processes to secure final endorsement from their individual governing bodies.
9. Public Health capacity within NCC has reduced since 2013, however it remains important that the core offer of Public Health advice to CCGs is maintained. Guidance¹ identifies ‘a rough coverage’ of 1 whole time equivalent accredited specialist per 270,000 or so people to provide this function. Applying the ‘rough coverage’ of 270,000/1wte to the Nottinghamshire population of 805,800 would mean 3 accredited specialist Public Health staff specifically for this core offer.
10. The majority of the Public Health advice to the CCGs is largely invisible to members of the Committee. In view of that, the following is intended to provide some examples of the support provided since 2013. Examples are presented under four categories: strategy, health protection, health improvement and population health care.
11. Strategy:
- a. Support for the development of both STPs. (Information has already been provided to the Public Health committee on this particular aspect of work at its December 2016 meeting).
 - b. Director of Public Health Annual report 2015 and 2016.
 - c. Joint Strategic Needs Assessment program of work including refreshing chapters e.g. Diet, Physical Activity, and mental illness.

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216835/Healthcare-Public-Health-Advice-Service-Guidance-FINAL.pdf

12. Health Protection:

- a. Public Health commissioned services are required to demonstrate adherence to best practice regarding blood borne viruses.
- b. Public Health commissions community based Infection Prevention Control service in conjunction with Nottinghamshire CCGs
- c. Leadership of the sexual health framework which includes issues such as tackling sexually transmitted infections

13. Health Improvement

- d. Leadership for policy areas such as Tobacco which supports work to reduce smoking at time of delivery, a CCG performance measure.
- e. Work with primary care to maximise their contribution to disease prevention – for example by taking every opportunity to address smoking, alcohol, obesity in their patients

14. Population Health Care

- a. Input to CCG service reviews
- b. Provision of Public Health information and modelling to support CCG initiatives, such as the revision of the Musculoskeletal pathway (related to muscle or joint problems)
- c. Each of the Consultants in PH supports one or more of the CCGs, providing professional advice and guidance to clinical forums and or the governing body as appropriate
- d. Appraise the evidence and provide support to appropriately respond to individual funding requests

Other Options Considered

15. Provision of public health advice by the County Council to CCGs is a statutory requirement as contained in the Health and Social Care Act. The option proposed is to maintain the statutory requirement at the level specified.

Reason for Recommendation

16. The Public Health Committee is responsible for the Public Health function and for ensuring that Public Health grant is used for the purposes specified.

Statutory and Policy Implications

17. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

18. The costs of providing Public Health advice to CCGs, in line with the requirements of the Health and Social Care Act 2012, are contained within the Public Health staffing budget.

Recommendations

Members of the Public Health Committee are asked to:

- 1) Agree the Memorandum of Understanding (2017-2020) between Public Health in Nottinghamshire County Council and the Clinical Commissioning Groups covering Nottinghamshire.

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Constitutional Comments (SLB 21/02/2017)

Public Health Committee is the appropriate body to consider the content of this report.

Financial Comments (DG 08/03/2017)

The financial implications are contained within paragraph 18 of the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Report to Public Health Committee, 16 April 2013, Memorandum of Understanding for Public Health Advice to Nottinghamshire County Clinical Commissioning Groups

Memorandum of Understanding for Public Health Advice to Nottinghamshire County Clinical Commissioning Groups 2013-2016

