



### MEETING OF THE GOVERNING BODY

<b>Title</b>	Public Health Work programme 2013 - 2014	<b>Public/ Closed:</b>	Public
<b>Date</b>	24 April 2013		
<b>Paper Author and Job Title</b>	Sarah Muckle Consultant Public Health	<b>Director responsible</b>	Dr Judith Hooper Director Public Health
<b>Response required from the meeting</b>	For the Governing Body to formally agree the public health work programme for April 2013 – March 2014		
<b>Summary</b>	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 work programme details how the memorandum of understanding will be implemented		
<b>Assessment of implications in respect of:</b>			
<b>Patient Safety</b>	None		
<b>Finance/Resource</b>	None		
<b>Risk Assessment</b>	None		
<b>PPI considerations</b>	None		
<b>Equality and Diversity</b>	None		
<b>Legal issues</b>	None		
<b>FOI Exemption category</b>			
<b>Previously considered by:</b>			

NKCCG Clinical Strategy Group. Developed in conjunction with various members of public health and NKCCG

**Committee/Group**

Clinical Strategy Group

## AGENDA ITEM 5.4

### **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 work programme details how the memorandum of understanding will be implemented. It has been developed around the 4 core functions of public health: lead public health responsibilities, health protection, effective commissioning for local health and changing the thinking of organisations and reflects the strategic priorities of North Kirklees CCG.

## Public Health and North Kirklees Clinical Commissioning Group

### Prioritised Work Programme 2013-14

Core roles of public health:

Core role A: Lead responsibility

Core role B: Protection of human health

Core role C: Effective commissioning for local health either for lead responsibilities or supporting others in the local NHS/Council

Core role D: Changing the thinking of organisations

Prioritised area of joint working for 2013/14	Rationale for prioritising	Responsible public health person
<b>Core Role A</b>		
<p><b>Programme: Sexual Health</b></p> <p>Review the LARC LES to inform contracting discussions going forward</p> <p>Improved access to earlier testing for HIV in at –risk groups needs to be prioritised by practices, encouraging greater awareness of HIV and work with GUM and community services.</p> <p>Oversight of the NHSCB who will be responsible for HIV commissioning going forward</p>	<p><b>All LES need to be reviewed to inform contracting requirements</b></p> <p><b>Identified as an issue in the JSNA</b></p> <p><b>Services need to be meet local need</b></p>	<p>Alison Cotterill</p> <p>Tony Cooke</p> <p>Alison Cotterill</p>
<p><b>Programme: Tobacco</b></p> <p>Review the Tobacco programme and its focus to make it fit for purpose going forward</p>	<p><b>JSNA priority</b></p>	<p>Cathy Munroe</p>

Prioritised area of joint working for 2013/14	Rationale for prioritising	Responsible public health person
Review the smoking cessation LES to inform contracting discussions going forward	<b>All LES need to be reviewed to inform contracting requirements</b>	Cathy Munroe
<p><b>Programme: Food</b></p> <p>Work with the CCG to decide what needs to happen around food</p> <p>Work with CCG's to ensure Healthy Start is embedded and routinely offered</p>	<p><b>JHAWS Priority JSNA</b></p> <p><i>JSNA</i></p>	<p>Liz Messenger</p> <p>Liz Messenger</p>
<p><b>Programme: Obesity</b></p> <p>Re-procurement of the weight management service</p>	<b>Contracting requirements</b>	Liz Messenger
<p><b>Programme: Physical Activity</b></p> <p>Review and address variation in referrals into PALS Services by Practice</p> <p>Engagement in the development and Implementation of Let's Get Moving (LGM) physical activity care pathway</p>	<p><b>Primary care Variation/Inequalities</b></p> <p><i>JSNA</i></p>	<p>Alison Morby</p> <p>Alison Morby</p>
<p><b>Programme: Alcohol</b></p> <p>Review of the Alcohol programme to make it fit for purpose going forward</p> <p>Review of the Alcohol IBA LES to inform contracting discussions going forward</p>	<p><b>JHWS priority</b></p> <p><b>All LES need to be reviewed to inform contracting requirements</b></p>	<p>Tony Cooke</p> <p>Tony Cooke</p>

<b>Prioritised area of joint working for 2013/14</b>	<b>Rationale for prioritising</b>	<b>Responsible public health person</b>
<p>To engage once (alcoholic) liver disease pathway review complete. To review commissioning requirements and arrangements of hospital alcohol service from June 2013 prior to funding expiry.</p> <p>Joining up of services for people with alcohol related issues</p> <p>To promote understanding of different aspects of alcohol prevention and treatment system and engagement with pathways, including aligned pathways such as liver disease.</p>	<p><b>Contract requirements</b></p> <p><b>Efficient use of services</b></p> <p><b>JHWS priority Prevention Better services for patients</b></p>	<p>Tony Cooke</p> <p>Tony Cooke</p> <p>Tony Cooke</p>
<p><b>Programme: Drugs</b></p> <p>To promote development of interventions for non-problem drug use amongst young people.</p> <p>To promote primary care understanding of recovery developments in drug treatment and recovery system.</p> <p>To ensure pathways, care coordination and information sharing for those with hepatitis B and C sufficiently robust.</p> <p>Ensure people with drug related issues get the same level of service as everyone else</p>		<p>Tony Cooke</p> <p>Tony Cooke</p> <p>Tony Cooke</p> <p>Tony Cooke</p>
<p><b>Programme: Self Care</b></p> <p>Review of the self care programme to ensure it is fit for purpose going and able to meet the needs of a changing health and social care economy</p>	<p><b>Key element of the Transformation programme</b></p>	<p>Patricia Muramatsu</p>

Prioritised area of joint working for 2013/14	Rationale for prioritising	Responsible public health person
<p><b>Programme: Health Intelligence</b></p> <p>CCG's have a joint responsibility to produce the JSNA so need to identify how we work together so that the CCG feels it has been involved appropriately</p> <p>Support from the CCG with data access issues which require NHS sponsors</p>	<p><b>JSNA</b></p> <p><b>Essential to health intelligence function</b></p>	<p>Deborah Collis</p>
<p><b>Programme: Health Checks</b></p> <p>Review the Health Checks LES to inform contracting discussions going forward</p>	<p><b>All LES need to be reviewed to inform contracting requirements</b></p>	<p>Sarah Muckle</p>
<p><b>Core Role B</b></p>		
<p><b>Cancer Screening Programmes – cervical, breast, bowel</b></p> <p>Engaging CCGs in the newly formed Health Protection Board and helping to develop its scrutiny role. For screening programmes, focus will be on how the HP Board obtains assurance from the NHS CB that local programmes are being well managed and that it is addressing issues of concern in north Kirklees, such as local inequalities and variations in uptake of screening programmes</p>	<p><b>NHS Outcome Framework – addressing preventable mortality</b></p>	<p>Mercy Vergis</p>
<p><b>Infection, Prevention and Control</b></p> <p>To critically review CCG HCAI action plans and offer</p>	<p><b>Supports CCG responsibility in</b></p>	<p>Jane O'Donnell</p>

<b>Prioritised area of joint working for 2013/14</b>	<b>Rationale for prioritising</b>	<b>Responsible public health person</b>
<p>leadership and support to CCGs regarding their plans.</p> <p>Provide specialist infection prevention expertise to the CCG to assist in developing contracts and service specifications that meet infection prevention standards including compliance with Health and Social Care Act 2008 - Code of Practice.</p> <p>To provide analytical skills and expert infection prevention knowledge in order to review assurances and ensure appropriate actions are implemented in a timely manner.</p> <p>Complete a Post Infection Review (PIR) on all pre 48 hour MRSA bacteraemia cases to identify why an infection occurred. Performance management of PIR process for post 48 hour MRSA bacteraemia cases.</p> <p>Review of infection prevention and control incidents on commissioned services by CCG.</p>	<p><b>“everybody counts”</b></p> <p><b>Supports CCG responsibility in “everybody counts”</b></p> <p><b>Supports CCG responsibility in “everybody counts”</b></p> <p><b>Supports CCG responsibility in “everybody counts”</b></p> <p><b>Supports CCG responsibility in “everybody counts”</b></p>	<p>Jane O’Donnell</p> <p>Jane O’Donnell</p> <p>Jane O’Donnell</p> <p>Jane O’Donnell</p>
<p><b>Tuberculosis (TB)</b></p> <p>Review of West Yorkshire TB services by the end of February – would need to identify a CCG to take lead responsibility</p> <p>Increase TB treatment completion rates for active TB and latent infection</p> <p>Provision of information on number of patients completing treatment within 12 months of diagnosis (DH target 85%) by maintaining primary care engagement via CCG</p>	<p><b>Inequalities/variation/JSNA</b></p> <p><i>Inequalities/variation</i></p> <p><i>Performance target/JSNA</i></p>	<p>Jane O’Donnell</p> <p>Jane O’Donnell</p> <p>Jane O’Donnell</p>



Prioritised area of joint working for 2013/14	Rationale for prioritising	Responsible public health person
<p><b>Emergency Planning</b></p> <p>Ensure that member practices have business continuity plans in place to maintain critical patient/client services when threatened by any reasonably foreseeable disruption and can provide resources in the event of an incident requiring resources beyond normal capability e.g. significant outbreak</p> <p>Work to ensure that information flows in an incident are sufficient to allow the coordination of an effective response.</p> <p>CCG's to be engaged in emergency preparedness</p>	<p><b>Supports CCG responsibility in "everybody counts"</b></p>	
<p><b>Core Role C</b></p>		
<p><b>Public Health contribution to commissioning:</b></p> <p>Make use of evidence of effectiveness and interventions known to work to inform planning and commissioning decisions</p> <p>Can support service redesign through:  Evaluation  Evidence Review  Intelligence  Identifying and addressing inequalities</p>	<p><b>Applies to the following NKCCG priorities:</b></p> <p><b>Delivering health improvements in line with the JSNA</b>  <b>Improve health inequalities</b>  <b>Bring care closer to home</b>  <b>Work together with our local providers to deliver transformational change</b>  <b>Improve the quality of care across primary and secondary care</b></p>	<p>Relationship Manager: Sarah Muckle</p>

<b>Prioritised area of joint working for 2013/14</b>	<b>Rationale for prioritising</b>	<b>Responsible public health person</b>
<p>Social Marketing</p> <p>Use of JHAWS to inform commissioning and system change</p> <p>Production of analysis and interpretation of inequalities with details and examples to support the CCG to take action</p> <p>Support the development of the CCG 5yr strategic plan and production of the 2013/14 Commissioning Plan to identify priorities for service redesign , ensuring they are informed by the JSNA and JHAWS and that both the JHAWS system change priorities and JSNA priorities are embedded</p> <p>Input into the development of local enhance services/contracts – specifically evidence base, outcome measures and support with evaluation</p> <p>Development and provision of a self care programme</p>	<p><b>Reduce variation in primary care Long term conditions</b></p> <p><b>Improve Health inequalities Reduce variation in primary care</b></p> <p><b>Improve the quality of care across primary and secondary care</b></p> <p><b>Reduce variation in primary care Improve health inequalities</b></p> <p><b>Long Term Conditions</b></p>	<p>Relationship Manager: Sarah Muckle</p> <p>Relationship Manager: Sarah Muckle</p> <p>Relationship Manager: Sarah Muckle</p> <p>Relationship Manager: Sarah Muckle</p>
<p><b>Public Health contribution to commissioning for Children and Young People:</b></p> <p>Contribute to effective integration with Early Intervention and Family Support, Mid Yorkshire Transformation Programme, including effective and seamless commissioning and service transition from Maternity</p>	<p><b>CCG Priority JSNA</b></p>	<p>Keith Henshall</p>

<b>Prioritised area of joint working for 2013/14</b>	<b>Rationale for prioritising</b>	<b>Responsible public health person</b>
<p>Services/ANNB screening.</p> <p>Contribute to the commissioning and delivery of an integrated, targeted family support service for children pre-birth to 19 which focuses on those with the greatest needs, including involvement of stakeholders.</p> <p>Support development of integrated commissioning arrangements to improve outcomes for CYP, across the Council, the new NHS structures and in partnership with schools.</p> <p>Over sight of the NHS CB commissioning of Health Visiting to ensure commissioning reflects local needs</p>		
<p><b>Mental Health/Mental well-being</b></p> <p>Address mental well-being issues related to JHAWS – coping/resilience in context of family, adults, children and young people</p>	<p><b>CCG Priority JHAWS Priority JSNA</b></p>	<p>Julie Tolhurst</p>
<p><b>NKCCG Corporate Requirements:</b></p> <p>Bring a health economics perspective to bear and provide access to health economics information where appropriate and relevant.</p> <p>Provide health intelligence and public health support and advice to help the CCG to:</p> <ul style="list-style-type: none"> <li>• Commission according to health needs</li> <li>• address variation in quality</li> </ul> <p>Continue to provide evidence reviews to inform decision making in</p>	<p><b>Maintaining core business</b></p>	<p>Relationship Manager: Sarah Muckle</p>

Prioritised area of joint working for 2013/14	Rationale for prioritising	Responsible public health person
relation to Individual Funding Requests		
<b>Core Role D</b>		
<p>To mainstream the JHWS thinking will require some challenge to various parts of the local systems by using the strategic questions where possible (as they include the system priorities). Key foci for this are:</p> <ul style="list-style-type: none"> <li>▪ Building the JHWS approach into business planning and performance management processes across Kirklees Council and Clinical Commissioning Groups.</li> <li>▪ Supporting key partners to incorporate JHWS in their business planning, e.g. Safer Stronger Partnership, Voluntary and Community Sector organisations and NHS providers.</li> </ul> <p>It will also be important to ensure that the other JSNA priorities, not selected for short term focus in the JHAWS, continue to progress.</p>	<b>JHWS JSNA</b>	Relationship Manger: Sarah Muckle

Key:

**Bold**            **Priority and must do**

*Italics*           *Should do if we can*

Normal Text    On hold for now

#### Version Control

No	Who	Date	Detail
----	-----	------	--------

1.0	SM	15.1.13	Created