

MEMORANDUM OF UNDERSTANDING BETWEEN HILLINGDON CCG AND LB HILLINGDON 2019-2021

Relevant Board Member(s)	Councillor Philip Corthorne
Organisation	London Borough of Hillingdon
Report author	Kevin Byrne, Residents Services
Papers with report	Appendix 1 - Draft Memorandum of understanding

1. HEADLINE INFORMATION

Summary	This report presents an updated Memorandum of Understanding between the Hillingdon CCG and Hillingdon Council. It is presented to the Board for agreement as the Health and Wellbeing Board is stated as the governing body for the agreement.
Contribution to plans and strategies	This Memorandum of Understanding sets out how HCCG and the London Borough of Hillingdon (LBH) will work together in developing joint approaches to health and social care in Hillingdon and includes setting out a process for agreement of Public Health activities offered to support commissioning by HCCG.
Financial Cost	There are no new financial implications arising directly from this report.
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board agrees the draft Memorandum of Understanding.

3. INFORMATION

Supporting Information

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

The Health and Social Care Act 2012 establishes a duty that local authorities should provide specialist public health expertise and advice to NHS commissioners to support them on

delivering their objectives to improve the health of their population. This is sometimes referred to as the “Core Offer” from the Council to the CCG.

The Board first agreed a similar MoU in 2013 and this has been updated once since. The current MoU was time limited to run to March 2019 so is due an update.

The draft at Appendix 1 offers largely presentational changes and updates based on developments such as STPs since the first MoU was agreed.

The MoU sets out how an annual work plan will be agreed between HCCG and the Council defining which activities are to be prioritised between partners and to form part of the Council’s Public Health business plan.

Financial Implications

Whilst this report does not have direct financial implications, the MoU establishes a framework, consistent with the 2012 Act, for agreeing priority actions, which in turn will have resource implications. Discussions regarding the annual “core offer” work plan will need to take into account available resources.

4. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

Effective working between HCCG and the Council should have a positive indirect effect on residents and communities.

Consultation Carried Out or Required

The MoU has been discussed between the parties concerned, no wider consultation has been considered necessary.

5. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

TBC

Hillingdon Council Legal comments

TBC

6. BACKGROUND PAPERS

Appendix 1 - Draft MoU

**MEMORANDUM OF UNDERSTANDING (MoU) between
LONDON BOROUGH of HILLINGDON and HILLINGDON
CLINICAL COMMISSIONING GROUP**

2019-2022

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Acronyms

HCCG Hillingdon Clinical Commissioning Group

COPD Chronic Obstructive Pulmonary Disease

CQUIN Commissioning for Quality and Innovation Payment

DPH Director of Public Health

HNA Health Needs Assessment

IFR Individual Funding Request

JSNA Joint Strategic Needs Assessment

KPI Key Performance Indicator

MOU Memorandum of Understanding

QIPP Quality, Innovation, Productivity and Prevention

CAMHS Child and adolescent mental health services

LBH London Borough of Hillingdon

HPH Hillingdon Public Health

STP Sustainability and Transformation Plan

1. Aims

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. Through the provision of specialist Public Health (PH) expertise and advice, fulfilment of PH and CCG roles and responsibilities and mutual partnership working, ensuring that:

A. Health improvement, healthcare services and health protection commissioned by Hillingdon CCG:

- are evidence - based and clinically effective
- are safe and of good quality
- are cost effective
- reduce health inequalities
- meet the needs of the local population
- provide value for money
- maximise individual and population health outcomes

B. Public Health principles of equity, empowerment, effectiveness, evidence-based practice, fairness and inclusiveness are enshrined in CCG strategic approaches.

2. Context

The Health and Social Care Act (2012) (the Act) establishes 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.

2.1 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 Health and Wellbeing Boards for their Commissioning Strategies. Good population health outcomes, including reducing health inequalities, rely not only on health protection and health improvement but on the quality and accessibility of healthcare services provided by the NHS. Healthcare public health advice (the third domain of public health) is critical in giving NHS commissioning a population focus. With the transfer of local leadership of public health to local authorities it is critical that NHS commissioning continues to benefit from public health advice so that the NHS can make the maximum impact on population health.

2.2 Health Improvement:

With the advent of the NHS Long Term Plan (NHS England, 2019), there is a greater emphasis on the NHS to acknowledge the role of prevention and the need to reduce health inequalities and for the NHS to play a greater part in initiatives to improve the health of the population. This will involve primary, secondary and tertiary prevention as well as advocating work on the wider determinants of health. The Long Term Plan also identifies a new service model intended to lead to more integrated health and care services.

2.3 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. Local Public Health involvement in health protection has changed with the creation of Public Health England, who now has the responsibility of responding to health protection incidents such as outbreaks. However, there are still areas of health protection which fall under the domain of HPH team that relate to the work of the HCCG such as HCAI, wider emergency response, community safety and environmental health.

3. Purpose

The purpose of this Memorandum of Understanding (MOU) is to agree 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:

3.1 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.
- 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.

3.2 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.

3.3 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.

4. Population Healthcare / Health Services

The "core offer" provided by the Public Health team 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. The work-plan will be agreed annually and is likely to cover such things as:

- 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
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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.
- 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 of 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 NHS England to ensure clear communication and full access to required NHS data for the delivery of the Council's public health functions.

5. 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 agreed health improvement programmes 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.

The CCG will:

- Contribute to the development of the Joint Health and Wellbeing Strategy and supporting 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.

6. 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 to 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 coordination 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.

7. 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 CCG and the Council will work together to monitor and produce performance reports to the Health and Wellbeing Board based on the Joint Health and Wellbeing Strategy.
- 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.

8. Monitoring and Review

Joint accountability for the monitoring of this MOU will lie with the Director of Public Health and the Chief Operating Officer of Hillingdon CCG. The effectiveness of the MOU will be jointly monitored on an on-going basis at a schedule to be agreed between the parties.

9. Term of the Agreement

This agreement commences on 1st April 2019 and when signed by both parties and will continue until 31st March 2022.

Signature:

Name: Dr Ian Goodman

Position: Hillingdon CCG Chairman

Organisation: Hillingdon Clinical Commissioning Group

Date:

Signature:

Name: Cllr Philip Corthorne

Position: Cabinet Member for Social Services, Housing, Health and Wellbeing

Organisation: London Borough of Hillingdon

Date:

Signature: