

Service Level Agreement

Public Health South Tees and Middlesbrough Council Adult Social Care 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 Adult Social Care Directorate to deliver public health outcomes which contribute to reducing health inequalities across Middlesbrough, specifically the Public Health objective of preventing ill health and reducing vulnerability at a population level.

Partners in the SLA are:

- Public Health South Tees
- Middlesbrough Council Adult Social Care 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;

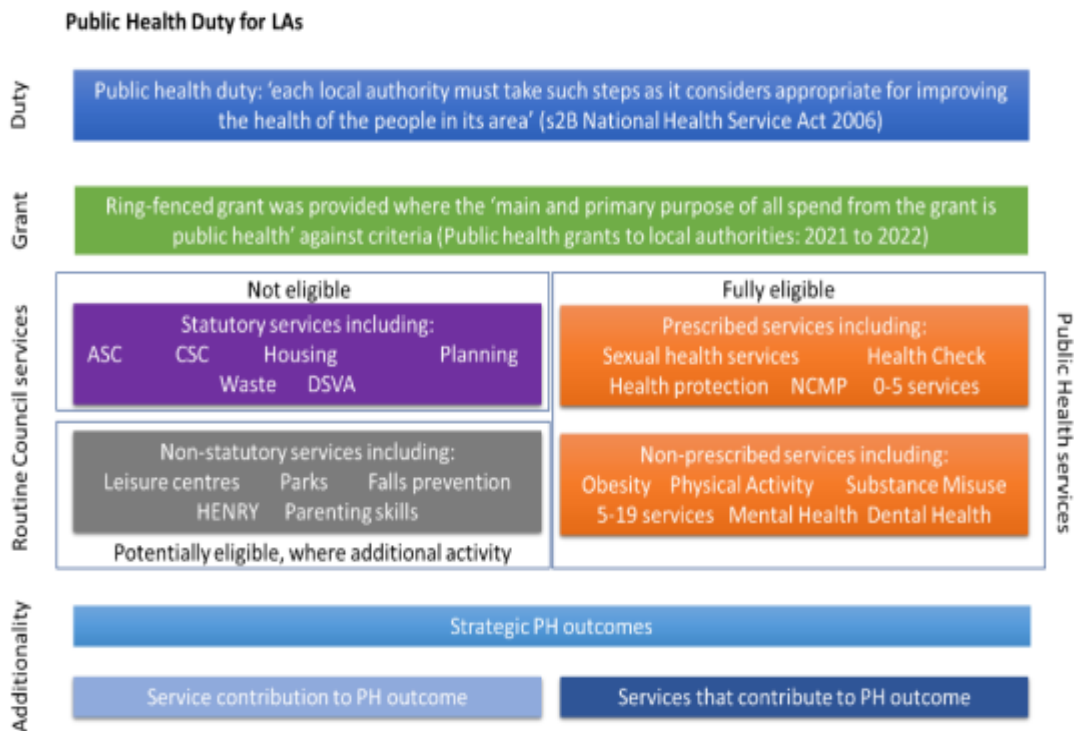
- Expenditure is transparently and demonstrably in line with the grant determination requirements;
- Governance processes are robust and adequate; and
- Public health outcomes are reviewed and monitored.

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 in order 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 are reviewed at least annually.

4. Service Scope

Health inequalities exist in Middlesbrough. The population of Middlesbrough have a lower life expectancy when compared to regional and national averages. They 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 and in less good health. The trend of other key outcomes, such as proportion of children living with overweight or obesity or ill-health attributed to smoking, are worsening. This demonstrates that health impacts should be an important part of any decision making to contribute towards reducing the inequality gap.

Adult social care is an integral part of the public health system, working to improve health outcomes, prevent illness, and support individuals in maintaining a high quality of life. In addition, the impact of homelessness and domestic abuse on health and wellbeing is significant, impacting on life chances, mental and physical health.

5. Outcomes and Actions

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

The scope of this SLA includes collaborative working with public health to reduce health inequalities taking a population health management approach to identifying those most at risk of ill health and preventing, mitigating and responding to local needs.

Adult Social Care 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.
- 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.

Training

- Actively engage in shadowing experiences to gain greater understanding of services approaches and offers.
- Encourage staff to attend relevant public health training including, the Healthy Weight Declaration e-learning, Suicide Prevention, Making Every Contact Count (MECC), Age Friendly, Dementia Friendly and Physical Activity
- As a directorate complete an annual public health audit which demonstrates application of knowledge.
- Reciprocal training between Adult Social Care and Public Health to upskill staff in current services and referral pathways.
- Identify key staff to be trained as mental health first aiders across the directorate.
- Nominate a wellbeing champion for the directorate and to register on the South Tees Wellbeing Network.

Strategic Partnerships

- Support the development of the Joint Strategic Needs Assessments and delivery of the Live Well South Tees Health and Wellbeing Strategy.
- Develop co-delivered plans and strategies including the sharing of data/information alongside supporting the development of the Joint Strategic Needs Assessments.
- Ensure appropriate Directorate attendance at key partnership Boards such as the HDRC Oversight Board, Healthy Weight Alliance, Changing Futures Board, Age Friendly Steering Group, Dementia Friendly Network and Ill Health Prevention Board.
- Develop robust pathways into key public health services such as Substance Recovery, Sexual Health and Stop Smoking Services.
- Support the Core20Plus5 principles for adults.
- Sign up to Age Friendly Charter as a directorate.

Adult Social Care

- Work in partnership with Public Health to ensure that inclusion health groups are including in the Supported Housing Strategy.
- Identify a nominated lead to support the development of an Age Well Strategy
- All staff being aware, promoting or signposting to activities and support which is available for Older People including dementia support.
- Explore embedding preventative approaches across adult social care to improve the lives of different groups that experience poorer health outcomes such as those with a learning disability, LTC, Mental Health, older people, carers, homelessness. This will include staff being trained in very brief advice for smoking cessation and supporting referrals into stop smoking services for these groups and staff being trained to give very brief advice for alcohol including use of AUDIT C and supporting early identification of problem drinking and onward referral.
- Explore opportunities to train staff that are in contact with those in social housing, including residential and hostel staff to encourage 'swap to stop' offering vapes to encourage smoking cessation, building capacity across the adult social care workforce to support the reduction of smoking rates and reducing inequalities.
- Working in partnership across the Directorate with Public Health colleagues and primary and secondary care to develop in reach interventions that address unmet health needs of inclusion health groups within substance, alcohol and homeless provision.
- Support with promoting independence and wellbeing of older residents in care homes and residential settings, helping people stay out of hospital ensuring 'active' care homes providing falls prevention, supporting uptake of vaccinations, IPC, independence, and general wellbeing.
- Embed key elements of the Core20Plus5 framework into ASC approaches such as support with early identification and referral to services (an example of this would be supporting uptake of the healthy heart checks).

ACT Partnership

- Participate in quarterly audits to ensure effective transition between young people and adult services.
- Front line staff accessing key training provided by Recovery Solutions include naloxone.
- Nominated and dedicated representatives from statutory housing and homelessness and DA at all levels of South Tees Changing Futures programme – at the strategic/Board, themed groups (e.g., the Housing Development Group) and events.
- Statutory Housing and Homelessness and DA support to work collaboratively with Public Health to develop improved pathways and support in the planning, development and evaluation of joint projects (e.g., Rough Sleeping & Drugs/Alcohol Treatment Grant Programme and the Housing Support Grant) including timely responses to data/progress reports.
- Improved collaboration with partners, particularly when dealing with vulnerable clients and stepping down support.

- Influencing housing and homeless agenda and DA support elements via collaborative work with broader partners and developing improved pathways.
- Explore opportunities for joint commissioning approaches to remove barriers, improve support and provide better value for money (e.g., building on the vulnerable women’s collaborative housing pilot), via the Changing Futures Board and ACT strategic meetings.
- Domestic Abuse to provide information on evidence-based training for key partners including GP and wider health partners.
- Key partners in ACT to utilise CDP as a means of sharing information and support any future service developments.
- ACT partners to actively share information with each other as and when appropriate.
- Ensure Public Health input into the refresh of the Domestic Abuse strategy which supports the Public Health agenda.
- ACT leads to play an active role in reviewing the current ACT service model ahead of the 2024/25 grant allocation proposed changes.
- Actively engage in shadowing experiences to gain greater understanding of Recovery Services approaches and offers.

Public Health Commitments

- A dedicated “Making Research Happen” officer for ASC.
- Training and support on the implementation and application of the Health Inequalities Impact Assessment.
- Support with training staff around benefits of physical activity in adults and older adults via the Specialist Physical Activity Team and You’ve Got This.
- Delivery of bespoke Dementia Friendly and Age Friendly Training.
- Work in partnership with ASC and wider partners to develop and implement recommendations from the Age Well JSNA.
- Attendance at DASP – PH input into DA strategy review and needs assessment.
- Recovery Solutions working in partnership with the wider ACT model.
- Public Health training tailored to staff needs.

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 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 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 Adult Social Care and Health Intergration 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.

8. Key Monitoring Metrics

- Attendance at key recommended boards (in particular Ill Health Prevention, Changing Futures and HDRC oversight board).
- Identified research and evidence priorities for the directorate in partnership with HDRC colleagues.
- Identified ambassadors for the HDRC.
- Annual training audit completed.
- Number of staff trained in dementia/age friendly/naloxone/suicide prevention/physical activity.
- Nominated mental health first aiders.
- Evidence of contribution to the development of key strategies and documents such as JSNA and Age Well Strategy.
- Sign up to the Age Friendly Charter.
- Evidence of preventative approaches in adult social care such as brief intervention training for staff.
- Increased referral into the stop smoking service.

9. Signatories to this SLA: Public Health South Tees and Middlesbrough Council Adult Social Care

- 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 Adult Social Care 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:

£1,003,500

- 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)