Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Public Health Core Offer

Governing Body meeting

D

4 July 2019

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Purpose of Paper

Sheffield CCG and Sheffield City Council have a shared responsibility to improve population health in Sheffield. To clarify the requirements of the CCG and Sheffield City Council, a memorandum of Understanding (MoU) has been prepared for the consideration of Sheffield CCG's Governing Body.

The MoU establishes a framework for a relationship between the council and the CCG; outlining expectations and responsibilities for each party. To enable the City Council and CCG to work together to ensure improvements in population health and wellbeing, through effective disease prevention, health improvement and commissioning of health and care related services.

This paper identifies the core offer from Sheffield City Council (Public Health) to support Sheffield CCG to fulfil its health improvement responsibilities to Sheffield.

Key Issues

Specialist public health staff have leadership responsibility, on behalf of the population they service, for the 'three domains' of public health:

• **Health improvement:** Addressing the wider determinants of health and lifestyle factors.
• **Health protection:** Preventing the spread of communicable diseases, the response to major incidents and screening.
• **Health services:** Input into the commissioning of health services, evidence of clinical and cost-effectiveness and care pathways.

This MoU documents how the two organisations will work together to ensure improvements in population health and wellbeing.

Is your report for Approval / Consideration / Noting

Approval

Recommendations / Action Required by Governing Body

The Governing Body is asked to approve the Public Health core offer within the MOU which will enable the CCG to meet its responsibilities.

What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?

Which of the CCG's Objectives does this paper support?

To work with Sheffield City Council and other organisations to reduce Health Inequalities in Sheffield.

To improve the quality and equality of healthcare in Sheffield.

To ensure there is a sustainable, affordable healthcare system in Sheffield.

Description of Assurances for Governing Body

Principle Risk 3.1: CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, eg. Due to financial constraints.

Assurances in place:

- GB papers with regard to PH paper on Health inequalities and HWB papers and plan going forward.
- For 18/19 Exec Management Group (SCC/SCCG) will take active role in managing the performance of the BCF, escalating where initiatives to deliver the prevention agenda and reducing health inequalities are not having the required outcome.
- Health and Wellbeing Board will oversee the refresh of the Health Inequalities Plan.

Are there any Resource Implications (including Financial, Staffing etc)?

Covered within existing services.

Have you carried out an Equality Impact Assessment and is it attached?

Not required.

Have you involved patients, carers and the public in the preparation of the report?

Not required.

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Sheffield
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1. Introduction

1.1. The purpose of this paper is to present the Memorandum of Understanding (MoU) (Appendix 1) in order to describe the public health advice service that will be provided by Sheffield City Council (Council) to NHS Sheffield Clinical Commissioning Group (CCG) from 1 April 2019 to 31 March 2022, in order to support the CCG's commissioning and transformation functions.

1.2. This MoU:

- Establishes a framework for relationships between the Council and the CCG;
- Outlines the expectations and responsibilities of each party, the principles and ways of working;
- Documents how the two organisations will work together to ensure improvements in population health and wellbeing, through effective disease prevention, health improvement and commissioning of health and care related services.

2. Context

2.1. Specialist public health staff have leadership responsibility, on behalf of the population they service, for the 'three domains' of public health:

- Health improvement: addressing the wider determinants of health and lifestyle factors.
- Health protection: preventing the spread of communicable diseases, the response to major incidents and screening.
- Health services: input into the commissioning of health services, evidence of clinical and cost-effectiveness and care pathways.

2.2. The Health and Social Care Act 2012 transferred primary responsibility for health improvement and health protection at the national level from the NHS to Public Health England as of 1 April 2013. At the local level this was transferred from Primary Care Trusts (replaced by CCGs) to local authorities. Responsibility for strategic planning and commissioning of NHS services were transferred to NHS England and to CCGs, with Health and Wellbeing Boards mandated to provide strategic oversight and leadership over the whole health and wellbeing system.

2.3. The Act, and further statute, requires that public health teams in local authorities will provide a 'core offer' to their local CCGs. This is to ensure that they benefit from

public health leadership and input into their commissioning deliberations in a range of areas such as health intelligence, needs assessment, clinical effectiveness and health protection.

2.4. Since the implementation of the Act on 1 April 2013 there have been a number of significant national policy developments, such as (but not limited to): Sustainability and Transformation Plans; continuing movement towards integration of health and social care; devolution; and the development of different NHS forms such as Accountable Care Partnerships and Integrated Care Systems.

3. CCG Responsibilities

3.1. Population Health – CCGs are the main local commissioners of NHS services and have a duty to continuously improve the effectiveness, safety and quality of services. Health and Wellbeing Boards have oversight of the identification of the health and care needs of the population and ensuring that these are addressed through local commissioning plans and activities.

3.2. Health Improvement – The Health and Social Care Act 2012 gives the local authority statutory duties to improve the health of the population. CCGs have duties to secure improvement in health and to reduce inequalities through the provision of health services, which will require action along the entire care pathway from prevention to tertiary care. Therefore the Council and the CCG have a collective interest and responsibility for health improvement.

3.3. Health Protection – On behalf of Public Health England, the Local Authority and the Director of Public Health have a series of responsibilities with respect to health protection, including preventing and responding to outbreaks of communicable disease, planning for and mitigating the effects of environmental hazards, and NHS resilience.

3.4. In relation to the core offer to CCG's appropriately skilled local public health staff will provide a range of support for specific NHS commissioning functions as set out in the MoU.

3.5. NHS Sheffield CCG will need to commit to a range of activities to ensure Public Health (Sheffield City Council) can deliver the full range of support on offer, included but not limited to incorporating public health advice into decision making processes as set out in the MoU.

4. Recommendations

4.1. The Governing Body is asked to approve the Public Health core offer within the MoU which will enable the CCG to meet its responsibilities.

Paper prepared by: Sandie Buchan, Deputy Director of Commissioning & Performance
Susan Hird, Consultant in Public Health

On behalf of: Nicki Doherty, Director of Delivery, Care Outside of Hospital
Greg Fell, Director of Public Health

4 July 2019

Appendix 1: Public Health Core Offer MOU

SHEFFIELD CITY COUNCIL PUBLIC HEALTH CORE OFFER

MEMORANDUM OF UNDERSTANDING

1 APRIL 2019 TO 31 MARCH 2022

1. PURPOSE

1.1. The purpose of this Memorandum of Understanding (MOU) is to describe the public health advice service that will be provided by Sheffield City Council (the Council) to NHS Sheffield Clinical Commissioning Group (CCG) from 1 April 2019 to 31 March 2022, in order to support the CCG's commissioning and transformation functions.

1.2. It establishes a framework for relationships between the council and the CCG; outlines the expectations and responsibilities of each party and the principles and ways of working; and documents how the two organisations will work together to ensure improvements in population health and wellbeing, through effective disease prevention, health improvement and commissioning of health and related services.

2. CONTEXT

2.1. Specialist public health staff have leadership responsibility, on behalf of the population they serve, for the 'three domains' of public health:

- Health improvement: addressing the wider determinants of health and lifestyle factors.
- Health protection: preventing the spread of communicable diseases, the response to major incidents, and screening.
- Health services: input into the commissioning of health services, evidence of clinical and cost-effectiveness, and care pathways.

2.2. The Health and Social Care Act 2012 transferred primary responsibility for health improvement and health protection at the national level from the NHS to Public Health England as of 1 April 2013. At the local level this was transferred from Primary Care Trusts (replaced by CCGs) to local authorities. Responsibility for strategic planning and commissioning of NHS services was transferred to NHS England and to CCGs, with Health and Wellbeing Boards mandated to provide strategic oversight and leadership over the whole health and wellbeing system.

2.3. The Act, and further statute, requires that public health teams in local authorities will provide a 'core offer' to their local CCGs. This is to ensure that they benefit from public health leadership and input into their commissioning deliberations in

a range of areas such as health intelligence, needs assessment, clinical effectiveness and health protection.

2.4. Since the implementation of the Act on 1 April 2013 there have been a number of significant national policy developments, such as (but not limited to): Sustainability and Transformation Plans; continuing movement towards integration of health and social care; devolution; and the development of different NHS forms such as Accountable Care Partnerships and Integrated Care Systems.

3. SCOPE

3.1. This Memorandum of Understanding includes the service offered from the Council to the CCG, support and resource needs, and related specific arrangements and agreements. It also provides links to key reference documents.

4. SERVICE OFFERED

POPULATION HEALTHCARE AND HEALTHCARE SERVICES

4.1. CCGs are the main local commissioners of NHS services and have a duty to continuously improve the effectiveness, safety and quality of services. Health and Wellbeing Boards have oversight of the identification of the health and care needs of the population and ensuring that these are addressed through local commissioning plans and activities.

4.2. The functions required of CCGs include areas where significant public health science skills are required in order to perform competently. In relation to the core offer to CCGs, appropriately skilled local public health specialist staff will provide a range of support for specific NHS commissioning functions, as set out below:

- Provide specialist public health advice to the CCG, including attendance at the CCG's Clinical Commissioning Committee and Governing Body. The Director of Public Health will work to continually improve the integration of the strategic planning of the different organisations.
- Through the Joint Strategic Needs Assessment (JSNA), assess the health needs of the local population, and how these can best be met using evidence-based interventions. The production of the JSNA will be complemented by a programme of specific needs assessments.
- Advise on the CCG's contribution to the reduction of health inequalities in the city, including through health equity audits.
- Support the CCG in the commissioning of 'upstream' interventions, in particular those that pursue a preventive approach, early diagnosis and intervention, and self-care.

- Advise the CCG on how to obtain best population health gain value from CQUINs.
- Identify vulnerable populations and marginalised groups and advise the CCG on commissioning to meet their health needs.
- Support the CCG on interpreting and understanding data on clinical variation in primary and secondary care.
- Support the CCG to develop evidence based care pathways, service specifications and quality indicators to improve patient outcomes.
- Set out the contribution that interventions make to defined outcomes (modelling) and the relative return on investment across the portfolio of commissioned services.
- Apply health economics and a population perspective to the CCG's planning, including using programme budgeting and marginal analysis (PBMA), to provide a legitimate context and technical evidence base for the setting of priorities.
- Advise the CCG on prioritisation processes, including identifying areas for disinvestment.
- Design monitoring and evaluation frameworks, collect and interpret results.
- Support clinical validation of data where necessary for commissioning purposes.
- Support the CCG in the achievement of the indicators in the NHS outcomes frameworks, especially for Domain One 'Preventing people from dying prematurely'.
- Promote and facilitate joint working with local authority and wider partners to maximise health gain through integrated commissioning practice and service re-design.
- Support the clinical effectiveness and quality functions of the CCG including input into assessing the evidence eg NICE guidance.
- Support the development of public health skills for CCG staff.
- Provide public health input into the production of the Joint Health and Wellbeing Strategy.
- Provide public health input into the production of the CCG's strategies and commissioning plans.
- Provide data and analysis with respect to Public Health outcomes framework indicators that form part of CCG local health outcomes monitoring – eg 6-8 week feeding status, childhood vaccinations and immunisations.

4.3. NHS Sheffield CCG will:

- Incorporate specialist public health advice into decision-making processes, in order that public health skills and expertise can inform key commissioning decisions.
- Ensure that services are targeted at greatest population needs and work towards a reduction of health inequalities, using specialist public health input.
- Consider actions that support public health priorities including the areas outlined in the Five Year Forward View and NHS long term plan.
- Contribute to the production of the JSNA.

- Work with the public health team to ensure that services commissioned by Public Health, SCCG and SCC are complementary to each other.
- Influence NHS England to improve the quality of primary care, and incorporate specialist public health advice into any co-commissioning and specialised commissioning arrangements.
- Provide support and expertise from medical practitioners and pharmacists to enable the development and review of Patient Group Directions where these are needed to support population health and delivery of public health commissioned services. This will include contributing to their development and signing them off.

HEALTH IMPROVEMENT

4.4. The Health and Social Care Act 2012 gives the local authority statutory duties to improve the health of the population. CCGs have duties to secure improvement in health and to reduce inequalities through the provision of health services, which will require action along the entire care pathway from prevention to tertiary care. Therefore the council and the CCG have a collective interest and responsibility for health improvement.

4.5. Sheffield City Council will:

- Work with the CCG to develop and implement a plan to improve health, reduce health inequalities and deliver long-term financial sustainability
- Develop an ambitious plan for health improvement.
- Support primary care with health improvement tasks
- Lead health improvement partnership working between the CCG, local partners and residents to integrate and optimise local efforts for health improvement and disease prevention, with a focus on developing personal and community capacity.
- Embed public health work programmes aimed at improving lifestyles into frontline services – for example Making Every Contact Count.
- Directly commission mandated services.

4.6. Sheffield CCG will:

- Contribute to strategies and action plans to improve health and wellbeing and reduce health inequalities.
- Encourage and incentivise constituent practices to 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 primary and secondary prevention is incorporated within commissioned services.
- Commission to reduce health inequalities and inequity of access to services.
- Support and contribute to locally driven public health campaigns.

- Incorporate public health initiatives into CQUINs negotiated with the three Sheffield Foundation Trusts.
- Ensure that medicines management support is available to the public health team as and when needed.

HEALTH PROTECTION

4.7. On behalf of Public Health England, the Local Authority and the Director of Public Health have a series of responsibilities with respect to health protection, including preventing and responding to outbreaks of communicable disease, planning for and mitigating the effects of environmental hazards, and NHS resilience.

4.8. Lead responsibility for NHS emergency planning rests with NHS England. CCGs have a duty to ensure that they are properly prepared to deal with relevant emergencies. The Secretary of State retains emergency powers to direct any NHS body to extend or cease functions, and is likely to discharge these through Public Health England.

4.9. Responsibility for screening and vaccination and immunisation programmes rests with Public Health England. These programmes are commissioned through NHS England. A large element of the provision of these programmes is the responsibility of individual GP practices.

4.10. Responsibility for coordinating response to incidents or outbreaks of infectious disease rests with Public Health England. Collaborative work often including the CCG is required to both promptly react to incidents/outbreaks and to put in place preventative measures to reduce the likelihood of them occurring.

4.11. To ensure robust health protection arrangements Sheffield City Council will:

- Ensure that plans for public health emergencies and incidents are coherent with local NHS plans.
- Ensure that these plans are adequately tested.
- Ensure that the CCG has access to these plans and an opportunity to be involved in any exercises.
- Work with NHS England to ensure that the capacity and skills are in place to coordinate the response to emergencies, through strategic command and control arrangements.
- Ensure adequate advice is available to the clinical community via Public Health England and any other necessary route on health protection and infection control issues.
- Hold PHE and NHS England to account for the commissioning of safe and effective screening and vaccination and immunisation programmes, including both childhood immunisation programmes as well as the annual influenza vaccination programme.

- Provide public health advice to the CCG in relation to health protection areas where improvement is required and where the CCG as a commissioner can influence improvement.

4.12. Sheffield CCG will:

- Familiarise itself with strategic plans for responding to emergencies.
- Participate in exercises when requested to do so.
- Ensure that provider contracts include appropriate surge response and business continuity arrangements, including that the surge response capacity must include both the capacity to respond and agreement to respond to both NHS emergencies and public health ones, at the request of the DPH or someone deputising on his/her behalf or PHE.
- Encourage constituent practices to have business continuity plans in place to cover action in the event of the most likely emergencies, and that they participate in training and exercises.
- Ensure that providers have and test business continuity plans and emergency response plans covering a range of contingencies.
- Assist with coordination of the response to emergencies, through local command and control arrangements.
- Ensure that resources are available to assist with the response to emergencies, by invoking provider business continuity arrangements and through action by constituent practices.
- Ensure that constituent practices participate fully in screening and vaccination and immunisation programmes.
- Commission specific case finding, contact tracing, and treatment services for specific infectious disease outbreaks in the community.
- Encourage vaccination of staff of member practices for seasonal influenza.

4.13. The CCG will discharge the DPH's responsibility for community infection prevention and control via separate arrangements for which the CCG will be reimbursed.

PUBLIC HEALTH INTELLIGENCE

4.14. In support of the CCG duty to secure improvements in the population's health and wellbeing and to reduce health inequalities, Sheffield City Council will:

- Offer a Public Health Intelligence service to the CCG provided by suitably qualified specialists in public health analysis, geo-spatial analysis, health economics and decision modelling.

4.15. The service will cover quantitative and qualitative assessment of the population's health and wellbeing, including managing, analysing, interpreting

and communicating information that relates to the determinants of health and wellbeing, needs and outcomes in the local population served.

4.16. Sheffield CCG will:

- Ensure that the NHS information and data collection and management services it commissions from the CSU/DMIC include appropriate access arrangements and provision for Public Health Intelligence purposes ie to support surveillance and assessment of the population's health and wellbeing.
- Provide support for sharing and publication of Public Health intelligence between the CCG and the council as appropriate and subject to national NHS data protection and information governance regulations and standards.

THE PUBLIC HEALTH TEAM

4.17. Public health in Sheffield City Council follows a distributed model, supported by a central team. Each of the Council's portfolios has a number of public health staff located within it. The priorities, business plans and staff management of each public health team in each of the portfolios will be set by the relevant Executive Director and their directors. The central team is led by the Director of Public Health, and is referred to as the DPH Office (DPHO).

4.18. The portfolios are responsible for specific outcomes from the Public Health Outcomes Framework (PHOF). Executive Directors are accountable to the DPH for the delivery of these outcomes, using both resources available through the Public Health Grant as well as mainstream Council resources. The PH teams in portfolios all contribute to the delivery of the 'core offer' to CCG.

4.19. The DPH Office is responsible for specific PHOF outcomes, professional leadership of the public health function of the Council, and includes the Health and Care Public Health team, who lead on ensuring delivery of the public health core offer.

4.20. SCC will ensure that an appropriately skilled public health workforce will be maintained and supported to allow delivery of the technical and leadership skills required of the function. This will include:

- All public health consultants will be appointed according to AAC procedures.
- All public health specialists to be subject to all existing NHS clinical governance rules, including those for continuing professional development.

4.21. The specialist staff will, as necessary, link geographically to support functions at different population levels which may be wider than a local CCG / LA base, including working with PHE and NHS England as required as part of the overall support function for the CCG and health community.

4.22. Public Health staff will be CRB checked where appropriate.

4.23. The CCG will arrange for honorary contracts as necessary for relevant public health staff delivering the CCG core offer including for public health intelligence staff.

5. SUPPORT AND RESOURCE NEEDS

LEAD OFFICERS

5.1. The lead officers for this Memorandum of Understanding will be Greg Fell (DPH) for Sheffield City Council and Nicki Doherty (Director of Delivery – Care Outside of Hospital) for Sheffield Clinical Commissioning Group.

RESOURCING

5.2. The core offer will be delivered in the main by the specialist public health team which transferred from Sheffield PCT to the Council. This will predominantly come from the dedicated Health and Care Public Health team based in the DPH Office, but the PH teams based in other council portfolios (including the PH Intelligence Team) also have a vital contribution to make. In addition there may be some support from other portfolio staff out with the specialist PH teams.

6. TERM OF MOU

6.1. This MoU will run from 1 April 2019 to 31 March 2022 unless reviewed and replaced by mutual agreement.

7. MONITORING

7.1. The Memorandum of Understanding will be reviewed on a yearly basis at the same time as plans for the financial year are agreed and approved. The review meetings will involve the lead officers and others as required.

7.2. Delivery of the work within the Core Offer will be reviewed on a quarterly basis by the CCG lead officer and a consultant in Public Health.

7.3. Inevitably circumstances may arise where the terms of this Memorandum of Understanding may need to be changed in line with the priorities of the two organisations represented. Changes will be agreed by the lead officers in consultation with colleagues in accordance with the governance arrangements in place in the Council and the CCG.

8. ESCALATION

8.1. In the event of changes required or disagreement regarding the content or implementation of this agreement and the associated workplans, resolution will first be sought between the CCG Director of Strategy and Integration, the

appropriate SCC Executive Director and the Director of Public Health. Ultimately, issues would be resolved by the Chief Officer of the CCG and Chief Executive of the Council.

9. TERMINATION

9.1. This Memorandum of Understanding may be terminated with a notice period of 6 months if one or both parties feels the offer and/or service provided is no longer appropriate for their needs. However as the 'core offer' is mandatory, it would need to be replaced by an alternative agreement.

10. EFFECTIVE DATE

10.1. This Memorandum of Understanding will take effect from.

11. REFERENCE

11.1. The Memorandum of Understanding is based on the requirements set out in public health regulations (see http://www.legislation.gov.uk/ukdsi/2012/9780111531679 and Appendix 1).

DATE

Lesley Smith
Accountable Officer, NHS Sheffield CCG

John Mothersole
Chief Executive, Sheffield City Council

(http://www.legislation.gov.uk/ukdsi/2012/9780111531679)

Public health advice service

7.—(1) Each local authority shall provide, or shall make arrangements to secure the provision of, a public health advice service to any clinical commissioning group whose area falls wholly or partly within the authority's area.

(2) A public health advice service is a service which consists of the provision of such information and advice to a clinical commissioning group as the local authority considers necessary or appropriate, with a view to protecting and improving the health of the people in the authority's area.

(3) In discharging the requirement under paragraph (1), the local authority shall exercise:

(a) the public health functions of the Secretary of State pursuant to section 2A of the Act, to the extent that the public health advice service relates to the protection of the health of the people in its area; and

(b) its public health functions pursuant to section 2B of the Act where the public health advice service relates to the improvement of the health of the people in the authority's area.

(4) The purpose of the public health advice service shall be to assist clinical commissioning groups in relation to:

(a) their duties to arrange for the provision of health services under section 3 of the Act (20) (duties of clinical commissioning groups as to commissioning certain health services); and

(b) their power to arrange for the provision of services or facilities for the purposes of the health service under section 3A of the Act (21) (power of clinical commissioning groups to commission certain health services).

(5) The range of matters which is to be covered by the public health advice service shall be kept under review by the local authority and shall be determined:

(a) having regard to the needs of the people in the local authority's area; and

(b) by agreement between the local authority and any clinical commissioning group (whether acting alone or jointly with another clinical commissioning group) to which the advice service is required to be provided, or in default of such agreement, by the local authority.

(6) The range of matters which is to be covered by the public health advice service may in particular include the following:

(a) the creation of a summary of the overall health of the people in the local authority's area which is designed to guide clinical commissioning groups in the commissioning of

appropriate health services for persons for whom a clinical commissioning group has responsibility under section 3 of the 2006 Act(22);

(b) the provision of assessments of the health needs of groups of individuals within the local authority's area with particular conditions or diseases;

(c) advice on the development of plans for the anticipated care needs of persons for whom a clinical commissioning group is responsible under section 3 of the 2006 Act, to improve the outcomes achieved for those persons by the provision of health services;

(d) advice on how to meet the duty on each clinical commissioning group under section 14T of the Act (23) (duties as to reducing inequalities).