

Combined Assurance

Status Report *Public Health*



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Introduction

This is the first combined assurance report for the Council.

Working with management we have been able to show what assurances the Council currently has on the areas of the business that matter most – highlighting where there may be potential assurance ‘unknowns or gaps’.

We gathered and analysed assurance information in a control environment that:

- takes what we have been told on trust, and
- encourages accountability with those responsible for managing the service.

Our aim is to give Senior Management and the Audit Committee an insight on assurances across all critical activities and key risks, making recommendations where we believe assurance needs to be stronger.

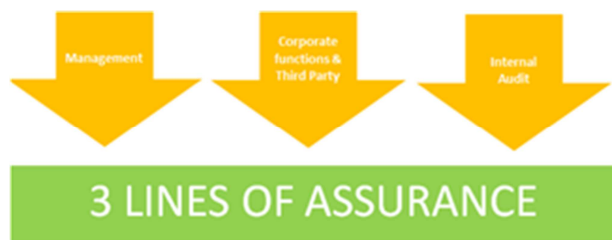
Scope

For this first assurance map, we gathered information on our:

- **critical systems** – those areas identified by senior management as having a significant impact on the successful delivery of our priorities or whose failure could result in significant damage to our reputation, financial loss or impact on people.

Methodology

We have developed a combined assurance model which shows assurances across the entire Council, not just those from Internal Audit. We leverage assurance information from your ‘business as usual’ operations. Using the ‘3 lines of assurance’ concept:



Our approach includes a critical review or assessment on the level of confidence the Board can have on its service delivery arrangements, management of risks, operation of controls and performance.

We did this by:

- Speaking to senior and operational managers who have the day to day responsibility for managing and controlling their service activities.
- Working with corporate functions and using other third party inspections to provide information on performance, successful delivery and organisational learning.
- Using the outcome of Internal Audit work to provide independent insight and assurance opinions.
- We used a Red (low), Amber (medium) and Green (high) rating to help us assess the level of assurance confidence in place.
- The overall assurance opinion is based on the assessment and judgement of senior management. Internal audit has helped co-ordinate these and provided some challenge **but** as accountability rests with the Senior Manager we used their overall assurance opinion.

Key Messages



The Public Health Directorate delivers a mix of specialist public health advice and input; assurance on a range of issues which protect the health of the public; commissioning of some major services which affect wellbeing; and the delivery of a very small number of front line services.

Some of these functions and the statutory responsibilities and ring-fenced grant that accompany them, transferred to the County Council from the Primary Care Trust 1 April 2013. Most of the specialist professional public health advice is still given to NHS organisations, particularly Clinical Commissioning Groups. This is a statutory function with its components set out in statutory guidance.

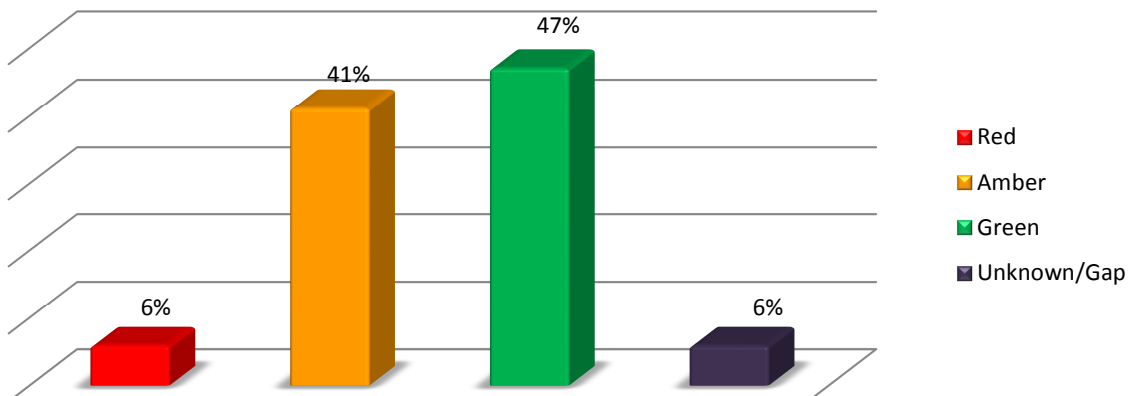
The Director of Public Health also has a role as the lead officer for health within the County Council. This role has been about building partnerships, including the Health & Wellbeing Board and joint commissioning arrangements.

The Directorate adopts the corporate methodology for managing risks and assessing our assurance status. I am satisfied that these are working effectively. It is pleasing to note that in a time of significant organisational and cultural change for Public Health that X % of critical activities are rated green. These do not represent the whole range of Public Health activities as lower risk activities are not included. I am confident that this proportion will continue to increase in the coming year.

We have few individuals who receive a direct service but the organisations we work with in local government, the NHS and the community and voluntary sector, generally give very positive feedback.

Figure 1

Overall Assurance Status - Critical Activities



Critical Systems



Overall, a high level of positive assurance exists around Public Health critical activities and systems. Assurance arrangements are working effectively with most assurances coming from managers – supported by a good level of corporate and third party assurance.

The Service has worked well with Internal Audit, highlighting areas for inclusion within this first Assurance Map, which will also be included within the 2014/15 Internal Audit Plan.

Assurances from the Internal Audit work currently underway will feed into the 2014/15 Assurance Map and Combined Assurance Report. Any recommended actions resulting from Internal Audit work will be monitored and tracked through the Audit Committee.

Figure 2 – Your Assurance Map Assurance

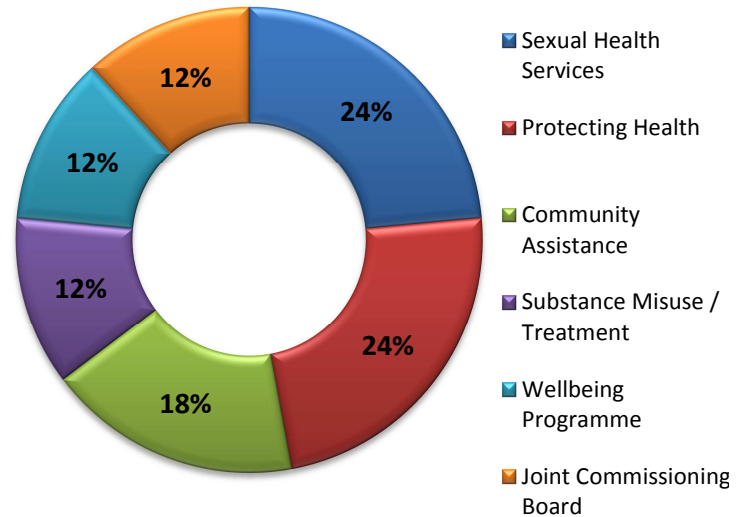
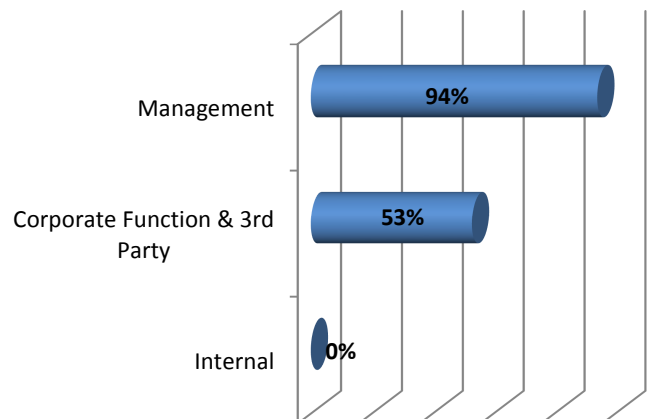
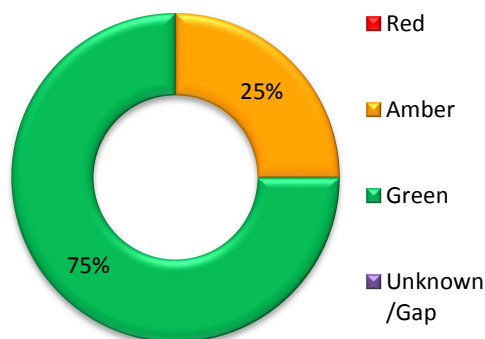


Figure 3 - Who Provides Your Assurance

Who Provides Your Assurance



Sexual Health Services



The sexual health service is fairly complex and encompasses open access Genitourinary Medicine (GUM) services, Contraception and Sexual Health (CASH) services and the provision of Long Acting Reversible Contraception (LARC), chlamydia screening aimed specifically at the 15 – 24 year old age group, HIV prevention and support and health promotion, and a number of services aimed specifically at reducing teenage pregnancies. Only some elements of the chlamydia screening programme are provided in-house, the remainder are all commissioned from specialist service providers, GPs, community pharmacies or the voluntary sector. The responsibility for commissioning these services passed to LCC in April 2013 and their provision is a mandatory responsibility of the Council. High uptake of services is encouraged to identify and treat asymptomatic and symptomatic infections which, if untreated can have long term consequences. At the same time, services encourage the consistent and correct use of condoms required to reduce the risk of Sexually Transmitted Infections (STIs), provide advice on reducing risky behaviour, and aim to encourage the use of LARC.

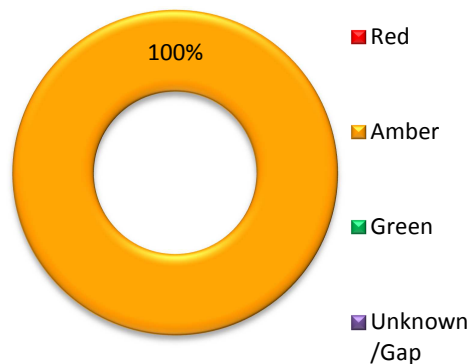
Other elements of sexual health, such as abortion and HIV services are commissioned by other organisations. They are integral to a holistic sexual health service and as such, it is critical that services which contribute to sexual health do not become fragmented as a result of the complicated commissioning arrangements currently in place.

There are a number of national performance measures and outcomes associated with sexual health (part of the Public Health Outcomes Framework (PHOF)); those which are also performance managed within LCC are:

- Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24. The target diagnosis rate is 2300/100,000 young adults.
- Under 18 years conceptions (no national target; target set internally).

These outcomes and measures are benchmarked and validated nationally, allowing us to compare outcomes with similar LAs and England. This provides us with a level of assurance that the services which contribute to these measures and outcomes are effective. Data from the chlamydia screening programme feeds into a national dataset which is reported quarterly. The performance management of GUM, CASH and other commissioned services is managed internally through monthly/quarterly reports from the provider.

Health Protection



There are 4 elements which contribute to the health protection function within Public Health: immunisations which form part of the national immunisation programmes; screening as part of the national screening programmes; infection prevention and control (IPC); and Emergency Planning Resilience and Response (EPRR). For immunisations and screening, the Directorate's role is largely related to the assurance of services commissioned and delivered by other organisations. For EPRR, the role is both assurance (of other organisations' plans and how healthcare organisations will work together to achieve a common aim in the event of an emergency) and more operational in terms of the delivery of public health support during emergencies. For IPC, the role is again assurance across the health and social care economy; strategic support to commissioners of healthcare services; and the provision of a community IPC service which is much more operational in nature.

For all 4 areas, a comprehensive assurance framework has been developed which articulates how assurance across these areas is to be achieved through key outcome measures. Quarterly and annual reports will be provided to the Lincolnshire Health Protection Board; the first annual report will be provided for 2013/14.

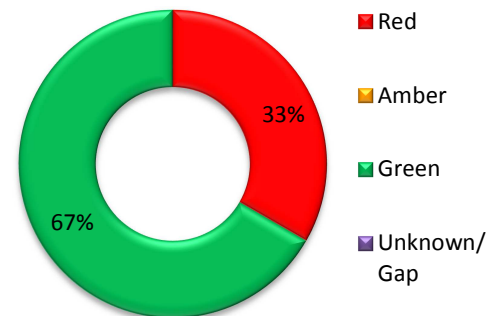
Immunisation and screening programmes are national with national performance measures which, like some of the sexual health outcomes, are part of the Public Health Outcomes Framework. They are reported quarterly and annually allowing Lincolnshire to be benchmarked against other LAs and England. Lincolnshire immunisation and screening boards and the local interpretation of data provide additional assurance by identifying issues, areas of poor performance and an action plan to address shortfalls.

All health and social care providers are required to be registered with the Care Quality Commission; CQC regularly inspect providers against some but not all of the essential quality standards which include IPC. Their reports contribute to external assurance in this area. Specific IPC performance measures exist for NHS Trusts and CCGs in the form of trajectories for specific healthcare acquired infections. Regular IPC meetings with NHS provider organisations and support for social care providers through IPC Link Practitioner meetings identify issues and training needs.

Assurance of EPRR is ascertained through a combination of assessment against NHS core standards in this area; stakeholder meetings at strategic and operational level (e.g. of the Local Health Resilience Partnership and Operational Sub-Group); exercises; and structured debriefing after exercises and incidents. Through the LHRP, health contributes to the Local Resilience Forum, ensuring that the overall response to any incident is timely, coordinated and appropriate.

Lincolnshire Community Assistance Scheme

This locally designed and commissioned scheme was developed following delegation of funds from the Department of Work and Pensions to top tier local authorities in April 2013. The scheme was designed to be able to provide a range of urgent support interventions to people in crisis in Lincolnshire and ensure they made some movement towards on-going interventions that might improve their resilience for the future.



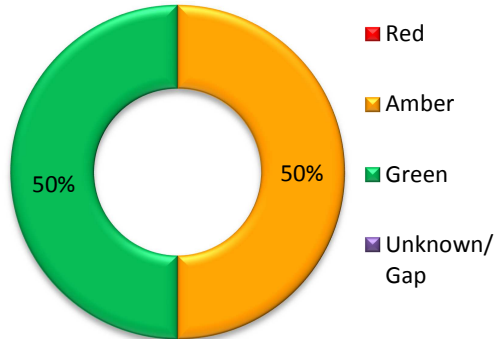
The service is a low threshold, telephone referral service that on evidence of meeting some locally designed eligibility criteria would give a service user access to a wide range of support from tickets to support urgent travel through to access to food banks. Agreement to subsequently access an ongoing support service like a debt advice service or credit union is a condition of provision of crisis support.

Initial screening of service, and some initial assistance, are provided by the Councils own customer service centre. Service users are also then referred onto a county-wide voluntary sector delivery partner which coordinates help, checks it has been received and validates take up of ongoing services. Goods and services are provided to service users through a wide range of existing voluntary sector agencies and occasionally by the for profit sector.

There is little external benchmarking opportunity for this scheme as all local authorities were given significant flexibility in the design and commissioning of local schemes, making comparison tricky.

A first year political review of the scheme is underway as this report is being drafted with an expectation that some changes to the operation of the scheme are likely to be recommended.

Substance Misuse



The responsibility for commissioning treatment services for adults and young people with substance misuse problems transferred to the Council in April 2013.

These services have a huge impact on the health of individuals with problems and those close to them as well as supporting safer communities. They protect people from harm from substances and things like blood borne viruses in the short term and in the longer term can help people turn their lives around and be productive members of society.

The investment in these services is the single largest commissioned service from this Directorate and therefore also carries a significant investment in contract and performance management.

Services offered within this programme are wide ranging, from the offer of clean injecting equipment to reduce spread of infections through vaccination for blood borne viruses up to a full community detoxification service for people with long term alcohol dependency. Service users run the full age range from children through to older people and people are treated in a wide range of settings by more than one organisation.

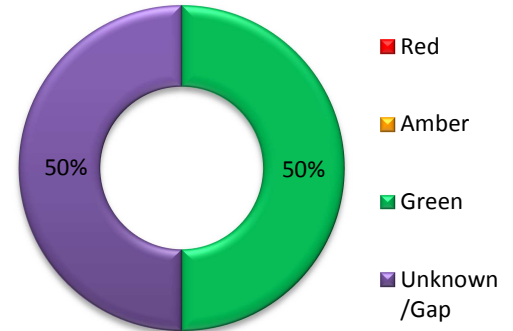
In order to maximise benefit and cost effectiveness payment by results is a feature of most services commissioned in this area, with the outcome being claimed for service users being externally validated. A specific governance service has been commissioned to undertake constant audit and validation of the service providers' application of complexity scores and their attendant service tariffs.

Performance data from these services is externally validated and benchmarked with UK and comparator authority area performance, giving a solid opportunity to gain assurance on the relative value for money of local services.

Wellbeing Project

The Wellbeing Programme is a large, complex area of work with outcomes and benefits straddling more than one area of the Council and the NHS.

All of the interventions being commissioned as part of this system are designed to help mitigate the forecast pressure on health and social care. This will enable more complex service areas to provide better safer care whilst reducing the overall investment required for them to be able cope with future demand.



As the first phase of this major programme, affecting more than 3000 vulnerable adults in Lincolnshire, is brought to conclusion the design for phase two begins. As such there is an element of action research in this area of work as we design learning from phase one into phase two.

Flexible and shared client intelligence is critical to the success of this area of work and there are big synergies with the case management programme and the Lincolnshire Sustainable Service Review.

This is a new service area, to be delivered by a range of delivery partners, including a new local partnership of agencies who have come together to better manage their engagement in a more integrated service environment. The assurance processes, and tracking of outcome for this new model of service are also therefore new.

Great attention will need to be paid to evaluating whether this investment is good value for money even though the interventions being commissioned are largely evidence based.

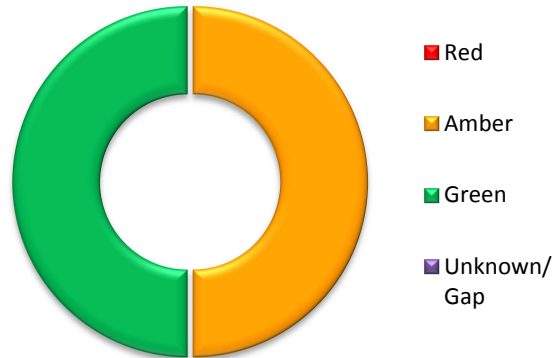
Joint Commissioning Board

The Lincolnshire Sustainable Services Review is driven by 4 concerns

- Quality of Care
- Financial Sustainability
- Work force issues
- The nation and local desire for integration between health and social care

The LSSR has resulted in an agreed Blueprint. The detailed Blueprint is currently under development including work on enablers such as workforce, transport, and IM&T.

It is clear that with integrated provision of care in the future, we will also need to have integrated commissioning. We have established a Joint Commissioning Board which has recently met for the first time. This includes representatives from LCC, the four CCGs and NHS England Area Team. The JCB has draft terms of reference and reports to the Health & Wellbeing Board. There will be a regular reporting mechanism.



Strategic Risks

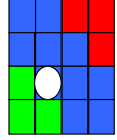
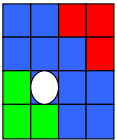


Council's highest rated Strategic Risks for this area of the business

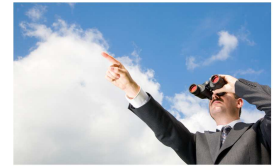
Integration with Health and Social Care

Combined Assurance – Status Report

Strategic Risk Register – Assurance Map as at February 2014

Strategic Risks - Assurance Map as at 31st October 2013	OWNER	RISK APPETITE	CURRENT RISK SCORE	TARGET RISK SCORE	DIRECTION OF TRAVEL	Management Assurance Status (Full, Substantial, Limited, No)	Corporate Functions & Third Party	Internal Audit	OVERALL ASSURANCE STATUS	COMMENTS
Integration with Health & Social Care Meeting planned for 09 April 2014 to review this risk.	Tony Hill	<p>Cautious</p> <p>(Willing to take risks but prefer to take the 'safe delivery option' - minimising the exposure with tight corporate controls over change)</p>			<p>↑</p> <p>Improving</p>	G	Unknown	Unknown	G	No update received from owner, however working with PH including training so risk is being managed.

Looking Ahead



The mechanisms that we have in place will continue to reduce risks and give assurance on these six critical issues. During the coming year we will also seek to extend this methodology to areas of our work at the next level of importance.