

Public Health Briefing Paper on Assurance Arrangements for the Audit Committee Meeting on 23rd November 2015

1. Background

The Director of Public Health (DPH) has a statutory responsibility for the strategic leadership of health protection within the Council. The DPH also has a professional responsibility to ensure that appropriate (clinical) governance processes are in place within the public health team. Finally, as a responsible commissioner, the Council needs to ensure that robust assurance mechanisms are in place for commissioned services. Within the PH area, these functions are carried out largely through the Health Protection Board and the Assurance and Governance Board.

2. Health Protection Assurance

The assurance of the health protection function is the statutory assurance requirement. The DPH, on behalf of the Council, should be absolutely assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. In this context, health protection encompasses Infection Prevention and Control (IPC), Emergency Preparedness Resilience and Response (EPRR) and immunisation and national screening programmes commissioned by NHE England. Assurance of these functions is achieved through a specific health protection assurance framework which has recently been re-drafted following a review by the Council's audit team – **The Lincolnshire County Council Health Protection Programme Assurance Framework 2015 – 2017**. The Council's Health Protection Board and the work of the Local Health Resilience Partnership, both chaired by the DPH, contribute to the assurance process and provide a means to escalate issues which cannot be addressed locally.

3. Assurance and Governance Board

The Public Health Assurance and Governance Board provides a mechanism to put systems and processes in place to meet the public health team's internal governance processes; the first party assurance of those processes; and the assurance of commissioned services. The broad membership, which includes the Council's audit team and the CCGs' federated quality function, ensures that appropriate links relating to, amongst other areas risk, the quality of providers who provide services to both the CCGs and the Council, and significant event reporting (for healthcare providers) are made and information shared appropriately.

The adaptation and development of the Council's quality assurance framework to meet the needs of commissioned public health services has been a key piece of work over the last 12 months and this now better reflects assurance across the 3 areas of healthcare quality – safety, effectiveness and patient involvement. The work programme focuses on areas of higher risk or where processes are still evolving following the transfer of the public health function into the Council.

4. Conclusion

The arrangements in place within the Public Health team provide the mechanism to identify areas where there are gaps in systems and processes relating to both internal governance arrangements and assurance. This is an evolving area of activity in which strong links with CCGs have been particularly valuable in assisting the Council in meeting both the statutory and corporate assurance requirements.