

Shared Services Joint Committee

Wednesday 29th March 2023

Report Title	Change Request: Public Health Intelligence and STP
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Executive Member	Cllr Helen Harrison, Executive Member for Adults, Health & Wellbeing, NNC Cllr Matt Golby, Portfolio Holder for Adult Care, Wellbeing, and Health Integration, WNC

Key Decision	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in by Scrutiny?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there public sector equality duty implications?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information (whether in appendices or not)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972	

Contributors/Checkers/Approvers

Approver	Officer Name	Date Officer Approved Report
North MO	Adele Wylie	21 March 2023
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Other Director/SME	David Watts	21 March 2023
West MO	Catherine Whitehead	21 March 2023
West S151	Martin Henry	21 March 2023
Other Director/SME	Stuart Lackenby	21 March 2023

List of Appendices

IAA Schedule 3C5 Public Health – Health Intelligence and STP

1. Purpose of Report

- 1.1 To seek approval for a revised delivery model for Public Health Intelligence and STP (PH Intelligence). This is currently in a lead arrangement with staff employed by North Northamptonshire Council (NNC) who also deliver this

service on behalf of both NNC, and West Northamptonshire Council as agreed in the Local Government Reform (LGR) Blueprint.

2. Executive Summary

- 2.1** The Public Health Intelligence Service was formally a Northamptonshire County Council service and currently in a lead arrangement in NNC that provides services across both North and West Northamptonshire Public Health teams. The lead arrangement is governed and monitored by the Inter Authority Agreement (IAA) between both councils and is made up of 10 posts.
- 2.2** The service supports Public Health teams to deliver both statutory and non-statutory functions in relation to insight and intelligence that informs commissioning, performance management and monitoring for the North and West Northamptonshire populations by working with the Public Health teams and wider health and social care partners.
- 2.3** The team currently has a workplan as outlined in Schedule 3C5 of the IAA that details how both statutory and non-statutory functions are delivered. In developing options explored, the need to meet these obligations have remained a key focus in ensuring both North and West Northamptonshire Public Health teams have the levels of support required.
- 2.4** A comprehensive Options Assessment was subsequently completed which explored in more detail the various options which would both meet business requirements for each authority but, more importantly, minimise risk to service continuity and delivery for the populations of North and West Northamptonshire.

3. Recommendations

3.1 That the Shared Services Joint Committee:

- a) Agree to end the lead arrangement as set out in the LGR Blueprint and approve the disaggregation of the PH Intelligence function within timescales outlined in the termination section of schedule 3C5 of the Inter-Authority Agreement (IAA), enabling NNC and WNC Public Health teams to manage this function independently.

3.2 Reasons for the Recommendation

The rationale for the PH Business Intelligence function to be a lead service in the LGR Blueprint was to enable this service area to closely work with health colleagues and partners to ensure a more co-ordinated, aligned service within the developing Northamptonshire Integrated Care System (ICS).

Since the agreement of the LGR Blueprint the launch of Northamptonshire's ICS was delayed until 1st July 2022 and the development of the Decision Support Unit (DSU) has not progressed sufficiently to operationally integrate the Public Health Intelligence function, leaving the original justification of the Blueprint treatment no longer fit for purpose. This has prompted both NNC and WNC Public Health senior management teams to reconsider the arrangement

and the viability of this continuing as the longer-term model of delivery for Public Health intelligence information.

3.3 Alternative Options Considered

- a) Do Nothing – Retaining PH Business Intelligence as a lead service within NNC, delivering this function across both NNC and WNC.

This option is in keeping with the LGR Blueprint and would result in no impact on the current team. The team has an IAA schedule in place ensuring both NNC and WNC are receiving services however it is still limiting in terms of teams integrating with business areas within WNC, the receiving council and given the differing priorities of both NNC and WNC, a single team delivering this function can result in disjointed outcomes.

3 Report Background

- 4.1** Since 1st April 2021, the PH Intelligence function, formerly employed by the Northamptonshire County Council Public Health Team, has been delivered by North Northamptonshire Council (NNC) on behalf of West Northamptonshire Council (WNC) through a lead arrangement as agreed in the Local Government Reform (LGR) Blueprint in September 2020.
- 4.2** The rationale for the Public Health Business Intelligence function to be a lead service in the LGR Blueprint was to enable this service area to closely work with health colleagues and partners to ensure a more co-ordinated, aligned service within the developing Northamptonshire Integrated Care System (ICS) and have a presence at an operational level within the county's Decision Support Unit (DSU) that could ensure staff skills mix is maximised.
- 4.3** Since that time the launch of Northamptonshire's ICS itself was delayed until 1st July 2022 and the development of the DSU has not progressed sufficiently to operationally integrate the PH Intelligence function.
- 4.4** This has prompted the senior management teams in both councils to re-examine the LGR Blueprint and the options for this function and consider:
- Reviewing the contribution of this function to ICS partners during its establishment and as it matures.
 - Each authority's ability to evolve its own Business Intelligence functions and plan the use of Public Health Business Intelligence capacity in line with their emerging priorities and strategies.
 - Staffing and provide clarity on future working arrangements.

- 4.5** The PH Business Intelligence team currently has 9 posts with 1 vacancy, made up of a combination of contract types, with most staff currently on either Fixed Term or Agency contracts as outlined below:
- 1 Vacancy (Permanent)
 - 3 FTE - Permanent
 - 1 FTE - Fixed Term
 - 4 FTE - Agency
- 4.6** The team is required to cover a wide range of both statutory and non-statutory duties to support the wider Public Health team and wider health and social care partners, such as the development of the Joint Strategic Needs Assessment (JSNA), the production of statutory returns, identification and delivery of performance reports and contribution to strategic Public Health plans with population level Health intelligence and insights.
- 4.7** The disaggregation of the wider hosted Public Health services, in line with the Transformation Task and Finish Group Priority Disaggregation timeline, was completed in October 2022. As those teams continue to embed themselves into NNC and WNC cultures and environments, it has been noted the differing priorities of each authority require different approaches to delivering Public Health intelligence information.

5. Issues and Choices

- 5.1** The following options are to be considered:

Option 1 – Recommended: PH Intelligence Service is reprofiled in the LGR Blueprint as no longer a lead arrangement and approval to disaggregate the service according to timescales outlined in the termination section of schedule 3C5 of the IAA.

Option 2 - Do nothing: PH Intelligence Service remains as a lead arrangement with NNC providing the service to WNC.

- 5.2** Option 1 – PH Intelligence Service is reprofiled in the LGR Blueprint as no longer a lead arrangement: This option would see a change in the delivery of this function, enabling North and West Public Health teams to manage PH Intelligence to suit the needs of each authority. A further Options Appraisal will be required for consideration to identify the most suitable method of delivery of this function.

- Advantages
 - An opportunity to review current operational arrangements for this team and consider up to date and fit for purpose options that improve the delivery of Public Health Intelligence for the recently disaggregated Public Health teams.
 - Increased ability to tailor services to the strategic vision and priorities of the individual authorities and Public Health teams
 - Following from the above point opportunity for PH Intelligence staff to work more closely with/integrate with wider services in both NNC and WNC

- Long term stability for the team and understanding of strategic direction of the function given that DSU team development and previous plans to integrate teams with ICS Population Health are in a different position from when the LGR Blueprint was agreed in September 2020
- Where joint working is required such as within the DSU, WNC and NNC can be represented as separate entities and allows for more nuanced and specific place-based input from each Public Health Team represented.
- Disadvantages
 - Requires change to the LGR Blueprint via the joint governance arrangements
 - Short term instability within the team while transformation is ongoing
 - Staff recruitment and retention due to current skills shortage could cause issues with service provision should there be a change in operating model.
 - Changes to the PH Intelligence resource could raise a risk in being able to fulfil ICS support requirements and undertake any county-wide partnership work (for example external funding for county-wide initiatives)

5.3 Option 2 – Do Nothing: This option would see the PH Business Intelligence function continue to be provided as a lead service in NNC and delivered to WNC as the receiving council.

- Advantages:
 - In line with current LGR Blueprint to maintain one Public Health Business Intelligence Team
 - Current staffing structures, locations and ways of working would continue as they currently are
 - Team members can be allocated subject specialisms within Public Health
- Disadvantages:
 - Requirement for the continued monitoring of Schedule 3C5 of the Inter Authority Agreement
 - Onerous in providing differing data and performance information across the two authorities
 - Reduced ability to tailor services to the strategic vision and priorities of the individual authorities
 - Staff recruitment and retention due to current skills shortage could cause issues with service provision

5.4 Option 1 is the recommended option, due to the changes in plans with ICS integration (which was the justification identified when agreeing the LGR Blueprint in September 2020). A detailed assessment of up to date and suitable options for the delivery of the PH Intelligence function will enable both NNC and WNC PH Teams to better tailor support by this team rather than maintain the service in a lead arrangement, which has not been able to integrate with either ICS, NNC or WNC as effectively as it could. Members from both authorities will be presented with comprehensive information and recommendations to enable robust and informed decision making for the PH Business Intelligence team.

5 Implications (including financial implications)

6.1 Resources and Financial

6.1.1 The current arrangement will continue until agreement has been made relating to the delivery of PH Intelligence at which point it is anticipated that there may be an increase in staffing costs in delivering this function. This increase is limited to the ring-fenced Public Health grant which can only be utilised for use on public health functions. Where costs are only temporarily increased, this can be absorbed by the Public Health grant reserves which would limit the impact on the services funded by the grant.

6.2 Legal and Governance

6.2.1 The service is currently operating in accordance with the Inter Authority Agreement that exists between North Northamptonshire Council and West Northamptonshire Council. This would continue until an alternative option has been agreed and implemented.

6.3 Relevant Policies and Plans

6.3.1 All relevant policies and work plans will need to be reviewed and updated to ensure they remain fit for purpose following agreement on how PH Intelligence will be delivered.

6.4 Risk

6.4.1 If the PH Intelligence function remains in accordance with the original plan to keep it as a lead arrangement with NNC delivering this service on behalf of WNC, the following risks will arise:

Risk Assessment	Mitigating Action
Reduced ability to tailor services to the strategic vision and priorities of the individual authorities.	Risk is mitigated by the exploration of alternative delivery options such as disaggregation, should the agreed Blueprint decision be changed.
Staff recruitment and retention due to current skills shortage could cause issues with service provision.	Alternate delivery options explore the use of wider intelligence teams to deliver the PH Intelligence function for example.
Different ways of working that will lead to additional work/lack of coherence for the external organisation.	A review of the current work plan for the team will be required if a change to the Blueprint is agreed, allowing the current teams outputs to be further focused on the needs of NNC and WNC Public Health teams.

6.5 Consultation

6.5.1 This report does not meet the parameters required for public consultation.

6.5.2 Should this service be disaggregated, staff consultation will be required in adherence to HR policies.

6.6 Consideration by Executive Advisory Panel

6.6.1 No immediate considerations arising from this report.

6.7 Consideration by Scrutiny

6.7.1 No immediate considerations arising from this report.

6.8 Equality Implications

6.8.1 No considerations arising from this report. An Equality Impact Assessment will be undertaken as part of the disaggregation process that follows this report should its recommendations be approved, if required.

6.9 Climate Impact

6.9.1 No negative impacts arising from this report.

6.10 Community Impact

6.10.1 None arising from this report

6.11 Crime and Disorder Impact

6.11.1 None arising from this report