



Public Health
England



Core Offer: The Healthcare Public Health Advice Service to Clinical Commissioning Groups

This briefing paper provides an update on the Healthcare Public Health Advice Service (Core Offer) provided by local authorities to clinical commissioning groups (CCGs). Since transition in 2013 the service has evolved in each local authority, making it timely to refresh our understanding of why, and how, it works.

The advice service is a function mandated by regulations made under the NHS Act 2006.¹ Ultimately local authorities themselves must decide how best to meet the requirements of the regulations. This paper is therefore not prescriptive but seeks to outline a shared understanding of good practice. It supplements the original guidance issued in 2013.²

This briefing should be read in conjunction with the 'Guidance on the Ringfenced Public Health Grant Conditions and Mandated Functions in England', published by the Association of Directors of Public Health and Public Health England (PHE) in September 2016.³ It expands on the arrangements and skills required to deliver an effective healthcare public health advice service.

1. Partnership working between local authorities and CCGs

Local authorities (LAs) and CCGs are key local leaders of the health and care system and have a variety of mechanisms for partnership working, including the local Health and Wellbeing Board. They work together on a wide range of issues, and while this briefing covers only part of this approach, it is important to see this support within the context of wider joint working as the advantages to both the local authority and the CCG are likely to be greater than just this function, given the relationships that are developed during its delivery. Healthcare public health is an important element of the multiple reciprocal arrangements in place between local authorities and their CCGs.

¹ The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

² Healthcare Public Health Advice Service to Clinical Commissioning Groups. Department of Health 2013

³ Ringfenced Public Health Grant Conditions and Mandated Functions in England, ADPH and PHE 2016.

As the NHS landscape changes, local authorities and CCGs will need to consider how this function can best support new arrangements. This is likely to include working with other Directors of Public Health (DsPH) to support the implementation of STPs, building on progress to date. It may also involve working with health and care providers to ensure that appropriate healthcare public health advice is available to developing accountable care organisations and systems.

2. Healthcare public health support for CCGs

Healthcare public health is an important function because it helps NHS commissioners make decisions which are right for the whole population, rather than just for individuals. It uses an understanding of health and wellbeing data to make sure that services meet the needs of the area, reducing inequalities in access and outcomes. It uses evidence of 'what works' and economic analysis of 'what works most cost-effectively' to support decision makers in prioritising and redesigning services. It evaluates existing services and advises on monitoring for health and wellbeing improvement. It provides professionally credible input to commissioning and, if required, to clinical and public engagement.

Clearly some of these elements may be available within the NHS commissioning teams but experience shows that population health oversight and public health expertise provides added value. At a local level the Director of Public Health (DPH) and their teams must offer this input to CCGs, to ensure that the population served by their local authority gets the most appropriate healthcare for them.

A description of this mandate is set out in 'Guidance on the Ringfenced Public Health Grant Conditions and Mandated Functions in England'⁴. In summary regulations made under the NHS Act 2006 (as amended by the HSC Act 2012) place a duty on upper tier and unitary local authorities to "provide or make arrangements to secure provision of a public health advice service to any CCG whose area falls wholly or partly within the authority's area". The service should be provided "with a view to protecting or improving the health of people in the local authority's area". The service will always be agreed with the relevant CCGs, which have their own duties in the Act to obtain advice in the prevention, diagnosis and treatment of illness and the protection of public health.

⁴ Ringfenced Public Health Grant Conditions and Mandated Functions in England, ADPH and PHE 2016.

3. How should public health advice be delivered?

As regulations and previous guidance sets out, the public health advice service must be free of charge. This does not exclude the ability for CCGs to co-commission or pay for levels of service above that which the DPH is able to provide. It needs strategic leadership by the DPH, input from registered specialists in public health, agreed expert capacity and a regularly reviewed written agreement between the local authority and CCG with an associated work plan.

Each local authority public health team has their own relationship with the local CCG(s) and together they will need to ensure that each of the elements in section 4 are available to the CCG at the right time within resource constraints. There is no preferred model but the DPH, as professional lead for this function, should ensure that the CCG has access to all of the skills required, either within the CCG's own team, from the LA public health team and wider workforce, and, if necessary, accessed from elsewhere, including PHE. The models currently being delivered may include:

- LA public health staff working alongside CCG commissioning teams
- LA public health staff seconded into CCG positions
- LA public health staff working with public health staff employed by CCGs
- Jointly funded and co-commissioned staff
- DsPH providing professional support and accountability to NHS employed staff

4. What should be included in healthcare public health advice to commissioning? What skills are required?

Good public health input to commissioning, whether at the CCG or into some collaborative arrangement, is much more than producing a Joint Strategic Needs Assessment (JSNA). Ideally it should cover all aspects of the commissioning cycle and contribute to wider strategic direction. In agreeing local arrangements the DPH should work with the CCG to consider how the following functions will be met. An appropriate skill-mix will be needed and the skills required are given at the end of each section.

4.1 Strategic oversight and leadership of public health input to commissioning

As the professional lead the DPH should provide strategic leadership for the service to build collaborative relationships across the commissioning landscape. This will include building and maintaining strong relationships with the CCG(s), agreeing the service arrangements and ensuring that the system has access to support in each of

the following areas. This may at times include the DPH providing some of the specialist input themselves.

Skills required: Collaboration; communication; understanding of NHS commissioning landscape and pressures; negotiation; delivery; governance; advocacy; specialist public health skills (including all of the skills required for the healthcare public health functions set out below).

4.2 Identifying current, and predicting future, health needs

Healthcare public health uses data to understand and predict health needs so that health and care services can be designed to improve health outcomes and reduce health inequalities. Increasingly sophisticated analysis methods are coupled with expert interpretation to make sure that the results answer the question being asked and compare like with like. In addition to numerical data, healthcare public health has methods to include qualitative data, such as patient and community feedback. The outputs from this function will range from the overarching JSNA to service level health needs assessment. It is likely that external tools available from PHE and Rightcare will support this function.

Skills required: epidemiological analysis; population modelling; qualitative analysis; interpretation and communication.

4.3 Supporting priority setting, prevention activity and decision making

Healthcare public health has an important role in supporting commissioners to decide which services should be prioritised, invested in or, in some cases, disinvested from. It helps by combining a number of key technical skills to allow the relative needs of the population to be considered alongside the benefits available from particular treatments and care pathways. There may be a particular focus in ensuring that the CCG includes and embeds cost-effective prevention activity within its services. Good healthcare public health advice can also support the design and governance of decision making processes so that they are transparent, fair and stand up to external scrutiny.

Skills required: evidence review; decision support; interpreting health economics; facilitation; communication; governance; horizon scanning.

4.4 Review and redesign of service pathways

Healthcare public health will support service reviews and redesign by bringing together population needs, evidence of effectiveness and cost-effectiveness and an understanding of how services work. To make the most of this support it is important that this input is accessed early and ideally support is embedded throughout the service review process. Healthcare public health can help in discussions with clinicians, managers and patients.

Skills required: understanding of care pathway elements and inter-relationships; epidemiological analysis and interpretation; clinical and cost effectiveness; evidence review; understanding of clinical data; service review methods.

4.5 Supporting the procurement process

Healthcare public health does not stop at the point of service design. In some situations, resources and capacity permitting, it will be appropriate for a member of the local authority public health team to be part of the team which assesses the tenders received during a procurement process from a healthcare public health perspective, including any bidder interview process.

Members of public health teams doing this should be aware of the differences between NHS and LA procurement and be clear where the accountability for the commissioning decision rests. This should also include appropriate insurance or indemnity arrangements are in place (as required by the General Medical Council for doctors⁵). It is crucial to remember the contribution of the public health team is not on technical aspects of procurement process or law, but on public health aspects. DsPH may want to take advice from their procurement teams on this.

Skills required: an understanding of procurement law; contracting; evaluation; governance; awareness of own professional limitations.

4.6 Monitoring and evaluation of services

Healthcare public health supports the development of methods and indicators to make sure that services deliver the expected health outcomes. This could be done at the beginning of a process to see if a service needs to be redesigned, during the redesign itself or following the introduction of a new care pathway or service.

⁵ Insurance, indemnity and medico-legal support http://www.gmc-uk.org/doctors/information_for_doctors/insurance_and_indemnity.asp General Medical Council, London.

Skills required: quantitative and qualitative evaluation; indicator development and interpretation; health equity audit; health impact assessment

4.7 Governance

It is good practice for a Memorandum of Understanding and annual work plan to be agreed between the DPH and the CCG or other body. This should include how the DPH is represented in the relevant governing bodies and detailing what is required from the CCG eg data sharing agreements or honorary contracts.

5. Building capacity in healthcare public health

The functions and skills set out in Section 4 will also be useful to local authorities when redesigning services they are responsible for. This will include public health services such as sexual health as well as wider functions such as adult social care. A strong healthcare public health function will benefit both the local authority and CCG(s) and is essential where healthcare commissioning is undertaken jointly.

To continue ensuring that the local authority population receives health and care services to meet its needs, healthcare public health capacity needs to be supported and developed. This includes providing training placements which develop skills in this area, ensuring current practitioners access continuing professional development and building capacity within commissioners and providers. Local authorities and CCGs have an important role in this, working with deaneries, PHE and Health Education England. Providing a training environment also enhances the skills of the permanently employed team. Public health practitioners also have an important role in developing the skills of their commissioning colleagues in the NHS and local authorities to ensure that population health approaches are widespread.

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