

Combined Assurance

Status Report Public Health



Assurance

Date: January 2015

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1. Introduction

This is an updated combined assurance report following the development of the combined assurance map first reported in March 2014.

We have again worked with management 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

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.
- **due diligence activities** – those that support the running of the Council and ensure compliance with policies.
- **key risks** – found on our strategic risk register or associated with major new business strategy / change.
- **key projects** – supporting corporate priorities / activities.

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:

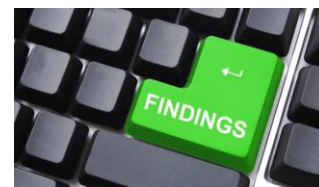


Our approach includes a critical review or assessment on the level of confidence the Board can have on its service delivery arrangements, management of risks, operation of controls and performance.

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.

2. Key Messages



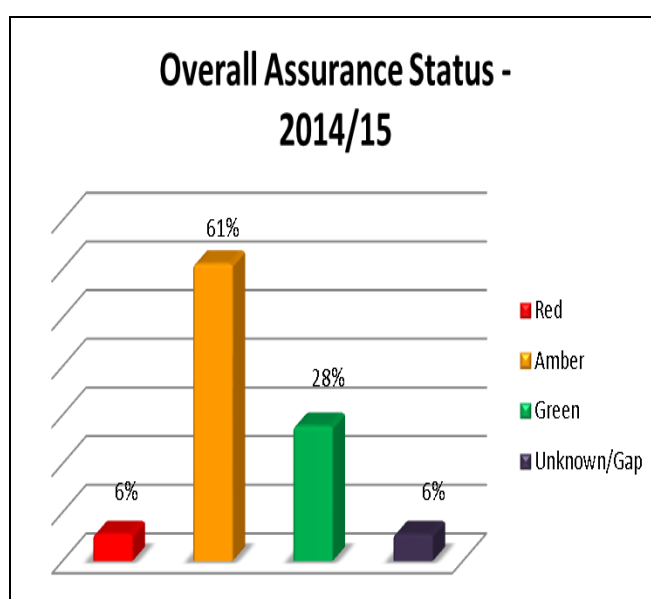
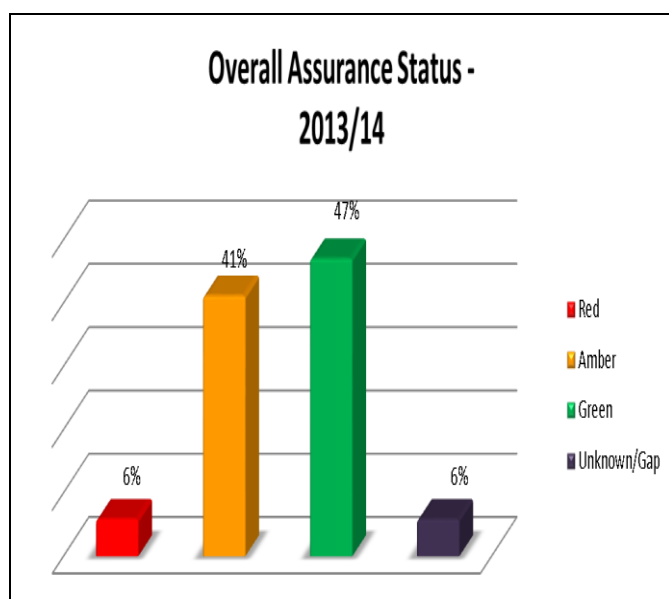
The Public Health Directorate delivers a mix of specialist public health advice and input; assurance on a range of issues which protect the health of the public; commissioning of some major services which affect wellbeing; and the delivery of some front line services. The Senior Management Review in 2014 resulted in the directorate having responsibility for two commissioning strategies – Wellbeing and Community Resilience and Assets. These include most of the previous areas we commissioned but added responsibilities around Libraries and Heritage; the Customer Service Centre; Registration Services and the Coroners Services. The directorate also took on responsibility for the delivery aspects of these commissioning area, which have an inherently different set of risks to those related to population health.

Last year I commented that *"I am confident that this proportion will continue to increase in the coming year."* This would have been the case without these substantial changes in remit.

The Directorate adopts the corporate methodology for managing risks and assessing our assurance status. I am satisfied that these are working effectively.

The highest risks identified in this report are associated with services which we are re-commissioning as this ultimately results in better and more cost-efficient services but in the short creates uncertainty and potential handover difficulties. We have processes in place to mitigate these risks.

Two major examples of this are the move of the Customer Service Centre to Serco on 1st April 2015 and the re-procurement of library services following the Judicial Review. The CSC transfer has an effective project plan in place and is going well. The library re-procurement is being meticulously managed to ensure we can defend the process should another judicial review take place.





Key Messages Continued

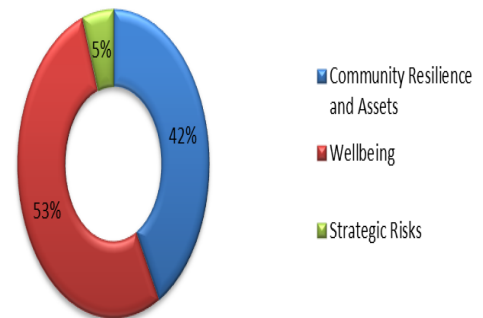
In all of the work that is taking place, there is further risk which results from the restructuring of the directorate. This restructuring is necessary because:

- After 18 months as a single Public Health Directorate within Lincolnshire County Council, it is appropriate to review the way in which we deliver the statutory public health functions which are the responsibility of the County Council or the Director of Public Health personally.
- The County Council has changed to become a commissioning organisation.
- We have seen substantial reductions in the grant that the County Council receives and this is expected to continue. Our staffing structure has to reflect these reductions in financial resources.

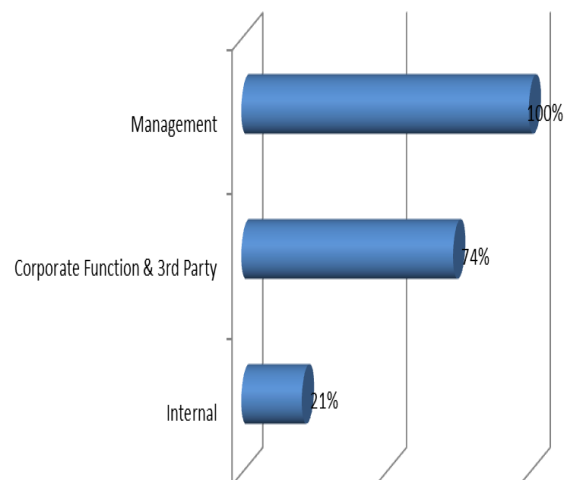
Additionally, many of the critical activities are supported by high levels of corporate or third party assurance. These may be provided through regular reports submitted to Scrutiny Committees or processes such as Inspections and Peer Reviews.

Assurance is also provided through reviews conducted by Corporate Audit and Risk Management. This provides independent oversight and added value through recommendations made for improvement and complements any external reviews or inspections carried out. Any recommendations made are monitored to ensure implementation with progress reported to the Audit Committee.

Public Health - Distribution of Assurance



Who Provides Your Assurance



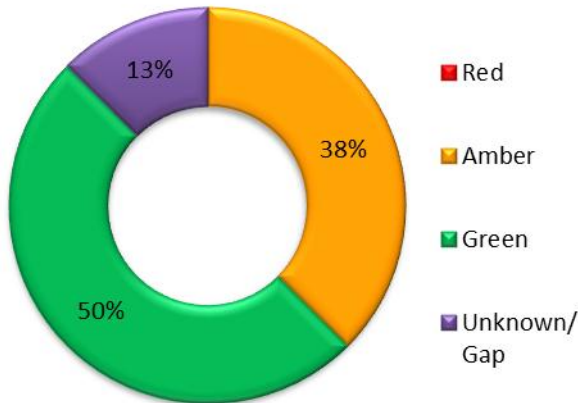
3. Suggested Next Steps

The coming year will see some risks reducing as the restructuring beds in and as re-procurement exercise are completed. The Customer Service Centre will transfer to Serco giving fewer day to day risks in this area. Plans for changes in the delivery of Coroners Services will result in more resilience.

4. Critical Systems



Community Resilience and Assets



Advice, information and support services from community and voluntary sector infrastructure organisations

This activity currently includes a large and wide-ranging area of work, supporting the voluntary and community sector. Through working closely with voluntary organisations, investing time and resources; Lincolnshire has a professional, streamlined, effective and increasingly efficient voluntary sector infrastructure, which is taking on growing levels of responsibility. This includes voluntary and community sector training, support and development; volunteering opportunities, information sharing, development and promotion of volunteer work, access to and streamlining of, community grants. Their role is to ensure that the voluntary sector in Lincolnshire is strong, connected, efficient, well trained and consistent.

Community engagement and development

The Community Engagement Team's role is to widely advertise consultations; giving expert advice and feedback to ensure information is accessible, clear and simple and that engagement events and activities are delivered appropriately, enabling (or allowing) the council to effectively use what people tell us (You said, We did). The team is responsible for the corporate and legislative oversight, expertise and profile of the entire spectrum of Community engagement activity, from information giving, to consultation, to co-production. The team have the responsibility of managing all community grant agreements (including the Lincolnshire Armed Forces Community Covenant, which brought in £592,439 worth of project funding last year alone, governance boards, steering groups and performance monitoring meetings within the agreement of the outcome framework. The team also have responsibility for the implementation and promotion of the "Big Society" agenda, which includes the administration of the entire Big Society Members' Fund, the management, oversight and development of the voluntary sector.

Volunteering support

This work governs the brokerage for volunteers in Lincolnshire, identifying and fulfilling volunteer opportunities, providing training, oversight, promoting equality and diversity of experience, and consistency in implementation of policy and management. This provides an effective support network for volunteers and agencies, adding value through the expertise and advice provided; and giving guidance to ensure volunteering brings value to the individuals and organisations involved.

Financial inclusion

The Income Maximisation Scheme is a county-wide service designed to safeguard the most vulnerable people receive financial support and advice, ensuring that they are aware of and able to claim the full range of benefits and support that they are eligible for. The scheme is operated by CABx and specialists advisors are available to complete home visits to those who are isolated and unable to access support and advice in any other way.

Community Hubs

A recent and growing area of responsibility has been the implementation and development of Community Hubs. Working with partners such as District Councils, Lincolnshire Association of Local Councils, Dept. of Work and Pensions Involving Lincs and LCC service areas (eg Libraries & Youth Services) the project will identify community hubs already existing and those that wish to develop. Four Community Advisors work with other service providers and organisations to identify the breadth of support and guidance that is currently in existence and any gaps in provision, at the same time establishing and further developing a network of community hubs which will deliver local services to local communities and, through sharing, help ensure the sustainability of the hubs and build community resilience. It should be noted that this is a temporary and time limited project which is due to end on 31 March 2016. Given the delays in the library restructure and recommissioning, as a result of the Judicial Review, this will likely impact upon the projects ability to support community libraries in the medium and long-term.

Library & Information Services

Libraries are a statutory duty in the Public Libraries and Museums Act 1964 and as such fall under the remit of Secretary of State for Culture, Media and Sport who has the power to intervene if these duties are not being met, and although there is no national standard or accreditation scheme they are advised by Arts Council England. Tier 1 local authorities have to provide a "comprehensive and efficient" library service under section 7 of the act, but are at liberty to determine what this means in practice within their locality. In Lincolnshire, the council's Executive determined in December 2013 that its statutory provision should comprise the following components:

universal offer (stock procurement, management, distribution and information);

15 core static library sites; targeted provision to those who have difficulty in accessing these services e.g. home library service; Listening Lincs; promotion of activities to increase reading and literacy levels including Bookstart. Additionally, using its general power of competence it also determined to offer the following non-statutory provision:

District mobile libraries to 220 locations across Lincolnshire;

Support for Community Hubs at 40 locations across the county wishing to offer library services
Various paid for services to schools, early years settings, reading, music and drama groups, and prisons. This approach was subject to a Judicial Review in July 2014; Community Right to Challenge in October 2014 and the Executive will consider the type of service it wishes to procure in February 2015.

Archives

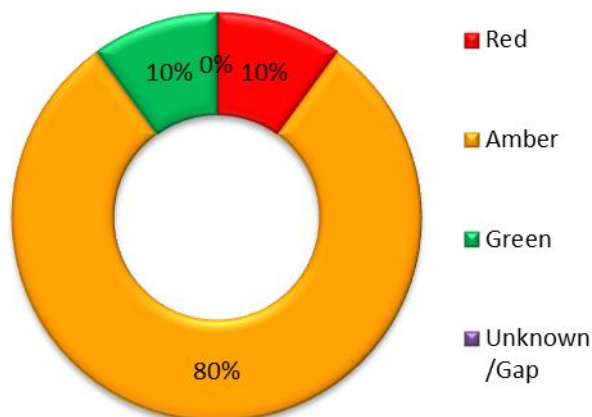
The Archives function is covered by a number of Acts of Parliament: Tithe Act (1936); Public Records Act (1958 and 1967); Manorial Documents Rules (1959) and Manorial Documents (Amendment) Rules (1963 and 1967); Tithe (Copies of Instruments of Appointment) Rules (1960) and Amendments (1963); Local Government Act (1972, Sections 224 - 229); Local Government Records Act (1972); Parochial Registers and Record Measure (1978 and 1991) Archives are regulated and inspected by The National Archives under a national Accreditation Scheme.

During 2014 Lincolnshire Archives retained its full accreditation following an inspection and review by The National Archives (inspection report attached)

Customer Service Centre

In many cases the CSC provides a first point of contact for members of the public accessing council services. The service is currently run by LCC in house, but Serco have been awarded the contract to operate the CSC from April 2015.

Wellbeing



Health Improvement, Prevention and Self Management

The health and wellbeing of the population is improved through advice, information and preventative services. The population are supported to be independent, make healthier choices and live healthier lives. Commissioners and relevant organisations are provided with statutory public healthcare advice to promote the preparation of appropriate local health protection arrangements and improve the health of the population.

All of the interventions being commissioned as part of this system are designed to help mitigate the forecast pressure on health and social care. Working in Partnership 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.

Support to CCGs (Public Health Professional Advisory Services)

One element of the new statutory responsibilities for Local Authorities with respect to Public Health is the provision of public health advice to Clinical Commissioning Groups. To meet this responsibility in Lincolnshire, each of the 4 CCGs is supported by a named Public Health Consultant who contributes at Executive level to the decision making process at Governing Body and relevant clinical meetings and, for example, supports the development of evidence-based care pathways and service specifications; provides public health input into business cases; contributes advice on evidence-based prioritisation policies; and supports commissioning strategies that meet the needs of vulnerable groups. Although this responsibility consumes a significant proportion of Consultant time, the arrangement provides an excellent opportunity for LCC to build and maintain close links with clinical commissioners and complements the Health and Wellbeing Boards, Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy. During 2015, support to CCGs should improve as a result of increased capacity; clearer roles and responsibilities as a result of the Senior Management Review; and the PH re-structure which will provide for more dedicated support.

Internal Assurance and Governance Board

During 2014, the Directorate set up its own internal Assurance and Governance Board in response to a number of legacy responsibilities for which new systems and processes were required. The Board has been established to monitor, review and report on the quality and performance of Public Health services commissioned and provided by Lincolnshire County Council (LCC) and to ensure appropriate internal governance arrangements are in place. It will also be developing an agreed Public Health Assurance and Governance Framework which will define how governance and assurance will be achieved. Independently of the Board, a series of internal audits have been commissioned from the Audit and Risk Management team, focusing on the areas of highest risk; and the IG team is about to re-commence IG audits for those PH areas which have not been audited to date.

Health Protection

The Director of Public Health has a mandatory responsibility for the assurance of health protection functions which includes immunisation and screening programmes commissioned by NHS England, Emergency Planning Resilience and Response (EPRR) and infection prevention and control (IPC). The function requires the PH team to provide strategic challenge to health protection plans/arrangements produced by partner organisations; scrutinise and as necessary challenge performance and escalate as appropriate; receive information on all local health protection incidents and outbreaks and take any necessary action, working in concert with Public Health England and the NHS. For EPRR and IPC there is also a delivery element to support the LCC public health response to a major incident and a community IPC service.

PH staff continue to actively contribute to immunisation and screening programme boards (these programmes now being commissioned by NHS England) to ensure areas of poor performance are addressed and that robust action plans are in place. National performance measures and outcomes are reported quarterly and annually and benchmarked against other LAs or healthcare providers. For EPRR, NHS providers are assessed against core standards and using this tool, we have reported that we are assured that robust plans are in place to enable a coherent and timely response to a major incident from healthcare providers. Local exercises and structured debriefs after incidents contribute to that assurance. In the IPC area, the IPC team are working closely with ASC to introduce specific IPC performance indicators for providers; conduct IPC audits in care settings in response to concerns; and continue to provide training across a wide range of settings to reduce the risk of infection to staff and clients. The Lincolnshire Health Protection Board provides a forum for discussing assurance issues across all health protection areas and an annual report for 13/14 has been submitted and accepted. The comprehensive assurance framework which is in place for health protection has been audited. Whilst the process is robust; its application in practice requires review to reflect changing circumstances and a lack of data.

Sexual Health Services

The Local Authority (LA) commissioned sexual health service encompasses open access Genitourinary Medicine (GUM) services, Contraception and Sexual Health (CASH) services, Long Acting Reversible Contraception (LARC) in community and primary care, chlamydia screening aimed specifically at the 15 – 24 year old age group, psycho-sexual therapy, HIV prevention and support and sexual health promotion, and a number of services aimed specifically at reducing teenage pregnancies. The provision of a comprehensive sexual health service is a mandatory responsibility of the LA. High uptake of services is encouraged to identify and treat symptomatic and asymptomatic 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.

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

- Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24.
- Under 18 years conceptions (there is no national target; so the target is set internally).
- People presenting with HIV at a late stage of infection (aged 15+ presenting with a new diagnosis of HIV and a CD4 count of <350 cells per mm³)

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 national aspiration is to meet a diagnosis rate of 2300/100,000 young adults however, there is increasing acknowledgement that this is unlikely to be achievable in all areas, particularly those which are rural and where the prevalence of infection is lower, such as Lincolnshire. As a result, we have agreed that we will set a local chlamydia screening target which reflects local circumstances.

Since April 2014, LCC has had direct contracts with providers of the sexual health services which transferred across from the PCT. The performance management of commissioned services is managed internally through monthly/quarterly contract meetings; monitoring of performance data; locally set targets/outcomes; and close monitoring of risk registers. We are using and adapting the LCC Quality Assurance Framework to shape visits to providers, providing us with additional assurance over the quality of the services being commissioned. A series of steering groups for health promotion, sexual health, teenage pregnancy and chlamydia screening report to an overarching Sexual Health Programme Board so that the direction of the programmes and progress being made can be monitored.

Specialist Equipment and Integrated Community Equipment Scheme (ICES)

The current ICES contract entails equipment procurement (non-catalogue products for adults and children); and daily living and nursing equipment supply, delivery, fitting, installation, adjustment, repair / refurbishment, collection, decontamination and recycling or disposal of items of equipment requisitioned and the servicing, maintenance and repair of all catalogue equipment supplied. The current service has been commissioned to deliver Lincolnshire's ICES contract since 2004. This is a high volume service with 2000 active prescribers of community equipment within Health and Social Care and demand for the service has increased year on year at a rate in the order of 6%.

It has been identified that although the current ICES contract meets current need there is a requirement for it to be more efficient and cost-effective. The joint commissioning approach between LCC and the CCG's needs tightening for the benefit of both parties and to ensure the service can be more efficient and cost effective.

The service continues to deliver but an open procurement exercise is anticipated for 2014/15. Whilst this is a service funded by Adult Care and NHS it currently sits within the LCC Wellbeing Strategy.

Wellbeing Service

The newly commissioned Wellbeing Service is designed to promote confidence in living independently. By delivering through a preventative approach The Wellbeing Service should enhance wellbeing, and reduce or delay escalation to statutory support services. The service is designed to improve accessibility to support services when they are needed, deliver services that are tailored and fit for purpose and allow equal opportunity regardless of location within Lincolnshire.

The service can include;

- A brief period of support to achieve person centred outcomes with a focus on promoting independence
- Access to Simple Aids for Daily Living such as kettle tippers, key safes and raised toilet seats.
- Minor adaptations including grab rails, hand rails, second banister rail and alterations to steps.
- Supply and installation of Telecare equipment which is linked to a 24 hour monitoring centre.
- A Wellbeing Response service offering a 24 hour 7 day a week service, attending a person's property for non-medical emergencies.
- A Home Safe service which is a transport and resettling service for individuals returning home from a hospital stay.

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 and are already showing positive outcomes for vulnerable people.

Housing Related Support for Vulnerable People

Currently commission supported housing services consist of following elements: single persons supported accommodation, homeless families' accommodation, emergency access accommodation, domestic abuse refuges and floating support services to those aged 18+. There is currently a geographical disparity in the distribution of funding with regards to HRS services . A comprehensive service review programme has been completed for all of the existing contracts including a detailed analysis of service description, strategic priorities, population need and demand, demand for services, current supply, cost, quality, performance etc. A key outcome of the review is to ensure future services remain fit for purpose and can respond to the increasing need for support provision.

The result of this review has led to the need to re-commission housing related support for vulnerable adults across Lincolnshire to be identified. For vulnerable people, adequate housing is a necessity, if their wider needs are to be met effectively. Most vulnerable people find themselves in transition at various points in their lives. If they cannot access adequate housing at the right time, their attempts to achieve positive outcomes can be seriously undermined. HRS services across Lincolnshire will help tackle multiple disadvantages by assisting:

- Former rough sleepers, and other single homeless people living in hostels, to move-on into self-contained accommodation;
- Recovering substance misusers, to settle down after treatment and rehabilitation;
- Offenders, who have lost their home while in prison, to plan for their release;
- People suffering domestic abuse to find new accommodation freeing themselves from abusive relationships

It is proposed that the new contracts will be more flexible hours based, but we envisage the same number of people to be able to be supported by the creation of a service with less accommodation units but improved throughput.

The introduction of a single access electronic gateway into services will address current issues of service users accessing provision directly through a Provider, giving Public Health no ability to monitor and track a service user's journey or no way of ensuring the appropriate service user is accessing the most appropriate provision and moving through that service at an appropriate speed. The gateway will enable referring agencies to access services through a single point of access and enable providers to notify of vacancies speeding up referrals, improving choice and access to information.

Substance Misuse

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

During 2014 a five year Alcohol and Drug Strategy was launched which includes a theme 'Delivering high quality alcohol and drug treatment systems'. This has enabled detailed delivery plans to be developed for improving and enhancing treatment services.

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. Budget reviews been undertaken and plans are now commencing to needs asses and re-commission all treatment services.

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 promote recovery and help people turn their lives around and be productive members of society. Services currently 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 detoxification service for people with long term alcohol and drug 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.

Adult services have participated in a Payment by Results pilot based on an outcomes framework since 2012. Payments are triggered by service users achieving goals in their recovery. This pilot concluded during 2014 and future commissioning models will evaluate this process in order to develop a new model for future services. 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.

Registration, Celebratory and Coroners Service

In 2014 customer satisfaction levels continued to remain very high with another successful review for Customer Service Excellence. This is the fifth year running that the service has gained 100% compliance in meeting the government standards for this award.

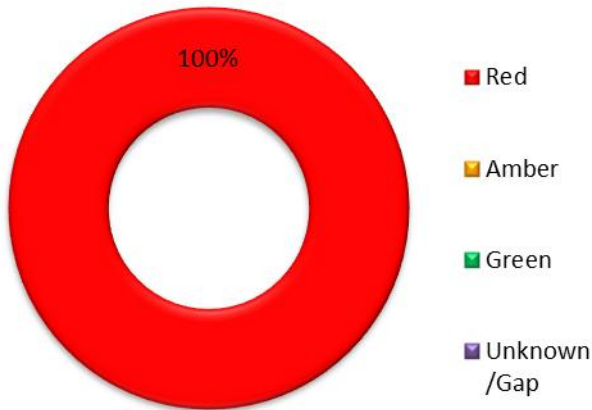
Customer expectations continue to be very high and the service needs to respond to this.

KPI's changed slightly in April 2013, to now include referrals in relation to suspected sham marriages and suspicious certificates. These continue to be monitored monthly. This is a high profile area for the Home Office and highlights the important role that Registration Officers play. Additional statutory responsibilities in relation to data sharing have been implemented, with further changes anticipated in 2015 in line with the Immigration Act.

The Coroners Service has continued to respond to new guidance from the national Chief Coroner and demands on the service especially in relation to Deprivation of Liberty Safeguarding Authorisations. A comprehensive internal audit of the Coroners Service was concluded in Spring 2014 with a number of recommendations firmly embedded in the service. The service continues to look at ways to develop which will result in improved support to bereaved families, the coroner, to continue to improve efficiency and timeliness of coroners' caseloads.

National Consultation on Medical Examiners has been further delayed. It is anticipated that a review of death certification will be considered following the general election.

5. Strategic Risks



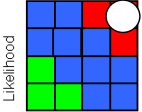
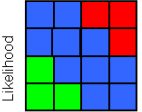
The significance of the issues facing Adult Care is reflected in the Council's Strategic Risk Register. The risk rating reflects a natural disposition to caution given the nature of the people being served and the scale of the budget and the pressures faced. Outlined below is:

Integration with Health and Social Care

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

Integration with Health and Social Care

6. Strategic Risk Register

Risk description	Risk Appetite (How much risk are we prepared to take & the total impact of risk we are prepared to accept)	Current risk score	Target risk score	Assurance Status (Full, Substantial, Limited, No)	Direction of Travel (Improving, Static, Declining)	Actions
Integration of Health & Social Care Services Maintaining a viable, safe & sustainable health and social care infrastructure	Cautious (Willing to take risks but prefer to take the 'safe delivery option' - minimising the exposure with tight corporate controls over change)					<ul style="list-style-type: none"> This risk is a new risk and due to the nature of the risk, we need to continue to work with the programme office to identify suitable actions to mitigate the risk. This will be completed over the coming months

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