Department of Health

Access to the data and information required to support the new roles of local authorities

Local arrangements for health intelligence

Local authorities and their partners will wish to agree arrangements for health intelligence functions that best meet local needs.

This will include considering roles and responsibilities for councils, clinical commissioning groups, and commissioning support groups in relation to holding, analysing and interpreting data to support public health and healthcare commissioning functions.

Recent guidance from the Department of Health has already advised directors of public health to "agree arrangements on public health information requirements and information governance"[18] and to ensure that there are "plans in place to ensure access to IT systems, sharing of data and access to health intelligence in line with information governance and business requirements during transition and beyond"[19].

Local authorities may choose to provide public health intelligence in different ways, for example, by employing in-house public health intelligence teams, by collaborating across a number of local authorities, purchasing all health intelligence functions from a third party, or by agreeing a shared function with local commissioning support groups.

For their part, clinical commissioning groups are required, under section 14W of the NHS Act 2006, inserted by the Health and Social Care Act 2012, to "obtain advice appropriate for enabling it effectively to discharge its functions from persons who (taken together) have a broad range of professional expertise in – (a) the prevention, diagnosis or treatment of disease, and (b) the protection or improvement of public health."[20] They will therefore need to agree with local authorities how that public health advice will be delivered[21].

The guidance issued by the Department of Health proposed using memorandums of understanding to establish a framework for relationships between the local authority based public health teams and clinical commissioning groups.[22]

As part of this process, commissioning support groups will be able to engage

with local authorities and the public health team specifically to establish what each part of the future system will provide[23].

In the past, NHS employed health intelligence staff obtained data on local health services mostly from within their own organisation using data sources available via N3-based systems.

The conversion, collation, cleaning, validation, linking, analysis, interpretation and dissemination of results would in most cases be an in-house NHS activity.

Common practice was for these data to be shared between public health intelligence staff and health care commissioning teams.

Very few of such secondary care data management functions are transferring to local authorities. They are considered to be primarily a support to the business intelligence functions that commissioning support groups will undertake in the future.

The cost of information and intelligence support to secondary care commissioning was excluded in the process used to estimate the public health budget that would transfer to local authorities.

However, the public health funds will include the costs of data collections for services that will be commissioned or provided by local authorities.

In future, commissioning support groups are expected to have a role in data management, with some commissioning support groups also taking on responsibility for data analysis on behalf of clinical commissioning groups.

This means that the resource to conduct data management functions described above, that public health teams in the NHS have relied upon to date, and that will be needed in future by local authorities, is likely to transfer to either commissioning support groups or clinical commissioning groups.

Local authority-based public health intelligence teams will therefore need a detailed business plan, developed in agreement with their local clinical commissioning group(s), describing their work programme for health intelligence provision.

This will allow the local authority to identify the level of support they will require and to form an agreement with the clinical commissioning group about how this support with be resourced.

Role of the NHS Commissioning Board

The Commissioning Board Intelligence for Commissioning programme has developed a framework for health intelligence and a suggested IT architecture to support it[24].

The framework, or Commissioning Intelligence Model, is a consolidated view of the different types of commissioning intelligence requirements needed to support evidence-based commissioning decisions for the NHS.

The IT architecture underpinning the Commissioning Intelligence Model relies on large regional data warehouses, or data management integration centres (DMICs).

Data management capabilities would be provided by these specialist integration centres across the country, in support of local commissioning support groups which, in turn, will be able to provide support to clinical commissioning groups, using a single integrated commissioning data model.

These structures are not yet in place, meaning that interim solutions may be required to ensure that local authorities are able to access the NHS data where they wish to do so through DMICs.

Financial arrangements: who pays for what?

Clinical commissioning groups, in many cases, as the primary customers of commissioning support groups, will need to ensure that their local authority partners receive the data and services they require in order to provide an effective public health advice service for healthcare commissioning.

This is particularly important where locally specified datasets are not available from national sources, such as the Health and Social Care Information Centre.

Provision of data management services for secondary care services is not generally covered by the public health grant to local authorities (unlike the advice function, which is).

In most cases, the transfer of resource to commissioning support groups includes much of the generic data management and broader business intelligence functions required to support the specialist health intelligence functions transferring to local authorities.

Where local authorities wish to access NHS data from commissioning support groups this will almost always be for the purpose of advising on population healthcare issues. It will form part of the public health advice service they are required to provide to clinical commissioning groups.

Access to those data for local authority staff is an essential part of the service clinical commissioning groups require from commissioning support groups and any costs incurred by the commissioning support groups in providing it need to be covered by the clinical commissioning groups, not the local authorities.

Local authorities may wish to commission additional data management services non-NHS data and in some cases it may be possible for commissioning support groups that are hosted by the NHS Commissioning Board to provide these services.

Public Health England will develop its own business model, aligned with those in place for clinical commissioning groups, commissioning support groups and local authorities.

It will describe a tiered potential contribution, allowing different organisations to supplement their own

capabilities by engaging Public Health England to provide additional services.

Some intelligence tasks are generic and best done nationally (eg benchmarking or tasks requiring specialised inputs such as health economics or modelling).

Others are only locally relevant or rely heavily on local knowledge and are best carried out locally (eg cluster investigation).

In general, it will reduce total costs if Public Health England and other national agencies undertake commonly required tasks in the first category and make the results available to local organisations.

Access to record-level data

Local authorities will need access to a wide range of information and intelligence to fulfil their health functions.

Strategic functions will largely be based on the use of aggregated data, or other forms of record-level data that are effectively anonymised. However, other important functions may require access to identifiable record-level data.

Examples of the uses of aggregate data include the development of joint strategic needs assessments, and making comparisons with other local areas on public health outcomes or other measures to assess priorities for action.

For instance, locally specified analyses of information on pregnancies, terminations and under-18 conception rates would most likely be needed to allow local authorities to commission appropriate sexual health services for their local population.

It may be essential to access the underlying record-level data to perform and interpret analyses but not necessarily to use the intelligence to support commissioning.

Underlying data may also be needed to link data from different sources, such as linking housing data with hospital emergency attendances, to provide a basis for work on the social and economic determinants of health, or to link events over time to assess outcomes.

Local authorities may arrange for another agency to perform such analyses, or data linkage, on its behalf.

Councils should already be very familiar with the legal requirements for handling sensitive personal data. Any organisation doing so must be clear about the legal basis on which they are accessing and using those data and ensure they have the appropriate information governance protocols in place for the particular type of data access they require.

[18] Integrated Approach to Planning and Assurance between DH and the NHS for 2012/13, p18

[19] Public health transition planning support for primary care trusts and local authorities, p14

[20] Health and Social Care Act 2012, section 26

[21] Clinical Commissioning Group Authorisation Draft guide for applicants, p13 (criterion 1.3)

[22] Healthcare Public Health Advice Service to Clinical Commissioning Groups, p14 onwards

[23] Developing commissioning Towards Service Excellence 021111, p44

[24] Commissioning Intelligence Report for Clinical Commissioning Groups v0.20 www.commissioningboard.nhs.uk/2012/02/03/commissioning-intelligence-report

Actions

- Local authorities will wish to understand clinical commissioning group requirements for public health advice and the health intelligence functions needed for this.
- Local authorities will wish to develop memoranda of understanding with clinical commissioning groups to establish arrangements for the advice service to clinical commissioning groups including for necessary data and intelligence support.
- Local authorities will wish to engage with clinical commissioning groups and commissioning support units, forming agreements as appropriate, on health intelligence staff access to data, funded by the clinical commissioning group as part of the public health advice service.

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