PUBLIC HEALTH CORE OFFER

SERVICE LEVEL AGREEMENT

BETWEEN

HEREFODRSHIRE COUNCIL

AND

HEREFORDSHIRE CLINICAL COMMISSIONING GROUP

Signed on behalf of Herefordshire Council: Date:

Signed on behalf of Herefordshire CCG: Date:

SECTION 1: INTRODUCTION

1.0 Since 1974, within the NHS, specialist public health staff have assumed the lead for the three core public health responsibilities on behalf of the NHS and local communities:

• Health improvement e.g. lifestyle factors and the wider determinants of health.

• Health protection e.g. preventing the spread of communicable diseases, the response to major incidents, and screening

• Population healthcare e.g. input to the commissioning of health services, evidence of effectiveness, care pathways.

1.1 With the implementation of the Health and Social Care Act in April 2013, primary responsibility for health improvement and health protection will transfer at the national level from the NHS to Public Health England, and at local level from PCTs to local authorities. Responsibility for strategic planning and commissioning of NHS services will transfer to the NHS Commissioning Board and to Clinical Commissioning Groups.

Currently, at a senior level NHS Herefordshire employs a Director of Public Health plus 2 wte public health consultants, all of whom are joint appointments with the Council. One consultant is a medical appointment. There is a number of other staff of different grades and functions (see Appendix 1).

SECTION 2: THE CORE OFFER

2.0 Herefordshire Clinical Commissioning Group (HCCG) is required, under section 14W of the NHS Act 2006, inserted by the Health and Social Care Act 2012, to "obtain advice appropriate for enabling it effectively to discharge its functions from persons who (taken together) have a broad range of professional expertise in – (a) the prevention, diagnosis or treatment of disease, and (b) the protection or improvement of public health."[1] In parallel to this, draft regulations currently before Parliament will require local authorities to provide a public health advice service to any clinical commissioning group whose area falls wholly or partly within the authority's area.[2] This service will consist of such information and advice to a clinical commissioning group as the local authority considers necessary or appropriate, with a view to protecting and improving the health of the people in the authority's area. The level of advice will be determined by agreement between the Herefordshire

[1] Health and Social Care Act 2012, section 26

[2] The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012

Council (HC) and HCCG or, in default of such agreement, by the HC. This agreement sets out the agreed level of advice to be provided in Herefordshire, funded via the public health ring-fenced grant, and provided by appropriately trained and accredited public health professionals, as defined by the Faculty of Public Health.

2.1 HCCG will require a range of information and intelligence support via both the HC and Staffordshire Commissioning Support Unit (SCSU). It is important to note that although there are some similarities in the nature of these services (i.e. public health population healthcare advice and the work of SCSU), they do have a different focus. It is expected that HC public health team will provide advice particularly in relation to the following:[2]

- A summary of the overall health of the population to guide the HCCG in the commissioning of appropriate health services;
- Assessments of the health needs of groups of individuals with particular conditions or diseases;
- Advice on the development of commissioning/service re-design plans;
- Advice on how to reduce health inequalities.

2.2 SCSU will have more of a focus on commissioning processes and clinical systems, including detailed analysis of referrals and activity, procurement and business processes. Both are essential for driving improvements in services.

2.3 The provision of the core service set out in this service agreement is based on the following principles:

Core service principles:

The basis of the core service is to ensure collaboration between public health professionals based in the HC and HCCG officers to:

- Improve population health outcomes and reduce health inequalities;
- Improve the individual patient experience and outcome;
- Do this within the HCCG allocated budget;

In order to put the core offer into practice the following will be provided:

- A mechanism for public health specialists/analysts to access the relevant NHS data. (**see Section 3**);
- A mechanism to define the amount of public health capacity available from the HC to the HCCG through the core offer (**see Section 4**);
- An annual workplan agreed between the HC and HCCG, specifying public health inputs and outputs, within the capacity envelope (**see Section 5**).

SECTION 3: ACCESS TO RELEVANT NHS DATA

3.0 Guidance from the Department of Health advises directors of public health to "agree arrangements on public health information requirements and information governance"[3] and to ensure that there are "plans in place to ensure access to IT systems, sharing of data and access to health intelligence in line with information governance and business requirements during transition and beyond".[4]

3.1 Access to NHS data for the HC staff (including public health team) is an essential part of the service the HCCG requires from the SCSU, and any costs incurred by the SCSU in providing it need to be covered by the HCCG, not the HC.[5] The cost of information and intelligence support to secondary care commissioning was specifically excluded in the process used to estimate the public health budget that would transfer to local authorities.[5]

- Information governance

3.2 To enable the HC to provide population health advice to the HCCG, there must be appropriate information governance architecture in place. Where required, this architecture will allow the HC to receive, store and analyse patient identifiable and record-level data. As part of the assurance process, the HC will demonstrate compliance with level 2 of the Hosted Secondary Use Team/Project version of the NHS IG toolkit, and the presence of a safe haven arrangement.[6]

3.3 HC already has N3 connection in place and will continue to enter into agreement with NHS Connecting for Health for access to NHS data via this link.

3.4 NHS e-mail is the national email and directory service available to NHS staff. It is the only NHS e-mail service secure enough for the transmission of confidential patient information. Arrangements for the ongoing access to NHS e-mail accounts for local authority staff is currently being explored nationally.

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[3] Integrated Approach to Planning and Assurance between DH and the NHS for 2012/13.
[4] Public health transition planning support for primary care trusts and local authorities.
[5] Factsheet: local public health intelligence.
[6] http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/igsoc/non-nhs

3.5 Public Health England (PHE) is producing a national checklist for information governance arrangements, which will form the basis for an information sharing protocol between the Council and the local NHS.

SECTION 4: PUBLIC HEALTH CAPACITY & GOVERNANCE

4.0 The public health capacity to provide the core offer will be based within the Health and Wellbeing Services of the Peoples Directorate of the Herefordshire Council. An organisational chart showing the Health and Wellbeing Service is shown in Appendix 1. More specifically, the core offer will be delivered primarily by the following posts:

Post

Consultant in Public Health (Healthcare Commissioning)
Consultant in Public Health (Health Intelligence)
Health Intelligence Officer (1WTE)
Clinical Evidence Reviewer (1WTE)

4.1 Population healthcare advice will be given by a team led by a Faculty of Public Health accredited Consultant in Public Health and an appropriately qualified and experienced multi-disciplinary public health team. Any concerns that the HCCG have regarding these arrangements should in the first instance be brought to the attention of the Consultant in Public Health. Any performance concerns will be discussed at quarterly CCG and HC meetings (see Section 7).

4.2 Public health consultants leading delivery of the core offer will be required to have Faculty of Public Health membership and GMC/UKPHR registration (defined or generalist). Analytical and managerial support will be provided by specialist staff who have knowledge in their specialist area to the level of diploma/masters or equivalent qualification and who demonstrate Level 6 Public Health Intelligence and Level 6 Academic Research PH skills and competencies as defined by the Public Health Skills and Careers Framework.

4.3 In addition, capacity to support development of the Integrated Needs Assessment (INA) process in 2013/14 will be provided by Research Team of the HC.

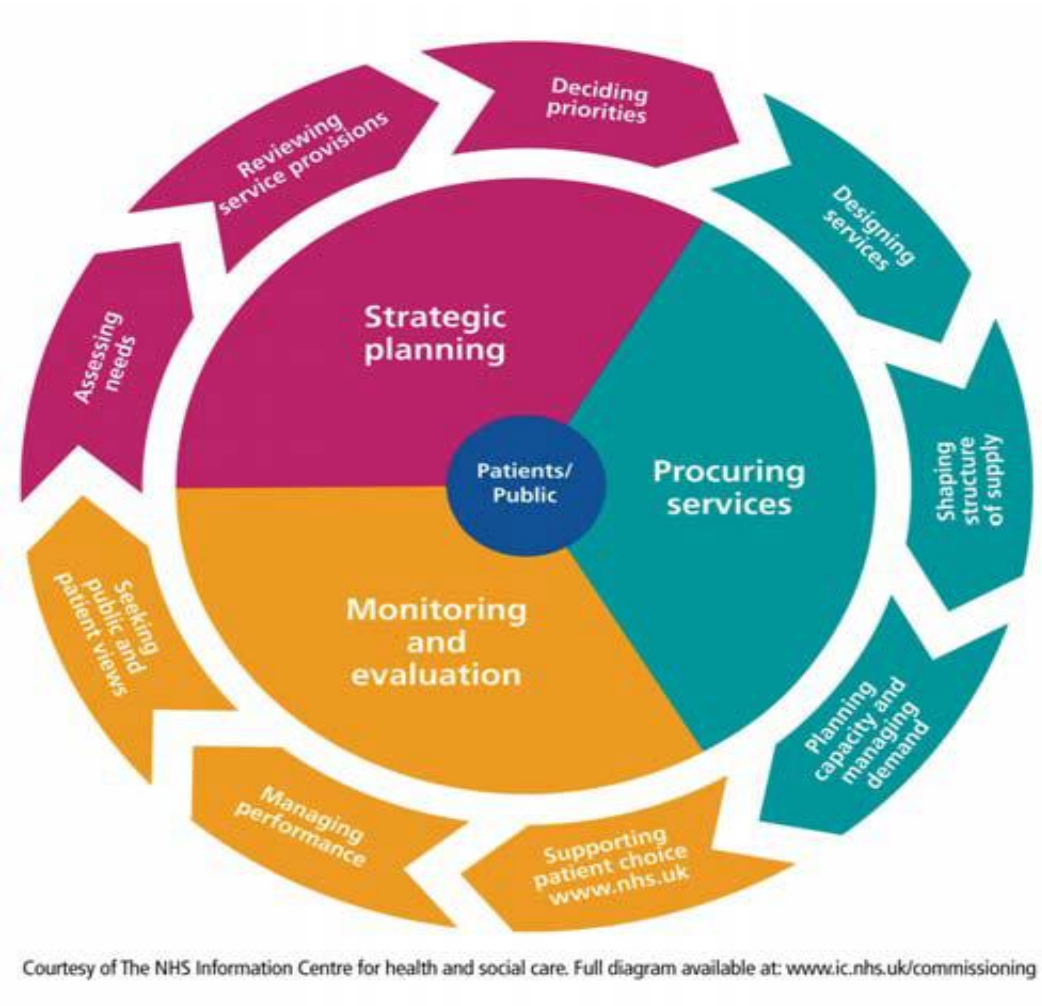
SECTION 5: THE CORE OFFER AGREEMENT

5.0 Effective commissioning makes the best use of resources to:

- improve health and wellbeing and reduce health inequalities and social exclusion;
- secure access to a comprehensive range of services;
- improve the quality, effectiveness and efficiency of services; and
- increase choice for patients and ensure a better experience of care through greater responsiveness to people's needs.

5.1 Supporting this are a range of separate but related processes that collectively make up commissioning, which together can be thought of as a commissioning cycle. Figure 1 overleaf illustrates the main components of the commissioning cycle, while the subsequent tables detail the core offer agreement for 2013/14 mapped to more detailed elements of the commissioning cycle.

Figure 1: The commissioning cycle



Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

CORE SERVICE AGREEMENT 2013/14

STRATEGIC PLANNING:

- *Assessing needs*

Core Requirement	HC Public Health will:	HCCG will:	Workplan outputs in 2013/14
SP1. Support HCCG to make inputs to the integrated needs assessment (INA) and to use it in their commissioning plans.	1. Provide the analysis, interpretation and commentary of NHS derived data included in INA;	1.Provide representation on the Health & Wellbeing Board and the INA steering group 2.Facilitate access to NHS derived data for inclusion in INA (e.g. via honorary contract arrangements); 3. Consider INA findings when developing commissioning plans.	*Integrated Needs Assessment for Herefordshire by June 2013*
SP2. Develop and interpret neighborhood/locality/practice health profiles, in collaboration with the HCCG and HC.	1. Produce an annual health profile for HCCG ahead of the autumn planning round; 2. Provide summative reports on the findings of any externally produced local area health profiles (e.g. APHO local authority profiles).	1. Facilitate access to NHS derived data required for health profiles; 2. Provide a contents list for each annual profile at the start of each financial year.	*CCG Annual Health Profile(October 2013);* *Director of Public Health Annual Report (September 2013)*
SP3. Provide specialist public health input to the development, analysis and interpretation of health related data sets including the determinants of health, monitoring of patterns of disease and mortality.	1. Provide an interpretation of the validity and findings of health service datasets as requested; 2. Advise on the use of specific indicators and datasets for monitoring service outcomes as requested.	1. Engage public health at the start of any service redesign projects where advice on evaluation is being sought.	*Public Health Outcomes indicators performance reports (Quarterly: Apr, Jul, Oct, Jan)*
SP4. Provide health needs	1. Produce up to 2 needs assessments	1. Agree health needs assessment	*Needs Assessment Reports*

assessments for particular conditions/disease groups – including use of epidemiological skills to assess the range of interventions from primary/secondary prevention through to specialised clinical procedures.	each year; 2. Publish needs assessments on Facts & Figures website according to a consistent format using agreed methodology.	topics for each year as part of the preceding autumn planning round; 2. Identify a lead contact for each needs assessment to coordinate CCG input; 3. Facilitate access to NHS derived data as required.	*(as commissioned by the HCCG)*

- *Reviewing service provision*

Core Requirement	HC Public Health will:	HCCG will:	Workplan outputs in 2013/14
SP5. Identify vulnerable populations, marginalised groups and local health inequalities and advise commissioners on how to meet their health needs. Geo-demographic profiling to identify association between need and utilisation and outcomes for defined target population groups, including the protected population characteristics covered by the equality duty.	1. Include specific analysis and recommendations relating to inequalities in outcomes and access to care in all needs assessments and health profiles; 2. Report the distribution of determinants of health (e.g. deprivation) and variations in key health outcomes in health profiles; 3. Provide specific recommendations to the CCG on addressing health inequalities where identified in any analysis.	1. Consider any recommended actions for addressing health inequalities published in public health reports.	*HCCG Annual Health Profile(October 2013)*
SP6. Support the HCCG to interpret and understand data on clinical variation in both primary and secondary care. To include public health support to discussions with primary and secondary care clinicians if requested	1. Support the process of commissioning policy development with activity analysis, evidence review and clinical engagement; 2. Include analysis by practice and locality in any reports produced by public health; 3. Investigate the validity of any external intelligence reports as requested by the HCCG; 4. Provide a public health analysis and interpretation of any datasets used in	1. Involve public health in a timely manner when seeking interpretation of externally produced reports and data.	*HCCG Commissioning Policies (as commissioned by the HCCG)*

	discussion with clinicians as requested by the HCCG.		
SP7. Provide public health support and advice to the HCCG on appropriate service review methodology	1. Provide professional advice to the HCCG on appropriate techniques for evaluation as part of service re-design/review as requested.	1. Involve public health at the start of any service re-design/review projects to allow any evaluation to be properly established.	*Service redesign evaluation reports (as commissioned by the HCCG)*

- *Deciding priorities*

Core Requirement	HC Public Health will:	HCCG will:	Workplan outputs in 2013/14
SP8. Apply health economics and a population perspective, including programme budgeting, to provide a legitimate context and technical evidence base for the setting of priorities.	1. Include an analysis of DoH programme budgeting data in annual HCCG health profiles; 2. Benchmark expenditure and outcomes in any needs assessment reports; 3. Provide written evidence-reviews as requested to support service redesign projects; 4. Provide guidance on frameworks and methodologies for allocating resources (i.e. PBMA) within health profiles.	1. Provide a named link person when commissioning specific pieces of work. 2. Properly consider the findings of any public health reports.	*Programme Budgeting Reports for HCCG* ***(subject to capacity of the public health intelligence team)*** *HCCG Annual Health Profile(October 2013)* *HCCG Commissioning policies (as commissioned by the HCCG)*
SP9. Advising HCCG on prioritisation processes – governance and best practice	1. Provide ongoing public health support to the HCCG individual funding review (IFR) procedures; 2. Support the process of commissioning policy development with activity analysis, evidence review and clinical engagement;	1. Provide a named link person when commissioning specific pieces of work. 2. Properly consider the findings of any public health reports.	*Presentations at the HCCG Named Patient Panel (ongoing throughout the year)* *HCCG Commissioning policies (as commissioned by the HCCG).*
SP10. Work with HCCG to identify areas for disinvestment and enable the relative value of competing demands to be assessed	1. Annually review the HCCG Low Priority Treatment Policy; 2. Provide evidence-reviews as part of commissioning policy development; 3. Provide evidence reviews for IFR requests.	1. Provide a named link person when commissioning specific pieces of work. 2. Properly consider the findings of any public health reports.	*Low Priority Treatment Policy paper to the HCCG Board (December 2013)* *Presentations at the HCCG Named Patient Panel (ongoing throughout the year)*

			HCCG Commissioning policies (as commissioned by the HCCG).
SP11. Critically appraising the evidence to support development of clinical prioritisation policies for populations and individuals	1. Provide evidence-reviews as part of commissioning policy development; 2. Provide evidence reviews for IFR requests.	1. Provide a named link person when commissioning specific pieces of work. 2. Properly consider the findings of any public health reports.	*Presentations at the HCCG Named Patient Panel (ongoing throughout the year)* *HCCG Commissioning policies (as commissioned by the HCCG).*
SP12. Horizon scanning: identifying likely impact of new National Institute for Health and Clinical Excellence guidance, new drugs/technologies in development and other innovations within the local health economy and assist with prioritisation	1. Provide an annual impact assessment of NICE's future workplan for any new technologies.[7]	1. Properly consider the findings of any public health reports.	*NICE technologies horizon scanning report to the HCCG (October 2013)*

PROCURING SERVICES:

- *Designing shape and structure of supply*

Core Requirement	HC Public Health will:	HCCG will:	Workplan outputs in 2013/14
PS1. Provide public health specialist advice on the effectiveness of interventions, including clinical and cost-effectiveness (for both commissioning and de-commissioning).	1. Annually review the HCCG Low Priority Treatment Policy; 2. Provide evidence-reviews as part of commissioning policy development; 3. Provide evidence reviews for IFR requests.	1. Provide a named link person when commissioning specific pieces of work. 2. Properly consider the findings of any public health reports.	*Low Priority Treatment Policy paper to the HCCG Board (December 2013)* *Presentations at the HCCG Named Patient Panel (ongoing throughout the year)*

[7] Horizon scanning of new medicines to be undertaken by the HCCG Medicines Management Team

			HCCG Commissioning policies (as commissioned by the HCCG).
PS2. Provide public health specialist advice on appropriate service review methodology.	1. Provide professional advice to the HCCG on appropriate techniques for evaluation as part of service re-design/review as requested.	1. Involve public health at the start of any service re-design/review projects to allow any evaluation to be properly established.	*Service redesign evaluation reports (as commissioned by the HCCG)*
PS3. Provide public health specialist advice to the medicines management function of the HCCG.	1. Provide public health expertise to support the HCCG medicines management function if required.[8] 2. Provide a lead contact for public health advice to the Medicine Management Team of the HCCG as required.	1. Ensure that medicines management insight is included when commissioning and reviewing public health analytical products.	*Contribution to the HCCG prescribing polices*

- *Planning capacity and managing demand*

Core Requirement	HC Public Health will:	HCCG will:	Workplan outputs in 2013/14
PS4. Provide specialist input to the development of evidence-based care pathways, service specifications and quality indicators to improve patient outcomes.	1. Provide written evidence-reviews as requested to support service redesign; 2. Provide suggested population-based outcome indicators to include in service specifications.	1. Provide a named link person when commissioning specific pieces of work; 2. Properly consider the findings of any public health reports.	*Evidence reviews to support service redesign projects (as commissioned by the HCCG)*
PS5. Provide public health advice on modelling the contribution that interventions make to defined outcomes for locally designed and populated care pathways and current and future health needs.	1. Extrapolate published evidence to estimate the effect of proposed service re-design interventions in a CCG context; 2. Support the development of the HCCG performance targets through the analysis and population modelling of local data.	1. Provide a named link person when commissioning specific pieces of work; 2. Properly consider the findings of any public health reports; 3. Provide any NHS derived data as necessary.	*Evidence reviews to support service redesign projects (as commissioned by the HCCG)*

[8] Medicines policy development is to be undertaken internally by CCG's medicines management function.

MONITORING & EVALUATION

- *Supporting patient choice, managing performance and seeking public and patient views*

Core Requirement	HC Public Health will:	HCCG will:	Workplan outputs in 2013/14
ME1. Provide public health advice on the design of monitoring and evaluation frameworks, and establishing and evaluating indicators and benchmarks to map service performance	1. Provide guidance to the HCCG on frameworks for evaluating services; 2. Advise HCCG on undertaking evaluation as part of specific service re-design projects; 3. Undertake evaluation of service redesign projects as requested.	1. Provide a named link person when commissioning specific pieces of work; 2. Properly consider the findings of any public health reports; 3. Provide any NHS derived data as necessary.	*Public Health Outcomes indicators performance reports (Quarterly: Apr, Jul, Oct, Jan); Service redesign evaluation reports (as commissioned by the HCCG)*
ME2. Work with clinicians and draw on comparative clinical information to understand the relationship between patient needs, clinical performance and wider quality and financial outcomes	1. Provide professional public health advice about clinical effectiveness and comparative performance in service redesign discussions with clinicians as requested; 2. Provide a public health analysis and interpretation of any datasets used in discussion with clinicians as requested by the HCCG; 3. Engage with clinicians as necessary as part of IFR procedures.	1. Provide a named link person when commissioning specific pieces of work; 2. Properly consider the findings of any public health reports; 3. Provide any NHS derived data as necessary.	*HCCG Commissioning policies (as required throughout year); Case reports and presentations for named patient panels (ongoing throughout year).*
ME3. Provide the necessary skills and knowledge, and population relevant health service intelligence to carry out health equity audits and to advise on health impact assessments	1. Carry out health equity audits and health impact assessments where commissioned to do so by HCCG;	1. Provide a named link person when commissioning specific pieces of work; 2. Properly consider the findings of any public health reports; 3. Provide any NHS derived data as necessary.	*Health equity audits and health impact assessments (as commissioned by the HCCG); CCG Commissioning policies (as commissioned by the HCCG).*
ME4. Interpret service data outputs, including clinical outputs	1. Provide a public health analysis and interpretation of any local service data as requested by the HCCG.	1. Provide a named link person when commissioning specific pieces of work; 2. Properly consider the findings of any public health reports;	*HCCG Annual Health Profile(October 2013); HCCG Commissioning policies (as commissioned by the*

		3. Provide any NHS derived data as necessary.	*HCCG).*

SECTION 6: KEY OUTPUTS & ANNUAL WORKPLAN

6.0 Table 1 overleaf provides an annual timetable for the delivery of the key products contained within the service agreement. This timetable forms part of the formal agreement to ensure that public health capacity is pre-planned across an annual planning cycle to ensure resource is directed towards the key products in a timely, planned manner. The workplan spells out exactly what is to be produced under the requirements of the core offer. Significant additional work in-year is not expected and can only be added by mutual agreement.

6.1 The content and timing of some of the key outputs, e.g. needs assessments, are at the discretion of the HCCG. The size and scale of these outputs place significant demands on the public health intelligence function. **It is therefore expected that the HCCG will agree any topics for the following with the HC at the start of the financial year**:

- needs assessments;
- evaluations of service redesign initiatives;
- evidence reviews to support service redesign;
- health equity audits;
- health impact assessments.

6.2 This will provide for a planned approach to the delivery of population healthcare advice to the HCCG, and support the performance management and accountability in the delivery of this function.

Table 1: Core offer annual workplan 2013-14

Annual workplan	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Key products												
Intergarted Needs Assessment	Draft Report		Final Report									
Annual Public Health Report												
Public Health Outcome Perfromance Reports												
Health Needs Assessment (agreed topics)												
Service Review												
HCCG Annual Health Profile												
Low Priority Treament Policy annual review												
NICE Technology Horzon Scanning Report												
Evidence Review reports for service redesign	topics and tiemsacle to be agreed between the HC and HCCG											
Health Equity Auidt	topics and tiemsacle to be agreed between the HC and HCCG											
Health Impact Assessment	topics and tiemsacle to be agreed between the HC and HCCG											
Ongoing work												
HCCG Commissioning Strategy												
Supporting IFR process												

SECTION 7: REPORTING ARRANGEMENTS

7.0 Progress with delivering the outputs described in this service agreement will be monitored via monthly meetings between Public Health CPH and Head of Clinical Objectives and Service Transformation (HCOST) and quarterly meetings between the HC Public Health Team (DPH and CsPH) and HCCG Representatives (CO and HCOST).

In addition, public health representation will also be provided for the following groups:

- HCCG Primary Care Steering Group
- Every One Counts Meetings
- Named Patient Panels

7.1 Public health will also be in attendance at the HCCG Board meetings, if required.

7.2 HCCG will provide representation for the following groups:

- Herefordshire Health and Wellbeing Board
- Herefordshire Health Protection Committee
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Appendix 1 **Herefordshire Public Health Team Structure** **(to be inserted)**