

# GREATER LONDON AUTHORITY

## REQUEST FOR MAYORAL DECISION – MD2940

### Title: Establishment of a GLA Group Public Health Function

#### Executive summary:

This decision seeks Mayoral approval for the establishment of shared-services arrangements between the Greater London Authority (GLA) and four of the five GLA functional bodies: the London Fire Commissioner (LFC), the Mayor's Office for Policing and Crime (MOPAC), the Old Oak and Park Royal Development Corporation (OPDC) and Transport for London (TfL) (the participating Group organisations), under which the GLA will provide independent public health advice and support services to those functional bodies. This expands and formalises existing relationships.

Shared-services arrangements that involve the GLA must be approved by the Mayor following consultation with the London Assembly. This consultation took place via the 1 February 2022 GLA Oversight Committee meeting. The GLA Oversight Committee was subsequently consulted on the associated staffing proposals at its meeting on 1 March 2022. The Committee's response to both consultations is reported below.

#### Decision:

That the Mayor approves:

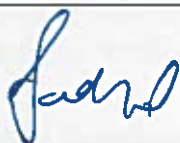
- i. the establishment of shared-services arrangements between the GLA and the OPDC, MOPAC, TfL and the LFC, under section 401A of the Greater London Authority Act 1999, whereby the GLA will provide the OPDC, MOPAC, TfL and the LFC with independent public health advice and support services through a shared GLA Group Public Health Function, to be hosted by the GLA
- ii. a delegation to the Executive Director of Communities and Skills (to be exercised by a Record in Writing rather than through a Decision form) to agree the terms of and enter into, keep under review and, where necessary, amend the shared-services agreements between the GLA and the OPDC, MOPAC, TfL and the LFC in respect of (i), above.

#### Mayor of London

I confirm that I do not have any disclosable pecuniary interests in the proposed decision and take the decision in compliance with the Code of Conduct for elected Members of the Authority.

The above request has my approval.

Signature:



Date:

16/3/22

## **PART I – NON-CONFIDENTIAL FACTS AND ADVICE TO THE MAYOR**

### **Decision required – supporting report**

#### **1. Introduction and background**

##### Background

- 1.1 The GLA Act 1999 (as amended) sets out the Mayor's role in developing a health inequalities strategy for London, supported by a designated Statutory Health Adviser and a Deputy Statutory Health Adviser (Statutory Health Advisers). These positions were established under sections 309A and 309C of the GLA Act to provide the Mayor, the London Assembly and its committees, London Assembly members, and the five GLA functional bodies with independent advice in relation to: anything appearing to them to be a major health issue; and the performance of the respective functions of those persons and those bodies, so far as they relate to health and the implementation of the Mayor's statutory health inequalities strategy. The Statutory Health Advisers are required by the GLA Act 1999 to be (respectively) the current Regional Director of Public Health for London and the Deputy Regional Director of Public Health for London, or any successor posts with equivalent duties as designated by the Secretary of State, being in the employ of either the Civil Service or the NHS. They are therefore independent from the GLA in employment terms and cannot be GLA employees.
- 1.2 The Statutory Health Advisers are both currently employed at the Office for Health Improvement and Disparities (OHID) (formerly Public Health England, which was dissolved on 30 September 2021). OHID is a non-departmental civil service public body within the Department of Health and Social Care. The Deputy Statutory Health Adviser is seconded on a full-time basis to the GLA. Professor Kevin Fenton is the current Statutory Health Adviser, and Vicky Hobart is the current Deputy Statutory Health Adviser.
- 1.3 All the GLA Group organisations contain teams that contribute to the health and wellbeing of Londoners – either directly, or through shaping the social, economic and environmental conditions in which they live.
- 1.4 The Mayor has expressed his wish to strengthen the GLA Group's capacity on public health, having seen the benefits of this during the COVID-19 pandemic; and to support work to tackle health inequalities and his commitment to embed 'Health in All Policies'. There has also been a desire from other GLA Group organisations to strengthen collaboration on public health, and have access to public health expertise, for both strategy development and to work on specific work programmes.
- 1.5 The GLA currently employs five Consultants in Public Health within the Health and Wellbeing team – i.e., Public Health Specialists, individuals trained and holding professional registration in public health, one of whom occupies the post of Head of Health. The Consultants in Public Health currently provide strategic advice, support policy development and work collaboratively with GLA Group organisations on the COVID-19 response as well as specific programmes and projects. There have in the past been Consultant in Public Health posts embedded in TfL, the Violence Reduction Unit (VRU) within MOPAC and the OPDC, but there are no longer any staff carrying out such activities in those organisations.
- 1.6 In late 2020 a Public Health Collaboration Project was established under the oversight of the GLA Group Collaboration Board, to scope and make recommendations on the effective deployment of specialist public health expertise within the GLA Group.
- 1.7 Throughout the Public Health Collaboration Project there has been a recognition that the GLA Group would benefit from more formal and structured governance and priority-setting to oversee their public health collaboration. The project has also highlighted that there are Health In All Policy opportunities across the GLA Group that remain unrealised. Currently, public health and programme management capacity is insufficient to support the breadth of challenges and opportunities and provides limited resilience to deal with key shocks and stressors, as demonstrated through COVID-

19. A GLA Group Public Health Function has the potential to build capacity within the team and with the wider London public health network; and to develop as a centre of excellence for public health practice to tackle complex or intractable public health issues – through publications, training, research and development, and international collaboration.

- 1.8 On 10 December 2021 the GLA Group Collaboration Board endorsed proposals for a new GLA Group Public Health Function as a shared service hosted by the GLA on behalf of the GLA Group. This decision has subsequently been ratified via MOPAC and the LFC's internal governance processes. The OPDC has made an agreement in principle, and will take the formal decision to its Board on 9 March 2022. TfL also has an agreement in principle and aims to confirm authority to proceed as soon as possible.

### The proposal

- 1.9 It is proposed that the new shared GLA Group Public Health Function is established at the GLA and sits within the GLA's Communities and Skills Directorate. It is proposed that the Function will be led by a GLA Group Director of Public Health, as a post within the GLA, where the post-holder will be the person who is (from time to time) the appointed Deputy Statutory Health Adviser. That post-holder will be managerially accountable to the Executive Director for Communities and Skills in the GLA, and professionally accountable to the Regional Director of Public Health for London, i.e., to the Statutory Health Adviser. The GLA Group Public Health Function would be separate from but complementary to the Health and Wellbeing team within the same directorate.
- 1.10 Combining the GLA Group Director of Public Health role with the position of Deputy Statutory Health Adviser fulfils the statutory duties of the Statutory Health Advisers, provided in section 309A of the GLA Act 1999, to give independent public health advice to the Mayor, the Assembly and the GLA Group, with a line of professional accountability to the Statutory Health Adviser, i.e., the role held by the Regional Director of Public Health for London based at OHID. The GLA Group Director of Public Health post-holder would be employed by OHID but fully embedded in the GLA, thus meeting the GLA Act requirement that the Deputy Statutory Health Adviser (as well as the Statutory Health Adviser) remains a Civil Service employee, whilst being able to operate as a senior level official within the GLA. Salary costs would continue to be shared between OHID and the GLA in the way they are currently for the Deputy Statutory Health Adviser.
- 1.11 It is proposed that the GLA Group Public Health Function will be overseen by a GLA Group Public Health Forum, co-chaired by the Statutory Health Adviser (Professor Kevin Fenton) and the Mayor's most senior health policy appointment (currently Dr Tom Coffey), with representation from across the GLA Group. It is proposed that the Chair of the Assembly Health Committee is an observer to this Forum. The Forum's role will be to oversee the priority-setting of the Function; and to advise on the work programme, and associated budget and workforce requirements. It will be advisory, which means that its recommendations or actions will be subject to GLA Group members' own internal governance and approval mechanisms.
- 1.12 The proposed GLA Group Public Health Function is informed by good practice elsewhere in local government, being led by a Director of Public Health who can provide professional oversight of the function; and by a team of Consultants in Public Health who can provide public health specialist input into the GLA Group on all the key areas of public health (public health leadership, advocacy and networks; health protection; health improvement; health and care services; data, insight and intelligence; and the wider determinants of health).
- 1.13 It is proposed that the new GLA Group Public Health Function would incorporate the four existing Consultant in Public Health posts already employed, and funded, by the GLA. The proposed newly created GLA Group Director of Public Health post would also be a Public Health Specialist post and be funded using existing GLA resource. There is also a proposal to delete the current Head of Health post (which would be replaced by the proposed new GLA Group Director of Public Health post); so, it is envisaged that the funds that were previously used for that post would be used to fund the proposed new GLA Group Director of Public Health post. It is also proposed that the new Function

would also include four newly created non-specialist permanent posts (a Senior Public Health Programme Manager, a Public Health Business Coordinator and two Public Health Policy and Strategy Officers) funded from resource from the four participating functional bodies, such that there is no additional cost to the GLA in creating these posts.

- 1.14 In April 2021 the GLA Group Collaboration Board granted the Public Health Collaboration Project funding for a post to support the coordination of the programme at each stage; and to undertake the required senior stakeholder engagement. This funding has not been used to date but the intention is to now create a six-month fixed-term post of Public Health Project and Policy Officer in the Health and Wellbeing team, for the period March to August 2022. It is proposed that this post will move (along with the four existing Consultant in Public Health posts) from the Health and Wellbeing team to the newly created GLA Group Public Health team.
- 1.15 It should be noted that, although not part of the proposed shared-services arrangement outlined in this Decision document, if this Mayoral Decision is agreed, it will result in the renaming of the post of the GLA's Deputy Head of Health to Head of Health and Wellbeing. Formal consultation on a change of job title for the Deputy Head of Health post took place as part of the consultation process that was undertaken in relation to the restructure of the Health and Wellbeing team in January 2021.
- 1.16 The Health and Wellbeing Team restructure proposals were approved on 28 July 2021 and the post of Deputy Head of Health was created. That job was evaluated with a title of Deputy Head of Health but it was also made clear that there would be a change to the job title if the GLA Group Public Health Function was established. In the meantime, the post was filled on an interim basis, with a clear explanation given about the proposed changes to the job title in the longer term.
- 1.17 The setting-up of the proposed GLA Group Public Health Function, and the proposed expansion of the staffing establishment, reflects the proposed expansion in the remit of the GLA Public Health team to provide a more formal offer to support the GLA Group to deliver its public health priorities, as well as the broader ambitions of the Mayor around Health in All Policies, and the need for additional support for resilience in London, as demonstrated through the COVID-19 pandemic. The Consultants in Public Health within the GLA do not currently have any dedicated programme, policy or business support, which means they cover work that could be done by more junior members of staff, freeing up specialist capacity. The team would also need to operate as a standalone function.
- 1.18 Approval for any proposed staffing changes that will result from setting up the proposed GLA Group Public Health Function will be sought from the GLA Head of Paid Service in accordance with the Head of Paid Service Staffing Protocol and Scheme of Delegation (the Staffing Protocol). Any relevant GLA policies and procedures will also be followed in relation to these proposed staffing changes.
- 1.19 There are no TUPE implications arising from the establishment of the proposed new GLA Group Public Health Function. Whereas there have, in the past, been Consultant in Public Health posts embedded in TfL, the VRU within MOPAC, and the OPDC, there are no longer any staff carrying out such activities in those organisations that may transfer across to the GLA as a result of the creation of this new GLA Group Public Health Function.
- 1.20 Shared-services arrangements between the GLA and each participating GLA Group Organisation will be established, outlining the work and expectations of the GLA Group Public Health Function and each participant's financial contribution.
- 1.21 These proposed changes are expected to be the first stage of development of the GLA Group Public Health Function, aiming for some expansion and consolidation of work with wider London public health networks in 2022-23, dependent on resources. This first stage is intended to establish the new team, and supplement the existing public health specialist team, with additional capacity to enable them to fulfil their expanded remit across the GLA Group. On 10 December 2021 the Collaboration Board agreed in principle that part of the funding for the new GLA Group Public Health Function, which was intended for a slightly expanded workforce model, could potentially be



put towards the funding for the creation of a fifth Consultant in Public Health post to support emerging public health work, in particular related to climate change and sustainability. Whilst the proposed creation of this post is not included as part of the proposals set out in this paper, the aspiration to potentially create a fifth Consultant in Public Health post as part of the new GLA Group Public Health Function in the future should be noted.

### Decision-making

- 1.22 Shared-services arrangements under section 401A of the GLA Act 1999 must be approved by the Mayor following consultation with the London Assembly. The Mayor is asked to approve the principle of creating this shared service. The consultation took place via the 1 February 2022 GLA Oversight Committee. The point the Committee raised is covered at paragraph 4.10.
- 1.23 The Mayor is being asked to delegate authority to the Executive Director for Communities and Skills to enter into, continuously review and, where necessary, amend the necessary agreements with the OPDC, MOPAC, TfL and the LFC covering the terms and working arrangements under which the new shared service will operate. It is requested that any decisions made pursuant to the delegation to the Executive Director of Communities and Skills be actioned in writing and without the need for a further decision form.
- 1.24 This and any future changes to shared-services arrangements between the GLA and the OPDC, MOPAC, TfL and the LFC will also be approved via the functional bodies' own decision-making procedures.
- 1.25 All proposed staffing changes are subject to approval from the Head of Paid Service in line with the GLA's Establishment Control process and the Staffing Protocol. The GLA Oversight Committee was consulted on the proposed staffing changes on 1 March 2022 and supported the proposals.
- 1.26 Should the proposed new GLA Group Director of Public Health post be approved through the GLA Establishment Control process, a request will be made to the Chief Officer for this post to be included as a 'Senior Member of Staff' for the purposes of the Mayoral Decision-Making Framework.

## **2 Objectives and expected outcomes**

- 2.1 London has the potential to become the world's healthiest global city, where all Londoners have the best opportunities to live a long life in good health and no one's health suffers because of who they are or where they live. The proposed new GLA Group Public Health Function will support the GLA Group to play its part in this ambition in full, through public health leadership, functions and networks.
- 2.2 The new Function will ensure that the GLA Group effectively protects and improves the health and wellbeing of Londoners by:
  - keeping people safe
  - preventing poor health
  - levelling up the health gap.
- 2.3 The proposed shared GLA Group Public Health Function will deliver a more efficient, effective and resilient public health function, which serves the GLA Group as a whole, delivering better value for money, consistency of approach and best practice through enhanced joint working.
- 2.4 The proposed new GLA Group Public Health Function will enable systematic consideration of Londoners' health and wellbeing, through a Health In All Policy approach and as a cross-cutting principle underpinning London's Recovery from the COVID-19 pandemic. This will be achieved through:

- access to consistent, high-quality public health advice and support
- a more resilient public health function with sufficient public health and programme management capacity, organisational memory and continuity
- board-level influence, aligned governance, and structured networking to tackle complex problems
- development of a 'centre of excellence' for global city public health practice – attracting education, research and development resources
- best value through strategic collaboration across the GLA Group.

### 3 Equality comments

- 3.1 Under section 149 of the Equality Act 2010, the GLA is subject to the public-sector equality duty and must have 'due regard' to the need to: (i) eliminate unlawful discrimination, harassment and victimisation; (ii) advance equality of opportunity between people who share a relevant protected characteristic and those who do not; and (iii) foster good relations between people who share a relevant protected characteristic and those who do not. Protected characteristics under section 149 of the Equality Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage or civil partnership status.
- 3.2 There are no direct equalities implications arising from the staffing and governance changes relating to this proposal. The duties under section 149 of the Equality Act 2020 will be followed in the recruitment to the proposed new posts.
- 3.3 Many of the population groups under section 149 of the Equality Act experience health inequalities, as well as social and economic inequalities. Many of these groups have in addition been disproportionately negatively impacted by the COVID-19-pandemic. Through its work to embed a Health in All Policy approach across GLA and GLA Group policy, build resilience, support London's recovery from COVID-19 and tackle health inequalities, the GLA Group Public Health Function is likely to have a positive impact on a number of groups with protected characteristics.

### 4 Other considerations

#### Key risks and issues

- 4.1 The primary risks of establishing a new GLA Group Public Health Function are set out in the table below. At a high level, risk will be managed by putting in place shared-services agreements between the GLA and the OPDC, MOPAC, TfL and the LFC that set out expectations, ways of working and in-built review processes.
- 4.2 The proposed new GLA Public Health Function will also be overseen by a GLA Group Public Health Forum, as outlined in Section 1.11 above.

Risk	Mitigation	Risk level
There is a mismatch between resource levels and workload	<ul style="list-style-type: none"> <li>• Resource levels to be monitored closely, with formal review arrangements to be put in place under the shared-services agreements.</li> <li>• Establish a GLA Group Public Health Forum and prioritisation framework to facilitate the prioritisation of work.</li> </ul>	Medium

<b>Risk</b>	<b>Mitigation</b>	<b>Risk level</b>
	<ul style="list-style-type: none"> <li>• Business support role in the team to deliver performance monitoring reporting and assess the impact of the new function.</li> <li>• Under these proposals, the GLA will continue as a General Medical Council-approved training placement for the training of Public Health Speciality Registrars, which draws additional capacity to the team, at no additional cost.</li> </ul>	
GLA Group Public Health Function fails to align with the wider public health system and partners, so assets and partnerships are not optimised and the system does not work efficiently or effectively	<ul style="list-style-type: none"> <li>• Maintain relationship with the Regional Director of Public Health and the team at OHID; and participation in the new London Public Health System mobilisation, oversight and activity.</li> <li>• GLA Group Director of Public Health to be a Member of the Association of Directors of Public Health in London.</li> </ul>	Low
Confusion and duplication between the role of the GLA Group Public Health team, and the GLA Health and Wellbeing team.	<ul style="list-style-type: none"> <li>• New GLA Group Public Health Function established as a shared service with functional delegations and working arrangement documents in place.</li> <li>• Continue to develop new and established working relationships across the GLA, GLA Group and GLA Group Public Health Function informed by a change impact assessment.</li> <li>• Hold staff engagement sessions with staff across both teams to design effective future joint-working arrangements.</li> <li>• Communications plan in place to support the establishment of the new function.</li> </ul>	Low

#### Links to Mayoral strategies and priorities

- 4.3 This proposal aligns with the Mayor's priority of ensuring a more efficient and effective GLA Group through greater collaboration.
- 4.4 It supports the Mayor's ambitions to embed Health In All Policies.
- 4.5 It supports the aims and objectives of the Mayor's Health Inequalities Strategy and seeks to tackle unfair differences in health to make London a healthier, fairer city.
- 4.6 It supports the Mayor's ambitions for London's recovery from COVID-19; and for it to emerge a fairer, greener, healthier and more resilient city.
- 4.7 It supports the ambition and objectives within the London Health and Care Vision to make London the healthiest global city, and the best global city in which to receive health and care services.
- 4.8 Each Consultant in Public Health's portfolio will be aligned with the priorities of one or more of the GLA Group organisations, as well as the portfolio of the Deputy Mayors, and will support delivery of relevant Mayoral strategies and priorities. The proposed Public Health Programme Manager will ensure the team's contribution to delivery of the Mayor's Health Inequalities Strategy, the London Health and Care Vision, and elements of the Recovery programme overseen by the GLA Health and Wellbeing team.

### Consultation and impact assessments

- 4.9 The GLA will engage with affected staff and staff representatives (Unison) as required. This is an amendment from the GLA Oversight Committee report dated 1 February 2022 which incorrectly stated that consultation under the GLA's Organisational Change Policy would be undertaken.
- 4.10 Consultation on the shared service proposals took place with the London Assembly via a paper that went to the 1 February 2022 GLA Oversight Committee. The Committee was supportive of the proposals but raised one point to be resolved outside of Committee, which is responded to below. Consultation with the GLA Oversight Committee on the proposed staffing changes took place at their 1 March 2022 meeting. No objections were raised by the Committee on the proposed staffing changes outlined in the paper.

Committee date	Issue	Response
1 February 2022	The Committee wish to consider whether the Chair of the Health Committee should be an observer or full member of the proposed GLA Group Public Health Forum, described in 1.11.	The Committee agreed that a decision could be taken on this outside of Committee. The Executive Director of Communities and Skills has agreed separately with the Chair of the Health Committee that they will be an observer on the proposed Forum to avoid any potential conflicts of interest with the London Assembly's scrutiny role.

### Conflicts of interest

- 4.11 The current Head of Health has been involved in shaping the proposal for a shared-service GLA Group Public Health Function, and has been a member of the project team from the outset. They have not, however, been involved in signing off this decision. As indicated in section 1.13, above, these proposals involve the deletion of the existing Head of Health post and the creation of a new GLA Group Director of Public Health post. The proposed creation of the GLA Group Director of Public Health post is being progressed separately via the GLA Establishment Control process. This process is being managed by the Executive Director for Communities and Skills with appropriate Human Resources input, rather than by the Head of Health.
- 4.12 Noting the above, there are no other conflicts of interest to note for any of those involved in the drafting or clearance of the decision.

## **5 Financial comments**

- 5.1 This decision requests approval for a new GLA Group Public Health Function. Subject to agreement via the Staffing Protocol, it will involve the creation of five new posts and the deletion of the Head of Health post. It will also involve the transfer of the existing four Consultant in Public Health posts, and the fixed-term Public Health Project and Policy Officer from the GLA Health and Wellbeing team to the new GLA Group Public Health Function.
- 5.2 It is proposed that a separate budget is created within the Communities and Skills Directorate for the new GLA Group Public Health Function; and that the existing GLA Health and Wellbeing team budget covering the salary of the four existing Consultant in Public Health posts, the fixed-term Public Health Project and Policy Officer, the existing Head of Health post, and the associated programme budget, transfer across to the new GLA Group Public Health Function budget.
- 5.3 The proposed annual expenditure of the GLA Group Public Health Function is as follows:



Costs	£
Workforce - Permanent posts	808,000
Workforce - Fixed term posts	22,500
Other costs	89,850
<b>TOTAL</b>	<b>920,350</b>

- 5.4 The workforce costs for the fixed-term post relate to the workforce costs associated with funding the fixed-term post of Public Health Project and Policy Officer described in section 1.14. It is proposed that the period of employment of the fixed-term Public Health Project and Policy Officer spans the 2021-22 and 2022-23 financial years. The workforce costs for this post outlined in 5.3 relate to the costs which will fall in 2022-23. In 2021-22, this post is being funded by the GLA Group Collaboration Board.
- 5.5 The costs will be funded by the GLA with a budget transfer from the Health and Wellbeing team budget and four of the other GLA Group organisations (the OPDC, TfL, MOPAC and the LFC), as part of the shared-services arrangements. They include the following contributions:

Funding	£
GLA Budget transfer	692,500
TfL	100,000
MOPAC (with £26,725 of this coming from the VRU)	74,400
OPDC	26,725
LFC	26,725
<b>TOTAL</b>	<b>920,350</b>

- 5.6 The contributions were agreed in principle at the GLA Group Collaboration Board on 10 December 2021. MOPAC and the LFC have formally ratified their respective contributions. The OPDC will take the formal decision at their Board on 9 March 2022. TfL also has an agreement in principle and aim to confirm their authority to proceed as soon as possible.
- 5.7 There would be no additional cost to the GLA envisaged in establishing these proposals, assuming the current 2022-23 budget proposals for the Health and Wellbeing Unit are approved.
- 5.8 As outlined in section 1.26, should the proposed new GLA Group Director of Public Health post be approved through the GLA Establishment Control process, a request will be made to the Chief Officer for this post to be included as a 'Senior Member of Staff' for the purposes of the Mayoral Decision-Making Framework.

## 6 Legal comments

- 6.1 Under section 401A of the GLA Act 1999, the GLA and functional bodies may enter into arrangements for the provision of administrative, professional or technical services by any one or more of them to any one or more of them, whether for consideration or otherwise. The proposed new GLA Group Public Health Function to be hosted at the GLA consists of a professional service or function to be provided to the Mayor, Assembly and functional bodies; and so is authorised by section 401A. The Mayor must consult the Assembly on any shared-services proposals under section 401A involving the GLA. This role was delegated to the GLA Oversight Committee and that consultation took place on 1 February 2022. The proposed decision that the GLA enters into shared services arrangements under section 401A is one reserved to the Mayor under the Mayoral Decision Making in the GLA (2020) framework.
- 6.2 The creation and deletion of posts must be undertaken separately to this Mayoral Decision by the Head of Paid Service in accordance with the Staffing Protocol.

- 6.3 In taking the decisions requested, the Mayor must have due regard to the public sector equality duty – namely the need to eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010; and to advance equality of opportunity, and foster good relations, between persons who share a relevant protected characteristic (race, disability, gender, age, sex, sexual orientation, religion or belief, pregnancy and maternity, and gender reassignment) and persons who do not share it (section 149 of the Equality Act 2010). To this end, the Mayor should have particular regard to section 3 (above) of this report.
- 6.4 The proposed shared-services documentation should cover issues such as payments for the services to be provided, review processes, termination arrangements, obligations and liabilities. Officers should ensure that shared-services documentation has been entered into by the parties before provision of any services.

## **7 Planned delivery approach and next steps**

- 7.1 The table below gives an outline of planned next steps:

<b>Activity</b>	<b>Timeline</b>
Staff engagement	March 2022
Permissions sought for creation and deletion of posts via Chief Officer Form and GLA Establishment Control process	March 2022
Start recruitment of new posts	March/April 2022
Shared service agreement in place	April 2022
Launch of new GLA Group Public Health Function (existing staff move across to new function)	April 2022
Establishment of new GLA Group Public Health Forum	April 2022

### **Appendices**

None

### **Supporting papers:**

[GLA Oversight Committee Paper, 1 February 2022](#)

[GLA Oversight Committee Paper, 1 March 2022](#)

**Public access to information**

Information in this form (Part 1) is subject to the Freedom of Information Act 2000 (FoIA) and will be made available on the GLA website within one working day of approval.

If immediate publication risks compromising the implementation of the decision (for example, to complete a procurement process), it can be deferred until a specific date. Deferral periods should be kept to the shortest length strictly necessary. **Note:** This form (Part 1) will either be published within one working day after it has been approved or on the defer date.

**Part 1 – Deferral**

**Is the publication of Part 1 of this approval to be deferred? NO**

**Part 2 – Sensitive information**

Only the facts or advice that would be exempt from disclosure under the FoIA should be included in the separate Part 2 form, together with the legal rationale for non-publication.

**Is there a part 2 form – NO**

**ORIGINATING OFFICER DECLARATION:**

Drafting officer to  
confirm the  
following (✓)

**Drafting officer:**

Jazz Bhogal has drafted this report in accordance with GLA procedures and confirms the following:

✓

**Sponsoring Director:**

Joanna Davidson has reviewed the request and is satisfied it is correct and consistent with the Mayor's plans and priorities.

✓

**Mayoral Adviser:**

Tom Coffey has been consulted about the proposal and agrees the recommendations.

✓

**Advice:**

The Finance and Legal teams have commented on this proposal.

✓

**Corporate Investment Board**

This decision was agreed by the Corporate Investment Board on 7 March 2022

✓

**EXECUTIVE DIRECTOR, RESOURCES:**

I confirm that financial and legal implications have been appropriately considered in the preparation of this report.

**Signature**

**Date**

*D. Gane*

**10/3/22**

**CHIEF OF STAFF:**

I am satisfied that this is an appropriate request to be submitted to the Mayor.

**Signature**

**Date**

*D. Jellamy*

**13/4/22**

