

## **Appendix 4 – Clinical Commissioning Group Draft Memorandum of Understanding – Core Offer**

### **MEMORANDUM OF UNDERSTANDING**

between

**LONDON BOROUGH of BARNET**

and

**BARNET CLINICAL COMMISSIONING GROUP**

This agreement documents the understanding between London Borough of Barnet (the Council) and Barnet Clinical Commissioning Group (CCG) concerning how they will work together to ensure improvements in population health and wellbeing, through effective disease prevention, health improvement and commissioning of health and other services.

### **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.

#### **Commissioning:**

Clinical Commissioning Groups (CCGs) will be the main local commissioners of NHS services and the Act gives them a duty to continuously improve the effectiveness, safety and quality of services. Public Health teams within the NHS currently provide a range of support for NHS commissioning. The requirement for this support will not diminish under the new arrangements, and Department of Health guidance indicates that this support should be obtained from and made available to the Clinical Commissioning Group by an appropriately skilled, local Public Health specialist team.

#### **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 and early years to end of life.

#### **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, will by 1 April 2013, have established arrangements for the discharge of their statutory Public Health functions. 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 CCGs will be essential to achieve these.

## **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:**

### **A. 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 others 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 Public Health operating model.
- Use the content and terms of this MOU to help in resolving any conflicts that arise in the working relationship.
- Be responsive to each others needs during the year, within the flexibility of a planned programme of work
- Owe each other a duty of confidentiality regarding business sensitive issues.

### **B. 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 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 deliver both NHS commissioning and Public Health priorities for the local population as set out in the Joint Strategic Needs Assessment and Health and Well-Being Strategy.

### **C. Governance and Accountability**

- The Barnet and Harrow Public Health Governance Board will be the governing body for this agreement
- The DPH or (deputy is there a Deputy: I thought not) nominated representative will attend the Clinical Commissioning Group Governing Body, as a non-voting member, to provide PH 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 as members of 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 CCG priorities drawn from their commissioning intentions and strategies.

- **Population Healthcare/ Health Services**

This core offer is based on the Department of Health issued guidance (July 2012 – see Appendix 1) and includes the generic activities listed below. The specific offer 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.

- 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.
- Lead production of the joint strategic needs assessment (JSNA)
- 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; 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 support to the Barnet QIPP (Quality Innovation Productivity Prevention) programme and other strategic commissioning plans and processes.
- Design monitoring and evaluation frameworks to assess services for the impact of commissioning policies; support collection and interpretation of the results
- Provide a professional source of expertise for research and evaluation of local health care as required and contribute to innovation and development of local solutions to help meet healthcare need.

- 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 local authority and wider partners to maximise health gain through integrated commissioning practice and service design.
- Lead the development of, and professional support for, the Barnet Health and Wellbeing Board and Joint Health and Wellbeing Strategy.
- Provide specialist technical reports and support in relation to individual funding requests.

***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 HWB 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 (see Appendix 2)
- 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 NHSmail, accommodation/hot-desking, etc. (see Appendices 3 & 4)
- Mediate an agreement between the Council and the Commissioning Support Service to ensure clear communication and full access to required NHS data of the delivery of the Council's Public Health functions

- **Health Improvement**

***The Council will:***

- Refresh its delivery and lead role in current health improvement strategies and action plans to improve health and reduce health inequalities, with input from the CCG
- 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 LA strategies

- 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
- Ensure commissioned health improvement services support the CCG in its role of improving health and addressing health inequalities
- Lead health improvement partnership working between the CCG, local partners and residents through the Health and Well-Being Board, 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 commissioned pathways
  - Commission to reduce health inequalities and inequity of access to services
  - Support and contribute to locally driven Public Health campaigns
- **Health Protection (this section may be revised, subject to further guidance from DH and/or PHE)**

***The Council will:***

- Assure that local strategic plans are in place for responding to the full range of potential emergencies – e.g. pandemic flu, major incidents and provide assurance to PHE regarding the arrangements
- Assure that these plans are adequately tested
- Assure that the CCG has access to these plans and an opportunity to be involved in any exercises
- Assure that any preparation required – for example training, access to resources - has been completed
- Assure that the capacity and skills are in place to co-ordinate the response to emergencies, through strategic command and control arrangements
- Assure adequate advice is available to the clinical community via Public Health England 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:**

- 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
  - Ensure that resources are available to assist with the response to emergencies, by invoking provider business continuity arrangements and through action by constituent practices
  - Encourage constituent practices to maximise their contribution to health protection, e.g. by taking every opportunity to promote the uptake of and providing immunisations
- **Performance**
    - The Council and the CCG will work together to deliver against the Public Health outcomes framework.
    - The Council will support the CCG in achievement of non-Public Health outcome indicators, where possible.
    - The CCG will support achievement of the Council's Public Health 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 Council's 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.
- **Term**

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

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_