

# Service Level Agreement

## Public Health South Tees and Middlesbrough Council Legal and Governance 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 Legal and Governance 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 Legal and Governance 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;

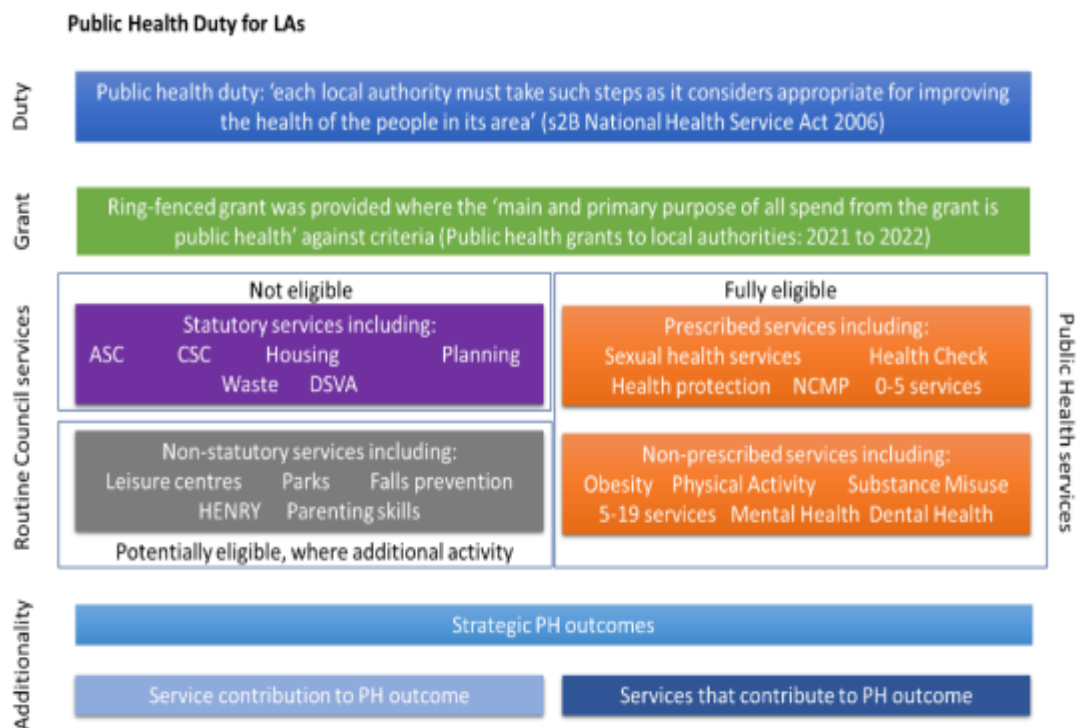
- Expenditure is transparently and demonstrably in line with the grant determination requirements;
- Governance processes are robust and adequate; and
- Public health outcomes are reviewed and monitored.

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 Legal and Governance Directorate to work collaboratively **to support the reduction in health inequalities in Middlesbrough residents and employees.**

#### **Legal and Governance Directorate Commitments**

##### All Directorate action

##### Training

- 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.

### Partnerships/Collaborative Working

- Support the development of the Joint Strategic Needs Assessments and delivery of the Live Well South Tees Health and Wellbeing Strategy.
- 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.

### Human Resources

- Develop an annual staff health and wellbeing plan with support and input from Public Health to support workplace health and wellbeing including access to counselling services.
- Support key Public Health messaging and engagement with staff for example promoting flu immunisation.
- Maintain '*Maintaining Excellence*' Better Health at Work Award Status.

### Policy and Performance

- Work with Public Health to incorporate a Health in All Policies approach through embedding Health Inequality Impact Assessment in key policies and decision-making processes to ensure consideration a policy, strategy or service plan may have on the health of a population.
- Support the development and implementation of JSNA's which are a statutory requirement for the Council and ICB.
- Work with Public Health to develop the Social Value Charter

### **Public Health South Tees Commitments**

- Training and support on the implementation and application of the Health Inequalities Impact Assessment
- Nominating key staff to support achievement of outcomes.
- Provide up-to-date training for LGS 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 LGS and Public Health (performance frameworks and narrative report templates will be supplied by Public Health). Outcomes from these meetings will feed into 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 of public health outcomes against the investment.

## 8. Key Monitoring Metrics

Progress against all the above targets will be reported quarterly:

- Evidence of maintaining excellence (BHAWA)
- Representation at relevant Public Health Meetings.
- HIIA embedded into policy and decision-making processes.
- Social Value Charter development and implementation.
- Number staff attending relevant public health training.

## 9. Signatories to this SLA: Public Health South Tees and Middlesbrough Council Legal and Governance 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 Legal and Governance 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:

**£458,300**

- 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)