

# Service Level Agreement

## Public Health South Tees and Middlesbrough Council Children's Services Directorate

### 1. Introduction

The purpose of this Service Level Agreement is to establish a framework for collaboration between Public Health South Tees and Middlesbrough Council Children's Services Directorate to deliver public health outcomes which contribute to reducing health inequalities across Middlesbrough, specifically the Public Health objectives of ensuring all children have the best start in life and develop well.

Partners in the SLA are:

- Public Health South Tees
- Middlesbrough Council Children's Services Directorate

### 2. Background

The Local Authority, via the Director of Public Health, has a duty to improve public health under **Section 12** of the **Health and Social Care Act 2012**. Under the provisions of the Act, Middlesbrough Council has a duty to improve the health and wellbeing of the population. This means the council should pay regard to the evidence of need and identify services, approaches or interventions to improve health outcomes and address inequalities.

To support this duty the Director of Public Health is accountable for the delivery of Middlesbrough Council's public health duties and is an independent advocate for the health of the population, providing leadership for its improvement and protection. The duty is expected to be executed via the delivery of mandated and non-mandated functions (Appendix 1) that best meet the needs of the local population, including having regards to the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy.

To support these responsibilities the DPH is responsible for a public health grant. The level of the grant is set by the Treasury and is ring-fenced for specific uses with its requirements set out in the grant determination letter.

### 3. Principles of Public Health Grant Allocation

The council needs to demonstrate that the public health grant has been used to improve the health and wellbeing of the population in line with evidence of need and in accordance with the legislation and requirements set out in the grant determination letter.

The DPH and Chief Executive/s151 officer must be able to confirm that expenditure of the grant is in line with the legislative requirements and will assure that:

- The main and primary purpose of any spend against the public health grant is in support of the delivery of strategic public health outcomes;

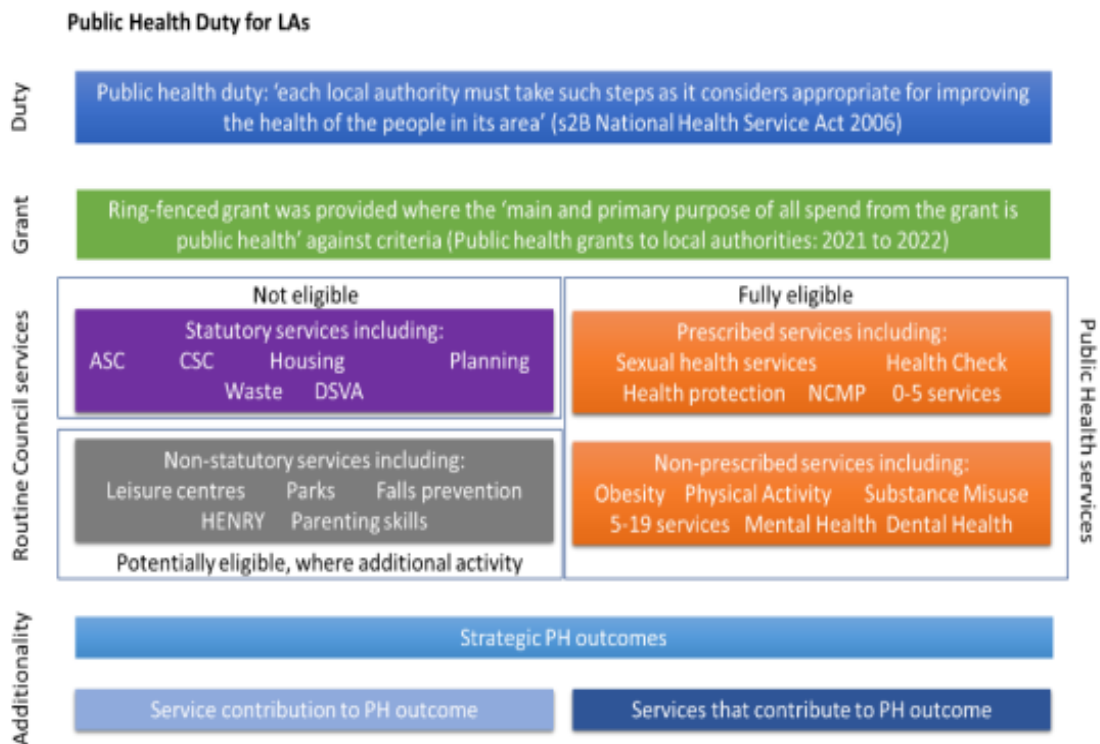
- Expenditure is transparently and demonstrably in line with the grant determination requirements;
- Governance processes are robust and adequate; and
- Public health outcomes are reviewed and monitored.

To reduce health inequalities and improve health and wellbeing outcomes in Middlesbrough, Public Health South Tees has adopted a Programme Approach across the lifecourse (Start Well, Live Well and Age Well) underpinned by five priority areas to improve health and reduce inequalities:

- Creating healthy and sustainable places
- Health protection
- Preventing ill-health
- Reducing vulnerability
- Promoting positive mental health and emotional resilience

All expenditure must be in line with the principles and processes set out in the legislative model for Public Health grant expenditure (Figure 2). This framework aims to ensure that public health grant is used in a way which is based on a solid understanding of health and wellbeing needs; prioritises prevention; and delivers best value, including a process for continuous improvement.

**Figure 2. Legislative model for public health grant expenditure**



The planned use of the public health grant allocation must be assessed as being an effective and efficient use of the resource available to ensure:

- All grant expenditure is eligible, as per public health grant conditions;
- The effective delivery of all prescribed/mandated public health services; and
- The delivery of activity identified as being required to address the five priorities set out within the Public Health Strategy and programme approach.

Improvement to the health and wellbeing of the population is delivered through a combination of interventions: understanding the needs of the population, influencing system policy and developing collaborative and integrated approaches. The public health grant will be used to support a breadth of services against strategic outcomes to ensure equity of access, cover different levels of prevention and reduce inequalities. Where the public health grant is invested in internal council services, they will be supported by service level agreements that demonstrate the contribution to achieving outcomes aligned to the five priority areas and will be reviewed at least annually.

#### **4. Service Scope**

Health inequalities exist in Middlesbrough. The population of Middlesbrough has a lower life expectancy when compared to regional and national averages. Residents of Middlesbrough can also expect to live a shorter proportion of their lives in good health. People experiencing the greatest deprivation have the shortest life expectancy, living on average 13 years less than those in the most affluent wards. The trend of other key outcomes, such as proportion of children living with overweight or obesity and ill-health attributed to smoking, is worsening. This demonstrates that health impacts should be an important part of any decision making to contribute towards reducing the inequality gap and through evidence base we know that poor health outcomes can begin from conception and can follow an individual throughout their life course.

From birth through to their teen years, foundations are laid that will influence all aspects of a child's future. Investment in this period generates long-lasting, cumulative benefits. Effective support for families in the earliest years brings savings to the public purse through reduced demand for public services and increased participation in the economy in later life. Failing to invest in early development will ultimately cost the local area in the longer-term. Early investment, targeted where it is most needed, makes more economic sense than later interventions which can be less effective and more costly. Whilst there are challenges in measuring the return on investment from particular policies and interventions, there is a clear economic case for investment in our children.

The Early Intervention Foundation has estimated that in England and Wales, the cost of late intervention in 2016/17 was £17 billion, equivalent to around £300 per person, because of the need for services to address problems such as mental ill-health, youth crime and exclusion from education. The largest costs included: £5.3 billion spent on Children Looked After and £2.6 billion spent on benefits for 18–24-year-olds who were not in education, employment or training. Mental health problems during childhood and adolescence are estimated to cost between £11,030 and £59,130 annually per child in the UK. These are immediate and short-term fiscal costs. The longer-term cumulative costs, over decades, will be considerably larger.

The scope of this SLA includes reviewing how strategies, plans and service delivery impact on and support the improvement of public health outcomes for children, young people and families.

## **5. Outcomes and Actions**

The strategic public health outcomes have been described in the Public Health Strategy.

The overarching outcome of this SLA is for Public Health and Children's Services to work collaboratively using a system led approach to support the Best Start in Life and Developing Well agenda across the Local Authority.

### **Children's Services Commitments**

#### All Directorate Action

##### HDRC

- Engage proactively with the NIHR Health Determinants Research Collaboration (HDRC) – for example by nominating a senior level ambassador to represent the Directorate at HDRC meetings etc.
- To work with HDRC colleagues to proactively identify research and evidence priorities for the Directorate.
- Positively consider staff intentions to apply for and undertake personal fellowships (e.g. NIHR Pre-Doctoral/Doctoral Fellowships) as part of their continuing professional development.
- In conjunction with the HDRC, work towards embedding evidence use and creation in Directorate processes.
- Actively participate in the Memorandum of Understanding between the Local Authority and Teesside University.
- Support the development of the Joint Strategic Needs Assessments and delivery of the Live Well South Tees Health and Wellbeing Strategy.

##### Training

- Encourage staff to attend relevant public health training including C-card and wider sexual health, Trauma informed, Healthy Weight Declaration e-learning, Making Every Contact Count (MECC), brain development, substance misuse and Physical Literacy
- Reciprocal training between children's and public health services to upskill staff in current services and referral pathways to aid better collaboration.
- Actively engage in shadowing experiences to gain greater understanding of services approaches and offers.
- Identify key staff to be trained as mental health first aiders across the directorate.
- As a directorate complete an annual public health audit which demonstrates application of knowledge.

## Strategic Partnerships

- Ensure appropriate directorate attendance at key partnership boards such as the HRDC Oversight Board, 0-19 Governance Board, Children and Young People Emotional Health and Wellbeing Board, The South Tees Teenage Pregnancy Partnership, Changing Futures Board and the Best Start Partnership.
- Develop co-delivered plans and strategies – such as the Teenage Pregnancy Partnership Action plan and sharing data and information alongside supporting the development of the Joint Strategic Needs Assessments.
- Develop robust pathways into key public health services such as Substance Recovery, Sexual Health and Stop Smoking Services.
- Support the Core20plus5 principles for children and young people such as supporting and raising awareness of positive oral health, mental health, asthma, epilepsy and diabetes to reduce health inequalities.
- Nominate a wellbeing champion for the directorate and to register on the South Tees Wellbeing Network
- Sign up to Age Friendly Charter as a directorate.

## Children's Services – Resource Workers/Futures for Families

- Embedding Health Inequalities Impact Assessments as part of the planning process to ensure impact on health inequalities has been accounted for.
- Embedding health assessments targeted at reducing health inequalities, such as encouraging dental registration/appointment, immunisations and screening uptake.
- Contributing to the South Tees Talks agenda to improve literacy levels.
- Actively identify, refer, and support parents/CYP into appropriate Public Health Services for example substance misuse recovery services including follow up.
- Working closely with the Recovery Solutions Young People and Families Team to support the identification of risk, support care planning, and safety planning for children and young people.
- Improving Young Person to adult transition arrangements from a holistic perspective taking into account all vulnerabilities.
- Working with the Children with Disabilities Team to support and develop the HAF programme, to ensure the service is accessible to all and supports the work within this area.
- Lead on the development and delivery of training to upskill HAF providers to support provision for children and young people with additional needs.
- A nominated representative for the Ill Health Prevention Board and joint work with Public Health to develop key actions to improve the health outcomes for those at risk of poor health outcomes (SEND, Children in our Care).

### Prevention/Early Help

- Deliver on the sexual health agenda through the promotion of condom use and STI testing.
- Demonstrate collaborative working with the 0-19 HCP team and explore co-delivery of services.
- Provide information on, and refer to, the Best Start Pathway.
- Ensure public health outcomes are considered in the development of early help plans.
- Develop robust pathways to improve the identification and referral into services with the Young People and Family Team at Recovery Solutions, the Stop Smoking Service and Sexual Health Service.
- Provide health education to families and ensure health is included in the initial and ongoing assessments, such as immunisation status and vision screening.

### Risk and Resilience/Youth Services/Youth Justice Service

- Lead key actions from the teenage pregnancy partnerships.
- Deliver on the sexual health agenda through the promotion/distribution of condom use and STI testing.
- Support the development of an education-based Health Start offer and contribute to the delivery of health education sessions in targeted settings.
- Share information and data with Public Health to support the Recovery Solutions YP & Family team to continue to play a key role in the VPG and RMG.
- Actively identify, refer and support parents/CYP into substance misuse recovery services inclusive of follow up.
- Utilise the existing digital resilience network to disseminate key public health messages.
- Support the development of a joint exploitation hub in partnership with Public health Services including the monitoring of successes and sharing key learning points with wider key partners.

### Education/School Readiness

- Promote the uptake of breastfeeding and embed breastfeeding support in Family Hubs.
- Ensure all early years professionals in contact with pregnant women and families receive appropriate and up to date training on breastfeeding in line with Baby Friendly Initiative (BFI) Standards.
- Family Hubs to sign up to the Welcome to Breastfeed South Tees programme.
- Raise awareness and increase access to Vitamin D and Healthy Start Vitamins for pregnant, breastfeeding mother's infants and children under 5 years old.
- Family Hubs to distribute and record Healthy Start Vitamins to families, using the Firmstep system and staff to undertake mandatory training on the Healthy Start Scheme.
- Support the delivery of Preparation for Birth and Beyond in multi-agency antenatal educational programmes across Middlesbrough, along with HENRY Starting Solids and Fussy Eating programmes with families.
- Promote the HAF programme to eligible families and signpost families to the service.

- Work towards hosting a HAF club in each venue, during each HAF delivery period, including staff participating in supplied training around nutrition and physical activity.
- Identify what further preventative services could be delivered from Family Hubs creating a one stop shop for families (Stop Smoking clinics, LARC clinics, screening and immunisation sessions).
- Ensure staff within hubs are MECC trained to deliver brief interventions where appropriate.
- Continued commitment to support the family prescribing offer within family hubs.
- Contribute to the education element of the Teenage Pregnancy Partnership via promoting and monitoring quality RHSE delivery in schools.
- Working with schools to achieve 'walk to school' recommendations as part of School Food Plans and increase physical literacy for children and young people.
- Support Early Years settings to enable a structured physical activity offer and health food policy.
- Support the introduction of school food policies including lunchbox policies.
- Working with schools to achieve the 'Eat Well Schools Award' evidencing the delivery of School Food Standards and a whole-school approach to healthy weight.
- Working with Early Years settings to achieve the 'Eat Well Early Years Award' evidencing the delivery of School Food Standards and a whole-settings approach to healthy weight.
- Working with schools, colleges and early years settings to embed and promote positive breastfeeding education/messages.
- Working with PH and Revenue and Benefits teams to explore, develop and deliver the auto enrolment of school children who are eligible for free school meals, simplifying the sign-up process for families, by utilising existing data held at government level.
- Working with schools to develop the HAF programme within schools, to target children, young people and their families, embedding physical activity in school holiday periods and school food standards.
- Support the promotion of the benefits of literacy within educational settings and with parents, linking into existing community offers and programmes.
- Support Public Health to engage with educational settings to disseminate key health protection messages about communicable diseases, vaccination and outbreaks.
- Ensure staff working within education attend the annual Health Protection workshops so they are up to date with the latest information.
- Front line staff working directly with young people to attend c-card training which will enable the distribution of c-cards and STI testing kits.
- Encourage all educational settings to have a poverty proofing policy in schools.

### **Public Health Commitments**

Public Health South Tees commits to:

- Providing advice, guidance, and leadership to support the delivery on the SLA outcomes.
- Training and support on the implementation and application of the Health Inequalities Impact Assessment

- Hosting the Start for Life funded Infant Feeding Coordinator role to support breast feeding, UNICEF accreditation and staff development.
- The development of a comprehensive Public Health Training package relevant to this directorate
- Providing local, national and regional intelligence to guide the agenda and will lead forward the relevant stakeholder boards:
  - 0-19 Governance board
  - Best Start in Life Partnership
  - South Tees Teenage Pregnancy Partnership
- The commissioning of the 0-19 service which contributes to the early help and safeguarding agenda.
- Young Peoples Children and Families team working in partnership with the exploitation hub.

## 6. Guiding Principles

The following guiding principles underpin the work:

- Partners have equal status and will work collaboratively and support each other in the spirit and intention of this SLA.
- Partners will be open and transparent and act in good faith towards each other.
- Partners will discuss any changes to services that may impact on the delivery of Public Health outcomes with Public Health prior to changes being agreed.
- As the Public Health Grant is allocated to a percentage of the overall service delivery which is deemed to contribute to Public Health outcomes, Public Health cannot be held responsible to fund any changes in service budgets such as pay increases
- Partners will commit resources appropriately to support the delivery of the SLA outcomes.
- Partners will demonstrate a willingness to put the needs of the public before the needs of individual organisations.
- All partners recognise and acknowledge that integration is an interactive and iterative process.

## 7. Monitoring and ongoing development

Quality assurance and delivery against the SLA outcomes will be monitored via quarterly meetings between Childrens Services and Public Health (performance frameworks and narrative report templates will be supplied by Public Health). Outcomes from these meetings will feed in biannual Public Health Grant Oversight Board. Service areas will also be required to co-produce an annual report to provide the Director of Public Health oversight on the delivery against the investment.

### Key Monitoring Metrics

- Attendance at key recommended boards
- Identified research and evidence priorities for the directorate in partnership with HDRC colleagues.
- Identified ambassadors for the HDRC.



- Completion of an annual training audit (inclusive of number of staff c-card trained, trauma informed).
- Number of venues obtaining UNICEF accreditation.
- Number of co-delivered sessions/groups provided which contribute to the agreed public health outcomes.
- Number of referrals to the Best Start Pathway.
- Number of jointly delivered ASQ assessments.
- Number of children supported following ASQ scores.
- Numbers attending parenting programmes with a Public Health acknowledged element.
- Referrals pathways developed with targeted Public Health services (stop smoking/substance/sexual health).
- Production of jointly delivered plans.
- Number of referrals into Public Health Services such as stop smoking, sexual health, young persons substance misuse.
- Evidence of joint working.
- Public Health attendance quarterly at Childrens Services DMT to share best practice and updates.

**8. Signatories to this SLA: Public Health South Tees and Middlesbrough Council Children’s Services**

- This SLA is effective from 01.04.2023 for a period of one year, subject to early termination in the event of changes to the Public Health Grant such as a reduction in overall allocation to the Council.
- The SLA will be reviewed on an annual basis and subsequent allocation of Public Health Grant to the Directorate.
- The Agreement may only be varied with the express written agreement signed by the partners (or their authorised representatives).
- Any changes to the service which may impact on specified Public Health outcomes need to be discussed with Public Health before any final decisions/agreements.

**I hereby agree the above conditions on behalf of Public Health South Tees:**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**I hereby agree the above conditions on behalf of the Children’s Services Directorate:**

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

## Schedule 1- Price and payment

- The Service will be funded through Public Health South Tees
- The following funding is available to contribute towards delivering the service outcomes:

**Children's Social Care: £2,879,000**

**Education and Partnerships: £566,000**

- Internal transfer will be arranged by the Public Health Business Partner

## **Appendix 1. Public health mandated and non-mandated functions**

### *Mandated functions include:*

- Weighing and measuring of children at reception and year 6 (National Weight Measurement Programme)
- NHS Health Check assessment and delivered, offered every 5 years to eligible residents who meet screening criteria;
- Provision of sexual health services – STI testing and treatment and contraception;
- Provision of Public Health advice to the ICB;
- Health protection, including prevention, planning for and responding to emergencies;
- Oral health, including initiation, variations and termination of fluoridation; oral health promotion; oral health surveys; oral health needs assessment (subject to change)

### *Non-mandated functions that are conditions of the Public Health Grant:*

- Drug and alcohol provision
- Children and young people (Health Visiting and School Nursing)