# INTEGRATING PUBLIC HEALTH IN HILLINGDON

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| **Cabinet Member** | Councillor Philip Corthorne |
| **Cabinet Portfolio** | Social Services, Health and Housing |
| **Officer Contacts** | Nigel Dicker & Sharon Daye, Residents Services |
| **Papers with report** | Appendix 1 - Memorandum of Understanding |

## 1. HEADLINE INFORMATION

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| **Summary** | This report described the overall approach taken to integrating Public Health with Council business and updates Cabinet on:<br><br>• Progress with the integration of Public Health in to the Council post transfer on 1st April 2013;<br><br>• Progress with the BID review of the Public Health Teams.<br><br>The report also seeks approval from Cabinet for the draft memorandum of understanding (MOU) between the Council and the Hillingdon Clinical Commissioning Group (CCG). |
| **Contribution to our plans and strategies** | The Council now has certain statutory duties in respect of Public Health under the Health & Social Care Act 2012.<br><br>The delivery of the Council's Public Health functions are driven by the Health and Wellbeing Strategy. |
| **Financial Cost** | There is a ring fenced budget for 2013/14 of £15,281k and for 2014/15 of £15,710k, for staffing costs, programme spend and for contracted services in Public Health. |
| **Relevant Policy Overview Committee** | Social Services, Housing & Public Health |
| **Ward(s) affected** | All |

## 2. RECOMMENDATIONS

**That Cabinet:**

1. **Considers the Memorandum of Understanding (MOU) between the Council and Clinical Commissioning Group (CCG) at appendix 1;**

2. **Notes the approach taken in Hillingdon to integrate Public Health functions in support of the improvement of the health and wellbeing of residents;**

3. **Notes that existing contracts are being reviewed in the light of the needs of residents and in respect of value for money;**

4. **Delegates full authority to the Leader of the Council, in consultation with the Corporate Director of Finance, to make all necessary decisions and sign any necessary budget virements and;**

5. **Delegates full authority to the Leader of the Council, in consultation with the Corporate Director of Finance, to make all necessary decisions and sign any agreements in respect of the external transfer of funds to meet local health responsibilities and needs.**

### 2.1 Reasons for recommendations

2.2 The transfer of Public Health functions to local authorities is required through the Health and Social Care Act 2012. Public Health staff and their work must be integrated into the operating model of the Council to enable it to deliver its new statutory duties intended to improve the health and wellbeing of residents.

2.3 Existing contracts for commissioned services will continue during the review process, so as to enable the unbroken delivery of functions whilst work is undertaken to ensure relevance, effectiveness and value for money.

2.4 Public Health grant has been awarded for a period of two years (13/14 and 14/15) and the Council must decide how best to utilise this funding in support of Public Health Priorities.

### 2.5 Alternative options considered / risk management

2.6 Not continuing with existing contracts during the review process could create uncertainty and potential disruption to service delivery for residents. There is also a risk to the Council in terms of either failing to fulfil mandatory functions or in being accountable for expenditure outside of contract. This option was therefore discounted.

2.7 Retaining contracts transferred from the NHS longer term would not ensure value for money or achieve effective delivery and would not meet the procurement aims of the Council. This option was therefore discounted.

2.8 Whilst not a legally binding document, not proceeding with a Memorandum of Understanding (MOU) in any form could introduce uncertainties in day to day dealings between Council officers, the Hillingdon CCG and Public Health England.

2.9 To have a legally binding contract with the CCG - this was discounted because the Council and the CCG should work together through the Health and Wellbeing Board.

**2.95 Policy Overview Committee comments**

None at this stage.

## 3.0 INFORMATION

### 3.1 Integrating Public Health

3.2 An integrated delivery model for Public Health in Hillingdon has been adopted. This is consistent with the Council's operating model and aligns functions, exploits synergies and maximises benefit to residents. Under this approach, common activities such as finance, contracts, performance management and business support will be incorporated into existing Council services.

3.3 Functions that have transferred to the Council include aspects of health protection, health improvement and specialist public health advice. Mandatory elements are:

- National Child Measurement Programme;
- NHS Health Checks;
- Core Offer to Clinical Commissioning Groups (CCGs);
- Public Health responsibilities for Health Protection;
- Sexual Health.

3.4 The Health Visiting Service (the Healthy Child Programme 0-5yrs) is due to move to the Local Authorities in 2015. The opportunity is available to be an early adopter and transition the service in 2014.

3.5 Non-mandatory services have also transferred, including:

- School nursing (i.e. Healthy Child Programme for school age children)
- Local health improvement programmes to improve diet / nutrition, to promote physical activity and prevent / address obesity;
- Drug misuse and alcohol misuse services;
- Tobacco control including stop smoking services and prevention activity.

3.6 The following non-mandatory advisory activities relating to existing Council service provision have also transferred:

- Local initiatives to prevent accidental injury including falls prevention;
- Local initiatives to reduce seasonal mortality;
- Advice on cremations/ death certifications;
- Advice on licensing;

- Advice on crime and disorder reduction, promoting community safety;
- Promotion of healthy environment to prevent risks and promote wellbeing;
- Health impact assessments;
- Port health – Heathrow Airport as a designated "port of entry".

3.7 In integrating Public Health the Council is seeking to ensure that:

- The delivery of Public Health services is centred on the Council's vision of putting residents first and delivering improved outcomes, including improved health;
- The Council's outcome based model for performance management will incorporate the Public Health outcomes framework;
- The Council's robust approach to medium term financial forecasting, including value for money, will be applied to the ring-fenced Public Health budget;
- The Council's contract management framework, incorporating category management will be used for commissioning acitivities.

3.8 The Statutory Director of Public Health is a part-time role and leads a specialist Public Health Advisory Team or hub which includes Public Health consultant roles. The post-holder will ensure the development of the Joint Strategic Needs Assessment (JSNA) and produce an annual report on the health of the local population. The Statutory Director of Public Health is a member of the Health and Wellbeing Board.

3.9 The Department of Health has published a Public Health outcomes framework which provides the scope within which Public Health activity across partners will be undertaken. It covers the broad areas of improving the wider determinants of health, health improvement, health protection and preventing premature mortality. The outcomes framework will feed into the Joint Strategic Needs Assessment and Hillingdon's Health and Wellbeing Strategy.

4.0 Local authorities are also required to provide specialist Public Health expertise and advice to NHS commissioners to support them in delivering their objectives and to improve the health of the population. The "core offer" to the Hillingdon Clinical Commissioning Group is mandatory and the Memorandum of Understanding is intended to clarify what can be expected by the Council and the CCG.

**4.1 Staffing**

Twelve Public Health staff transferred on 1st April 2013 as required through the formal transfer from the Department of Health. The funding for these posts is included within the Public Health grant received.

4.2 **BID Review Work**

4.3 The work of the transferred team is being reviewed, using BID principles. An initial review has been carried out, and as a result, the Specialist Health Promotion and the Smoking Cessation Teams have been moved into Residents Services. There are clearly some significant opportunities to reshape the service to support the Council's operating model and focus on building capacity and resilience at a local level.

4.4 It is proposed to test a new service delivery model, through prototype working. The proposed model would see the Public Health Consultants continue to provide analysis and advisory support to delivery teams. However, the remit would broaden to include developing the strategic relationship with the local health economy including the CCG, local providers and the Hospital Trust. In addition to this, operational Public Health officers would come together to;

- Build local capacity and resilience;
- Support people to employment;
- Support the Family Information Service;
- Support education and training provision for young people.

4.5 This "Community Public Health Service" would build a much broader delivery model, providing and facilitating a greater array of services than are available at present. The model would ensure that all residents are supported to make positive life decisions in respect of employment, education or health. The service would also look to build the local infrastructure to support personal decision making, investing in local voluntary groups and influencing local organisations to make it possible for residents to make positive, well informed decisions.

4.6 In order to ensure the service provides the necessary functions and support, it will be essential for it to have a very close alignment with category management, performance and intelligence, the family centered network model and other Council services such as Public Protection, Planning Policy, Sport and Leisure and Green Spaces.

4.7 The opportunities to develop an integrated social care and health delivery model was not included in this initial review but further work will be done on this area of work in going forward.

4.8 As part of the initial review, a case study into how substance misuse issues are handled was also undertaken. It was found that the current substance misuse service is built around an outdated agenda, with little emphasis on alcohol and an almost exclusive focus on tier three and four provision. In reality, this means that support exists for the most serious and severe cases. However, there is very little in the way of promotion or lower level support services. A significant gap has also been identified in the relationship between substance misuse and complex families. This knowledge will help shape future provision and commissioning in this area.

**4.9 Assets, liabilities and risks**

5.0 The assets and liabilities that have transferred to the Council are limited. Any ongoing liabilities that arise from Public Health contracts up to 31st March 2013 will fall to the NHS. Any transferring assets relate only to small items of equipment, and not buildings.

5.1 Lead responsibility for health emergency planning falls to the NHS Commissioning Board London and Public Health England. However, local responsibilities remain, and

these, plus Public Health business continuity planning, will be met by the Council's Civil Protection Service.

5.2 As Public Health integrates into Council functions, reviews of the provision of services are required to determine the level of exposure that the Council faces in carrying out these activities and to ensure that sufficient insurance cover can be put in place to mitigate this risk. These reviews need to be ongoing as new services are brought into the Council remit, as many are unlikely to be covered within existing policies, particularly given the medical nature of some activities.

**5.3 Contracts**

5.4 The integration of Public Health as described brings opportunities to link related functions and identify synergies in provision and to improve outcomes for residents. The transfer will occur through a formal "Transfer Order" under the Health and Social Care Act 2012 which specifies the contracts transferring. When finalised, the transfer order is legally binding. The transfer order is not yet finalised.

5.5 Through this process, responsibilities for functions and contracts are transferred to the Council "as is" and it is for the Council to decide how to take forward services. Some functions relate to the mandatory services and there will be other functions which may currently benefit Hillingdon residents and support joint priorities, for example, around early intervention and prevention.

5.6 The Council's intention is to review all services and service specifications, liabilities and commitments and consider future options for delivery. This review will look at potential synergies with existing services. This work is underway and contracts will be reviewed in terms of including their effectiveness and value for money, against agreed Public Health priorities.

5.7 Procurement officers have arranged for contracts to transfer on the basis that the existing contract is varied to allow for three or six month termination periods. Contracts will be varied to allow for payment in accordance with the Council's payment policies. Contracts and existing provision are subject to a full BID and category review. The outcomes of those exercises will be shared with members through August, pending the re-tender, cessation or extension of services in September.

**5.8 The Memorandum of Understanding (MOU)**

5.9 The Health and Social Care Act 2012 provides a mandatory responsibility to ensure local NHS commissioners receive the necessary Public Health advice so they can discharge their statutory duties.

6.0 MOUs can be developed between parties where there is no need for a formal contract. The MOU between Hillingdon Council and Hillingdon CCG is a way of confirming agreed terms between the two parties in a stronger way than an informal agreement. It is an expression of agreed basic principles and guidelines under which the Council and the CCG will work. The MOU will help ensure that the Council meets is statutoryresponsibilities under the Health and Social Care Act 2012.

6.1 The draft MOU between Hillingdon Council and the CCG is at appendix 1, for consideration by Cabinet.

### 6.2 Financial Implications

6.3 The Department of Health has confirmed the ring fenced Public Health grant allocations to local authorities for both 2013/14 and 2014/15; for LBH this amounts to £15,281k and £15,710k respectively. The grant is provided to support work on Public Health priorities across the Council including staffing costs, programme spend and to fund commissioned services through contracts.

6.4 In April 2013 Cabinet approved the £9,110k for contractual commitments transferred from the PCT together with two specific expenditure requests for a total of £13,796. In addition to this, budget review work is being undertaken to confirm further expenditure on Public Health functions likely to be incurred by the Council in 2013/14. This will include staffing costs relating to posts transferred from the PCT and in the existing Specialist Health Promotion team.

## 7.0 EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

7.1 The approach taken to integration of Public Health into the Council should enable effective delivery of mandatory functions and Public Health priorities.

### 7.2 Consultation Carried Out or Required

7.3 Transfer and integration of Public Health is statutory requirement. Governance arrangements for Public Health, through the Health and Wellbeing Board and Partnership Boards which include local health agencies and partners will mean that stakeholders will be kept informed of future progress, performance and new developments.

## 8.0 CORPORATE IMPLICATIONS

### 8.1 Corporate Finance

8.2 Corporate Finance has reviewed the report and notes the recommendations in the report. The Public Health grant allocations for 2013/14 of £15,710k less the current commitments of £9,110k leaves a sum of £6,600k to support the development of the integrated delivery model being adopted by the Council as set out in the report.

### 8.3 Legal

8.4 As stated in the report, the Council assumed statutory responsibility for Public Health on 1st April 2013. To date, the Secretary of State has not made any statutory order regulating how the Council is to exercise its functions, or transferred any assets or contracts to the Council.

8.5 Both the Council and the Clinical Commissioning Group are required, under section 193 of the Health and Social Care Act 2012, to have regard to the Heath and

Wellbeing Strategy in exercising their functions. A Memorandum of Understanding will assist both parties in working together.

**8.6 Relevant Service Groups**

None

## 9.0 BACKGROUND PAPERS

NIL

**Appendix 1**

**DRAFT MEMORANDUM OF UNDERSTANDING**
between
**LONDON BOROUGH of HILLINGDON**
and
**HILLINGDON CLINICAL COMMISSIONING GROUP**
**2013/14**

This document sets out the principles of how the London Borough of Hillingdon (the Council) and Hillingdon Clinical Commissioning Group (CCG) will work together to ensure improvements in population health and wellbeing, through effective disease prevention, health improvement and commissioning of health and other services.

## 1. INTRODUCTION

The Health and Social Care Act (2012) (the Act) establishes new arrangements in England for health protection, health improvement and for commissioning health services. Section 12 of the Act transfers statutory responsibility for public health to Local Authorities.

### 1.1 Commissioning:

Clinical Commissioning Groups (CCGs) are the main local commissioners of NHS services and the Act gives them a duty to continuously improve the effectiveness, safety and quality of services. The Act also stipulates that, as part of their statutory responsibility for public health, Local Authorities are responsible for providing healthcare public health advice to CCGs.

### 1.2 Health Improvement:

The Act gives local authorities, such as the Council, statutory duties to improve the health of the population from April 2013. The CCG will also have a duty to secure improvement in health and to reduce health inequalities, utilising the role of health services. This will require joint action between the Council and the CCG along the entire care pathway from prevention to end of life.

### 1.3 Health Protection:

Under the Act, local authorities (LA) must appoint Directors of Public Health (DPH) who have local responsibilities in respect of health protection, in conjunction with Public Health England. These include preventing and responding to outbreaks of communicable disease, planning for and mitigating the effects of environmental hazards, and NHS resilience. The Act gives the CCG a duty to ensure that they are properly prepared to deal with relevant emergencies.

The Council has established arrangements for the discharge of its statutory public health functions, through integrating public health alongside existing functions and focussed on supporting its vision of putting its residents first. The Council and the Clinical Commissioning Group (CCG) share the common aims of improving the health of the population and tackling health inequalities in the borough. Robust partnership working between the Council and CCG will be essential to achieve these.

## 2. PURPOSE

The purpose of this Memorandum of Understanding (MoU) is to establish a framework for relationships between the Council and the Clinical Commissioning Group (CCG), outlining the expectations and responsibilities of each party and the principles and ways of working. It will be accompanied by an agreed CCG-Council public health work-plan for each year.

## It is agreed as follows:

### 2.1 Principles and Values

**The Council and the CCG will**

- *Work in partnership to achieve agreed outcomes and ensure that a productive and constructive relationship continues to be developed and maintained*
- *Recognise and respect each other's roles in improving the health of the population*
- *Support each other in finding the most efficient ways to deliver project requirements.*
- *Be honest, constructive and communicative in all dealings with each other.*
- *Have reasonable expectations of each other, consistent with agreed arrangements.*
- *Use the content and terms of this MoU to help in resolving any conflicts that arise in the working relationship.*
- *Be responsive to each other's needs during the year, within the flexibility of a planned programme of work*
- *Owe each other a duty of confidentiality regarding business sensitive issues.*

### 2.2 Objectives

The Council and the CCG will work together

- to deliver improvements in the health of the borough's population, through disease prevention, health protection and commissioning health services;
- to maintain performance information on national and locally agreed outcome measures and priorities;
- to ensure that local commissioning fully reflects the population perspective;
- to implement a mutually agreed joint work plan to meet the needs of residents and deliver commissioning and public health priorities for the local population.

### 2.3 Governance and Accountability

- The Hillingdon Health and Wellbeing Board will be the governing body for this agreement.
- The DPH or nominated representative will attend the Clinical Commissioning Group Governing Body, as a non-voting member, to provide public health advice, support and challenge to commissioning discussions and decision-making.
- The DPH or nominated representative may attend other CCG committees, if requested.
- CCG clinical directors, through the Health and Wellbeing Board, will provide clinical input to partnership strategies and priority setting.
- There will be one named public health consultant to act as the key relationship manager to the CCG.

- The CCG will designate a clinical director to be the lead for population health
- The work-plan will be developed by negotiation and be based on priorities drawn from the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

**3. Population Healthcare/ Health Services**

This "core offer" to the CCG is defined and limited by the work-plan, which is mutually agreed and consistent with the needs of the CCG and capacity and other public health priorities of the Council. It covers:

- Lead production of the joint strategic needs assessment (JSNA) and other supporting needs analysis.
- Lead the development of, and professional support for, the Health and Wellbeing Board (HWB) and Joint Health and Wellbeing Strategy.
- Provide specialist, objective public health advice to the CCG in its strategic, commissioning and decision-making processes.
- Assess the health needs of the local population, through use and interpretation of the data and other sources, and analysis of how the needs can best be met using evidence-based interventions.
- Support actions within the commissioning cycle to prioritise and reduce health inequalities and better meet the needs of vulnerable/ excluded communities, for example including use of health equity audit; health impact assessments, geo-demographic profiling, etc.
- Support the clinical effectiveness and quality functions of the CCG, including input into assessing the evidence in commissioning decisions, e.g. NICE or other national guidance, critical appraisal and evidence review.
- Support the CCG in its work in developing health care strategies, evidence based care pathways, service specifications and quality indicators to monitor and improve patient outcomes.
- Provide specialist advice to support efficiency drives and care pathway design.
- Provide specialist advice based on surveillance of epidemiological and demographic data regarding the health needs of the local population, to support Section 106 applications.
- Design monitoring and evaluation frameworks to assess services for the impact of commissioning policies; support collection and interpretation of the results
- Assist in the process for setting priorities or making decisions about best use of scarce resources, for example through decision-making frameworks, benchmarking/ 'comparative effectiveness' approaches linked to population need.
- Support the CCG in the achievement NHS Outcomes Framework indicators, particularly as regards action on Domain One – preventing people from dying prematurely, and in support of its contribution to the Public Health Outcomes Framework.
- Support the development of public health skills for CCG staff.
- Promote and facilitate joint working with the Council and wider partners to maximise health gain through integrated commissioning practice and service design.

***The CCG will:***

- Seek specialist public health advice to ensure that prioritisation and decision making processes are robust and based on population need, evidence of effectiveness and cost effectiveness.
- Work with the Council to develop its public health commissioning intentions in line with the Health and Wellbeing priorities, as informed by the JSNA.
- Utilise specialist public health skills to identify and understand high risk and/or under-served populations in order to target services at greatest population need and towards a reduction of health inequalities
- Utilise specialist public health skills to support development of its commissioning strategies, pathways and service improvement plans
- Contribute intelligence and capacity to the production of the JSNA, including through data-sharing agreements
- Ensure necessary arrangements are in place to enable the Council to deliver the core public health offer and facilitate joint working, including sponsorship arrangements for NHS mail and Athens, accommodation/hot-desking, etc.
- Mediate an agreement between the Council and the Commissioning Support Service to ensure clear communication and full access to required NHS data for the delivery of the Council's public health functions

**4. Health Improvement**

***The Council will:***

- Support primary care to deliver health improvements (appropriate to its provider healthcare responsibilities) e.g. by offering training opportunities for staff and through targeted health behaviour change programmes and services
- Commission health improvement services with the intention of supporting the CCG in its role of improving health and addressing health inequalities
- Lead health improvement partnership working between the CCG, local partners and residents, to integrate and optimise local efforts for health improvement and disease prevention
- Embed health improvement programmes, such as stop smoking services, into front-line clinical services, with the aim of improving outcomes for patients and reducing demand

***The CCG will:***

- Contribute to strategies and action plans to improve health and reduce health inequalities
- Encourage constituent practices to maximise their contribution to disease prevention – e.g. by taking every opportunity to encourage uptake of screening opportunities
- Encourage constituent practices to maximise their contribution to health improvement – e.g. 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 are included within all commissionedpathways
- Commission to reduce health inequalities and inequity of access to services
- Support and contribute to locally driven public health campaigns

**5. Health Protection**

***The Council will:***

- Assure that local strategic plans are in place for responding to the full range of potential emergencies – e.g. pandemic flu or major incidents.
- Assure that the CCG has access to these plans and an opportunity to be involved in any exercises.
- Cascade advice from Public Health England to the clinical community and any other necessary route on health protection and infection control issues
- Keep the CCG and other local partners apprised of local and national health protection arrangements as details are made available by Public Health England

***The CCG will:***

- Ensure Public Health consultants and analysts have access health care data (ie. SUS, HES and GP data) to facilitate effective delivery of public health programmes and responsibilities related to healthcare public health (eg. Pathway design, service evaluation and redesign) and prevention programmes (eg. Health Checks, Smoking Cessation, Chlamydia Screening)
- Familiarise themselves with strategic plans for responding to emergencies
- Participate in emergency planning exercises when requested to do so
- Ensure that provider contracts include appropriate business continuity arrangements
- Ensure that constituent practices have business continuity plans in place to cover action in the event of the most likely emergencies
- Ensure that providers have and test business continuity plans and emergency response plans covering a range of contingencies
- Assist with co-ordination of the response to emergencies, through local command and control arrangements
- Encourage constituent practices to maximise their contribution to health protection, e.g. by taking every opportunity to promote the uptake of and providing immunisations

**6. Performance**

- The Council and the CCG will work together to deliver their public health outcomes
- The Council will support the CCG in achievement of non-public health outcome indicators, where possible.
- The CCG will support achievement of PH outcome indicators, where possible, through support and challenge to member practices, as well as through commissioning health services.
- The CCG and the Council will co-operate on achieving performance outcomes in the NHS and the Public Health Outcomes Frameworks
- The work-plan will include agreed key performance indicators for each work-stream/project by which progress will be monitored and both parties held to account.

**7. Term**

This agreement commences on the date signed by both parties and will continue until 31st March 2016 or until reviewed by mutual agreement.

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| Signature: | Signature: |
| Name: Dr Ian Goodman | Name: |
| Position: Hillingdon CCG Chairman | Position: |
| Organisation: Hillingdon Clinical Commissioning Group | Organisation: |
| Date: | Date: |