

**MEMORANDUM OF UNDERSTANDING
BETWEEN
CLINICAL COMMISSIONING GROUPS AND
NOTTINGHAMSHIRE COUNTY COUNCIL
THE CORE OFFER FOR PUBLIC HEALTH ADVICE TO CLINICAL
COMMISSIONERS
2013 - 2016**

Purpose of the Memorandum of Understanding (MoU)

1. To agree a three year 'core offer' for public health advice from Public Health (PH) to the Nottinghamshire County Clinical Commissioning Group (CCG) which clearly defines outputs. It is important to note that PH support will mainly occur through the Local Authority PH team but there will also be support from Public Health England (PHE) and the PH teams at the NHS Commissioning Board.
2. The MoU has been developed with each CCG within Nottinghamshire County and has been extended to show the full range of interdependencies with other statutory commissioners in the health and wellbeing commissioning structures. Table 5 details the specific requirements requested by the individual CCG.
3. In the event of concerns with the 'core offer' a dispute resolution agreement can be enacted by any of the parties affected (Appendix 1).
4. Diagram A below provides a summary of the core offer and Tables 1 – 5 describe the detail.

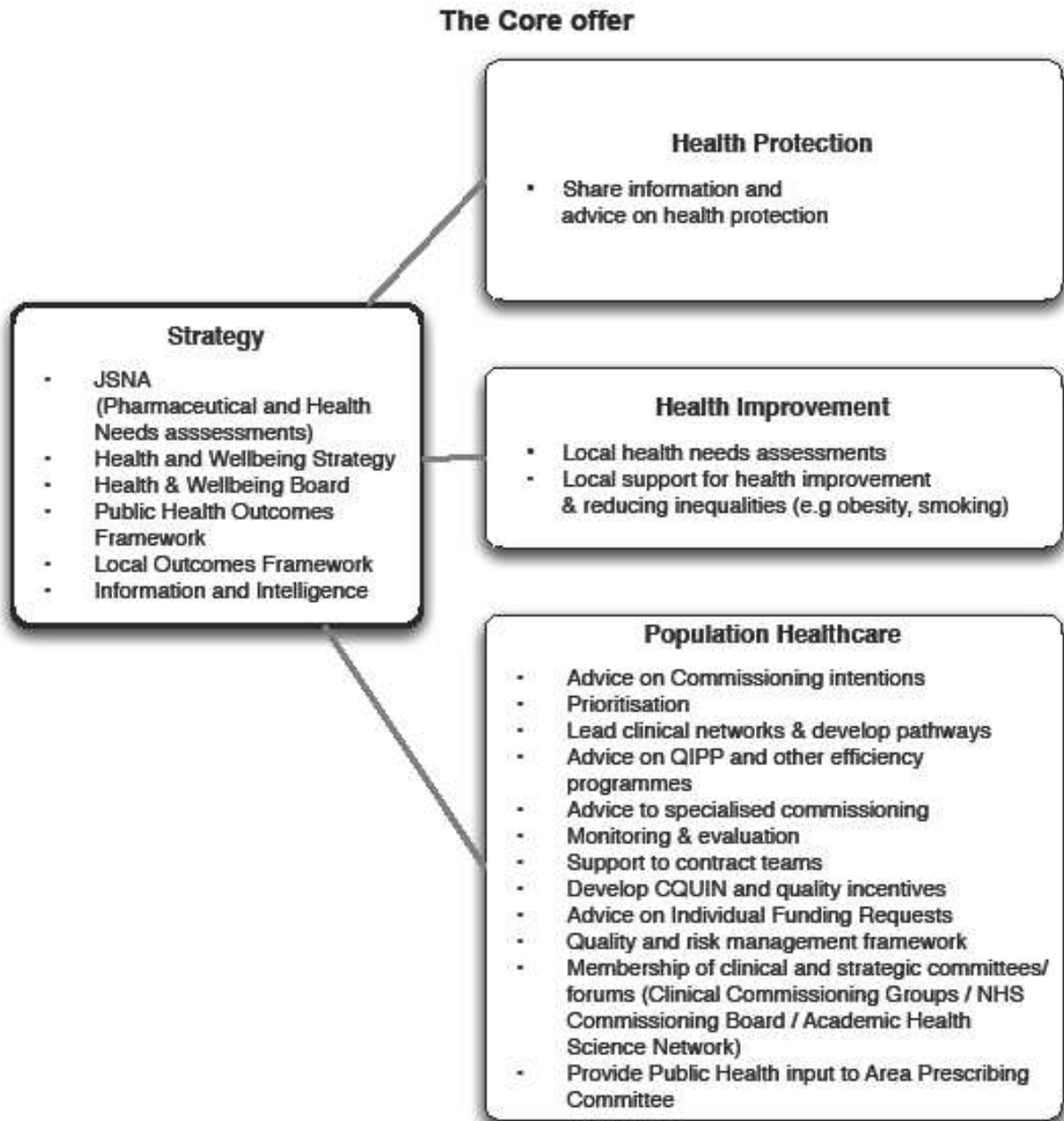
Context and rationale

5. From April 2013 PH will transfer to the Local Authority or Public Health England (PHE) <http://www.dh.gov.uk/health/2012/06/act-explained/>. In Nottinghamshire the Director of PH is jointly responsible for the City and County Public Health LA functions.
6. One of the mandatory responsibilities of the Local Authorities is to ensure NHS commissioners receive the public health advice they need (**the core offer**).

Principles

7. A number of principles have been agreed between the CCG and PH. These are:
 - Putting the needs of patients and citizens first;
 - Public and patient involvement in decision making;
 - Sharing of risks and benefits for local population improvement in outcomes;
 - No cross charging in 2013/14 for services/functions/resources;
 - Locally agreed additional investment in services;
 - Mutually supportive;
 - Open and transparent, sharing information and committing to 'no surprises';
 - Clear accountability and governance arrangements;
 - Greatest cost and volume to determine lead commissioner status;
 - Joint working to ensure delivery against health and wellbeing plans and priorities.

Diagram A



8. **Table 1: Strategy**

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
Director of Public Health (DPH) with a multi-disciplinary expert team of Consultants in Public Health and Public Health Managers including experts in information and intelligence	Produce and deliver a refreshed JSNA based on provision of timely, robust evidenced based information and actionable intelligence, gathered from across the health and social care community that measures improvement as defined in the three national outcomes frameworks http://www.dh.gov.uk/health/tag/outcomes-framework/ Validate and analyse the information available to inform where we are now, what needs to change or be sustained and where we need to be; the JSNA will show this in as much detail as possible, within the limits of the current information systems and at CCG level where able.	Collate information at local level Named lead per CCG for JSNA Share all information including that not available through current information systems Commissioning plans aligned to JSNA	Share all information including that not available through current information systems Commissioning plans aligned to JSNA	
Public Health Senior Manager lead and experts in information and intelligence	Development and management of a local outcomes framework and an information sharing agreement ¹ reflected in the Health and Wellbeing Strategy and implementation plans.	Commissioning for outcomes described in commissioning intentions and plans	Commissioning for outcomes in commissioning intentions/plans	
Senior Public Health Manager leading the development and overseeing actions, reporting to the DPH	Produce the Health and Wellbeing (HWB) strategy based on the JSNA and local HNA at CCG level where able Produce and lead action plans in the local area that target deprived areas and inequalities	Executive level and public/patient contribution to developing the strategy Commissioning plans directly relate to JSNA and HWB strategy, targeting inequalities and pockets of deprivation	Executive level and public/patient contribution to the strategy	Lead elements of the JSNA, contributing to the overall JSNA. Lead the production of the HWB strategy
DPH member of the Health and Wellbeing Board	Provide leadership to the Health and Wellbeing board and relevant sub committees	Senior attendance at HWB Board Annual delivery plans explicitly	Senior attendance at HWB Board	Lead the HWB Board with the key leaders

¹ Under development.

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
		refer to Health and Wellbeing strategy priorities reflecting the JSNA and local need to reduce health inequalities		from the health and social care system working together to improve the health and wellbeing of their local population and reduce health inequalities
Information and Intelligence Team and lead consultant for each policy area Named consultant on governing bodies and other agreed CCG committees/boards	Produce technical reports to the HWB Board and other CCG committees/boards on the full range of policy areas	Maintain and share up to date information	Maintain and share information	Co-produce reports as appropriate. Maintain and share information with partners
DPH and consultant team	Public Health annual report which will cover the biggest health and wellbeing achievements in the year and also highlights the biggest health and wellbeing issues and how these can be addressed. This will be CCG specific where possible	Collate information at local level Commissioning plans aligned to JSNA and show actions to address the biggest health issues	Commissioning plans aligned to JSNA and show actions to address the biggest health issues	Commissioning plans aligned to JSNA and show actions to address the biggest health issues
Appropriately trained and qualified PH workforce	Provide evidence that all PH staff meet the national and statutory requirements and deliver a service to CCGs that is equal to historical standards and levels Training Network Annual Deanery Report Coordination of the regional PH professional	Clinical involvement in the governing bodies		To support statutory professional appraisal and revalidation

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
PH consultant lead for professional appraisal and revalidation (currently hosted by PH for the region) for all relevant PH staff	appraisal programme to meet all ORSA standards Annual professional appraisals for all consultants Annual report to the RDPH and all ROs Delivery of learning and development Future workforce competency assurance		RDPH ratifies annual report NHS CB provide RO for revalidation of medical staff	arrangements

9. Table 2: Health Improvement

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
PH consultant leads with support from a number of PH managers leading/assisting partnership work PH leadership of the Health and Wellbeing Implementation Group	Develop and refresh strategic plans and action plans for each policy and topic area to reduce inequalities and promote equality Present reports to the Health and Wellbeing Group as requested to provide assurance against delivery and performance targets	Provide a named lead and lead CCG for each policy area Provide input, support and critical review of progress	Develop commissioning and delivery plans that directly relate to strategic plans	Align wider determinants of health to HWS Strategy and implement the policy in relation to employed staff and commissioning with respect to tier 1 and tier 2 responsibilities e.g. housing
PH information and intelligence team PH leadership of the Health and Wellbeing Implementation Group	Maintenance and refresh of information and intelligence linked to JSNA Present reports to the Health and Wellbeing Group as requested to provide assurance against delivery and performance targets	Support development of JSNA Provide input, support and critical review of progress	Measurement of progress against JSNA and plans Support primary care development and align commissioning	Contribute to the development of the JSNA, leading key elements

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
<p>PH Quality and Performance Contract Team including membership of relevant quality and contract monitoring processes</p> <p>PH leadership of the Health and Wellbeing Implementation Group</p>	<p>Develop and lead programmes around improving lifestyles into front line services, including support to primary care.</p> <p>Production of service specifications and procurement</p> <p>Present reports to the Health and Wellbeing Group as requested to provide assurance against delivery and performance targets</p>	<p>Support locally driven public health campaigns</p> <p>Provide input, support and critical review of progress</p>	<p>Increase uptake of prevention activity including in commissioning and within the workforce</p> <p>Strategic alignment with local need with responsive commissioning</p> <p>Increase uptake of prevention activity within practices including practice staff</p>	<p>Supporting development of programmes and increase uptake of prevention activity including in commissioning and within the workforce</p>
<p>PH information and intelligence team</p> <p>PH leadership of the Health and Wellbeing Implementation Group</p>	<p>Local HNA</p> <p>Present reports to the Health and Wellbeing Group as requested to provide assurance against delivery and performance targets</p>	<p>Lead/assist partnership work</p> <p>Provide input, support and critical review of progress</p>	<p>Local plans and actions to drive improvement</p> <p>Lead/assist partnership work</p>	<p>Lead/assist partnership work</p>
<p>PH Quality and Performance Contract Team including membership of relevant quality and contract monitoring processes</p>	<p>Sharing of contract performance monitoring of PH activity at PH Subcommittee and with others as appropriate</p> <p>Present reports to the Health and Wellbeing Group as requested to provide assurance against delivery and performance targets</p>	<p>Lead commissioner for PH activity in contracts where appropriate</p> <p>Provide input, support and critical review of progress</p>	<p>Contract changes as required</p> <p>Sharing of information to inform local planning</p>	<p>Joint procurement with NHS and other LAs</p>

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
<p>Lead PH manager for quality PH Quality and Performance Contract Team including membership of relevant quality and contract monitoring processes</p> <p>Named investigating officer for all events with submission of reports to the CCG/NHS CB Area Team</p> <p>Senior Manager member of the corporate committees for risk and emergencies</p> <p>DPH member of the Quality Surveillance Group</p>	<p>Sharing of data from quality monitoring of PH activity with relevant commissioners and local partners.</p> <p>Details of quality and risk policies and processes shared with relevant CCGs and NHS CB Area Team(s).</p> <p>Ensure relevant quality and safety policies and processes are consistent with guidance and best practice as issued by the NHSCB and other organisations (for example serious incident management guidance, safeguarding guidance etc.)</p> <p>Uploading of incident reports, significant events to the National Reporting and Learning System via eform submission (unless otherwise submitted via organisations' own Local Risk Management Systems to the NRLS)</p> <p>PH contracts with providers adhere to Care Quality Commission guidance and principles. Ensure requirements for reporting incidents to CQC are met.</p> <p>Monthly performance and risk reporting, including specific incident reports to PH Subcommittee and the LA corporate committees and Quality Surveillance Group (QSG)</p>	<p>Quality leads share information and learning</p> <p>Provide input, support and critical review of progress</p>	<p>Quality reports at local level shared with PH</p> <p>Director of Nursing and Medical Director accountable for clinical governance for PH clinical commissioning²</p> <p>Access and oversight with Serious Incident Management (SPICE)</p> <p>Professional leadership across the system</p> <p>Lead the QSG</p>	<p>Sharing of local information to drive up quality</p> <p>Receive performance data and advise the system</p> <p>Lead the corporate committee for managing performance and risk</p> <p>Member of the QSG</p>

² Only applies to **clinical** commissioning within Public Health

10. **Table 3: Health protection**

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and <i>PHE</i>	Actions LA tier 1 & 2
PH consultant lead for sexually transmitted disease commissioning	Commissioning plans and monitoring of performance for GUM and CaSH	Co-commissioner Commissioning plans reflect PH requirements	Commissioning plans and promotion of best practice across the workforce and in care settings	Promotion of best practice
PH consultant lead for community Infection control of HCAI	<p>Advice on the implementation of national infection control initiatives across the health and social care community</p> <p>Clinical advice to health and social care professionals in the prevention and reduction of communicable diseases, healthcare-associated infections and decontamination</p> <p>Develop and maintain safe effective infection control policy and guidance documents</p> <p>Provide targeted infection control training</p> <p>Support infection control audits</p> <p>Advise on design/refurbishment of clinical premises</p> <p>Advise on the procurement of products</p> <p>Advise on the development of new services</p> <p>Complete service review and needs assessment and refine the offer from April 2014</p>	Provide a named lead Commissioning plans and promotion of best practice	Commissioning plans and promotion of best practice	Commissioning plans and promotion of best practice across the workforce and in care settings

11. Table 4: Population Healthcare

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
PH consultant membership of strategic and/or clinical committees	Lead and facilitate local clinical networks and policy groups Membership of Strategic Clinical Networks and Academic Health Science Network (AHSN)	One CCG to host each network and policy groups with named leads from other CCGs Share membership of networks between CCGs as appropriate Develop and amend commissioning plans in line with clinical network recommendations Lead CCG to cascade actions for implementation to the named leads in other CCGs	Host Strategic Clinical Networks and Senates and AHSNs involving key partners Provide strategic oversight of the commissioning system across Derbys/Notts and South Yorks	Develop and commission services in partnership to meet the objectives of the Council and HWB Strategy
PH consultant lead on all policy and priority areas supported by specialist team including PH information and intelligence Support systems including the licence for Scenario Generator	Advice on pathways, service specifications and action plans for delivery using evidence based intelligence e.g. NICE	Provide named CCG clinical leads for pathway development and named leads for integrated commissioning groups Share developments and agree joint pathways for commissioning working with all partners	Lead the Strategic Commissioning Collaboration, providing oversight to the system. Sharing best practice for quality Aligning commissioning for QIPP and other efficiencies across large geographical areas	Lead integrated commissioning groups with membership from across the health and social care community Share developments and agree joint pathways for commissioning Lead partnerships with other LA to maximise quality and value for

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
				money commissioning Implement local plans (tier 2)
PH consultant membership of contracting team(s) and panels	Lead/assist prioritisation plans to inform commissioning Provide consultant input into prioritisation panels	Lead prioritisation and commissioning intentions process Validate prioritisation plans for commissioning Produce commissioning intentions based on prioritisation	Produce commissioning intentions based on prioritisation	Produce commissioning intentions and implementation plans
Provide PH named leads for associate commissioner arrangements Provide PH consultant support and input into all NHS contracting and quality monitoring forum both in and out of area, attending clinical commissioning forum at individual (i.e. CCG) and collective levels (i.e. Clinical Commissioning	Produce guidance and evidenced based reports at CCG level and for contracting purposes	Lead commissioning and quality process Produce activity plans and contract management Produce and monitor CQUIN Apply contract levers	Produce activity plans and contract management Produce and monitor CQUIN Apply contract levers	Lead commissioning Produce activity plans and contract management

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
Congress) Gather intelligence from a range of sources and partners on the wider determinants of health feeding back to all our partners on developments				
Senior PH membership of Individual Funding Request (IFR) group	Provide specialist technical and PH support and evidenced based reports to the process to CCGs and NHS CB	Manage and lead the local IFR process Produce and implement the outcomes of the IFR process	Lead/support IFR process based on PH evidence base Implement outcomes	Use information from IFR process as 'lessons learned' and application to NHS Share learning and processes
Senior PH membership on Area Prescribing Committee	Provide specialist PH support to Area Prescribing Committee. Provide guidance on health community prescribing where specialist PH view required.	Manage and lead the local process Produce and implement the outcomes	Support implementation	Share learning
PH consultant lead on all policy and priority areas supported by specialist team including PH	Produce predictive modelling and case for change evidence	Identify priority areas for modelling and provide named lead Commissioning plans and case for change include modelling outcomes	Identify areas and adjust commissioning plans and case for change to include modelling	Identify priority areas for modelling and provide named lead

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
information and intelligence			outcomes	
PH consultant lead on all policy and priority areas supported by specialist team including PH information and intelligence	Produce Health Equity Audits	Identify priority areas Amend commissioning plans in line with findings	Amend commissioning plans in line with findings	Identify priority areas. Amend commissioning plans in line with findings
PH consultant lead on all policy and priority areas supported by specialist team including PH information and intelligence	Monitor, evaluate, collect and interpret data presented in reports to HWB board and other Boards/Committees	Forward plan for presentations aligned to HWB strategy Boards/Committees receive and act on report findings	Forward plan for presentations and receive/act on findings	HWB Board forward plan aligned to priorities and contracting timelines
PH consultant lead on all policy and priority areas supported by specialist team including PH information and intelligence	Support QIPP and other efficiency programmes by analysing information and the evidence base Produce clinical case for change	Provide named clinicians for QIPP areas Agree clinical sign up of the case for change	Agree actions at Strategic Clinical Networks and Senates and AHSNs as appropriate	HWB strategy and implementation plan agreed
PH consultant lead on all policy and priority areas supported by specialist team including PH information and intelligence	Share plans and commission for the PH areas identifying possible impact on other parts of the system Provide and share performance and quality monitoring against the mandatory functions and local targets Produce reports showing the evidence for change	Provide named leads for PH commissioning areas where appropriate Agree commissioning plans	Agree commissioning plans <i>PHE Information and intelligence service</i> <i>PHE design and delivery of nationwide</i>	Provide commissioning support and scrutiny against delivery

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
intelligence			<i>communications and interventions National lead for public health. Supporting the development of the specialist and wider PH workforce</i>	

12. Table 5: Locally agreed

PH inputs	Local Authority Public Health offer and accountability	CCG actions and accountability	Actions NHS CB and PHE	Actions LA tier 1 & 2
Locally agreed with all CCGs				
PH consultant and team with expertise in different policy areas	<p>Under a section 75 agreement lead commissioning including contract and performance management for:</p> <ul style="list-style-type: none"> • Substance Misuse (prison and community) • Children and young people - including school nursing and special school nursing • Community dietetics <p>This will include:</p> <ul style="list-style-type: none"> • Commissioning plan and specification • Procurement plan • Quality and activity reporting • Securing efficiencies for each commissioner <p>Lead the review of CAMHS</p>	<p>Share commissioning intentions and plans for connected services such as Emergency Department attendances for substance misuse</p> <p>Work in collaboration with the work plan identifying clinical leads and officers to support progress</p> <p>Delivery of actions to secure efficiencies are realised</p>	PH Consultant input to contribute to joint commissioning and reciprocal arrangements for public health specialist advice	Commission services at tier 2 that support the policy area such as access to housing and leisure
Rushcliffe CCG				
PH consultant and team with expertise in	Provide PH leadership to the Rushcliffe CCG board and Clinical Cabinet including on value, variation and inequalities	Lead the development and implementation of the CCG's local HWB Strategy	Contribute to the CCG strategy, align	Commission services at tier 2 that support

different policy areas	Provide PH leadership in the development and implementation of the CCG's local HWB Strategy Ensure that Health Implementation Group action plan and partners support the delivery of the CCG's local HWB Strategy		commissioning and implementation with regard to NHS CB direct commissioning responsibilities	the policy area such as access to housing and leisure
PH consultant and team with expertise in different policy areas	Provide specific PH advice on commissioning healthcare via the Nottingham Treatment Centre.	Lead commissioning and quality process Produce activity plans and contract management Apply contract levers	Lead commissioning and quality process Produce activity plans and contract management Apply contract levers	
Nottingham North and East CCG				
PH consultant and team with expertise in different policy areas	Provide specific PH advice on commissioning healthcare via County Health Partnerships	Lead commissioning and quality process Produce activity plans and contract management Apply contract levers	Lead commissioning and quality process for direct commissioning functions	
Nottingham West CCG				
PH consultant and team with expertise in different policy areas	Provide specific PH advice on commissioning healthcare via Nottingham University Hospitals	Lead commissioning and quality process Produce activity plans and contract management Apply contract levers	Lead commissioning and quality process for direct commissioning functions	

Mansfield and Ashfield and Newark and Sherwood CCGs				
PH consultant and team with expertise in different policy areas	Provide specific PH advice on commissioning healthcare via Sherwood Forest Hospitals and Nottinghamshire Healthcare Trust	Lead commissioning and quality process Produce activity plans and contract management Apply contract levers	Lead commissioning and quality process for direct commissioning functions	
Bassetlaw CCG				
PH consultant and team with expertise in different policy areas with liaison role with South Yorkshire Area Team	Deliver cross cutting community and neighbourhood work plans to address determinants of health and associated inequalities in Bassetlaw (e.g. troubled families, partnership plus, neighbourhood management) Produce and support plans for locality partnership for health work e.g. LSP, community safety (including local domestic violence programmes) Lead Bassetlaw Wellbeing at Work programme	Identify priority areas Amend commissioning intentions plans in line with findings	Commission services that support the policy area	
PH consultant and team with expertise in different policy areas with liaison role with South Yorkshire Area Team	Guidance and evidence based reports for effective interventions to reduce inequalities and impact positively on social determinants of health Cost effective and equitable provision of specialist public health advice to the South Yorkshire Area Team	Leadership and participation in the Health and Wellbeing Board and relevant local networks Commissioning plans adjusted to meet Lead Clinical Commissioning Networks need	Commission services that support the policy area	
DPH and PH team	Equity of PH service to Bassetlaw equivalent to that elsewhere in the County	Bimonthly performance oversight of the PH service through the Notts Group	Maintain direct links with Notts PH team	

DISPUTE RESOLUTION PROCEDURE**1. NEGOTIATION**

- 1.1 If any Dispute arises out of or in connection with this Memorandum of Understanding, the Parties shall attempt in good faith to negotiate a settlement within 30 Working Days of either party notifying the other of the dispute.
- 1.2 Initially the party who wishes to bring the dispute to the notice of the other will do so in writing, including a concise statement of the nature and substance of the dispute. The other party will respond to this in writing within 5 Working Days of receiving the notification of a potential dispute.
- 1.3 During the 15 Working Days following receipt of the response (the "Negotiation Period") each of the Parties shall negotiate in good faith and be represented:
 - 1.3.1 for the first 10 Working Days, by a senior representative who where practicable has not had any direct day-to-day involvement in the matter that led to the Dispute and has authority to settle the Dispute; and
 - 1.3.2 for the last 5 Working Days, by its chief executive, director, or board member who has authority to settle the Dispute,

Provided that no Party in Dispute where practicable shall be represented by the same individual under paragraphs 1.3.1 and 1.3.2.

2. MEDIATION

- 2.1 If the Parties are unable to settle the Dispute by negotiation, they must within 5 Working Days after the end of the Negotiation Period submit the Dispute to mediation by CEDR or other independent body or organisation agreed between the Parties.
- 2.2 The Parties will keep confidential and not use for any collateral or ulterior purpose all information, whether given orally, in writing or otherwise, arising out of or in connection with any mediation, including the fact of any settlement and its terms, save for the fact that the mediation is to take place or has taken place.
- 2.3 All information, whether oral, in writing or otherwise, arising out of or in connection with any mediation will be without prejudice, privileged and not admissible as evidence or disclosable in any current or subsequent litigation or other proceedings whatsoever.

3. EXPERT DETERMINATION

- 3.1 If the Parties are unable to settle the Dispute through mediation, then either Party may give written notice to the other Party within 10 Working Days of closure of the failed mediation of its intention to refer the Dispute to expert determination. The Expert Determination Notice must include a brief statement of the issue or issues which it is desired to refer, the expertise required in the expert, and the solution sought.
- 3.2 If the Parties have agreed upon the identity of an expertⁱ and the expert has confirmed in writing his readiness and willingness to embark upon the expert determination, then that person shall be appointed as the Expert.

- 3.3 Where the Parties have not agreed upon an expert, or where that person has not confirmed his willingness to act, then either Party may apply to CEDR for the appointment of an expert. The request must be in writing, accompanied by a copy of the Expert Determination Notice and the appropriate fee and must be copied simultaneously to the other Party. The other Party may make representations to CEDR regarding the expertise required in the expert. The person nominated by CEDR will be appointed as the Expert.
- 3.4 The Party serving the Expert Determination Notice must send to the Expert and to the other Party within 5 Working Days of the appointment of the Expert a statement of its case including a copy of the Expert Determination Notice, the Memorandum of Understanding, details of the circumstances giving rise to the Dispute, the reasons why it is entitled to the solution sought, and the evidence upon which it relies. The statement of case must be confined to the issues raised in the Expert Determination Notice.
- 3.5 The Party not serving the Expert Determination Notice must reply to the Expert and the other Party within 5 Working Days of receiving the statement of case, giving details of what is agreed and what is disputed in the statement of case and the reasons why.
- 3.6 The Expert must produce a written decision with reasons within 30 Working Days of receipt of the statement of case referred to in paragraph 1.9, or any longer period as is agreed by the Parties after the Dispute has been referred.
- 3.7 The Expert will have complete discretion as to how to conduct the expert determination, and will establish the procedure and timetable.
- 3.8 The Parties must comply with any request or direction of the Expert in relation to the expert determination.
- 3.9 The Expert must decide the matters set out in the Expert Determination Notice, together with any other matters which the Parties and the Expert agree are within the scope of the expert determination. The Expert must send his decision in writing simultaneously to the Parties. Within 5 Working Days following the date of the decision the Parties must provide the Expert and each other with any requests to correct minor clerical errors or ambiguities in the decision. The Expert must correct any minor clerical errors or ambiguities at his discretion within a further 5 working Days and send any revised decision simultaneously to the Parties.
- 3.10 The Parties must bear their own costs and expenses incurred in the expert determination and are jointly liable for the costs of the Expert.
- 3.11 The decision of the Expert is final and binding, except in the case of fraud, collusion, bias, or material breach of instructions on the part of the Expert at which point a Party will be permitted to apply to Court for an Order that:
- 3.11.1 the Expert reconsider his decision (either all of it or part of it); or
- 3.11.2 the Expert's decision be set aside (either all of it or part of it).
- 3.12 If a Party does not abide by the Expert's decision the other Party may apply to Court to enforce it.

- 3.13 All information, whether oral, in writing or otherwise, arising out of or in connection with the expert determination will be inadmissible as evidence in any current or subsequent litigation or other proceedings whatsoever, with the exception of any information which would in any event have been admissible or disclosable in any such proceedings.
- 3.14 The Expert is not liable for anything done or omitted in the discharge or purported discharge of his functions, except in the case of fraud or bad faith, collusion, bias, or material breach of instructions on the part of the Expert.
- 3.15 The Expert is appointed to determine the Dispute or Disputes between the Parties and his decision may not be relied upon by third parties, to whom he shall have no duty of care.

ⁱ An 'expert' can be a Director of Public Health from another Local Authority or the Regional Director of Public Health