

**Report to:** Executive Cabinet Member Children's  
And Adult Services and Public Health

**Date:** 15th September 2014

**Report of:** Director of Public Health

**Report No:**

**Contact Officer:** Wendy Meredith

**Tele No:** Ext 7821

**Report Title:** **Memorandum of Understanding  
Bolton Council Public Health Offer to NHS Bolton Clinical  
Commissioning Group**

**Confidential /  
Non Confidential:**

(**Non-Confidential**) This report does **not** contain information which warrants its consideration in the absence of the press or members of the public.

**Purpose:**

To introduce the draft Memorandum of Understanding (MoU) relating to the Bolton Council Public Health Offer to NHS Bolton Clinical Commissioning Group 2014/15.

**Recommendations:**

It is recommended that:

The content of the draft Memorandum of Understanding is noted.

The Director of Public Health be given delegated authority to sign off the final Memorandum of Understanding on behalf of Bolton Council and in consultation with the Executive Cabinet Member.

**Decision:**

**Background Doc(s):**

Health & Social Care Act 2012

(for use on Exec Rep)

**Signed:**

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Leader / Executive Cabinet  
Member

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Monitoring Officer

**Date :**

**Summary:**

The purpose of this Memorandum of Understanding (MoU) is to establish a protocol for the working relationship between the local specialist Public Health function within Bolton Council and Bolton CCG from 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015 and beyond.

The plan for Public Health locally requires a robust working relationship between the CCG and the local Bolton Council Public Health team to be maintained in order to ensure the delivery of the optimum outcomes for the local population.

This MoU describes the mandated Public Health offer from Bolton Council to Bolton CCG for 2014/15 and the reciprocal arrangement between the CCG and Bolton Council's Public Health function.

This revised MoU follows on from the 2013/14 MoU and reflects the fact that specialist Public Health support from Bolton Council to Bolton CCG is a mandated Local Authority function under the Health & Social Care Act 2012.

**Bolton Council Public Health Offer  
to NHS Bolton Clinical Commissioning Group**

**Memorandum of Understanding for 2014/15**

**1. Statement of Intent**

- 1.1 The purpose of this Memorandum of Understanding (MoU) is to establish a protocol for the working relationship between the local specialist Public Health function within Bolton Council and Bolton CCG from 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015.
- 1.2 This MoU describes the mandated Public Health offer from Bolton Council to Bolton CCG for 2014/15 and the reciprocal arrangement between the CCG and Bolton Council Public Health.
- 1.3 Bolton Council Public Health and Bolton CCG by working together as described in this MoU will ensure:
- commissioned services are effective and provide value for money;
  - scarce skills and knowledge in both organisations are shared;
  - that each party recognises the opportunities to improve outcomes for citizens through close collaboration and joint working.
- 1.4 Both parties agree to jointly and appropriately managing any shared risks that are identified during the operation of this MoU.

**2. Context**

- 2.1 This revised MoU follows on from the 2013/14 MoU and reflects the fact that specialist Public Health support from Bolton Council to Bolton CCG is a mandated Local Authority function under the Health & Social Care Act 2012.
- 2.2 Bolton CCG and Bolton Council have a co-terminus population.
- 2.3 The plan for Public Health locally requires a robust working relationship between the CCG and the local Bolton Council Public Health team to be maintained in order to ensure the delivery of the optimum outcomes for the local population.
- 2.4 Many features of the Bolton Council Public Health offer are best provided to NHS commissioners at a local level. However, on occasions and where several areas are working collaboratively, pooled Public Health expertise may be required in order to offer advice to CCGs both locally and collectively (e.g. through the Greater Manchester Public Health Network or through sectoral work programmes).

2.5 At a local level Bolton CCG will continue to be full members of the Bolton Health and Wellbeing Board (HWWB). Members of Bolton CCG will continue to work alongside the HWWB and the Director of Public Health (DPH) to develop and implement the local Joint Strategic Needs Assessment (JSNA), agree joint health and wellbeing strategies and reflect these in local commissioning plans.

2.6 Bolton CCG and Bolton Council's Public Health department will share their annual objectives and commissioning intentions at the beginning of January each calendar year to enable the MoU to be negotiated and amended accordingly.

2.7 Bolton CCG and Bolton Council's Public Health department will agree the work programmes that require Public Health support by the end of January each calendar year, and with particular reference to Public Health Intelligence support.

### **3. Public Health Structures and Responsibilities**

3.1 Bolton's Public Health team is located within the Local Authority. The team is multi-disciplinary and includes trained and accredited Public Health Consultants leading and working alongside other Public Health specialist staff. The Public Health team have a wide range of skills and experience from both clinical and non-clinical backgrounds focusing on the three domains of public health (below).

3.2 The three domains of public health can only be delivered through collaborative working across all partners. (See Appendix 1).

These domains are:

- Health Improvement;
- Health Protection;
- Health and Social Care Service Commissioning.

3.3 The Public Health Outcomes Framework complements the NHS and Adult Social Care Outcomes frameworks, outlining key areas for joint responsibility. Within the Public Health Outcomes Framework, CCGs are identified as partners for all domains but a key area highlighted for specific collaboration is

described in domain 4: Healthcare public health and preventing premature mortality.

3.4 During 2014/15 the local Public Health team will prioritise and deliver agreed Council organisational objectives and key public health programmes to ensure that a focus is maintained on tackling health inequalities and improving outcomes for local people.

3.5 The local Public Health Team will also work alongside the CCG on the key domains of 'Everyone Counts' and the Better Care Fund, and in particular will focus on joint work to address health inequalities.

3.6 The 10 Greater Manchester Directors of Public Health have established a Greater Manchester Public Health Network (GMPHN). Several work programmes undertaken at this level are funded from the local Public Health budget including: Chlamydia screening (RU Clear Programme), GM Tobacco Free Futures, GM Alcohol Strategy (DrinkWise Programme), GM Risk & Resilience and the GM Sexual Health Network.

#### **4. Bolton Council Public Health Core Offer to Bolton CCG**

4.1 The Bolton Council Public Health Core Offer to Bolton CCG is intended to ensure that the CCG receives appropriate access to, and benefits from, local public health leadership, advice and specialist skills in relation to:

- public health intelligence (e.g. epidemiology, surveillance, needs assessments, evaluation, evidence synthesis and knowledge management)
- health inequalities
- clinical effectiveness
- health protection assurance (including infection prevention and control)
- system resilience
- commissioning for health improvement across clinical and other pathways
- quality improvement

#### **5. The Priority Areas**

This section of the MoU describes the key areas of practice where the local public health contribution is specific and includes appropriate levels of resource and skills.

## 5.1 Health Protection

As of April 2013 Bolton Council assumed direct responsibility for commissioning the following health protection interventions:

- HIV prevention
- Other blood borne virus prevention (i.e. Hepatitis C)
- STI prevention and diagnosis
- STI treatment services
- Community infection prevention and control

Under the terms of the Health & Social Care Act all Councils' DsPH must provide assurance that other commissioning partners have robust plans in place to respond to health protection incidents and challenges. DsPH must also satisfy themselves, Local Authorities and CCGs that health protection performance is maintained or continuously improved depending on the programmes. Key areas for scrutiny and assurance are:

- Immunisation and Screening uptake and performance
- Emergency Plans (e.g. heat wave, winter and flood)
- TB treatment and completion
- Hospital Acquired Infection rates (e.g. Clostridium Difficile and MRSA)
- Oversight of the local Influenza programme commissioned by Public Health England
- Pandemic flu

- 5.1.1 Bolton Council has established a Health Protection Forum that will review performance, provide assurance and produce an annual report. The CCG will be a key partner in this forum which will also provide an interface with the Greater Manchester Public Health England team.

In turn, local public health staff will be members of, and contribute to, CCG health protection and system resilience groups.

## 5.2 Primary Care Health Improvement

An annual work programme jointly determined by Public Health and the CCG to address health inequalities and health improvement priorities will be established. This will include an annual review of practice populations to set peer cluster groups, advice on evidence of best practice, plans to further develop primary care commissioning and support to the continuous strategic development of the Triple Aim programme.

## 5.3 Bolton Council Public Health Leadership, Support and Specialist Skills

#### 5.3.1 Leadership for:

- Healthy Lifestyle population based programmes such as alcohol, tobacco, obesity, sexual health, healthy weight and physical activity
- Five Ways to Wellbeing
- Reducing Teenage Pregnancy
- Commissioning the NHS Health Checks programme
- Leading Oral Health promotion
- Making Every Contact Count
- Suicide Prevention
- Health Improvement in Primary Care
- The development of the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy for the Borough

#### 5.3.2 Support for:

- Addressing the determinants of poor health in Bolton through joint work with Bolton Council and other Bolton Family partners
- Aligning CCG plans to the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy
- Delivering organisational specific and/or jointly agreed commissioning priorities

#### 5.3.3 Specialist Skills to:

- Ensure the delivery of jointly agreed programmes of Health Needs Assessment (HNA), Health Impact Assessment (HIA) and Health Equity Audit.

### **5.4 Commissioning**

#### 5.4.1 Bolton Council Public Health will:

- Work collaboratively with CCG colleagues to deliver new service specifications and/or review of existing provision where appropriate (e.g. Increasing Access to Psychological Therapies and Child and Adolescent Mental Health)

- Work jointly on the development of services to ensure that Public Health principles, knowledge and expertise are incorporated into service reviews and the development of new delivery models.
- Work to align Council and CCG commissioning intentions especially where there needs to be an increased focus on prevention and early intervention in order to improve healthy life expectancy and reduce inequalities.

## **5.5 Data and Intelligence**

5.5.1 Bolton Council's Public Health Intelligence Team (PHIT) will:

- Provide Public Health data to support joint commissioning priorities.
- Lead on the ongoing development of the Joint Strategic Needs Assessment, manage Bolton's Health Matters and lead the management of the Health and Wellbeing Strategy Performance Framework.
- Provide Public Health intelligence support to the CCG regarding acute and primary care service improvement.
- Share relevant performance data between both parties to give an indication of borough wide performance on key Public Health Outcome Framework indicators.

5.5.2 Agree major work plan priorities in advance annually between the Council and the CCG and in consultation with Public Health Management Team. Ad hoc requests above and beyond this annual work plan will be considered on their merits by Public Health Management Team colleagues and will be subject to negotiation.

## **5.6 Bolton Council Public Health input to CCG led Groups**

Bolton Council's Public Health team will attend and contribute to the CCG's:

- Mental Health and Dementia Programme Board
- System Resilience Group
- Health Economy Resilience Group (HERG)



- Liver Strategy Group
- Infection Control Committee
- CCG Board
- Integration Board
- Integration Delivery Group
- Integrated Safeguarding Committee

## **5.7 Board Membership**

The Director of Public Health (DPH) will continue to attend the CCG Board. The board member role is subject to the constitution of the CCG with the DPH as the nominated Public Health representative.

## **5.8 Training and Education**

The Public Health team will provide input and expert advice into the training and education of CCG staff and member practices as and when required. This will include attendance at regular CCG Education events on request.

## **5.9 Greater Manchester Work**

5.9.1 Bolton Council's Public Health team will seek to highlight awareness amongst the CCG of GM level public health work and support links as required to:

- GM Public Health Network and related GM Public Health programmes;
- PSR ( Public Sector Reform) work streams;
- Health and Social Care Integration agenda

5.9.2 NHS England has a lead role in commissioning services and securing good outcomes in relation to a range of programmes including screening, immunisation and child health (0-5)<sup>1</sup>. (Responsibility for Public Health commissioning for 0-5's will be the responsibility of NHS England until October 2015 when it transfers to Local Authorities). Bolton CCG will be a key partner in the monitoring and advocating for equitable uptake and access to these services at a local level alongside the Local Authority via the HWWB. In addition the CCG will work closely with NHSE and the local public health team to assist in the preparations for this phase of transition.

## **5.10 Accountability**

The department of Public Health is part of Bolton Council's Adult and Children's services department. The Director of Public Health is a Chief Officer position and is directly accountable to the Deputy Chief Executive.

## **6. Bolton CCG's Contribution to Jointly Delivering Bolton Council's Public Health Responsibilities**

### **6.1 Health Inequalities**

Bolton CCG will:

- Contribute to delivering shared public health outcomes relating to health improvement and the reduction of health inequalities;
- Ensure that the CCG's strategies complement partner plans to improve health and reduce health inequalities;
- Ensure that early intervention and primary and secondary prevention is integral to care pathway design and development as appropriate
- Support the inclusion and monitoring of health and wellbeing priorities within NHS contracts and plans;
- Embed Public Health priorities and actions within acute, primary and community health care strategies and interventions.

### **6.2 Health and Wellbeing Board (HWWB)**

NHS Bolton CCG will be a full and active member of the Bolton Council Health and Wellbeing Board as a statutory member in line with the Board Constitution

### **6.3 Joint Commissioning**

There are several areas where joint commissioning already exists, or where it would make sense to explore further possibilities. In these situations, both parties will ensure appropriate representation at meetings and share relevant information.

### **6.4 Contracts and Contract Principles**

Bolton CCG will ensure that:

- appropriate follow up appointments are in place for looked after children (completed by school nurses) to complement the Healthy Child Programme (commissioned by Bolton Council).
- an agreement is in place for the delivery of the health input for youth offending services (on an annual basis).

## **6.5 Clinical Governance**

Bolton CCG will:

- Provide clinical governance and oversight to agreed Bolton Council Public Health programmes in 2014/15 supported by a joint risk sharing approach using the CCG's and Bolton Council's Corporate Risk Registers, as appropriate.

## **6.6 Data and Intelligence Governance**

Bolton CCG will:

- Secure the required NHS data for Public Health to support appropriate commissioning activities and mandatory services as per the guidance and without charge ( to include any data accessed for the CCG via the GM Commissioning Support Unit);
- Share relevant performance data between both parties to give an indication of borough wide performance;
- Ensure data agreements are met to ensure delivery of joint funded programmes;
- Provide a CCG representative to sit on the Joint Strategic Needs Assessment Operational Group

## **6.7 Bolton CCG input to Key Public Health Groups**

Bolton CCG will ensure appropriate attendance at, and contribution to, Bolton Council's:

- Health Protection Forum
- Bolton Risk & Resilience Forum
- Staying Well Project Group
- Complex Lifestyles Steering Group
- Joint Strategic Needs Assessment Operational Group

## **7. Joint Governance Issues**

- 7.1 Both parties will maintain separate information systems and data, and will agree appropriate information sharing principles and protocols in accordance with best practice when necessary. Any information marked "CONFIDENTIAL" and emails etc. assigned "PROTECTIVELY MARKED"

shall be treated as such and each party will treat any such information received from the other with the same standard of care it would reasonably treat its own.

7.2 Where appropriate each party will comply with the Caldicott Principles.

7.3 Public Health continues to be the commissioner and the license holder of PharmOutcomes. The CCG are able to utilise this product under the terms of the license agreement with the Council and with regards to information governance principles.

## **8. Term**

The terms of the MOU will commence on the date signed by both parties and will continue until terminated by either of the parties. The terminating party will give a minimum of one month's notice. The parties will seek to find ways to maintain the information and services available to the community if this Memorandum of Understanding terminates.

## **Signatories to the Memorandum**

### **On behalf of Bolton Clinical Commissioning Group**

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

### **On behalf of Bolton Council**

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

## The Public Health Outcomes Framework for England, 2013-2016

The overall goals of the Public Health Outcomes Framework are:

- Increasing healthy life expectancy
- Reducing health inequalities

These are supported by a framework of indicators to ensure the Health and Wellbeing Strategy is on track and to help prioritise where action will have the biggest impact quickest. The framework is summarised in figure 1

Figure 1: The Public Health Outcomes Framework for England, 2013 – 2016

