

Report of: The Director of Public Health

Report to: The Corporate Governance and Audit Committee

Date: Thursday 10 July 2014

Subject: Office of the Director of Public Health Annual Governance Report

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

1. At its meeting on 8 November 2013, the Corporate Governance and Audit Committee received a report providing the Committee with assurance that, having transferred over to Leeds City Council on 1 April 2014, the Office of the Director of Public Health has robust procedures in place in terms of its Risk Management arrangements. Assurance was given to members that the Directorate was working closely with colleagues within the Risk Management Unit to ensure that these arrangements were fully aligned with the Council's Risk Management Framework.
2. Members were assured that Risk Management applied to the Directorate's budget, contract management and business planning processes and Public Health was mindful of the Best Council Plan and the need to deliver the Council's priorities, whilst managing the key risks facing the Directorate. Furthermore, the report informed the Committee of what processes were in place in terms of managing Public Health's Governance arrangements
3. In acknowledging that arrangements for the commissioning of public health services needed to be kept line with the governance arrangements of the Council, members agreed that an annual report should be provided by the Director of Public Health in order to update the Committee on the progress of aligning Public Health's governance arrangements to those maintained by the rest of the Local Authority.
4. This report provides assurance to the Committee that, following the first year of transferred commissioning responsibilities to the Local Authority, the Public Health

Directorate continues to strengthen its Risk Management and Governance arrangements, complying fully with the Council's own Risk Management Framework and Governance procedures.

Recommendations

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

- (a) receive the annual Governance report of the Office of the Director of Public Health;
- (b) receive assurance that the Office of the Director of Public Health has robust risk and governance processes in place and are fit for purpose; and
- (c) note that the Office of the Director of Public Health will continue to develop the work undertaken in respect of Serious Untoward Incidents and National Institute for Health and Care Excellence (NICE) guidance compliance.

1 Purpose of this report

- 1.1 This report provides the Corporate Governance and Audit Committee with an annual update on Public Health's Risk management and Governance arrangements, reporting on progress since the last report was presented to members on 8 November 2013.

2 Background information

- 2.1 The "main issues" section of the report provides assurance to the Committee that the Public Health Directorate continues to strengthen its Risk Management and Governance arrangements, complying fully with the Council's own Risk Management Framework and Governance procedures.

3 Main issues

- 3.1 At its meeting on 8 November 2013, the Corporate Governance and Audit Committee received a report from the Director of Public Health which gave assurance that the Directorate, having transferred over to Leeds City Council on 1 April 2013, had robust procedures in place in terms of its Risk Management arrangements. Details of the Directorate's Governance arrangements were also clarified. As confirmed to members, out of the £36.8m ring fenced Public Health Grant, £30.8m (or 84%) is spent on commissioning Public Health services. Members are asked to note that Tom Riordan, Chief Executive of Leeds City Council recently approved the appropriate use of the Public Health ring fenced budget in May 2014 and this financial return was then submitted to Public Health England.
- 3.2 In respect of key risks to Public Health, the most significant ones relate to sexual health and drug and alcohol treatment services commissioned by the Directorate. These are provided by a number of providers including NHS Trusts, Third sector, General Practitioners and Pharmacists. It is acknowledged that the Local Authority has taken on commissioning responsibilities for Public Health services and as such, needs to have assurance that appropriate measures are in place to maintain quality and safety arrangements, effectiveness and patient experience. The role and remit of the Public Health Governance Group is therefore vital in taking this work forward.

Public Health Governance Group

- 3.3 To date, three Public Health Governance Group meetings have been held on 27 February, 25 March and 19 May 2014, chaired by the Director of Public Health. The Terms of Reference have been formally approved (please see Appendix A) and the main remit of the Group is to review health and governance related activities that are directly within the remit of the Office of the Director of Public Health to ensure that activity is evidence-based, outcomes focussed and inclusive of key stakeholders. Its purpose is to also enable the Local Authority to improve the quality and safety of services that are directly commissioned by the Office of the Director of Public Health.

- 3.4 As the vast majority of Public Health budget is committed to commissioning a comprehensive range of services (some mandatory, others discretionary), the directorate has a strong focus upon maintaining and monitoring the quality and safety of these services and how patients view the efficacy of these services. These services are listed as follows:

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

- 3.5 Other initiatives are also commissioned by Public Health which includes mental health services, dental public health services and increasing levels of physical activity within the city.
- 3.6 The Governance Group therefore has a primary role in monitoring and managing the risks associated with the substantial commissioning element of Public Health in relation to its budget management, contract management/business planning and commissioning processes of Public Health services. As part of these areas of work, key priorities are considered by the group which include: Review of the Public Health Risk Registers; NICE Guidance Compliance across the Local Authority; the management of Serious Untoward Incidents; and Compliments and Complaints received by the Directorate. These priorities are outlined in further detail below and will continue to remain a focus for Public Health in 2014/15:
- 3.7 Public Health Risk Registers
- 3.8 Public Health continues to use the risk management software in reviewing, monitoring and updating its Risk Registers. The Directorate and Programme/Major Project Risk Registers are reviewed as a standing agenda item at each Governance Group meeting to ensure that its risk management arrangements continue to be strengthened and are aligned to the Council's own Risk Reporting processes. Public Health's Risk Registers are then reviewed by the Risk and Performance Board which is chaired by the Head of Intelligence and Performance and convenes on a quarterly basis (a member of the Public Health Directorate sits on this Board).

- 3.9 Public Health currently has five risks on its Directorate Register which relate to the commissioning of Smoking Cessation Services; Mandatory Public Health Service to Clinical Commissioning Groups to support their commissioning responsibilities; NHS Healthcheck; Health Protection Assurance; and Information Governance (a key priority for the Local Authority).
- 3.10 In terms of its Programme and Major Projects Risk Register, Public Health has two risks which relate to the commissioning of integrated sexual health services (rated green) and delivery of the drug and alcohol treatment services (rated amber). In respect of Public Health's Service Level Risks, these are reviewed and monitored by each Consultant/Chief Officer leading on their individual service areas. Where a service level risk is deemed to be rated high or of a particularly contentious nature, this will be brought to the attention of the Governance Group by the Public Health Consultant for consideration as to whether this should be escalated to the Directorate Risk Register.
- 3.11 Public Health continues to work closely with the Risk Management Unit, (a member of which attends Governance Group meetings) on its Risk Management processes.

Serious Untoward Incident (SUI) Reporting

- 3.12 The Public Health Governance Group is currently reviewing how the Directorate is made aware of Serious Untoward Incidents (SUIs) within those Public Health services commissioned by Leeds City Council. The management of SUIs is included as part of the service specifications held by NHS providers and Voluntary and Community Sector Forum services. Providers are aware that serious and untoward incidents should be reported to the Commissioner, i.e. Leeds City Council immediately. There is also a requirement that a governance report should be submitted to the Commissioner on an annual basis with full details of any Serious Untoward Incidents being communicated without delay to the Commissioner.
- 3.13 However, the Governance Group is aware that whilst it is explicit within service specifications that SUIs should be reported to the Commissioner, further work is required to ensure that Providers are clearly aware of the procedure for reporting incidents and to also ensure that the Public Health Directorate, having transferred to the Local Authority, is able to access SUI data via STEIS and DATIX software. Discussions are currently being held with external partners in order to take this work forward.

NICE Guidance Compliance

- 3.14 NICE Public Health guidance makes recommendations for populations and individuals on activities, policies and strategies that can help prevent disease or improve health. The Governance Group recognises the importance of effectively disseminating new NICE Public Health guidance, ensuring that it is effectively implemented by Providers, members of Public Health staff and Leeds City Council colleagues. This includes ensuring that a process is in place for Council colleagues to be made aware of and act upon relevant guidance which does not necessarily link in with work that Public Health directly commissions. In this

instance, the intention is to influence colleagues within the Local Authority to take account of the guidance with the acknowledgement that Public Health does not have any authority, should they choose to disregard it.

- 3.15 Currently, the Public Health Directorate ensures that its providers adhere to the guidance through quarterly commissioning meetings and identify the necessary service developments to ensure that services are operating in line with the most recent evidence and guidance. These changes are then written into the service's specification or introduced as a contract variation.
- 3.16 The Governance Group agreed at its last meeting that while processes are in place to disseminate NICE guidance and monitor its implementation, a directorate wide system is required so that a consistent approach can be applied in receiving, disseminating and implementing new NICE guidance. The Public Health Governance Manager is therefore working closely with the Leadership and Senior Management Teams in order to ensure that they are aware of new NICE guidance and take appropriate steps to communicate this to relevant partners, implementing where necessary.

Public Health Compliments and Complaints

- 3.17 The Corporate Governance and Audit Committee is asked to note that since Public Health's transition to Leeds City Council on 1 April 2013, the Directorate has adhered to the Council's Compliments and Complaints Policy. Whilst the directorate does not directly deliver health services, it recognises the importance of maintaining high quality and effective services it commissions for the local population.
- 3.18 The Public Health Governance Manager is the Directorate's Departmental Customer Relations Officer and all members of staff are aware of what procedure should be followed, along with the timescales involved in receiving and responding to either a compliment or complaint. Within the 2013/14 financial year, a total of 18 compliments and 3 complaints were received and responded to. All three complaints were dealt with within the Council's specified deadline of 15 working days (from receipt).
- 3.19 A register is maintained of all compliments and complaints received and the Public Health Governance Manager works closely with the Council's customer relations department so that this information can then be fed into the annual report which is presented annually to the Corporate Governance and Audit Committee.
- 3.20 An update on all compliments and complaints received by Public Health is presented to the Governance Group as a standing agenda item.

4 Corporate Considerations

4.1 Consultation and Engagement

- 4.1.1 The Public Health Directorate has fully engaged with the Governance Group and Risk Management Unit on the contents of this report. Further engagement is required in terms of strengthening the directorate's governance arrangements.

4.2 Equality and Diversity / Cohesion and Integration

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

4.3 Council policies and City Priorities

4.3.1 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.

4.4 Resources and value For money

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

4.5 Legal Implications, Access to Information and Call In

4.5.1 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 is in place for regularly reviewing/updating those risks.

4.6 Risk Management

4.6.1 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.

5 Conclusions

5.1 The Office of the Director of Public Health continues to strengthen its robust governance arrangements in respect of its budget management, contract management/business planning and commissioning responsibilities. As outlined above, work is ongoing to build upon the Directorate's current arrangements for Serious Untoward Incidents and dissemination/implementation of new NICE guidance. With support from the Risk Management Unit, the Directorate continues to monitor and update its Risk Registers in line with the Council's formal reporting arrangements. The Directorate also adheres to the principles outlined in the Council's policy on Compliments and Complaints and works with the Customer relations Department to ensure full compliance.

6 Recommendations

6.1 The Corporate Governance and Audit Committee is asked to:

- (a) receive the annual Governance report of the Office of the Director of Public Health;
- (b) receive assurance that the Office of the Director of Public Health has robust risk and governance processes in place and are fit for purpose; and
- (c) note that the Office of the Director of Public Health will continue to develop the work undertaken in respect of Serious Untoward Incidents and National Institute for Health and Care Excellence (NICE) guidance compliance.

7 Background documents¹

7.1 None

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

APPENDIX A – Terms of Reference Public Health Governance Group

The Office of the Director of Public Health

Public Health Governance Group

TERMS OF REFERENCE

1. Purpose

- 1.1 To review health and governance related activities that are directly within the remit of the Office of the Director of Public Health to ensure that this activity is evidence-based, outcomes focussed and inclusive of key stakeholders and, where appropriate, that it is undertaken in accordance with accepted professional standards and codes of practice.
- 1.2 To enable Leeds City Council (LCC) to improve the quality and safety of services that are directly commissioned by the Office of the Director of Public Health. The group will consider the following three dimensions of quality in order to provide high quality Public Health services:
 - Clinical effectiveness: high quality services that are delivered 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: high quality that is delivered so as to prevent all avoidable harm and risk to individual and population safety
 - Patient experience: high quality services that provide 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.
- 1.3 To provide assurance to LCC 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.
- 1.4 To produce an Annual Report and Action Plan, led by the Chair of the Governance Group and co-ordinated by the Public Health Governance Manager for presentation to the LCC Corporate Governance and Audit Committee
- 1.5. To monitor progress of the Public Health Governance Group and evaluate against the annual action plan

2. Composition

The Public Health Governance Group will be a sub-group of the Public Health Leadership Team (PHLT) and will include the following members:

Director of Public Health (Chair)
Consultant in Public Health: Health Improvement & Commissioning (Deputy Chair)
Consultant in Public Health Medicine (Population Healthcare, LWCCG and WNW Area and Health Protection)
Chief Officer: PH Strategy and Commissioning
Public Health Business Manager
Head of Intelligence Public Health
Public Health Governance Manager

In addition there will be in attendance:

Such representatives of public, third sector or statutory sector groups or individuals as considered appropriate (e.g. representatives from the Risk Management Unit) or necessary by members of the Group to enable them to conduct their business efficiently and effectively.

3. Frequency and Notice of Meetings

The Group will meet monthly for the first 2 months, then every 2 months thereafter and meetings will be up to two hours in duration. The Public Health Governance Group will be supported by the Project Support Officer – Governance who will be responsible for ensuring that an agenda and supporting papers are circulated to members at least one week prior to each meeting.

Formal minutes will be taken and shall include:

- (a) A record of standing agenda items, matters arising and issues to be carried forward;
- (b) Declarations of interest of members; and
- (c) The names of all present/apologies given at the meeting.

Minutes (once approved by the Chair) will be issued to all members no later than 10 working days following each meeting and be submitted to the subsequent Public Health Governance Group meeting for formal approval. Minutes from each Governance Group meeting will also be received by the Public Health Leadership Team for information.

4. Quoracy

Meetings of the Group will be quorate when at least 4 members (one of which should be either the Director of Public Health or a Consultant in Public Health) are present. Members will be permitted to send nominated deputies. If the Chair is absent from the meeting, he/she will nominate the Deputy Chair to preside.

The Public Health Governance Group will inform the PHLT and report to the LCC Corporate Governance and Audit Committee.

5. Remit

The remit of the Group is to provide the PHLT, the Health and Wellbeing Board and LCC Corporate Governance and Audit Committee with assurance that all necessary systems and processes are in place that ensure that:

The Office of the Director of Public Health commissions public health clinical services which incorporate the key components of health governance, namely:

- Quality and clinical effectiveness
- Risk management (including health and safety)
- Public information, experience and involvement
- Patient complaints, patient safety, incidents and serious incidents requiring investigation
- Staff governance (including staff training and accreditation)
- Research and development
- Clinical policies and guidelines
- Medicines management
- Serious health-related incidents
- Clinical audit
- Infection prevention and control
- NICE compliance
- National confidential enquiries
- Business Continuity
- Incident response

AND

The activities of the Office of the Director of Public Health have the following standards in place that are cross-referenced to the 10 key areas of Public Health practice²:

- Effective health programmes in place– this entails ensuring that programmes are informed by a robust evidence base and performance reviewed regularly.
- Explicit professional standards laid out for staff,
- Risk management programme in place – including emergency plans.
- Information governance procedure in place
- Critical incident reporting procedure in place
- Complaints procedure set out
- Performance appraisal system in place
- CPD programme for all staff

² Faculty of Public Health (2012) Standards for Organisations with a Public Health Function, London Viewed May 2013, http://www.fph.org.uk/uploads/C_Standards_for_Organisations.pdf

- Performance management system agreed
- Audit of internal processes completed as appropriate
- Annual service plans in place
- Mechanisms in place to deal with poor performance
- External appraisal (including peer review) where appropriate
- Induction policy for new staff in place
- Health and safety policy in place
- Leeds City Council values are followed
- Processes for responding to requests for non-commissioned services.

The Group will ensure that input is sought from all relevant sources within the Office of the Director of Public Health and across LCC.

6. Standards of Business Conduct and Conflicts of Interest

Members of the Governance Group shall at all times comply with the standards of business conduct and manage conflicts of interest as set out in the Council's Employee Code of Conduct and Outside Interests Policy and Procedure.

All members are required to make open and honest declarations of interest at the start of each meeting, or to notify the Chair of any actual, potential or perceived conflict.

7. Authority

The Group is authorised by the Director of Public Health, and by LCC Corporate Governance and Audit Committee to investigate any activity within its terms of reference, and in so doing, is authorised to seek any information it requires from any employee.

In order to fulfil its remit, the Public Health Governance Group may obtain whatever professional advice it requires, and require the Office of the Director of Public Health staff to attend its meetings when necessary.

The Terms of Reference for the Public Health Governance Group will be reviewed annually (or sooner if deemed necessary to do so) and formally endorsed by the Public Health Leadership Team.

Version 5

Approved By: Public Health Governance Group

Date Approved: 25 March 2014

Review Date: March 2015

Reporting Structure for the Management of Governance and Risk

