



**Open Report on behalf of Derek Ward, Director of Public Health**

Report to:	<b>Adult Care and Community Wellbeing Scrutiny Committee</b>
Date:	<b>07 September 2022</b>
Subject:	<b>Greater Lincolnshire Public Health Arrangement Update</b>

**Summary:**

This report provides an update on the Greater Lincolnshire Public Health arrangements that began in February 2022.

**Actions Required:**

The Adult Care and Community Wellbeing Scrutiny Committee are asked to note the content of this report.

## **1. Background**

In February 2022 Lincolnshire County Council (LCC) entered into a Section 113 Agreement to second the Director of Public Health (DPH), on a fixed term basis, to North Lincolnshire (NLC) and North East Lincolnshire (NELC) Councils. Under the Agreement, the DPH remains employed by LCC and is seconded to NLC and NELC for the purpose of fulfilling their public health functions alongside LCC's own functions. The Greater Lincolnshire Public Health Pilot ('the pilot') began on 22 February, for 18 months, with a review and decision point at 12 months.

The overriding principle of the pilot sees the single management of the public health function across Greater Lincolnshire so expertise, knowledge, skills, and efficiencies can be shared, and things are done once, where it makes sense to do so, or with local nuances as required.

The Local Government Association (LGA) has been commissioned to carry out an independent evaluation of the pilot. The results of the evaluation will feed into the decision-making process on whether to formalise the arrangements on a permanent basis; continue for a further fixed amount of time; or to stop the arrangement.

This report provides an update on the pilot.

### **1.1 Governance**

The Greater Lincolnshire Public Health Oversight Board (GLPHOB) has been established to provide a steer to the pilot and make any necessary recommendations to the constituent authorities. The board is made up of Executive Councillors, Integrated Care System (ICS) representation and a senior officer from each authority. The first GLPHOB meeting took place on 19 May 2022. At this meeting, the Board confirmed the principles and objectives of the pilot were as follows:

*Principles of the Pilot:*

- A single DPH for Greater Lincolnshire providing strategic leadership and accountability, supported by lead consultants/Assistant Directors responsible for the operational and tactical approach in each authority.
- Single management of the Public Health Function for Greater Lincolnshire to share knowledge and skills and do things once where this made sense.
- One team but three employers, each retaining its own ring-fenced grant funding.
- A single Oversight Board to avoid the need for multiple reporting requirements.

*Objectives of the Pilot:*

- To deliver improvements to the health and wellbeing of the population over and beyond those previously available to three separate public health teams.
- To discharge statutory and mandatory public health functions effectively and efficiently
- To improve the resilience of the public health function across Greater Lincolnshire.
- To exceed political and senior management expectations.
- To look for efficiencies (functional, monetary and other efficiencies made possible by the scale and organisation of a joint service).

Monthly meetings are scheduled through to the end of the pilot.

## **1.2 Health Protection**

A single Health Protection Service covering Greater Lincolnshire has been established. The Strategic Delivery Plan builds resilience and capacity across Greater Lincolnshire, ensuring local arrangements are in place to act as a system lead for Outbreak Identification and Rapid Response across the three authority areas based on the following strategic objectives:

- **Prevent** – reduce infection and transmission as far as possible in communities across Greater Lincolnshire using evidence-based health protection principles.
- **Protect** – commission services that help support and protect communities and individuals.
- **Control** – work in partnership to deliver a collective response to control the spread of disease and support the development of robust plans to mitigate infections across the population of Greater Lincolnshire.

## **1.3 Public Health Intelligence**

All three Public Health Intelligence functions have worked together to agree a set of core principles on how they will collaborate for the duration of the pilot, and to identify specific opportunities where the teams can work more closely together to achieve greater outputs across Greater Lincolnshire. These include:

- Greater Lincolnshire Director of Public Health Annual Report 2022
- Covid-19 Intelligence
- Suicide Surveillance
- Knowledge and Evidence Services
- Public Health Skills Audit
- Sharing of tools, software, and technical expertise on data presentation

#### **1.4 Other opportunities**

- Both the Public Health Grant (PHG) and Covid Outbreak Management Fund (COMF) returns have been co-ordinated to bring financial management processes together. Work to bring together a combined Greater Lincolnshire Public Health (GLPH) Budget Position Statement is ongoing.
- A number of internal processes have been consolidated into a single Greater Lincolnshire approach. For example, the Public Health Forward Plan and agenda management process. This process enables the DPH to understand the work being carried out across the GLPH team and ensures any reports, briefings, or information released by GLPH is accurate and consistent.
- The GLPH Senior Leadership Team (GLPHSLT) meet fortnightly and have regular joint planning sessions. All staff are invited to the DPH fortnightly staff briefing and GLPHSLT are discussing options for a whole team event, later in the year, to build relationships and develop a 'one PH team' approach.
- Other potential areas for a Greater Lincolnshire approach, which are currently being explored, include Substance Misuse Services and Workforce Development.

#### **1.5 Local Government Association Evaluation**

The Local Government Association (LGA) is working with GLPH to develop an evaluation framework; to act as a critical friend; and to produce an independent evaluation report at the 12-month point. A benchmarking exercise was conducted by the LGA in April 2022. This comprised 25 interviews with key Executive Councillors, senior officers, PH Consultants, and representatives from the Office for Health Improvement and Disparities (OHID) and each of the ICSs.

The LGA presented a summary of initial findings and conclusions to the GLPHOB meeting, in May 2022. The LGA's initial assessment is positive:

- Interviewees understood that change was necessary to strengthen population health in Greater Lincolnshire.
- It was inefficient for each public health team to commission key services separately.
- The value of a larger public health network for training and development was recognised.
- The placing of public health, so it could inform and influence corporate and system-wide strategies, was seen as a big prize which could help to shape the wider determinants of health.
- Most interviewees favoured trying the pilot, which would allow the practicalities of unified leadership to be tested and evaluated.
- Interviewees stressed the importance of a strong senior team, better integrated procedures, a visible local presence for public health, and flexible delivery programmes that could take account of the local context.
- There was concern that the DPH would become overloaded, although it was recognised that his systematic approach should lessen this risk.

Based on these initial findings and desktop research into ‘what good looks like’, the LGA developed an evaluation framework which was signed off by the GLPHOB at its meeting in July 2022. A copy of the agreed framework is presented in Appendix A.

The framework is structured under 12 themes and comprises a series of questions or lines of enquiry which will be used to assess the impact of the pilot against the objectives agreed by GLPHOB in May 2022. In addition to the LGA conducting follow up interviews later in the year, mechanisms are being put in place to continually monitor and gather supporting evidence between now and the 12-month point. These include:

- An ‘evidence chest’ of reports and documentation.
- Case studies on key pieces of work to enable those involved to reflect on ‘*what’s worked well*’ and ‘*what’s not worked well*’.
- A short staff survey to gather the opinions and views of all the Public Health staff from across the 3 authorities.
- The GLPHSLT are holding regular reflection sessions to share experiences and thinking around the pilot.
- Regular updates and reports to GLPHOB and the three authorities as required.

The LGA is due to present an independent evaluation report to the GLPHOB in December 2022. The GLPHOB will then make recommendations to the constituent authorities to enable the formal decision-making process on the future of the pilot to be made in February 2023.

## **2. Conclusion**

The report provides an update on the Greater Lincolnshire Public Health Pilot and gives details on the evaluation approach agreed with the Local Government Association. An independent evaluation report will be presented to the Oversight Board in December to inform the decision making process at the 12 month point.

**3. Consultation**

**a) Risks and Impact Analysis**

Not applicable

**4. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Greater Lincolnshire Public Health Pilot Evaluation Framework

**5. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Alison Christie, Programme Manager, who can be contacted on 01522 552322 or [alison.christie@lincolnshire.gov.uk](mailto:alison.christie@lincolnshire.gov.uk).

<b>Theme and Lines of Enquiry</b>	
<b>1. GOVERNANCE - Robust tripartite working arrangements</b>	
1.1	Have the 3 UTLAs in Greater Lincolnshire maintained and deepened their public health alliance? <ul style="list-style-type: none"> <li>• positive shared statements, approval of joint programmes, development of joint systems.</li> <li>• active engagement in work programmes.</li> <li>• no evidence of major public disagreements.</li> </ul>
1.2	Have there been any changes of leadership or organisational arrangements which have had an impact on the pilot?
1.3	Has each UT council been able to maintain its local priorities for place whilst supporting the wider ambitions of the GLPH Pilot? formal statements that show the balance is thought to be right. <ul style="list-style-type: none"> <li>• views of key stakeholders from each local authority.</li> </ul>
1.4	Has the GLPH Oversight Board provided effective oversight and support to the GLPH Pilot and the DPH? <ul style="list-style-type: none"> <li>• views of GLPH OB members, DPH and PH team, senior LA and NHS managers and leading politicians</li> </ul>
1.5	Has the GLPH OB reported appropriately to each UTLA? <ul style="list-style-type: none"> <li>• Review of business papers and reporting chains, perspectives of senior leaders.</li> </ul>
1.6	What arrangements have been made by Lincolnshire County Council to maintain links with District Councils?
1.7	Has the DPH felt confident about the governance arrangements?
<b>2. LEADERSHIP - The role of the Director of Public Health &amp; Other Very Senior Council and Health Service Managers:</b>	
2.1	Has the DPH been endorsed as the key adviser with professional responsibility and accountability for the availability, effectiveness and efficiency of local authority public health services?
2.2	Have there been any exceptions? (Areas of delegation to other chief officers?)
2.3	Has the DPH contributed to and influenced the work of the NHS, DHIP and other key partners in Greater Lincolnshire?
2.4	Has the DPH provided a positive contribution to generic corporate business or has he been restricted in what he can do?
2.5	Has the DPH provided consistent and effective leadership of the public health team?
2.6	Has he maintained a strategic and transformational perspective across the whole of Greater Lincolnshire and been able to delegate more local and transactional duties to senior team members?
2.7	Have other very senior Local Authority and Health Service Managers across Greater Lincolnshire accepted that health is everyone`s business, and that it should feature in their own decision-making processes?
2.8	Have they embraced the need to influence wider agendas and use it to guide change?
2.9	Have they shown that they understand that this is “two-way traffic”? (Better health and wellbeing are good for educational attainment, workplace productivity and community resilience, and these in turn support better health and wellbeing)
2.10	Have NHS managers accepted and endorsed the role of the DPH and Public Health Team (PHT) in guiding health strategy and commissioning?
<b>3. STRATEGIC DECISION</b>	
3.1	Have the DPH and Public Health Team been able to allocate time for strategic thinking about transformational change in Greater Lincolnshire?
3.2	Has the DPH been able to assist local government in Greater Lincolnshire (including the 3 Upper Tier Councils, the Health and Wellbeing Boards and the GLPH Oversight Board) to develop aligned priorities?
3.3	Has it been possible for the DPH and the UTLAs to influence ICS/B/P strategies?
<b>4. PARTNERSHIPS AND CORPORATE WORKING</b>	
4.1	Is the public health pilot for Greater Lincolnshire unified and sustainable? Are the key partners actively engaged?
4.2	Have the DPH and PH Team made a significant contribution to partnership working? <ul style="list-style-type: none"> <li>• with the new NHS (ICBs and ICPs)?</li> <li>• with the emerging partnerships associated with devolution?</li> <li>• with the Greater Lincolnshire LEP</li> <li>• with the Community Safety Partnerships</li> </ul>
4.3	Have they engaged with the corporate agendas and made a noticeable difference for each local authority?

## 5. ORGANISATIONAL STRUCTURE

- 5.1 Is there a temporary structure to support the GLPH that provides:
- effective oversight and delegation of the public health programme and the workload (deputising arrangements)?
  - organisational arrangements to reflect both work in the localities and key thematic work (matrix management)?
  - transactional public health activity (especially statutory and mandatory work)?
  - transformational public health (especially influencing the wider determinants of health and wellbeing)?
- 5.2 Have the structural arrangements for the ICSs and regional public health had an impact on the efficiency and effectiveness of the Greater Lincolnshire Public Health Pilot?

## 6. SYSTEMS OF WORK AND MANDATORY SERVICES

- 6.1 Are the capacity and capability of the public health team and wider public health network sufficient to carry the weight of expectations?
- 6.2 Are there suitable systems of work in place to handle the workload?
- 6.3 Have successful improvements been made during the year?
- 6.4 Have mandated PH services been delivered?
- 6.5 Are the reporting and performance management arrangements sufficiently robust?

## 7. HEALTH PROTECTION

- 7.1 Have the new arrangements for a unified Health Protection service been implemented, according to plan?
- 7.2 Have statutory Health Protection duties been successfully delivered?
- 7.3 Has the service design been endorsed by the local NHS and the 3 UTLAs?
- 7.4 What do local and regional public health practitioners think about the effectiveness of the service?
- 7.5 What benefits have been identified so far? And what concerns/challenges have been identified?

## 8. PUBLIC HEALTH INTELLIGENCE

- 8.1 Have the opportunities identified for joint intelligence been taken forward according to the intended plan? Have statutory intelligence duties been successfully delivered?
- 8.2 Have the core principles been followed? Have there been any issues in adhering to the core principles?
- 8.3 What benefits have been realised so far? And what concerns have been identified?

## 9. COMMISSIONING

- 9.1 Have opportunities for integrated commissioning been identified?
- 9.2 What has been implemented so far? (Drugs and Alcohol, Sexual Health Services, others?)
- 9.3 What benefits have been realised, and what issues have emerged?

## 10. STAFF MORALE, STAFF DEVELOPMENT AND TEAM CULTURE

- 10.1 Are public health staff feeling positive about the pilot and the future for public health in Greater Lincolnshire?
- 10.2 What benefits can they see at this stage?
- 10.3 What concerns do they have?
- 10.4 Is a new team culture for Greater Lincolnshire Public Health emerging?
- 10.5 Has the “do it once, for all” philosophy taken root?
- 10.6 Have new job opportunities been identified?
- 10.7 Are the prospects for training and development better? Are there clear progression pathways across our Greater Lincolnshire Public Health teams, underpinned by nationally recognised frameworks for professional development?
- 10.8 Have joint opportunities for workforce development have been identified/agreed? What benefits does this provide to the GL PH workforce?
- 10.9 Has it been possible to attract more candidates and to fill vacancies? (and what have candidates said about the GLPH Pilot?)
- 10.10 Is there a common understanding across GLPH of the skills, knowledge and competencies of our GLPH workforce? Has this improved the delivery of our Public Health responsibilities and duties?
- 10.11 Have opportunities for joint workplace wellbeing initiatives been identified? What has been implemented so far and what benefits have been realised?

## 11. CORPORATE SUPPORT

- 11.1 Has the DPH been able to secure appropriate HR support and advice? Have there been any insurmountable obstacles?
- 11.2 Have early discussion taken place about the prospects for HR integration?

- 11.3 Have there been any Finance or Legal Issues?
- 11.4 Has it been possible to secure IM and T support? Have there been any difficulties?
- 11.5 Has the GLPH Pilot been able to learn lessons about HR, Finance and Legal, and IM and T requirements for a fully integrated service?

**12. IMPACT OF DPH AND CORPORATE PRESENCE OF PUBLIC HEALTH**

- 12.1 Has the DPH been able to influence the 3 UTLAs and the ICBs/ICPs to help shape strategic health and wellbeing policies?
- 12.2 Has he been able to contribute to wider corporate discussions and help shape decisions?
- 12.3 Have the 3 UTLAs been able to work together in a way which has protected the DPH and the senior public health team from overload?
- 12.4 Is there positive recognition for the work of the Public Health Team?
- 12.5 Has the Team delivered against all the key public health priorities to a more than satisfactory level?
- 12.6 Does the team work positively with all parts of the council and the wider system for health and wellbeing, including community and voluntary organisations?