

Report of: The Director of Public Health

Report to: The Corporate Governance and Audit Committee

Date: 8 November 2013

Subject: Office of the Director of Public Health Risk Management Arrangements

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

- At the last Corporate Governance and Audit Committee meeting held on Friday 20 September 2013, members sought assurance that, having transferred over to Leeds City Council on 1 April 2013, the Office of the Director of Public Health had robust procedures in place in terms of its Risk Management arrangements.
- Prior to transferring over to the Local Authority, the strategic, operational and clinical risks associated with the work of Public Health within Leeds Primary Care Trust (PCT) were regularly reviewed and updated by both the PCT's Governance and Risk Committee and its Board.
- This report provides the Corporate Governance and Audit Committee with assurance that Risk Management processes are currently in place within the Office of the Director of Public Health and that Public Health is working closely with colleagues within the Risk Management Unit to ensure that these processes are aligned with the Council's Risk Management Framework.
- The report also provides, following a previous request from Committee members, details on Public Health's Clinical Governance arrangements.

Recommendations

5. The Corporate Governance and Audit Committee is asked to:

- (a) receive the report on Public Health's Risk Management arrangements, acknowledging that further work will be undertaken to strengthen these and fully align them to the Council's Risk Management Framework;
- (b) receive information on Public Health's Clinical Governance arrangements;
- (c) note that the Public Health Governance Group will provide assurance to the Committee that it has sound Risk Management arrangements in place; and
- (d) agree that an Annual report will be presented to the Committee in July 2014.

1. Purpose of this report

1.1 This report provides Committee Members with assurance that the Office of the Director of Public Health has appropriate Risk Management processes in place and is working closely with colleagues within the Risk Management Unit to ensure that these processes are aligned with the Council's Risk Management Framework, complying fully with the Corporate Risk Management Policy. The intention of the paper is to also satisfy the Committee that the Public Health Team applies Risk Management to its budget, contract and business planning processes. Public Health is mindful of the Best Council Business Plan and the need for delivering the Council's priorities whilst recognising and managing the key risks facing the Office of the Director of Public Health. Given that Leeds Primary Care Trust regularly monitored the risks associated with Public Health, prior to its transfer over to the Local Authority on 1 April 2013, risk management has always been recognised as an integral part of the work of the Public Health team, ensuring that sound corporate governance arrangements are in place.

1.2 The paper further provides, following a previous request from Committee members, details on what Public Health's Clinical Governance arrangements are in place within the overall Public Health risk management arrangements.

2. Background information

2.1 The "main issues" section of the report provides assurance to the Committee that the Public Health directorate has appropriate Risk Management and Clinical Governance arrangements in place and steps are being taken to fully comply with the Council's Risk Management Framework.

3. Main issues

3.1 On 1 April 2013, the Primary Care Trust (PCT) for Leeds ceased to exist and Public Health transferred to Leeds City Council to become a new Office of the Director of Public Health.

3.2 The roles and responsibilities of the Director of Public Health have been set out in guidance issued to Local Authorities by the Department of Health (Directors of Public Health in Local Government: Roles, Responsibilities and Context (Department of Public Health - October 2012)).

3.3 The various ways these functions will be undertaken were set out in a report to the Executive Board in June 2012. A key function is the commissioning of a comprehensive range of Public Health services. That range of services, some mandatory, others discretionary are set out in Appendix 1. Out of the £36.8m ring fenced Public Health Grant, £30.8m (or 84%) is spent on commissioning Public Health services.

4. Public Health Risks and Leeds City Council Risk Management Policy

4.1 Leeds Primary Care Trust commissioned clinical services for patients. Under the NHS, there were established Clinical Governance arrangements by Commissioners and Providers, both separately and together. These structures and processes were in place to ensure a culture of accountability for quality, safety and risk management. This included the embedding of quality standards, evidence based practice and national guidance including NICE guidance. The focus being on continual improvement, with the assessment and management of associated clinical risks.

4.2 NHS arrangements include well-established arrangements for the escalation of serious untoward incidents within Provider organisations and communicated to Commissioners and national bodies if necessary. A practical illustration across Leeds comes from 2009 when a review of cervical smears highlighted one General Practitioner as an outlier with its practises not meeting expected standards. As part of the risk management response, the Director of Public Health organised the recall of 900 women to have further cervical smears.

4.3 Leeds City Council has now taken on Commissioning responsibilities for a number of services that continue to be provided by NHS Trusts, General Practitioners and Pharmacists. In terms of clinical risks, the most significant are sexual health services, drug and alcohol treatment services.

4.4 The clinical governance responsibilities for these services have now passed from Leeds Primary Care Trust to Leeds City Council. Although the term clinical governance is well established, the recent appalling events at Mid Staffordshire NHS Trust have put the focus on quality and safety, including clinical effectiveness and patient experience. There is therefore a shift away in health from the term clinical governance towards using the phrase quality and safety. In parallel with these developments, the Office of the Director of Public Health will seek to ensure and assure governance arrangements for Public Health commissioned services, focused on quality and safety. This will be through the new formal contractual relationships with providers.

Safeguarding, Continuous Improvement, Incident Reporting, Complaints and Data Protection

4.5 An important assurance for the Corporate Governance and Audit Committee is that Leeds City Council is using the Department of Health contract that has been specifically produced for Public Health services commissioned by Local Authorities. This detailed contract covers, for example, incident reporting, data protection, continuous improvement requirements, complaints and safeguarding. Public Health services commissioned from Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust and Leeds and York Partnership NHS Foundation Trust are already on these contracts. Transfer is imminent for those Public Health service contracts for GPs and Pharmacists. Contracts for the Voluntary, Community and Faith Sector will transfer shortly to Council contracts.

4.6 The challenge for Local Authorities in taking on “clinical governance” responsibilities for Public Health services is recognised. While work has been undertaken nationally with mention of national guidance for Local Authorities, nothing has emerged to date. The Director of Public Health continues to discuss progress with other Directors of Public Health in Yorkshire and the Humber on a regular basis, plus with Directors of Public Health in the North West and North East of England. In summary, each area is finding its own way on this. Work includes ensuring links are developed between the existing NHS escalation arrangements including serious untoward incidents, and with Leeds City Council as a new commissioner.

5. Public Health Risk Management Arrangements Within Leeds City Council

5.1 In line with the planned work programme presented to the Corporate Governance and Audit Committee in September, the Risk Management Unit (RMU) undertook a risk workshop with Public Health’s Leadership and Senior Management Team on 26 September. The workshop provided an overview of the Council’s risk management arrangements (notably the authority’s Risk Management Policy, the roles and responsibilities of elected members and council staff, and the various reporting arrangements) and included a demonstration of the

4Risk web-based software. The RMU then facilitated a risk identification exercise in which the key risks to the Public Health directorate and its objectives were considered. These risks are now being worked up in more detail using the Council's methodology and evaluation matrices and will form a Public Health Directorate risk register that will be housed on the 4Risk system.

5.2 Updates on Public Health's key risks will be escalated to members and the Corporate Leadership Team as required, co-ordinated by the Public Health directorate risk co-ordinator who sits on the Council's cross-directorate Risk & Performance Board. Public Health also has its own Public Health Governance Group, chaired by the Director of Public Health, as a sub-group of the Public Health Leadership Team. The Terms of Reference for this group will be reviewed in conjunction with the RMU to ensure alignment with the Council's risk management governance arrangements.

6. Clinical Governance in Public Health

6.1 Whilst waiting for guidance from the Department of Health, arrangements for a Public Health Governance group are being made to enable LCC to improve the quality and safety of services that are directly commissioned by the Office of the Director of Public Health. The group is to consider the following three dimensions of quality:

- Clinical effectiveness: ensuring high quality services are commissioned according to the best evidence as to what is clinically effective in improving individual and population health outcomes, including National Institute for Health and Clinical Effectiveness (NICE) guidance;
- Safety: commissioning so as to prevent all avoidable harm and risk to individual and population safety; and
- Patient experience: commissioning that provides the individual with as positive an experience of services as possible, including being treated according to wants or needs, and with compassion, dignity and respect.

6.2 The Public Health Consultants and Public Health Specialists incorporate quality and risk management within their service plans by:

- Ensuring that standards and metrics are included in all public health contracts and service plans for which they are the policy lead;
- Ensuring that standards and metrics are reported regularly in the Public Health Performance Report;
- Ensuring that any risks are identified and risk rated in the Public Health Risk Register and actions are clearly planned to mitigate against and manage risk;
- PH Consultants will lead on investigation of serious incidents and complaints, and as appropriate pursue resolution and remedies on behalf of the client; and
- Working with LCC colleagues to develop effective Public and Patient Engagement to secure meaningful client feedback to commission and monitor public health services commissioned by LCC as part of the Public Health contract quality assurance process.

6.3 Governance leads from providers of drugs and alcohol treatment services and from sexual health services each meet the officers from the Office of the Director of Public Health in two clinical governance groups. They provide direction, advice, assurance and make recommendations to the Public Health Governance Group on:

- prescribing and pharmacy governance

- clinical effectiveness
- safety arrangements
- risk management
- serious unexpected incidents requiring investigation
- clinical policies and guidelines
- new research and development
- medicines management
- clinical audit
- infection prevention and control
- NICE compliance
- national confidential enquiries: reporting relevant issues by exception to the body overseeing governance

6.4 The Public Health Governance Group will provide assurance that the systems and controls of the Office of the Director of Public Health are fit for purpose, up to date, embedded, are routinely complied with, and comply with the Corporate Governance and Audit systems of LCC. The group will produce an Annual Report for presentation to the LCC Corporate Governance and Audit Committee.

6.5 A proposed reporting structure for management of Public Health Clinical Governance and Risk is shown at Appendix 2.

7. Corporate Considerations

7.1 Consultation and Engagement

7.1.2 The Public Health directorate has fully engaged with the Risk Management Unit on the contents of this report. Further engagement, as described above, is underway in terms of strengthening the directorate's Risk Management arrangements and aligning them with the Council's internal Risk Management Framework.

7.2 Equality and Diversity / Cohesion and Integration

7.2.1 This is an assurance report and not a decision so due regard is not directly relevant.

7.3 Council policies and City Priorities

7.3.1 Under principle 4 of the Council's Code of Corporate Governance, the authority should take "informed and transparent decisions which are subject to effective scrutiny and risk management". Public Health's commitment to comply with the Council's Risk Management Framework supports this principle.

7.4 Resources and value for money

7.4.1 These arrangements are resourced through existing teams across the Council and therefore have no specific resource implications.

7.5 Legal Implications, Access to Information and Call In

7.5.1 Without robust risk management arrangements in place, the Council could be in breach of the Accounts and Audit Regulations 2011 which require us to have a “sound system of internal control which facilitates the effective exercise of that body’s functions and which includes arrangements to the management of risk”. The Public Health directorate therefore has a duty to ensure that the Council is fully compliant in this area by agreeing its key risks, agreeing actions to mitigate against those risks and ensuring that a robust process in place for regularly reviewing/updating those risks. It also has a responsibility to escalate any risks deemed “very high” to the Corporate Leadership Team for consideration.

7.6 Risk Management

7.6.1 Without robust internal risk management arrangements, there is a danger that the most significant risks and issues that could impact upon the Council and the Best Council Plan objectives are not appropriately identified and managed accordingly.

8. Conclusions

8.1 With support from the Risk Management Unit, Public Health is establishing its risk management arrangements in line with the Council’s Risk Management Policy. These include a Public Health Governance Group, a Directorate Risk Co-ordinator and the Public Health Risk Register. More work still needs to be undertaken on the latter. Some Public Health commissioned services, e.g. sexual health, drugs and alcohol from NHS, GP and Pharmacist providers present particular quality and safety issues. The transfer of these responsibilities to councils is a challenge recognised nationally and will continue to be worked upon locally in order to ensure robust governance arrangements are in place. Work continues with providers on the quality and safety arrangements for Public Health commissioned services.

9. Recommendations

9.1 The Corporate Governance and Audit Committee is asked to:

- (a) receive the report on Public Health’s Risk Management arrangements, acknowledging that further work will be undertaken to strengthen these and fully align them to the Council’s Risk Management Framework;
- (b) receive information on Public Health’s Clinical Governance arrangements;
- (c) note that the Public Health Governance Group will provide assurance to the Committee that it has sound Risk Management arrangements in place; and
- (d) agree that an Annual report will be presented to the Committee in July 2014.

10. Background Documents

10.1 None.

Public Health Functions

1) Commissioning of Public Health Services

The following are set out by the Department of Health. Commissioning responsibilities include:

Mandatory services

Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)

Local authority role in dealing with health protection incidents, outbreaks and emergencies

Ensuring NHS commissioners receive the public health advice they need

National Child Measurement Programme

NHS Health Check assessment

Discretionary services

Tobacco control and smoking cessation services

Alcohol and drug misuse services

Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)

Interventions to tackle obesity such as community lifestyle and weight management service

Locally-led nutrition initiatives

Increasing levels of physical activity in the local population

Public mental health services

Dental public health services

Accidental injury prevention

Population level interventions to reduce and prevent birth defects

Behavioural and lifestyle campaigns to prevent cancer and long term conditions

Local initiatives on workplace health

Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes

Local initiatives to reduce excess deaths as a result of seasonal mortality

Public health aspects of promotion of community safety, violence prevention and response

Public health aspects of local initiatives to tackle social exclusion

Local initiatives that reduce public health impacts of environmental risks.

In fulfilling its commissioning responsibilities, public health will also take a strategic view on commissioning/decommissioning, re-design, influencing and working with public, third and private sector, using an asset based approach.

2) Health Protection

Leeds City Council, as a category one responder already has a legal duty to take steps that plans are in place to protect the local population. The Health and Social Care Act 2012 extends this duty to ensuring that plans are in place to protect the health of the local population from threats ranging from relatively minor disease outbreaks to full scale public health for immunisation and screening, prevention and control of infection (whether hospital or outside) are robust and in place across Leeds. Alongside the West Yorkshire Local Resilience Forum (a multi-agency partnership made up of representatives from local public services), under the new arrangements a Local Health Resilience Partnership is to be established. This will focus on the health response to emergency preparedness, resilience and response. The nominated Director of Public Health (across West Yorkshire) will be mandated to Chair this partnership alongside a lead Director from the NHS Commissioning Board.

3) Public Health advice to the three Leeds Clinical Commissioning Groups

This mandatory service will provide a health care population focus to support the commissioning responsibilities of the CCG's. This will be undertaken through a Memorandum of Understanding with the Clinical Commissioning Groups based on national guidance on the "Core Offer". Other public health advice that the CCGs in Leeds are likely to want on primary care services, infection control etc. is out with the national guidance and subject to separate negotiations.

4) Influencing the public health contribution of Council Directorates/other Central and Corporate Functions

Under the new arrangements within the Council the intention is for senior staff/their teams to a) influence and support colleagues who have a key role in creating better health e.g. leisure, planning, transport, housing, education, culture b) engage in the re-design of health and social care services across all ages c) enhance the collation of information and intelligence for needs assessment surveillance monitoring, evaluation, research and communication with the public.

5) Advice, monitoring and assurance on public health services commissioned for Leeds residents by the NHS Commissioning Board and Public Health England

The Director of Public Health will have a formal role in monitoring public health services commissioned and delivered elsewhere within the health system. These include children's services under 5 years, vaccination and immunisation, screening, abortion services. The Director of Public Health will provide challenge and advice to the NHS Commissioning Board, at a minimum via the Health and Well Being Board. The Director of Public Health will also be championing screening and immunisation through relationships with the three Clinical Commissioning Groups and with local clinicians.

Proposed Reporting Structure for the Management of Clinical Governance and Risk

