

**WEST OF ENGLAND (WoE)
PUBLIC HEALTH PARTNERSHIP**

**MEMORANDUM OF
UNDERSTANDING**

between

**Bristol, North Somerset, South Gloucestershire and
Bath & North East Somerset Local Authorities**

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WEST OF ENGLAND (WoE) PUBLIC HEALTH PARTNERSHIP

MEMORANDUM OF UNDERSTANDING

between

**Bristol, North Somerset, South Gloucestershire and
Bath & North East Somerset Local Authorities**

1. Context

- 1.1 The purpose of this Memorandum of Understanding is to set out a framework for joint working relationships and public health service delivery between Bath & North East Somerset Council, Bristol City Council, North Somerset Council and South Gloucestershire Council. The basis for this framework is set out in the form of an agreed shared annual work programme (see Appendix 1).
- 1.2 The shared annual work programme has been developed and agreed between the four Directors of Public Health on behalf of their local authorities.
- 1.3 The resources allocated to support the shared work programme will be agreed between the four local authorities. The proposed allocation of staff time working across the four local authorities is set out at Appendix 2.
- 1.4 The development and delivery of the shared work programme is managed by the West of England Public Health Partnership Board. Terms of reference of the WoE Partnership Board is set out at Appendix 3. The Board is supported by national organisations with a local presence including Public Health England (PHE) and NHS England through their local directors.
- 1.5 A substantial part of the shared work programme sets out joint working arrangements between Bristol, North Somerset and South Gloucestershire (BNSSG) public health teams. However, Bath & North East Somerset has chosen to opt into specific shared work programmes, as appropriate. The detail is set out within the shared annual work programme in Appendix 1.

2. Principles of Shared Public Health working

- 2.1 The majority of public health functions and responsibilities are best carried out at a local level within local authority boundaries. However, working jointly with neighbouring local authorities has been shown in some cases to improve effectiveness and efficiency.
- 2.2 Where programmes require scarce specialist knowledge and skills, there is added value in sharing resources. Where disease incidence or numbers are low, it makes sense to work with other authorities. Where the analysis of data is easier carried out once rather than repeatedly, there is value in sharing work. Where commissioning occurs at a wider level than local authority boundaries, such as contraceptive and Genito-urinary Medicine (GUM) services, there are benefits in matching the boundaries of partner organisations.

- 2.3 Some public health functions are delivered more effectively and efficiently across local authority boundaries to achieve both economies of scale and also to ensure that sufficient capacity is created to deliver efficiently. Thus, whilst public health teams will remain within their local authorities, some public health functions are being delivered through a shared arrangement whereby some staff work across local authority boundaries.
- 2.4 The model for how this arrangement is delivered across the four local authority areas is set out at Appendix 4, WoE Public Health Partnership governance.

Within this Memorandum the following will be agreed:

3. Shared annual work programme

- 3.1 Within the shared annual work programme, work will be carried out across the geographical areas of WoE as indicated in the annually agreed plan. For some functions, work will be carried out across BNSSG, including the shared healthcare public health work and the sexual health functions. Other programme areas such as traveller health and oral public health encompass a wider geographical area.
- 3.2 Each of the public health functions covered by this shared agreement has a named public health lead who has responsibility to coordinate the delivery of the relevant part of the shared work programme. This will be agreed between the individual and their Director of Public Health and/or line manager. Named leads will be included within the annual work programme.
- 3.3 The agreed shared annual work programme will be managed by the WoE Public Health Partnership Board and monitored on a quarterly basis with any variance from the expected milestones brought to the attention of the Board for consideration.
- 3.4 A joint communication plan will be established to promote the shared work programme and clarify the areas of work included within the agreement, thus encouraging engagement and effective partnership working between the partner organisations
- 3.5 The shared work programme will include elements of healthcare public health, incorporating technical support for the core offer to Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups (BNSSG CCGs). It will take account of the priorities agreed between the CCGs and local authorities and will be signed off by the BNSSG CCG Partnership.
- 3.6 The majority of the public health intelligence function will be delivered at a local level where public health intelligence relies on access to information resources within individual localities. However for BNSSG, a shared work programme will cover those areas where shared working is beneficial. It is delivered by public health intelligence analysts from each of the three local authorities.
- 3.7 The coordination and strategic planning role of public health in the development and delivery of the Sustainability and Transformation Plan (STP) is carried out at the BNSSG level. This includes a leading position within the Prevention, Early Intervention and Self-Care workstream and facilitating a cross-organisational and system-wide process which takes into account health, care and voluntary sectors.

- 3.8 The commissioning of an integrated sexual health service for Bristol, North Somerset and South Gloucestershire plus Bath and North East Somerset Council for the chlamydia testing programme is included within the shared public health work programme.
- 3.9 As transport systems operate across the geography of the West of England, it is important to ensure public health oversight of the opportunities that influence the development of the built environment and joint transport planning. This can only be achieved through working across local authority boundaries. A shared programme of work is delivered across all four areas of the West of England.
- 3.10 Further shared programmes of work will be developed and coordinated across the West of England, as identified and as appropriate.

This Memorandum will be based on the following:

4. Quality Standards

- 4.1 The development of the shared public health annual work programme is overseen by the WoE Public Health Partnership Board and clearly describes specific activities and measurable outputs to be achieved with agreed timescales.
- 4.2 The programme and its constituent costed work programmes will run between 1st April and 31st March each year.
- 4.3 The local authorities will ensure that an appropriately trained and skilled public health workforce is maintained and supported to allow delivery of the technical and leadership skills required of the shared public health functions. This will include:
- ensuring that delivery is not diminished with any significant changes that might affect the ability to deliver the work programme without consultation with the WoE Public Health Partnership Board
 - that where appropriate, all public health specialists will be fully registered and be subject to existing governance including those for continued professional development. Staff contributing to the annual shared work programme will have CPD time attributed on a pro rata basis
 - the assumption that the current staffing skill mix set out in this MoU is retained in the local authority and that the particular skill sets required to operate this MoU are not put at risk by staff loss or changes in terms and conditions. Were this to happen, the MoU conditions may not be deliverable and quality issues could not be assured as written. In this instance a revised work programme and MoU would need to be established.
- 4.4 This MoU and work programme is developed based on the assumption that capacity is commensurate with need. If there are changes in need or levels of need exceed capacity, the MoU and work programme will need to be reviewed.

5. Governance, Review and Monitoring

- 5.1 The full programme of shared public health work will be formally reviewed in September each year to review the effectiveness of the working arrangements and the outcomes reported back to the four local authorities, PHE (SW) and NHS England (South SW).
- 5.2 Each of the public health functions included within the shared work programme has a named public health lead with responsibility for reporting to the Partnership Board and contributing to the formal review each September.
- 5.3 The named public health lead for each function has a mandate to coordinate allocated staff time and resources (as set out in Appendix 2) across the geographical patch to deliver the actions included within the shared work programme in order to achieve the specified outputs and meet the stated milestones. They will also be charged with reporting any deviation from the work programme to the Partnership Board.
- 5.4 The annual report to the WoE Public Health Partnership Board will follow a set format that will be made available to all named public health function leads, but it will include:
- Demonstration of delivery of the shared work programme and outcomes within the agreed timeframes
 - Highlighting examples of work that show evidence of effective shared working practices and effective use of resources
 - Identification of risks and any deviation from the work programme
- 5.5 The Partnership Board will meet four times per year. The role of the Board is to monitor the delivery of the public health shared annual work programme. It will work to a standard agenda and keep a clear record of meetings.
- 5.6 It will report directly to the Local Authority Chief Executives and elected members, providing regular updates on progress and developments of the shared working arrangements.

6. Terms and Conditions of this Memorandum of Understanding

- 6.1 The agreed shared work programme and details of this MoU may only be altered if the proposed changes are agreed by all parties.
- 6.2 If there is consistent failure to contribute fairly to the agreed work programmes, an extraordinary meeting of the WoE Public Health Partnership Board will be called.
- 6.3 If any partner seeks to withdraw or make any significant changes to the MoU, six months' notice must be given to the Partnership Board
- 6.4 If any dispute arises in connection with the agreed work programme or the individual work programmes contained within the overarching work programme, the Partnership Board will be responsible initially for resolving the dispute.
- 6.5 If resolution of a dispute is not possible through the Partnership Board, then the matter will be escalated to the Chief Executives of the Local Authorities.

AGREEMENT

Signed:



BRUCE LAURENCE
Bath and North East Somerset Director of Public Health



BECKY POLLARD
Bristol Director of Public Health



NATALIE FIELD
North Somerset Director of Public Health



MARK PIETRONI
South Gloucestershire Director of Public Health

DEB LAPHORNE
Public Health England (South West) Centre Director

CAROLINE GAMLIN
NHS England (South – South West) Director

APPENDICES

APPENDIX 1 Public Health Shared Annual Work Plan 2017-18:

- A. Healthcare Public Health
 - 1) Strategic planning and the STP
 - 2) Core offer technical support
 - 3) Public health policy
- B. Sexual health
- C. Built environment and transport
- D. Oral and dental public health
- E. Traveller health
- F. Work and health
- G. Communications
- H. Partnership support
- I. Public mental health

APPENDIX 2 Indicative resource allocations for staff and management support solely on the partnership 2017-18

**APPENDIX 3 West of England Public Health Partnership Board
– Terms of Reference**

**APPENDIX 4 West of England Public Health Partnership Board
– model of working and governance arrangements**

APPENDIX 5 Director of Public Health roles on behalf of the West of England Public Health Partnership

APPENDIX 1

WEST OF ENGLAND (WoE) PUBLIC HEALTH PARTNERSHIP

**SHARED ANNUAL WORK PLAN
2017-18**

- A. Healthcare Public Health**
 - 1) Strategic planning and the Sustainability and Transformation Plan (STP)**
 - 2) Core offer technical support**
 - 3) Clinical policy**
- B. Sexual health**
- C. Built environment and transport**
- D. Oral and dental public health**
- E. Traveller health**
- F. Work and health (*work plan in development*)**
- G. Communications**
- H. Partnership support**
- I. Public mental health (*work plan in development*)**

Section A
HEALTHCARE PUBLIC HEALTH
A1 - Strategic planning and the Sustainability and Transformation Plan (STP)
Bristol, North Somerset and South Gloucestershire (BNSSG)

Overall function lead – Sara Blackmore, South Gloucestershire

STP Area of work	Activity	Outputs	Outcomes	Lead
<p>Strategic planning – oversight of the public health input to the BNSSG STP</p>	<ul style="list-style-type: none"> • Overall lead for the Prevention, Early Intervention and Self-Care (PEISC) STP workstream Priority areas include pathways; healthy lifestyles and wellbeing hub; mental health; inequalities; making every contact count (MECC); mapping against risk factors • Significant contribution to priorities within Acute and IPCC STP workstreams e.g. diabetes, stroke • Ensure public health representation at key BNSSG strategic meetings 	<ul style="list-style-type: none"> • Lead public health staff identified • BNSSG support plans agreed • Public health representation identified for the following BNSSG groups, if deemed valuable by commissioners: <ul style="list-style-type: none"> - Cancer network - Liver disease - Planned care - Children’s services - MSK pathway group - Diabetes group - Stroke pathway group 	<ul style="list-style-type: none"> • System-wide joined up working and public health input across clinical, intelligence and system leadership • Bi-annual public health shared core offer priorities agreed at CCG Shadow Joint Commissioning Board meetings 	<p>Lead SRO for STP PEISC workstream - Mark Pietroni (South Glos)</p> <p>Governance for STP PEISC workstream - WoE PH Partnership Board</p> <p>Cancer - Viv Harrison (Bristol) and Ulrike Harrower (PHE)</p> <p>Liver disease - Ulrike Harrower (PHE)</p> <p>Children’s services – Jo Williams and Jo Copping (Bristol)</p> <p>MSK – Jon Roberts (N Somerset)</p> <p>Diabetes – Jon Roberts (N Somerset)</p> <p>Stroke – Viv Harrison (Bristol)</p>

STP Area of work	Activity	Outputs	Outcomes	Lead
	<ul style="list-style-type: none"> Ensure that public health is proactive in providing a local steer based on national guidance, Atlas of Variation, Rightcare and Commissioning for Value toolkit outputs 	<ul style="list-style-type: none"> - APCRC R&D Advisory Group - System Leadership Group - Clinical cabinet and prioritisation group - Clinical Policy Review Group - Support 5YF requirements and STPs 	<ul style="list-style-type: none"> Improved system-wide public health input to CCG 	<p>APCRC R&D Advisory Group – Sara Blackmore (South Glos) System Leadership Group – DPH Clinical cabinet and prioritisation group – DPH STP - Sara Blackmore (South Glos) Rightcare – Jon Roberts (North Somerset)</p>

Section A
HEALTHCARE PUBLIC HEALTH
A2 – Core offer technical support
Bristol, North Somerset and South Gloucestershire (BNSSG)

Overall function lead – Jo Copping, Bristol

CORE OFFER Area of work	Activity	Outputs	Outcomes	Lead
Evidence support	<ul style="list-style-type: none"> Produce bespoke evidence reviews to inform policy and commissioning decisions Deliver training to CCG staff in evidence searching and critical appraisal Develop and disseminate weekly public health evidence briefings for BNSSG Promote liaison between BNSSG public health teams and Avon Primary Care Research Collaborative (APCRC) to develop collaborative working and promote complementary working practices 	<ul style="list-style-type: none"> Reviews of evidence provided CCG staff trained in evidence searching and critical appraisal methods Weekly briefings circulated across BNSSG Resources shared for evidence reviews including expertise for critical appraisal, training staff, promoting the use of evidence and sharing access to evidence reviews 	<ul style="list-style-type: none"> Commissioning decisions informed by high quality evidence of effectiveness 	<p>Jo Copping (Bristol)</p> <p>Christina Maslen (Bristol)</p> <p>Sandra Shcherba (North Somerset)</p> <p>Joan Sharp (South Glos)</p> <p>Links with GP Evidence Fellows</p>
Public health intelligence – co-ordinated analysis	<ul style="list-style-type: none"> Production of bespoke analysis as required for BNSSG priorities Provision of public health data and analysis for BNSSG JSNA chapters Support to the CCG shared core offer work plan as required 	<ul style="list-style-type: none"> Data reports produced across WoE or BNSSG, as appropriate Data sections of JSNA chapters provided 	<ul style="list-style-type: none"> Commissioning decisions and CCG priorities informed by an understanding of need CCG shared core offer work plan and CCG 2 and 5 year plans comprehensively supported by PH information and intelligence 	<p>John Twigger, David Thomas and Magdalena Szapiel (Bristol)</p> <p>Sarah Webb-Phillips (South Glos)</p> <p>TBC (North Somerset)</p>

CORE OFFER Area of work	Activity	Outputs	Outcomes	Lead
Evaluation	<ul style="list-style-type: none"> • Provide bespoke evaluations and advice on evaluation (in conjunction with APCRC) • Support and training on evaluation given to CCG staff • Mentor and develop graduate evaluation posts 	<ul style="list-style-type: none"> • Evaluations completed • Advice and support given to staff on evaluation methodologies • CCG staff trained in evaluation • CCG staff undertaking evaluations 	<ul style="list-style-type: none"> • Policy decisions are informed by evaluation evidence 	<p>Supported graduate evaluation assistants and APCRC evaluation posts</p> <p>Christina Maslen (Bristol)</p> <p>Sara Blackmore (South Glos)</p> <p>Jon Roberts (North Somerset)</p>
Health economics	<ul style="list-style-type: none"> • Provide reviews of evidence of cost effectiveness • Support given for economic evaluations • Health economics support given on PBMA, Right Care/Commissioning for Value, ROI and other tools • Promote liaison between BNSSG PH, APCRC, CCGs, PHE and Universities to develop health economics input across BNSSG • Provide support to CCG to improve quality of BNSSG business cases in conjunction with CLAHRC 	<ul style="list-style-type: none"> • Evidence reviews provided • Economic evaluations produced • Increased use of health economics techniques and tools 	<ul style="list-style-type: none"> • CCG decisions are informed by robust evidence of cost effectiveness • A collaborative approach to health economics is demonstrated across BNSSG, LAs, CCGs and universities 	<p>Jo Copping (Bristol)</p> <p>Joel Glynn (Bristol)</p> <p>APCRC provide part-funding</p>
Contract management	<ul style="list-style-type: none"> • Provide a contact point for the management of the contract with South West Commissioning Support Unit (SWCSU) • Quarterly monitoring of contract with the SWCSU and agreement on the developments needed 	<ul style="list-style-type: none"> • SWCSU contract monitored quarterly 	<ul style="list-style-type: none"> • BNSSG commissioning of health checks is informed by high quality and timely performance data 	<p>Reduced contract from 2017</p>

CORE OFFER Area of work	Activity	Outputs	Outcomes	Lead
Management and organisation, analyst staff development and training	<ul style="list-style-type: none"> • Co-ordinate a network of analysts across BNSSG including the SW Knowledge and Intelligence Team (KIT) and CCGs • Maintain attendance and networking with the SW intelligence network across the SW (SWINPHO) and SW healthcare public health network • Identify training needs and opportunities • Provide support to intelligence trainees 	<ul style="list-style-type: none"> • Quarterly network meetings to include discussion on access to data, potential projects, training and development opportunities • Quarterly network meetings • Identification of training opportunities and attendance by local analysts • Participation in the PHE KIT analyst training programme including providing placements for trainees 	<ul style="list-style-type: none"> • Analysts working effectively and efficiently together across BNSSG • Analysts receive appropriate training and development across WoE, ensuring optimum levels of working 	<p>Jo Copping (Bristol)</p> <p>Jon Roberts (North Somerset)</p> <p>Helen Yeo (North Somerset)</p> <p>John Twigger (Bristol)</p>
Liaison with partner agencies	<ul style="list-style-type: none"> • Develop the relationship and joint work with the SW KIT including flows of data 	<ul style="list-style-type: none"> • Joint projects with KIT developed 	<ul style="list-style-type: none"> • Joint working with KIT established via SW healthcare public health network and SWINPHO 	<p>Jo Copping (Bristol)</p>

Section A
HEALTHCARE PUBLIC HEALTH
A3 – Clinical policy
Bristol, North Somerset and South Gloucestershire (BNSSG)

Overall function lead – Jon Roberts, North Somerset

CLINICAL POLICY Area of work	Activity	Outputs	Outcomes	Lead
Policy Development	<p>Healthcare</p> <ul style="list-style-type: none"> Continue to provide public health input to the development of new policies and the refreshing of existing policies to support the clinical policy review group across BNSSG Co-ordinated policy work through an agreed work plan, with clinical engagement across trusts and GPs New interventions group established as part of the Clinical Policy Review Group (CPRG) Support Individual Funding Request (IFR) panels on a local basis and support the development of a BNSSG process <p>Medicines Management</p> <ul style="list-style-type: none"> Chair and provide public health expert input to the BNSSG Joint Formulary Group 	<ul style="list-style-type: none"> Public health reviews of evidence to be included within the development of all new polices and referred to by those under review BNSSG Joint Formulary Group meetings provided with a chair and public health expert support 	<ul style="list-style-type: none"> New and reviewed policies are informed by public health evidence reviews Decisions are informed by public health issues 	<p>Jon Roberts (North Somerset)</p> <p>Viv Harrison (Bristol)</p>

Section B
SEXUAL HEALTH
Bristol, North Somerset and South Gloucestershire
To include Bath & North East Somerset for the Chlamydia Testing Programme

Overall function lead – Thara Raj, Bristol

SEXUAL HEALTH Area of work	Activity	Outputs	Outcomes	Lead
Performance management and quality assurance of the new integrated sexual health service	<ul style="list-style-type: none"> Quality assure the mobilisation of the new integrated sexual health service Manage the transfer of the chlamydia screening team from Bristol City Council to UHB Contract performance management to include a review of quality outcomes and standards and the agreement of remedial action where required 	<ul style="list-style-type: none"> New service is fully operational from 1st June 2017 Regular Quality Performance Management (QPM) meetings convened with lead provider (monthly initially, then moving to quarterly) Quality Performance Reports are available according to the agreed contract schedule 	<ul style="list-style-type: none"> New integrated sexual health service working effectively across BNSSG 	Thara Raj and Annette Billing (Bristol)
Joint Commissioners Group	<ul style="list-style-type: none"> Establish and run a Joint Commissioners Group for the purpose of managing the contract 	<ul style="list-style-type: none"> Terms of reference for the group agreed Regular meetings held ahead of each Quality Performance Meetings with the provider 	<ul style="list-style-type: none"> Commissioners have developed a strong partnership which enables a common voice in order to increase the ability to negotiate and influence the new provider 	Thara Raj and Annette Billing (Bristol)

SEXUAL HEALTH Area of work	Activity	Outputs	Outcomes	Lead
Support for the commissioning of evidence based services	<ul style="list-style-type: none"> Renew work plan for the Health Integration Team (HIT) SHIPP (Sexual health improvement for populations and patients) 	<ul style="list-style-type: none"> SHIPP programme of work agreed and activity progressed 	<ul style="list-style-type: none"> Existing services and new service innovations are evaluated 	Thara Raj and Annette Billing (Bristol)
Commissioning primary care sexual health services	<ul style="list-style-type: none"> Consider whether a joint approach to future commissioning of sexual health services from pharmacies and GP practices is desirable or feasible To work with OneCare/primary care to develop a more collaborative approach to providing LARC 	<ul style="list-style-type: none"> Paper submitted to the WoE DsPH for consideration of different options to ensure a joined up approach Procurement process commenced if appropriate Recommendations from OneCare pilot 	<ul style="list-style-type: none"> Interactions between primary care and Unity services are clear and consistent across the area Mechanisms for inter practice referrals established and working well Specialist services are receiving lower numbers of routine LARC referrals 	Lindsey Thomas (South Glos) Thara Raj and Annette Billing (Bristol)
Procurement of Sexual Assault Referral Centres	<ul style="list-style-type: none"> Engage in the procurement exercise for the regional SARC's being run by NHS England 	<ul style="list-style-type: none"> Mechanisms to enable WoE teams to respond to the regional procurement process are established and used 	<ul style="list-style-type: none"> WoE local authority public health teams as key stakeholders have the opportunity to influence the regional procurement process 	Matt Lenny (North Somerset)
Strategy and needs assessments	<ul style="list-style-type: none"> Consider whether a joint approach to needs assessment, JSNA or strategy is desirable or feasible 	<ul style="list-style-type: none"> Needs assessments and JSNA chapters are written Strategic documents are written 	<ul style="list-style-type: none"> Common approach to needs assessment and strategy are enabling efficiencies and improved communication with key BNSSG stakeholders such as Unity and CCGs 	Thara Raj and Annette Billing (Bristol)

WoE PH Partnership MoU v2.5

<p>Preventative sexual health</p>	<ul style="list-style-type: none"> • Assess what could be done collectively on prevention to be more efficient and effective • Share expertise across local authorities in preventative sexual health interventions e.g. RSE, sexual violence, domestic violence and sexualisation 	<ul style="list-style-type: none"> • Opportunities for collaborative working identified • Briefing for schools on RSE produced 	<ul style="list-style-type: none"> • Effective collaborative working on preventative sexual health 	<p>Lottie Lawson (South Glos)</p>
<p>Collaborative work across the South West</p>	<ul style="list-style-type: none"> • Chair the DsPH Network and Office for Sexual Health South West • Provide strategic leadership across the South West • Share learning from the BNSSG joint reprourement process 	<ul style="list-style-type: none"> • Coordinate the delivery of regional work streams and pilot projects across the WoE, including RSE, sexual violence, PrEP and HPV for MSM, and sexual health workforce development • Write up and circulate a case study of the reprourement process in BNSSG 	<ul style="list-style-type: none"> • Effective collaborative working across the WoE and the South West • Joint commissioning opportunities considered and explored across the South West 	<p>Mark Pietroni (South Glos)</p>

Section C
BUILT ENVIRONMENT AND TRANSPORT
Bristol, North Somerset, South Gloucestershire and Bath & North East Somerset

Overall function lead – Sally Hogg, Bristol and Dominic Mellon, South Gloucestershire

BUILT ENVIRONMENT Area of work	Activity	Outputs	Outcomes	Lead
Capacity and capability – wider public health workforce	<ul style="list-style-type: none"> Develop a programme of CPD for public health and associated professionals 	<ul style="list-style-type: none"> CPD opportunities related to built environment work signposted to AGW CPD network 	<ul style="list-style-type: none"> Enhanced knowledge skills and understanding of public health, planning and related professionals 	Fionna Vosper and Dominic Mellon (South Glos)
West of England spatial and transport planning	<ul style="list-style-type: none"> Input into the WoE Joint Spatial Plan and Future Transport Study via appropriate boards of the WoE Local Enterprise Partnership Consistent and coordinated public health input into local spatial and transport plan development Health impact guidance, design principles and specific comments on major schemes to inform design process 	<ul style="list-style-type: none"> Representation within LEP and other WoE groups, as appropriate Advocacy for Health in All Policies (HIAP) approach to JSP/LTP development Robust, comprehensive and evidence based joint WoE response to JSP and JTS consultations Coordinated PH input into UA local plans, including principles for regeneration and retrofitting Representation at and contribution to working group developing WoE place making guidelines and policy 	<ul style="list-style-type: none"> Effective liaison with the LEP and other WoE groups Final JSP planning policy document includes planning requirements consistent with public health evidence Spatial and transport planning incorporates and reflects public health input and advice Greater consistency within local plans which reflect shared knowledge and awareness of guidance, policy and best practice WoE place making guidelines reflect public health advice and evidence 	<p>Dominic Mellon (South Glos) Sally Hogg (Bristol)</p> <p>Dominic Mellon and Fionna Vosper (South Glos) with contributions from the whole group</p> <p>All</p> <p>Marcus Grant (consultant) Paul Scott (B&NES)</p>

BUILT ENVIRONMENT Area of work	Activity	Outputs	Outcomes	Lead
	<ul style="list-style-type: none"> Shared working across NHS commissioner and provider organisations to ensure that JSP/JTS and local planning policy reflects health service strategies 	<ul style="list-style-type: none"> Evidence of improved engagement and partnership working between NHS and local authority planning teams at the WoE level 	<ul style="list-style-type: none"> JSP/JTS and local planning policy reflects health service strategies, including STP Estates and Facilities Strategies and Primary Care Strategies 	<p>Fionna Vosper (South Glos)</p>
<p>Providing public health intelligence and advice on transport, travel and planning projects</p>	<ul style="list-style-type: none"> Develop and publish a mapping tool showing spatial variation in health indicators for outcomes amenable to spatial and transport planning Collate and disseminate information on project funding opportunities which may be available to support other shared objectives Translation of public health research into good quality evidence 	<ul style="list-style-type: none"> Production of a core intelligence dataset and online interactive mapping tool Evidence that funding has been applied for to support this work programme Signposting key evidence resources 	<ul style="list-style-type: none"> HIAs are able to make use of and incorporate public health data; planning decisions are informed and intelligence led Successful bids for project funding Evidence based policy development and planning 	<p>Dominic Mellon (South Glos)</p> <p>All</p> <p>All</p>
<p>Air quality</p>	<ul style="list-style-type: none"> Increase awareness of the health impacts of poor air quality across WoE Continue to advocate for air quality to be given high priority in JSP/JTS and local planning policies Provide a forum for sharing information and collaborating on local air quality projects and interventions 	<ul style="list-style-type: none"> Briefing for mixed audience, including Health and Wellbeing Boards, public health teams and planning teams Air quality included as a specific policy issue in JSP and linked to strategic objectives in JTS/LTP Evidence of discussion in meeting notes 	<ul style="list-style-type: none"> Air quality recognised as significant public health issue in West of England and priority area for action Mechanisms for addressing air quality included in key planning policy documents Greater synergies and efficiencies 	<p>Dominic Mellon (South Glos)</p> <p>Claire Lowman (Bristol)</p> <p>Fionna Vosper (South Glos)</p> <p>Andy Netherton</p> <p>All</p> <p>All</p>

Section D
ORAL AND DENTAL PUBLIC HEALTH
Bristol, North Somerset, South Gloucestershire and Bath & North East Somerset

Overall function lead – Paul Harwood, Public Health England

ORAL HEALTH Area of work	Activity	Outputs	Outcomes	Lead
Communication and sharing information	<ul style="list-style-type: none"> • Oral Health Steering Group (OHSG) to meet quarterly • Plan Smile week activity with the Primary Care Dental Service (PCDS) 	<ul style="list-style-type: none"> • Local publicity or event 	<ul style="list-style-type: none"> • Public awareness 	Oral health strategy group
Implementation of area delivery plans	<ul style="list-style-type: none"> • Complete detail of plans • Agree revisions to oral health promotion activity commissioned from UBHT PCDS • Develop and implement identified areas for joint working across the 4 local authorities and continue to look for further opportunities 	<ul style="list-style-type: none"> • Final delivery plans • Development of service model contract with UHBT oral health promotion team • Agreed shared projects 	<ul style="list-style-type: none"> • Coordinated delivery programme for oral health strategy maximising use of available resources • Coordinated approach to oral health promotion based on evidence of effectiveness 	Oral health leads Paul Harwood (PHE) Oral health leads
Oral health survey programme	<ul style="list-style-type: none"> • Provide feedback on future survey programme to national team • Review implications for strategy of survey results 	<ul style="list-style-type: none"> • Completed questionnaire return to national team • Survey results circulated and discussed at OHSG meeting 	<ul style="list-style-type: none"> • Survey data available to inform future development of strategic priorities 	Paul Harwood (PHE)
Partnership working	<ul style="list-style-type: none"> • Input to STP work programme where opportunities arise • Develop links and explore joint working with Bristol Network for Equality in Early Years Health and Wellbeing (BoNEE) HIT 	<ul style="list-style-type: none"> • Dependent on future development of STP • Shared project 	<ul style="list-style-type: none"> • TBC 	Oral health strategy group

Section E
TRAVELLER HEALTH
Bristol, North Somerset, South Gloucestershire and Bath & North East Somerset

Overall function lead – Natalie Field, North Somerset

TRAVELLER HEALTH Area of work	Activity	Outputs	Outcomes	Lead
WoE Gypsy and Traveller Health Strategic Partnership	<ul style="list-style-type: none"> • WoE Traveller Health Strategy Group to meet quarterly • Further develop the partnership with full representation from all partner agencies 	<ul style="list-style-type: none"> • Full representation on the partnership 	<ul style="list-style-type: none"> • Improved access to information and services for Travellers 	Natalie Field (N Somerset)
WoE Gypsy and Traveller work plan	<ul style="list-style-type: none"> • Develop and implement a new work plan for Travellers, Gypsies and Roma health for 2017-18 	<ul style="list-style-type: none"> • Work plan developed and implemented • Conference in June 2018 • Clarity on interface between health visiting and midwifery services to support Traveller families • Strengthened Traveller voice in the development, commissioning and provision of projects and services • Cancer project completed – repeat audit in other council areas and develop interventions to improve health outcomes 	<ul style="list-style-type: none"> • Improved health and wellbeing outcomes for Traveller, Gypsy and Roma people 	

**Section F
WORK AND HEALTH
Bristol, South Gloucestershire and Bath & North East Somerset (and North Somerset)**

IN DEVELOPMENT FOR 2017-18

Overall function lead – TBC (currently overseen by Dominic Gallagher, Liz McDougall, Paul Scott)

WORK AND HEALTH Area of work	Activity	Outputs	Outcomes	Lead
Work with the new combined authority on devolved work and health programmes	<ul style="list-style-type: none"> Update work and health programme and agree next steps 	<ul style="list-style-type: none"> Liaison with Employment and Skills task group 	<ul style="list-style-type: none"> 	Paul Scott (B&NES)
Work, health and disability paper	<ul style="list-style-type: none"> National briefing 	<ul style="list-style-type: none"> Obtain national briefing from PHE including timelines 	<ul style="list-style-type: none"> 	Dominic Gallagher (PHE)
Work and Health HIT	<ul style="list-style-type: none"> Explore feasibility of setting up a Work and Health HIT 	<ul style="list-style-type: none"> Baseline assessment on employment and health for WoE 	<ul style="list-style-type: none"> 	Liz McDougall (Bristol)
Brief interventions	<ul style="list-style-type: none"> Develop a consistent and shared approach to the use of brief interventions in the workplace (for example, mental health, alcohol awareness, healthy eating) Explore the creation of a MECC style intervention for use with private sector employers 	<ul style="list-style-type: none"> Links with the wider SW MECC programme Potential pilot with NEETs Use wider employment and skills networks Link with IAPT services 	<ul style="list-style-type: none"> 	Paul Scott (B&NES)

Section G
COMMUNICATIONS
Bristol, North Somerset, South Gloucestershire and Bath & North East Somerset

Overall function lead – Sarah Houlden, Public Health England

COMMUNICATIONS Area of work	Activity	Outputs	Outcomes	Lead
Programme of shared public health campaigns	<ul style="list-style-type: none"> • Identify the topics or campaigns to be included over the course of the first year pilot • Agree local leadership, roles and responsibilities for each campaign • Develop campaign messages and strategies for implementation 	<ul style="list-style-type: none"> • Full list of 3 – 4 public health campaigns agreed by all LA leads and PHE • Leadership, roles and responsibilities for each campaign agreed • Clarity about the scope of each campaign at a local level 	<ul style="list-style-type: none"> • Coordinated public health campaign programme across WoE • Consistent public health messages, resources and approach used by all LAs 	Sarah Houlden (PHE)
End of year evaluation	<ul style="list-style-type: none"> • Establish if the pilot shared programme has saved time and money • Review the delivery and outcomes of the shared programme 	<ul style="list-style-type: none"> • Evaluation completed 	<ul style="list-style-type: none"> • Outcomes of the one year trial assessed • Future plans for sharing communications work agreed 	Sarah Houlden (PHE)

Section H
PARTNERSHIP SUPPORT
Bristol, North Somerset, South Gloucestershire and Bath & North East Somerset

Overall function lead – Becky Pollard, Bristol City Council (Chair of the Partnership Board)

PARTNERSHIP Area of work	Activity	Outputs	Outcomes	Lead
WoE Public Health Partnership	<ul style="list-style-type: none"> • Provide planning and project management support to the WoE Public Health Partnership Board • Coordinate Partnership Board meetings • Monitor and coordinate shared work plans • Manage the financial budgets • Manage the development of the Partnership MoU 	<ul style="list-style-type: none"> • Partnership Board meetings, function leads meetings and WoE DsPH meetings held as agreed • Individual function work plans are developed and agreed • Budgets are continually monitored • MoU is agreed and updated where necessary 	<ul style="list-style-type: none"> • DsPH and PH function leads supported in the coordination and delivery of the shared work programme • Individual work plans delivered and outcomes achieved 	Ruth Woolley (WoE PH Partnership)
Strategic partnership working	<ul style="list-style-type: none"> • Strategically coordinate the input of partner organisations into the shared work programme • Ensure the objectives of partners are aligned with the ambitions of Partnership • Support the partnership in the development of the overall work programme and identification of potential areas of shared work 	<ul style="list-style-type: none"> • Ensure that all partner organisations have active involvement in the development of the Partnership • Individual objectives for all partners are identified • Complete a review of the overall work programme • Support DsPH in the identification of potential areas of shared work 	<ul style="list-style-type: none"> • Involvement in the Partnership continues to be beneficial for all partners • The Partnership’s work programme is dynamic and includes areas of work where there are clear benefits for shared working 	Ruth Woolley (WoE PH Partnership)

PARTNERSHIP Area of work	Activity	Outputs	Outcomes	Lead
Governance	<ul style="list-style-type: none"> • Provide annual reports to the LA chief executives and CCG Boards • Represent the Partnership at a regional level • Ensure sign off and adherence to the Terms of Reference for the Partnership 	<ul style="list-style-type: none"> • Reports submitted to the annual meetings of the LA Chief Executives and CCG leads • Partnership recognised and involved in relevant regional working • ToR agreed and followed by DsPH 	<ul style="list-style-type: none"> • Partnership supported and resourced by Chief Executives and DsPH • Partnership recognised and utilised across the region • Partnership supported and resourced by DsPH and Chief Executives 	Becky Pollard (Bristol / Chair of the Partnership)

**Section I
PUBLIC MENTAL HEALTH
Bristol, North Somerset, South Gloucestershire and Bath & North East Somerset**

IN DEVELOPMENT FOR 2017-18

Overall function lead – Lynn Gibbons, South Gloucestershire

MENTAL HEALTH Area of work	Activity	Outputs	Outcomes	Lead
Function development	<ul style="list-style-type: none"> Initiate Public Mental Health working group Undertaken rapid audit of local work to identify objectives and workplan priorities Develop a shared drive to house documents 	<ul style="list-style-type: none"> Terms of Reference Aim & Objectives Workplan 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> Lynn Gibbons (South Glos)
Information and intelligence	<ul style="list-style-type: none"> Identification of opportunities and gaps in needs assessments Identification of other intelligence needs (data, best practice) and mechanism for data collection and research Understand WoE economic implications of employment and mental health 	<ul style="list-style-type: none"> Cost benefit modelling of employment and mental health for WoE 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> Cost benefit analysis – Victoria Bleazard (Bristol)
Workforce training	<ul style="list-style-type: none"> Exploration of workforce training opportunities Roll-out of Time to change across four LAs Exploration of mental health first aid (or similar) programme for public and private sector 	<ul style="list-style-type: none"> LA workforce training plan (reflecting existing training) Integration with WoE Work and Health workstream to support public and private sector training 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC

MENTAL HEALTH Area of work	Activity	Outputs	Outcomes	Lead
Communications, campaigns and engagement	<ul style="list-style-type: none"> Development of joint communications campaign plan Agree evaluation, outcome measures, and metrics (where possible) 	<ul style="list-style-type: none"> Communications plan Shared evaluation and metrics Develop plans for mental health awareness week and Children’s mental health week 2018 (building on 2017 work) 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC
Commissioning	<ul style="list-style-type: none"> Explore opportunities for joint working including Improving Access to Psychological Therapies (IAPT), social prescribing and wellbeing colleges <i>Explore IPS – may be too clinical and sti within eg STPs</i> 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC
Partnership working	<ul style="list-style-type: none"> Map mental health within other WoE PH Partnership functions Specific joint working with: <ul style="list-style-type: none"> Traveller Health Work and Health STP Ensure mental health in HWB strategies and links with HWB Boards (mental health and comorbid alcohol and drug misuse, parenting programmes, and housing) 	<ul style="list-style-type: none"> Develop presentation or workshop for delivery at Traveller Health conference in 2018 All HWB Boards to have local mental health prevention plans in development for 2018 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC
Suicide prevention and self-harm	<ul style="list-style-type: none"> Coroner Data: input and feedback to Steering Group Continue work on digital interventions 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC

MENTAL HEALTH Area of work	Activity	Outputs	Outcomes	Lead
Vulnerable groups	<ul style="list-style-type: none"> Identify and prioritise projects and interventions linked to vulnerable groups eg looked after children, LGBT, criminal justice 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC
Wider determinants and welfare reform	<ul style="list-style-type: none"> Understand the possible impact on population mental health of welfare reform (including housing benefit, two child policy and Universal Credit) Identify opportunities where the group is best placed to influence the DoH 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC 	<ul style="list-style-type: none"> TBC

APPENDIX 2

WEST OF ENGLAND (WoE) PUBLIC HEALTH PARTNERSHIP

**INDICATIVE RESOURCE ALLOCATIONS
FOR STAFF AND MANAGEMENT SUPPORT SOLELY ON THE PARTNERSHIP 2017 - 18**

WTE		Bristol	N Somerset	South Glos	BaNES	PHE	NHSE	TOTAL WTE
A. Healthcare Public Health	1. STP	0.4	0.2	0.6				1.2
	2. Technical support	0.6	0.2	0.2				1.0
	3. PH policy	0.5	0.6	0.2				1.3
B. Sexual health		0.4	0.05	0.05				0.5
C. Built environment and transport		0.2	0.15	0.25 + 0.1	0.05			0.75
D. Oral and dental public health		0.05	0.1	0.05	0.05	0.4		0.65
E. Traveller health		0.01	0.04	0.01	0.01			0.07
F. Work and health		0.05	0.05	0.05	0.05	0.05		0.25
G. Communications		0.02	0.02	0.02	0.02	0.02		0.10
H. Partnership support		0.05	0	0	0	0	0	0.05
TOTAL WTE		2.28	1.41	1.53	0.18	0.47	0	5.87

Key: 0.2 WTE = 1 day/week 0.05 WTE = 1 day/month
 0.1 WTE = ½ day/week 0.02 WTE = 1 week/year

APPENDIX 3

WEST OF ENGLAND (WoE) PUBLIC HEALTH PARTNERSHIP BOARD

TERMS OF REFERENCE

- The West of England Public Health Partnership Board brings together an integrated public health system for Bath & North East Somerset Council, Bristol City Council, North Somerset Council and South Gloucestershire Council.
- The role of the Partnership Board is to:
 - identify and agree priorities for shared working;
 - oversee the delivery of the annual shared public health work programme;
 - identify any risk or issues that might affect delivery;
 - identify mitigating actions;
 - identify new areas for shared working, as appropriate;
 - develop and oversee the delivery of the work programme and Memorandum of Understanding on an on-going basis;
 - support the named public health individuals, leading elements of the shared work programme;
 - review the contribution of partners and the effective use of resources.
- The Partnership Board will meet on a quarterly basis. The public health leads for the shared work programme will join the Partnership Board meetings twice per year to review performance and plan ahead for the following year. The West of England Directors of Public Health will meet on a monthly basis to monitor and develop the shared work programme and quarterly as part of the full Partnership Board.
- The membership of the Partnership Board is:
 - Director of Public Health, Bath & North East Somerset
 - Director of Public Health, Bristol
 - Director of Public Health, North Somerset
 - Director of Public Health, South Gloucestershire
 - Director from NHS England (South SW)
 - Director from Public Health England (SW)
 - Co-opted members including named public health leads will be invited, as appropriate
- Chairing arrangements will be agreed and shared by the Partnership Board. The Chair's tenure will last for two years, running from October through to September. Programme support to the Partnership will be jointly funded.
- An agenda with standing items will be followed and accurate notes taken. Notes will be circulated within five working days of the meeting and draft agendas will be tabled five working days before each meeting.
- The Partnership Board will have responsibility for resolving any disputes between partners in relation to the shared public health work programme.
- The members of the Partnership Board will report to their constituent bodies including Local Authority Chief Executives and elected members.

APPENDIX 4

WEST OF ENGLAND (WoE) PUBLIC HEALTH PARTNERSHIP BOARD

MODEL OF WORKING AND GOVERNANCE ARRANGEMENTS

Key Relationships	WEST OF ENGLAND (WoE) PUBLIC HEALTH PARTNERSHIP	Reporting arrangements
<ul style="list-style-type: none"> • Local Health and Wellbeing Boards • South West Commissioning Support Unit • NHS England • Public Health England 	<p>Memorandum of Understanding</p> <p>Managed by the WoE Public Health Partnership Board</p> <p>made up of</p> <p>4 local authority Directors of Public Health; the Centre Director for Public Health England (SW) and a Director of NHS England (South SW)</p>	<ul style="list-style-type: none"> → BNSSG Strategic Leaders' Group → WoE Local Authority Chief Executives and elected members → Local Health and Wellbeing Boards → BNSSG CCG Partnership
	<p>Shared work programme areas to include:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> * Healthcare Public Health * Sexual Health * Built environment and transport * Oral and dental public health </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> * Traveller health * Work and health * Communications * Partnership support * Public mental health </td> </tr> </table>	
<ul style="list-style-type: none"> * Healthcare Public Health * Sexual Health * Built environment and transport * Oral and dental public health 	<ul style="list-style-type: none"> * Traveller health * Work and health * Communications * Partnership support * Public mental health 	

APPENDIX 5

WEST OF ENGLAND (WoE) PUBLIC HEALTH PARTNERSHIP

DIRECTOR OF PUBLIC HEALTH ROLES

on behalf of the West of England Public Health Partnership

Partnership or Function	DPH	Term of office		Comments
		Start date	End date	
Academic Health Science Network (West of England)	Mark Pietroni	April 2013	April 2018	Board member in role as CLAHRC chair
Avon and Somerset Local Health Resilience Partnership	Bruce Laurence	December 2014	December 2017	Co-chair with NHS England
Avon and Somerset Sexual Assault Referral Centre (SARC) Strategic Commissioning Board	Natalie Field	March 2016	March 2019	Chair of the Board
Avon Primary Care Research Consortium	Mark Pietroni	April 2013	April 2018	Meets twice a year
BNSSG TB Control Delivery Group	Becky Pollard	April 2016	April 2018	DPH representative
Child Death Overview Panel	Mark Pietroni	April 2016	April 2017	DPH representative
CLAHRC (West of England)	Mark Pietroni	January 2014	January 2019	Chair
Nature Partnership	Natalie Field	March 2016	March 2019	WoE representative
BNSSG STP – Clinical Cabinet	Natalie Field	October 2016	December 2017	DPH representative
BNSSG STP – System Leadership Group (SLG)	Becky Pollard	October 2016	December 2017	DPH representative
BNSSG STP – Prevention, Early Intervention and Self Care (PEISC)	Mark Pietroni	October 2016	December 2017	DPH representative
West of England Gypsy Traveller and Roma Strategic Health Partnership	Natalie Field	December 2013	December 2017	Chair
West of England Public Health Partnership Board	Becky Pollard	October 2016	September 2018	Chair of the Board