



MEETING OF THE GOVERNING BODY

Title	Memorandum of Understanding between Public Health and North Kirklees CCG	Public/ Closed:	Public
Date	24 April 2013		
Paper Author and Job Title	Sarah Muckle Consultant Public Health	Director responsible	Dr Judith Hooper Director of Public Health
Response required from the meeting	Formally agree and adopt the Memorandum of Understanding for the period of April 2013 – March 2014.		
Summary	North Kirklees CCG is required to have a Memorandum of Understanding with public health that details what both parties can expect to get from each other in terms of enabling the delivering of their responsibilities.		
Assessment of implications in respect of:			
Patient Safety	None		
Finance/Resource	None		
Risk Assessment	None		
PPI considerations	None		
Equality and Diversity	No issues		
Legal issues	None		
FOI Exemption category			
Previously considered by: NKCCG Clinical Strategy Group. Developed in conjunction with various members of public health, NKCCG and medicines management			
Committee/Group	Clinical Strategy Group		

Memorandum of Understanding between North Kirklees CCG and Kirklees Public Health

EXECUTIVE SUMMARY *(limit 350 words)*

North Kirklees CCG is required to have a Memorandum of Understanding with public health that details what both parties can expect to get from each other in terms of enabling the delivering of their responsibilities.

The Memorandum of Understanding has been developed over a number of months in conjunction with members of North Kirklees Clinical Commissioning Group, Public Health senior management team and Medicines Management, as well as taking into account developments regionally and nationally as they occurred. This has also been shared with key colleagues in the council.

There have been a number of discussions at the clinical strategy group around the development of the memorandum of understanding, the last one being in March where the group agreed the content and were in agreement that it should come to Governing Body to be formally agreed.

Memorandum of Understanding Between

**Kirklees Public Health Directorate
and
NHS North Kirklees
Clinical Commissioning Group**

**DATE: Operational 1 April 2013 – 31 March 2014
REVIEW DATE: October 2013**

DRAFT FOR REVIEW: VERSION CONTROL

Version	Date	Author	Comments
1	29/01/13	SM	MOU for April 13
2.0	15/02/13	SM	Amended IPC sections and added IPC appendix
3.0	13/03/13	SM	Amended medicines Management and Clinical governance as per discussion at CSG Added in changes by JH for PHWG meeting Added amendments following further guidance: Altered relevant dates para 1.1 Added section re: screening (core role B) Additions to 5.2 and 5.3 around emergency planning arrangements Tidied up 6.2 and 6.3 Strengthened governance arrangements section 9 Added section on Contracting, procurement, finance, medicines management and clinical governance Deleted original Appendix C RS-H – moved section 10 on governance into core role A (4.4 and 4.5) and core role C (6.4). Updated following discussion with SB KH – Amended section 8 and added new Appendix C with definition of 'specialist' to align with DH guidance

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1. Introduction

- 1.1 The purpose of this Memorandum of Understanding (MoU) is to establish a framework for effective relationships between Kirklees Public Health (KPH) Directorate and North Kirklees Clinical Commissioning Group (CCG) from April 2013. It will be implemented via an annual work programme agreed between the two parties.
- 1.2 This MOU underpins the mandatory responsibility of the Council to offer public health expertise to the local CCGs, and for the CCGs to receive this.
- 1.3 Review date October 2014

2. National Context

- 2.1 From April 2013, lead responsibility for health improvement and health protection will go to:
 - a. Nationally - Public Health England (PHE).
 - b. Locally for a defined geographical area - Local Authorities (inherited from PCTs).

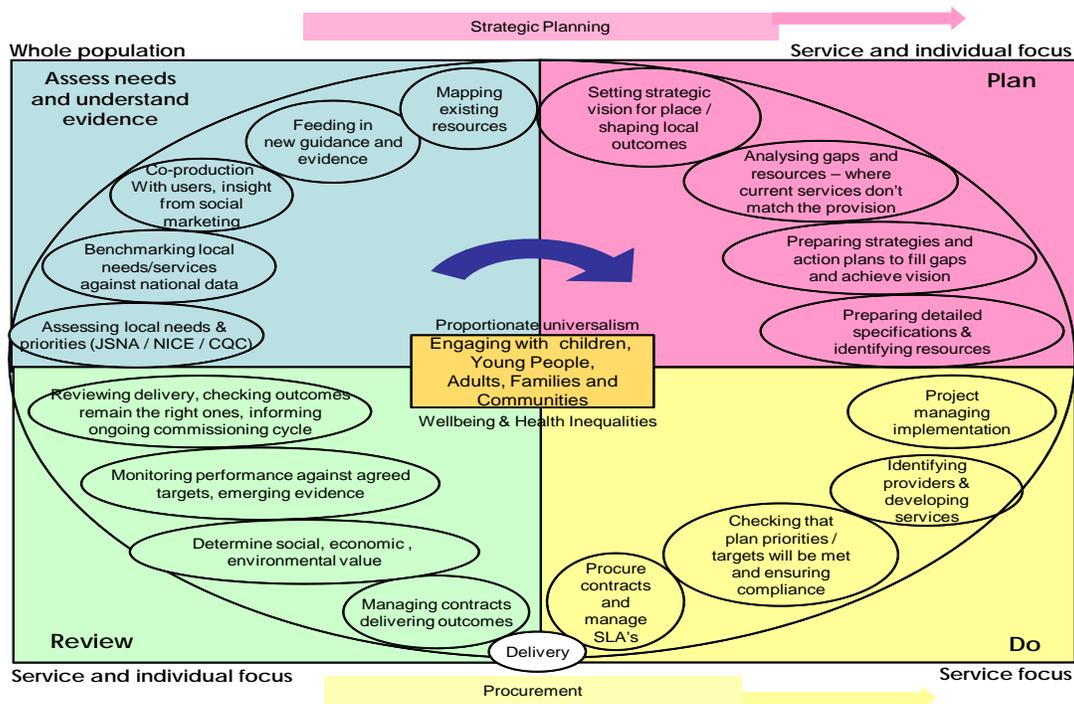
The NHS commissioning responsibilities are being divided between:

- *The NHS Commissioning Board*: core functions are CCG development and assurance; Emergency Planning Resilience and Response; quality and safety; partnerships; configuration and system oversight; direct commissioning for GP services; dental services; pharmacy and certain aspects of optical services. Some NHSCB Local Area Teams will also commission specialist commissioning; military and prison health; NHS Public Health services eg screening; immunisation and PH services for those aged under 5 years are yet to be agreed.
- *Clinical Commissioning Groups*: commissioning services to meet local needs and improve outcomes for patients, ensuring continuous improvements in the quality of primary and secondary care services, reducing inequalities, enabling choice and promoting patient involvement, as in their operating plans.

- 2.2 Local Health and Wellbeing Boards are being established with responsibility to promote integrated health, social care and public health services on behalf of their local population. This will be supported by the implementation of a Joint Health and Wellbeing Strategy (JHWS) informed by the Joint Strategic Needs Assessment (JSNA).

3. Local Context

- 3.1 The Public Health function in Kirklees will deliver 4 core roles across the system as described in more detail in paragraphs 4-7. These are:
 - A: Lead responsibilities
 - B: Protection of human health
 - C: Effective commissioning for local health either for lead responsibilities or supporting others in the local NHS / Council
 - D: Changing the thinking of organisations
- 3.2 Improving local health outcomes and reducing inequalities requires a range of skills and knowledge. This includes population health challenges, variation in such challenges and access to care; evidence of what works, prioritization and use of research methods; behavioral change and good partnership working. This supports commissioning to be effective across the whole of the commissioning cycle, adopted locally. See fig 1:



Wherever relevant this MOU uses this commissioning cycle to describe for Kirklees what Public Health will deliver to the CCGs and what the CCGs will offer to Public Health for effective commissioning. These are described in the next sections below, across the 4 elements of the cycle, summarized as:

- Analyzing and understanding needs and evidence base;
- Strategic planning and prioritizing to address gaps in meeting needs;
- Re/designing services and securing implementation;
- Reviewing performance and evaluating against planned outcomes.

3.3 The Public Health capacity and capability required to meet the needs of the CCGs will be identified and agreed through an agreed work programme which will be captured in an addendum to this memorandum. Negotiation and agreement of this work programme will be facilitated by an identified very senior member of the public health team, and be reviewed at least six monthly.

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4. CORE ROLE A: Lead Public Health responsibilities

4.1 **Description:** Public Health has lead responsibility for ensuring the availability of the following:

Mandatory	<p>Appropriate access to sexual health services (including the testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)</p> <p>Steps to be taken to protect the health of the population, including a duty to ensure there are plans in place to protect the health of the population</p> <p>Ensuring NHS commissioners receive the public health advice they need.</p> <p>National Child Measurement Programme</p> <p>NHS Health Check assessment is both offered for those aged 40-74 in the Council area, once every 5 years. Also that the checks offered comply and result in the prescribed information is recorded, including a dementia check for those aged 65-74</p>
Other	<p>Tobacco control and smoking cessation services</p> <p>Alcohol and drug misuse services</p> <p>Public health services for children and young people aged those aged 5-19 (including the Healthy Child Programme 5-19)</p> <p>Tackling obesity such as community lifestyle and weight management service</p> <p>Locally led Nutrition initiatives</p> <p>Increasing the levels of physical activity in the local population</p> <p>Public mental health services, locally = mental health promotion</p> <p>Dental public health services</p> <p>Population action to reduce and prevent birth defects, locally = infant death work</p> <p>Behavioural / lifestyle Campaigns to reduce Cancer / long term conditions</p> <p>Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as Immunisation / screening programmes</p>
<i>In addition the Kirklees Public Health team also undertakes:</i>	<p>Health in educational settings</p> <p>Offender health</p> <p>Self care programme for people with long term conditions</p> <p>Needs assessment for long term conditions</p> <p>Individual Funding Requests for unusual or limited treatments</p> <p>Specialist health care commissioning</p> <p>Quality assuring clinical policies and pathways</p>

KPH will act as a conduit for CCGs for the following Public Health responsibilities led by other Council Directorates:

- Local initiatives on Workplace health
- Accidental injury prevention (locally PH = childhood accidents)
- Local initiatives to reduce excess deaths as a result of seasonal mortality

- Local initiatives that reduce public health impacts of environmental risks
- Public health aspects of local initiatives to tackle social exclusion

4.2 Lead commissioner role using programme management

KPH will carry out the following functions for these lead responsibilities:

- The strategic leadership and delivery of the lead responsibility programmes.
- Ensuring the NHS Commissioning Board (NHSCB), CCGs and Council work together to deliver joint ownership of the programme.
- Leading and undertaking Assess, Plan, much of Do, Review elements of the commissioning cycle with support from procurement, contracting and community engagement colleagues, as required, i.e. part of “Do” in the cycle.
- Managing operational and strategic interdependencies.

The CCG will support KPH through the commissioning cycle by:

Assess: Providing/facilitating the provision of information re existing resources and services and evidence of need.

Plan: Acting as a conduit between KPH and NHS providers and member practices
Incorporating programme activity into planning and specifications as appropriate.

Do: Supporting the delivery of relevant programmes through implementation and contracting through influencing member practices and other providers, working with KPH as associate commissioners where appropriate.
Ensure that member practices maximise their contribution to disease prevention – for example by taking every opportunity to address smoking, alcohol, and obesity in their patients/clients and recording this.

Review: Providing/facilitating the provision of monitoring information.

4.3 Lead commissioner role: delivering outcomes from the JHWS and other outcome frameworks

KPH will:

- Tackling the relevant outcomes.
- Managing interdependencies across outcomes.
- Challenging parts of the system that contributes to those outcomes led by public health.

The CCG will:

Assess: Working with KPH and other Council Directorates to co-produce the JSNA as required by the Health and Social Care Act

Plan: Working with KPH and other Council Directorates to co-produce the JSNA as required by the Health and Social Care Act

Do: Contributing to the delivery of the JHWS outcomes through commissioning and through influencing and challenging providers, including member practices.

Review: Providing intelligence and contributing to the review and evaluation against the outcomes frameworks

4.4 Contract management: The role of the CCG's

NKCCG will act as the lead commissioner for Locala. They will manage all aspects of the contract until October 2014, including processing any contract variations. A representative from public health will sit on the contract management board. Locala will invoice Kirklees council directly for public health services they are responsible for. The public health services are:

- Contraception and Sexual Health
- Stop smoking service
- School Nursing
- Chlamydia screening
- Substance misuse
- National Child Measurement Programme feedback

Wakefield CCG will be the lead commissioner for Mid Yorkshire Hospitals trust (MYHT). NKCCG will represent Kirklees council on the Wakefield CCG contract management board and represent its interest with regards to GUM and weight management services. (Subject to confirmation)

4.5 Medicines Management:

Medicines costs in services

For Lifeline / On Track services, the NHS prescribing authority will invoice Kirklees council directly for medicines expenditure generated through these.

Medicine costs in primary care

For public health services provided in primary care, the shared medicines management function of the CCGs will continue to receive information from the NHS prescribing authority regarding prescriptions generated in GP practices, they will then process these, send monitoring information and invoice Kirklees council for relevant medicines expenditure. The medicines costs that are the responsibility of Kirklees council are:

- *Smoking cessation medication*
- *Substance misuse medication*
- *Long acting reversible contraception (IUCD and Implant)*

New medicines

If any new drugs are added to the formulary related to the council's responsibilities, Public Health will work jointly with the CCG to create a protocol on how they are managed.

Patient group directions PGD's

The shared medicines management function of the CCG will provide support to develop new PGD's and suitable clinicians to sign off PGDs when Kirklees council is the lead commissioner. Kirklees public health will ensure that an identified person in the council adopts the current ones from a corporate point of view

Pharmaceutical Needs Assessments

Provide information to support Kirklees council to develop Pharmaceutical needs assessments.

Other

In additional, general medicines management advice will be provided by the CCG on an ad hoc basis.

4.6 Clinical Governance:

Provide clinical input and governance into service specifications as agreed

The CCGs will manage and be responsible for the quality elements of the contracts with Locala, MYHT and CHFT

4.7 Local Enhanced Services

(Process for payments still to be confirmed)

Help to support member practices in engaging with local authority commissioned Locally Enhanced Services

4.8 Individual funding requests process

As there is as yet no clarity regarding how these will be assessed post April 2013, for the present time Public Health Consultants will continue to contribute to the Kirklees screening panel and the DPH chair the Appeals Committee. This needs to be reviewed by the end of Sept 2013.

5. CORE ROLE B: Protection of human health

5.1 **Description:** This means the health of local people is protected from major incidents and other threats to serious harm to health, by preventing occurrence, prompt detection and treatment as well as dealing with the consequences (i.e. all 3 levels of prevention)

This function will be coordinated and led by a Kirklees Health Protection Committee which will be accountable to the Health and Well Being Board, chaired by the DPH. Screening will be the responsibility of the NHSCB, commissioned by PHE; the role of the CCG as it relates to Public Health within the Council is described in this section.

5.2 KPH will:

The DPH is the lead officer of the Council to ensure the mandatory responsibility of plans being in place to protect the health of local people

In effect this means the DPH has to ensure that relevant local agencies are fulfilling their responsibilities as well as ensuring the right expertise is available whenever it is required.

Communicable disease outbreaks / incidents including vaccine preventable diseases

In preparing for and in response to an incident, working with the West Yorkshire PHE unit (WYPHEU):

Ensure Public Health response including advice to local commissioners.

Maintain an overview of incidents through coordination of an incident control group

Advise NHS CB / CCG on the need to mobilize NHS resources.

Communicate with, and provide briefings for partners, the public and the Council.

Ensure investigations of outbreaks / incidents (including look-back exercises).

Preparing for incident / emergencies:

Maintain an overview of risks and threats to health in Kirklees

Work with NHS commissioners to ensure their commissioning and contract decisions include appropriate response to emergencies.

Support NKCCG in the review of providers' plans through provision of technical expertise and support NKCCG in challenging providers to improve plans where appropriate.

Work with the local NHS; both commissioners and providers to ensure that NHS system-wide preparedness and the Public Health response are adequate.

Infection prevention and Control (IPC) in local Care settings

Maintain an overview and monitor IPC locally, including schools and care settings.

Maintain an overview and monitor the incidence of healthcare associated infections against nationally set targets through oversight of HCAI assurance frameworks.

Provide expert IPC advice to ensure contract and service specification meet IPC standards, including compliance with the Health and Social Care Act 2008: Code of Practice on the control of infections and related guidance.

Work with the CCG to review assurances from commissioned services and advise of any concerns where providers have inadequate IPC systems in place.

To maintain an overview of local incidence and obtain assurances from commissioned services that outbreak/incident reviews have taken place and lessons identified implemented.

Facilitate initial Post Infection Reviews, report outcomes and monitor action plans to the CCG.

Immunisation

Ensure assurance processes are in place to performance manage the commissioning and provision of national immunisation programme for the population

Highlight risks to the CCG

Tuberculosis

Provide specialist expertise to CCGs re commissioning of a comprehensive TB service (including treatment, contact tracing, laboratory investigation, and new entrant screening, targeted BCG vaccination).

Notify CCGs as commissioners of TB services with specific concerns about such services.

Hepatitis

Work with NHSCB and others to develop prevention and control services for Hepatitis B and C in high risk populations e.g., injecting drug users; ethnic minorities and commissioned effective treatment services

Surveillance intelligence and communication about threats

Work with others to continuously improve the quality and availability of information and analyses regarding public health risks to local partners and the public, (including specific incidents).

Proactively provide intelligence to local agencies to maximize impact on local health.

Lead effective communication about human threats to the local communities and agencies.

Act as a conduit for delivering advice and information to appropriate audiences.

Screening

Maintain an overview and monitor screening locally. It will ensure assurance processes are in place to performance manage the commissioning / provision of screening programmes for the population

Act as a conduit for delivering advice and information to appropriate audiences.

Work with NHSCB and others to address local concerns as needed, such as inequalities in uptake, provider issues

Maintain an overview of incidents through scrutiny at the Health Protection Board and obtain assurances from commissioned services that outbreak/incident reviews have taken place and lessons identified implemented

In response to an incident, work with the NHSCB LAT and the West Yorkshire PHE unit (WYPHEU) as required.

5.3 The CCG will:

Actively participate and attend the Kirklees Health Protection Board.

Support the achievement of national screening targets to improve the quality and reduce variation in local uptake rates

Ensure information on screening is appropriately disseminated, on request from the DPH.

Act as a conduit for delivering advice and information to partners and the public and ensure communications are coordinated to ensure consistent targeted messages reach intended audiences in the right way at the right time.

5.4 The CCG will:

In preparing for and responding to an incident / emergency:

Participate in healthcare and multi-agency emergency preparedness including partnerships, projects and exercises as required.

Ensure that provider contracts include

- I. Requirements to prepare for and respond to public health incidents, emergencies and business continuity disruptions i.e. when demand outstrips normal working. This would usually be activated by NHSCB or the DPH and could support the PHE unit, DPH or NHSCB needs for resources e.g. in mass immunization
- II. Prompt alerting of PHEU and LA/DPH to communicable disease outbreaks/incidents
- III. Assisting with case / outbreak tracking, investigation and management, sharing data with PHE and DPH.

Periodically review provider's plans to ensure that these remain compliant with current standards and fit for purpose

Ensure that member practices have business continuity plans in place to maintain critical patient/client services when threatened by any reasonably foreseeable disruption

Ensure information from the DPH and PHE unit is promptly disseminated to member practices and support required action in an incident as required.

Maintain its own on call systems and internal business continuity planning arrangements.

Infection Prevention and Control

Ensure that provider contracts include and are compliant with relevant legislation including the Health and Social Care Act 2008: Code of Practice on the control of infections and related guidance.

Support the prompt and effective post infection review process, ensuring inter provider co operation where needed.

Performance management of national HCAI objectives for all services commissioned.

Report HCAI/IPC related incidents to PHE/CQC.

Immunization

Support the achievement of national immunization targets to improve the quality and reduce variation in local uptake rates, this includes those for NHS staff.

Tuberculosis

Ensure comprehensive TB services are commissioned (including treatment, contact tracing, laboratory investigation, new entrant screening, targeted BCG vaccination) and performance managed in line with best practice.

Respond to concerns about the quality of TB services from the DPH

Surveillance intelligence and communication about threats

Ensure commissioned services provide timely and complete data to PHEU or Local Authority of communicable diseases, other chemical and environmental incidents in line with national or locally agreed guidelines.

Ensure information on health protection risks and strategies for mitigation are appropriately disseminated, on request from the DPH.

Act as a conduit for delivering advice and information to partners and the public.

Screening

Actively participate and attend the Kirklees Health Protection Board.

Support the achievement of national screening targets to improve the quality and reduce variation in local uptake rates

Ensure information on screening is appropriately disseminated, on request from the DPH.

Act as a conduit for delivering advice and information to partners and the public.

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6. CORE ROLE C: Effective commissioning for local health either for lead responsibilities or supporting others in the local NHS / Council

6.1 **Description:** Contributing public health knowledge and skills to commissioning programmes and pathways. There are generic health intelligence elements and a variety of other skills and knowledge for each part of the commissioning cycle.

6.2 Health Intelligence

KPH will:

Identify new guidance, evidence and interventions that work by:

- Seeking and reporting on evidence for what works best in practice including research evidence ('horizon scanning').
- Critically appraising new guidance and evidence to support planning in both need and taking action interventions both for commissioning and decommissioning.
- Identifying what interventions do and do not work best, for which population groups and why.
- Manage a library of resources which includes policy and advice about behaviours, conditions and wider factors, as well as evidence for action.

Provide expert advice and support to enable others to develop their skills and knowledge to carry out valid and relevant analyses by:

- Ensuring details of how to apply techniques are available, e.g. age standardisation, via tools or frameworks.
- Support others to use the tools and frameworks appropriately and consistently or carry out the analyses initially on their behalf if necessary.
- Helping people to make effective use of evidence.
- Understanding social marketing and how to gain, make sense of and use insight for behavioural change.
- Provide guidance to apply health economics techniques e.g. cost effectiveness.

Derive health intelligence to use throughout the commissioning cycle

- Use various sources of data and information (studies, perceptions, and numerical data) to derive health intelligence;
- Provide qualitative research, insight and service user/community feedback which can support decision making, e.g. generating insight from target populations and constituent practices, including patient reference groups;
- Identify the causes and distribution of ill health i.e. epidemiology, so that these factors can be addressed;
- Support CCGs in interpreting and understanding clinical variation in both primary and secondary care
- Provide the necessary skills and knowledge to carry out Health Equity Audits and to advise on Health Impact Assessments and Equality Impact Assessments of services and pathways

The CCG will:

- Utilise specialist public health skills to help to identify greatest population need and target services towards a reduction of health inequalities.

- Utilise data and intelligence effectively to improve health care quality and reduce variation/inequalities.
- Contribute to strategies and action plans to improve health and reduce health inequalities.
- Utilise Public Health skills to involve patients and the public throughout the commissioning cycle
- Champion an integrated approach to communications and engagement activities
- Incorporate specialist public health advice into decision making processes.
- Contribute intelligence and capacity to the production of the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHAWS).
- Provide business intelligence and performance information to Public Health to support the health intelligence function, including but not limited to screening data, A&E activity re public health issues, relevant in patient and out patient activity about areas of relevance for public health.
- Continue to enable access to regular reports from Business Intelligence and Performance.
- Continue to provide access to a mapping service for reporting, such as monthly HCAI and CDiff incidence plots.
- Act as an NHS sponsor to enable public health specialists to continue to access NHS specific sources of data and information and more comprehensive access to other evidence e.g. enhanced Athens access.

6.3 Health Improvement Across the commissioning cycle

ASSESS *KPH will:*

Requirements	Activity
Assessing local needs & priorities (JSNA / NICE / CQC)	Provide health intelligence to: <ul style="list-style-type: none"> • Support CCGs with the analysis and understanding of needs, health inequalities and understanding of wider social determinants of health • Understand the health needs of local populations both now and overtime (via trends or future forecasts), • Generate insight from target populations.
Benchmarking local needs/services against national data	Ensure techniques are used correctly and consistently by developing and implementing relevant tools and frameworks <ul style="list-style-type: none"> • Manage a library of resources re policy and advice about behaviours, conditions and wider factors and tools
Involving communities,	Segmentation of the population Generation of key insights

utilising social marketing approaches	Involving communities including co-production Collate and share service user experience (including potential users) Work with engagement colleagues at the Council and CSU to develop a common understanding of the underpinning principles of community development and its place in service delivery, building on an asset based approach
Feeding in new guidance and evidence	Seek and report on best practice and research evidence Critically appraise evidence to support commissioning and planning Ensuring an assessment of the relevance of new guidance/evidence and how they contribute to understanding the effectiveness of interventions
Mapping existing resources	Assess current service configurations Understand investment against outcomes and use other health economics techniques

The CCG will:

In order to do the above effectively KPH will require CCGs to:

- Contribute intelligence and capacity to the production of the JSNA and the JHAWs
- Disseminate relevant information to member practices
- Provide access to medicines management advice and support
- Take an integrated approach to engagement where possible to ensure communities benefit from coordinated engagement activity, avoiding duplication and “engagement fatigue” in particular priority groups.

PLAN

KPH will:

Requirements	Activity
Setting strategic vision for place / shaping local outcomes	<ul style="list-style-type: none"> • Identify / bring partners together to help them be clear on differences we are trying to make and for whom • Help partners be clear about: issue(s), factors impacting on it, other partners who can help provide solutions • Use health intelligence to help to prioritise actions based on need • Agree with key stakeholders: outcomes for target groups; service quality standards. These include narrowing of inequalities and addressing factors causing a condition to occur, recur or consequences • Ensure evidence of what works for agreed outcomes is identified, including co-production with target groups

<p>Analysing gaps and resources – where current services don't match the provision</p>	<ul style="list-style-type: none"> • Undertake detailed resource mapping to ascertain where the current services available do not match the vision
<p>Preparing strategies and action plans to fill gaps and achieve vision</p>	<ul style="list-style-type: none"> • Identify and tackle inequalities in health status, access and resource allocation • Ensure the 3 levels of prevention are included in care pathways • Undertake gap analysis to achieve outcomes • Support the negotiation to deliver change to achieve the agreed outcomes • Developing prioritization tools and supporting the CCGs in their use • Facilitate a needs led and analytical / evidence based approach to problem solving • Provide evidence and support decisions regarding Individual Funding Requests and Specialist Commissioning
<p>Preparing detailed specifications and identifying resources</p>	<ul style="list-style-type: none"> • Specifications include relevant performance and quality indicators • Contribute to service design / redesign re needs / what works • Facilitate user / community engagement in developing service specifications • Contribute to demand management, particularly shifting resources to prevention • Develop / appraise business cases

The CCG will:

- Support KPH to access information where needed
- Engage with the commissioning process as key stakeholders, particularly in relation to our lead commissioning responsibilities
- Contribute to strategies and action plans to improve health and reduce inequalities
- Ensure the commissioning intentions of the CCG reflect public health priorities, including those reflected in the JHAWS
- Provide access to medicines management advice and support
- Provide clinical governance accordingly

DO

KPH will:

Requirements	Activity
Project managing implementation	<ul style="list-style-type: none">• Skills in project / programme management• Lead internal and external public health communications. Proactively run campaigns• Give timely guidance / information to a range of people incl. public / staff to mitigate impact on patient safety and/or organizational reputation, utilising the joint Communications for Health Group where possible
Identifying providers & developing services	<ul style="list-style-type: none">• Stimulate the market – support innovation and service development to encourage early intervention and prevention• Work to develop capacity within the third sector• Organizational development – provide support for managers and providers to make change happen
Checking that plan priorities / targets will be met and ensuring compliance	<ul style="list-style-type: none">• Create incentives to drive innovation and quality• Provide robust evidence for the commissioning of new drugs and technologies to ensure effectiveness, VFM and clinical governance
Procure contracts and manage SLAs	<ul style="list-style-type: none">• Input to tendering processes• Lead/input to CQUIN and other quality frameworks• Share relevant info with providers e.g. user and community feedback on preferences• Provide constructive and challenging feedback into procurement and contracting

The CCG will:

In order to do this effectively KPH will require CCGs to:

- Promote and support methods of service delivery agreed with practices i.e. Local Enhanced Services or their replacements
- Participate in the procurement/tendering process where needed to provide clinical input
- Provide access to medicines management advice and support
- Provide clinical governance accordingly

REVIEW

KPH will:

Requirements	Activity
Managing contracts delivering outcomes	Evaluate quality and relevant scope of changes implemented, i.e. evaluation: <ul style="list-style-type: none">• Achievement of outcomes in addressing inequalities• Actively using evidence from clinical outcomes and user/community experiences to inform continuous improvement
Determine social, economic, environmental value	<ul style="list-style-type: none">• Use of benchmarking to assess performance• Dissemination of relevant information to allow current providers to innovate and develop to meet changing commissioning requirements
Monitoring performance against agreed targets, emerging evidence	<ul style="list-style-type: none">• Contribute to performance management of lead contracts
Reviewing delivery, checking outcomes remain the right ones, informing ongoing commissioning cycle	<ul style="list-style-type: none">• Improving access – lead Health Equity Audit, Health Impact Assessment and Equality Impact Assessment of services and pathways• Supporting clinical networks to spread best practice and rigorous standards to hold clinicians to account• Contribute to decisions re de-commissioning of services• Community engagement/service user feedback• Contribute expertise to service evaluation• Facilitate root cause analysis

The CCG will:

In order to do this effectively KPH will require CCGs to:

- Support the dissemination of evaluation findings
- Act as advocates to service/pathway change
- Challenge the performance of practices where justified using systems already in place, i.e. practice clusters/practice visits

In addition, public health will continue to jointly commission in partnership with the CCG for the following CCG responsibilities:

- Chronic Pain
- Termination of Pregnancy
- Maternity

For these areas public health will follow the commissioning cycle to develop service specifications, in consultation with the CCG. The CCG, as the accountable body and the budget holder, will provide financial, contracting, procurement, medicines management and clinical governance support to public health to enable the successful implementation of the service specifications.

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7. CORE ROLE D: Changing the thinking of organizations

7.1 **Description:** Consolidating a culture that enables the new system of public sector policy makers, commissioners / planners and providers to think in terms of populations, identifying what difference is being made for whom across the 'rainbow' of health and wellbeing. For example, contributing to the development and implementation of the JHWS.

7.2 Working across interdependencies between agencies and populations.

KPH will:

- Enable systems change through engaging key partners in a range of tasks in the Kirklees commissioning cycle in line with the JHWS.
- Support the development of a culture that enables public sector policy makers, commissioners/planners and providers to think and act in terms of populations as well as individuals or services.
- Support the development of the capacity of local people to create and deliver local solutions
- Redirect Wellbeing and Health Inequalities change in system thinking - Every Contact Counts, Staff Well being, working with planning systems on inequalities - into supporting the JHWS implementation.

The CCG will:

- Provide support for managers and providers, including member practices, to make change happen (organizational development).
- Contribute to large scale change around health and social care and integrated commissioning.

7.3 Planning/reviewing action, using evidence of effectiveness and need.

KPH will:

- Provide health intelligence support into system change, see para 6.2.

The CCG will:

- Use this health intelligence to commission, plan and review

7.4 Using influence to enable this behaviour change of key strategic players.

KPH will:

- Support the CCG in its own organizational development and in developing the understanding of member practices around commissioning and reducing inequalities.
- Facilitate health behavioural change training

The CCG will:

- Use its commissioning leverage to stimulate behaviour change of other stakeholders and providers
- Broker relationships with other commissioners and providers of NHS-commissioned services, including member practices and the NHSCB, to make change happen

7.5 'Championing' the lead responsibility programmes/work areas.

KPH will:

- Provide visible leadership for these lead programmes/work areas

The CCG will:

- Ensure members and managers champion and support this organizational behaviour change agenda.

8. SPECIFYING THE QUALITY OF THE PUBLIC HEALTH TEAM

- The Council, in collaboration with Public Health England (PHE), will ensure a sufficient and appropriately skilled public health workforce will be maintained and supported to allow delivery of the technical and leadership skills required of the function.
- All registered public health consultant posts will be appointed according to the Faculty of Public Health (FPH) Appointments Advisory Committee rules.
- All registered public health specialists to be fully qualified with the FPH, and be a member of the FPH with good standing, as well as be subject to all existing NHS clinical governance rules. This includes continued professional development and undergoing annual professional appraisal and revalidation every 5 years.#

* Specialist workforce defined in Appendix C

9. GOVERNANCE AND PERFORMANCE MANAGEMENT OF THIS MoU

This MoU will provide the framework for an annual work programme to be agreed between the Council and the CCG.

The Council will agree with the CCG appropriate performance measures for the annual work programme.

All members and staff of the Public Health Directorate and the CCG will work together to prevent, identify, mitigate and overcome barriers to the successful implementation of this MoU.

If either party to this MoU has concerns about its implementation this will be resolved by:

- in the first instance discussion between the DPH and the Chief Officer/CCG Chair
- if this is unsuccessful this will be escalated to the Council Chief Executive to resolve with the CCG Chair
- if successful resolution is still not effected then the dispute will be escalated to the CCG Board and the Council Director's Group

APPENDIX A – PUBLIC HEALTH LEAD RESPONSIBILITIES

Department of Health List of Public Health responsibilities transferring to Councils

Mandatory:

Appropriate access to sexual health services (including the testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

Steps to be taken to protect the health of the population, including a duty to ensure there are plans in place to protect the health of the population

Ensuring NHS commissioners receive the public health advice they need.

National Child Measurement Programme

NHS Health Check assessment

Other:

Tobacco control and smoking cessation services

Alcohol and drug misuse services

Public health services for children and young people aged those aged 5-19 (including the Healthy Child Programme 5-19)

Tackling obesity such as community lifestyle and weight management service

Locally led Nutrition initiatives

Increasing the levels of physical activity in the local population

Public mental health services, promotion locally = mental health

Dental public health services

Population action to reduce and prevent birth defects, locally = infant death work

Behavioural / lifestyle Campaigns to reduce Cancer / long term conditions

Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as Immunisation / screening programmes

In Kirklees the following are led by other Council directorates at present:

Local initiatives on Workplace health *

Accidental injury prevention * locally PH = childhood accidents

Local initiatives to reduce excess deaths as a result of seasonal mortality

LA role in dealing with health protection incidents, food borne outbreaks or emergencies

Local initiatives that reduce public health impacts of environmental risks *

Public health aspects of promotion of community safety, violence prevention and response *

Public health aspects of local initiatives to tackle social exclusion *

* indicates KPH involved as commissioner as well

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APPENDIX B – Commissioning responsibilities for Infection Prevention

Table 1 Commissioning Infection Prevention Responsibilities and Tasks for all commissioners of health and social care ie both NHS and Local Authority

	Responsibilities	Infection Prevention Support currently given to PCTs
1.1	Responsible for ensuring infection prevention is part of the commissioning process and contractual requirements for all the above services the LA commissions.	Provide expert infection prevention expertise to the LA to assist in developing contracts and services specifications that meet the required infection prevention standards including compliance with the Health and Social Care Act 2008 Code of Practice.
1.2	Responsible for ensuring commissioned services have in place policies and procedures that are implemented and monitored in line with the Health and Social Care Act 2008 Code of Practice	To work with the LA to facilitate the implementation of policies for infection prevention, develop and support the use of IPC audits and tools and support the delivery of IPC training to care providers, especially who otherwise do not have access to IPC expertise.
1.3	Responsible for seeking assurances from LA commissioned services that thorough Root Cause Analysis (RCA)/Post Infection Reviews (PIRs) are undertaken and action plans are monitored. Ensure cross organisational cooperation in IPC investigations.	To provide analytical skills and expert IP knowledge in order to review assurances and ensure appropriate actions are implemented in a timely manner.
1.4	Responsible for ensuring commissioned services have in place plans for surge capacity in the event of an outbreak	To provide expertise regarding surge capacity required for outbreaks of infection and some mutual aid.
1.5	Responsible for the adoption of relevant PHE protocols and risk assessments for the control of outbreaks of infection within services commissioned.	To provide specialist IPC advice and support to outbreak control team ensuring that commissioned services adopt the relevant protocols. To develop protocols for the identification and management of outbreaks including support materials in partnership with PHEU To ensure that outbreaks brought to their attention are notified to PHE promptly and support the management of outbreaks where appropriate.
1.6	Responsible for ensuring that commissioned services complete a post outbreak / incident review and recommendations are implemented and monitored via contract monitoring routes.	To complete post an outbreak / incident reviews if service does not have the IPC expertise to do this To obtain assurance from the commissioned services that an outbreak/incident review has taken place and lessons learned implemented.

	Responsibilities	Infection Prevention Support currently given to PCTs
	Responsible for reporting and escalating inadequate IPC arrangements as well as HCAI untoward incidences appropriately (e.g. to other commissioners, regulatory agencies i.e. CQC, safeguarding teams, Public Health England)	To provide analytical skills and specialist IPC knowledge in order to review assurances and ensure appropriate actions are implemented in a timely manner.

Table 2 Specific responsibilities of NHS commissioners

	Responsibilities	Infection Prevention Support currently given to PCTs
2.1	Responsible for the commissioning and performance management of providers against appropriate standards and the National HCAI objectives, including those relating to estates.	To provide assurance to the CCG by; <ul style="list-style-type: none"> • Monitoring the incidence of infections against nationally set targets. • Monitoring adherence to infection prevention control standards through oversight of HCAI assurance frameworks. • Providing expert advice to ensure recovery plans are realistic and implemented. • Providing expert infection prevention advice in order to effectively monitor adherence to infection prevention control standards. • Assess any cases of HCAI that are over trajectory to provide evidence for the application of financial penalties. • Raise concerns formally with the CCG when providers have inadequate infection control systems in place or fail to address incidents/outbreaks appropriately or fail to respond to PHE or IP advice.
2.2	Responsible for effective governance and reporting structures regarding HCAIs within the NHS CB / CCGs.	To provide analytical skills and specialist IPC knowledge in order to review assurances and ensure appropriate actions are implemented in a timely manner.
2.3	Of NHSCB only: Responsible for ensuring CCGs have in place effective plans to achieve HCAI objectives and have effective systems in place to commission and monitor their providers including those relating to estates.	To critically review CCG HCAI plans and offer leadership and support to CCGs regarding their plans.

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APPENDIX C – DEFINITION OF SPECIALIST WORKFORCE

Public Health Specialists or Practitioners: whose job role involves them wholly or mainly undertaking public health practice or activity either in relation to prevention; health protection; healthcare public health; or health promotion programmes for individuals from particular population groups, or in relation to the whole population within a certain geography. They should be registered on one or more of the GMC, GDC, UKPHR, HCPC or NMC registers or be carrying out a public health role as defined by the attached list of Agenda for Change (AFC) role profiles.'

Information Analyst Principal, Public Health Intelligence, AFC pay band 8a-b
Information Analyst Advanced/Team Manager, Public Health Intelligence, AFC pay band 7
Information Analyst Specialist, Public Health Intelligence, AFC pay band 6
Health Improvement Practitioner, AFC pay band 5
Health Improvement Practitioner Specialist, AFC pay band 6
Public Health Researcher, AFC pay band 7
Health Improvement Practitioner Advanced, AFC pay band 7
Public Health Research & Development Manager, AFC pay band 8a
Health Improvement Principal, AFC pay bands 8a/b/c
Public Health Consultant, AFC pay bands 8a-9

[These are] specific roles transferring to local government which are likely to:

- require specific public health skills and experience
- be largely NHS facing, and
- be appropriate for staff whose careers are likely to move around the public health system.

Taken from DH Gateway reference: 18727