

DEVELOPMENT OF A MEMORANDUM OF UNDERSTANDING BETWEEN HILLINGDON CCG AND LB HILLINGDON

Relevant Board Members	Councillor Ray Puddifoot Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report Author	Kevin Byrne, Administration Directorate
Papers with report	Appendix 1 – Draft Memorandum of Understanding

1. HEADLINE INFORMATION

Summary	This report presents a draft Memorandum of Understanding between the Hillingdon CCG and Hillingdon Council and is presented to the Board to note.
Contribution to our plans and strategies	Taking forward work between the CCG and LBH is key to our Health and Wellbeing Strategy and each partner's commissioning strategies.
Financial Cost	There are no new financial implications arising directly from this report.
Relevant Policy Overview Committee	Social Services, Housing and Public Health
Ward(s) affected	All

2. RECOMMENDATION

The Health and Wellbeing Board is asked to agree the draft Memorandum of Understanding.

Reasons for recommendation

To provide the Board with an opportunity to comment on the approach taken.

3. INFORMATION

The Council and the CCG have agreed to set out how they will work together on sharing PH advice through a Memorandum of Understanding (MoU). A draft of this MoU is attached at Appendix 1.

Under the Health and Social Care Act 2012, local authorities are under a duty to provide specialist public health expertise and advice to NHS commissioners to support them in delivering their objectives to improve the health of their population. Under the Act, this is one of the five mandatory functions as is sometimes referred to as the “Core Offer” to the CCG.

The MoU helps to set out the “core Offer” will be delivered and to guide the partnership working and reciprocal arrangements between partners. It is brought to the Health and Wellbeing board for comment and the board is identified as the governing body for the MoU.

4. BACKGROUND PAPERS

NIL.

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, which includes supporting health commissioning. CCGs are also required to seek approval from their local Health and Wellbeing Board for their commissioning strategies.

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 agreed priorities drawn from the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and healthcare commissioning plans.

3. POPULATION HEALTHCARE/ HEALTH SERVICES

This “core offer” to the CCG is defined and limited by the workplan, 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 QIPP which includes quality and 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.
- Maintain and refresh metrics, as necessary, to allow the progress and outcomes of preventive measures to be monitored, particularly as they relate to delivery of key NHS and Council strategies and Public Health commissioned services that impact on health commissioning e.g. drugs and alcohol and obesity.

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 commissioned pathways
- 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), within current Information Governance rules.
- 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 and reviewed annually.

Signature:

Signature: _____

Name: Dr Ian Goodman_____

Name: Cllr Philip Corthorne

Position: Hillingdon CCG Chairman_____

Position: Cabinet Member, Social Services, Health and Housing

Organisation: Hillingdon Clinical Commissioning Group

Organisation: London Borough of Hillingdon

Date: _____

Date: _____