

Service Level Agreement

Public Health South Tees and Middlesbrough Council Finance 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 Finance Directorate to deliver public health outcomes which contribute to reducing health inequalities across Middlesbrough.

Partners in the SLA are:

- Public Health South Tees
- Middlesbrough Council Finance 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;

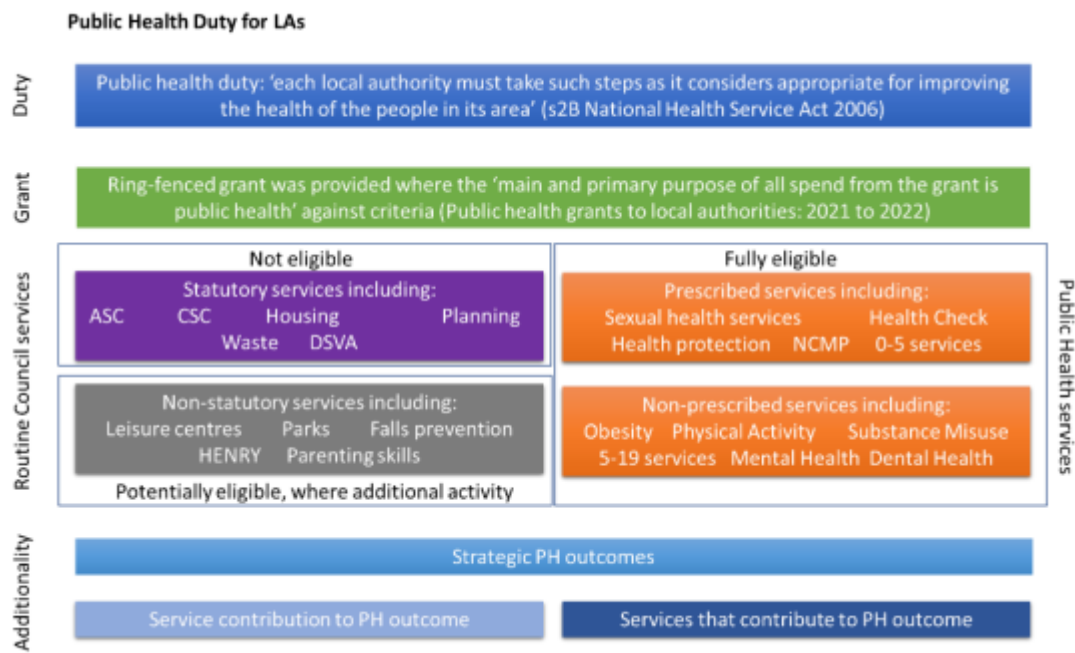
- Governance processes are robust and adequate; and
- Public health outcomes are reviewed and monitored.

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. 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. 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.

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 Finance Directorate to work collaboratively to support the reduction in health inequalities in Middlesbrough residents.

Finance Directorate Commitments

All Directorate action

- Support the development and outcomes of the Joint Strategic Needs Assessments and delivery of the Live Well South Tees Health and Wellbeing Strategy.
- Encourage staff to attend relevant public health training including but not exhaustive: C-card and wider sexual health, Trauma informed, Making Every Contact Count (MECC), substance misuse, Breastfeeding Welcome, Healthy Weight Declaration E-learning, Suicide prevention e-learning and Dementia Friendly.
- Identify key front-line staff to be trained as mental health first aiders/advocates across the directorate.
- As a Directorate complete an annual public health audit which demonstrates application of knowledge.
- Ensure appropriate directorate attendance at key partnerships such as the South Tees Health Protection Board, South Tees Healthy Weight Alliance as required.
- 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.

Commissioning and Procurement

- Support Public Health to develop innovative commissioning models to increase effective partnership working to deliver shared outcomes and maximise community wealth building in line with the Social Value Policy.
- Support Public Health to navigate procurement regulations to develop social enterprises to deliver Public Health outcomes and access different funding routes (as achieved with Recovery Connections).
- Work with Public Health to develop a collaborative commissioning model as used by You've Got This.
- 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.
- Continue to support the MUST service in care homes.
- Support the development of the Age Well Strategy.

Resident and Business Support

- Welfare Rights to work with Public Health to develop links with services to support residents access to Substance Misuse Recovery Services, Stop Smoking Services, Bring it on Boro programme (Holiday Activity and Food Programme) and mental health support services.
- Include Public Health as part of the Housing Needs Assessment to ensure consideration of health inclusion groups and support needed for a successful tenancy.
- Working with Public Health and Education Services 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.

Public Health South Tees Commitments

- Nominating key staff to support achievement of outcomes.
- Provide up-to-date training for Finance staff to access.

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 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 Finance Services and Public Health (performance frameworks and narrative report templates will be supplied by Public Health). Outcomes from these meetings will feed into bi-annual Public Health Grant Oversight Boards. 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

Progress against all the above targets will be reported quarterly:

- Number of innovative commissioning models
- Attendance at relevant strategic partnerships/developments
- Number staff attending relevant public health training
- Pathway development between Welfare Rights and Public Health services

9. Signatories to this SLA: Public Health South Tees and Middlesbrough Council Finance Directorate

- 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 Finance 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:

£1,005,500

- 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)