

Open



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Public Health Assurance Framework

Open

BACKGROUND INFORMATION				
Document Purpose	To provide an outline of all the assurance processes in place to ensure that the public health duties of the local authority are appropriately discharged and to ensure proper use of the public health grant			
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Integrated Impact Assessment (inc E&D) done?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Risk Assessments done?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Name of Lead Officer undertaking Assessments	Claire Ward			
IIA Action Plan with Recommendations Produced	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	
Corporate Priorities	Levels of Impact			
	High	Medium	Low	None
Stronger Economy				
Skills and employability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business support and innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustainable environment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stronger Communities				
Independence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sustainable housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active citizens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy lives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Document History			
Date	Amendments made	By Whom (name/job title)	Stakeholders Approval (Name, Job title / Organisation)
17/9/15	First draft of the assurance framework	Claire Ward (Public Health Business Manager)	Steve Pintus (Director of Public Health) / Geoff Barnes (Deputy Director – Public Health) / Bev Compton (Assistant Director – Adult Social Care and Health Improvement)
8/10/215	Final draft of the assurance framework presented to Leadership on 13/10/15 and Audit and Governance Committee on 22/10/2015	Stephen Pintus / Claire Ward	Leadership / Audit and Governance Committee

Council Plan Priority Supported

This public health assurance framework supports the Council Plan's overall aims of Stronger Economy and Stronger Communities. In particular, it supports the objectives of encouraging and facilitating healthier lives with a focus on enabling families to shape their own health, a focus on investment in preventative action and a focus on providing health support at the most appropriate level and location.

Equalities

All policies and strategies that are developed or reviewed by North East Lincolnshire Council have due regard to the aims of the equality duty including ensuring that no-one is treated any less favourably on the grounds of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation or marriage & civil partnership.

Purpose

This document is for all partners involved in the commissioning of public health services in North East Lincolnshire. It describes what quality governance is in relation to public health, why it is important and it provides an overview of the responsibilities of provider organisations, commissioners and national and regional bodies. It also sets out the assurance mechanisms which support quality governance and the delivery of safe and effective services, in line with the [public health grant conditions](#).

Objectives

1. All North East Lincolnshire Council's duties and responsibilities for public health are appropriately fulfilled.
2. The public health grant is spent appropriately and meets the health needs of the population of North East Lincolnshire, as measured through the public health outcomes framework and an agreed set of performance measures.

Definitions

<i>Governance</i> -	“the system by which an organisation directs and controls its functions and relates to its stakeholders” <i>HM Treasury</i>
<i>Assurance</i> -	“Part of corporate governance in which accurate and current information is provided by managers to stakeholders about the efficiency and effectiveness of its policies and operations and the status of its compliance with the statutory obligations <i>Businessdictionary.com</i>
<i>Quality Assurance</i> -	“the practice of managing the way goods are produced or services are provided to make sure they are kept at a high standard” <i>Oxford Dictionary</i>

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1. Background

(a) Public Health responsibilities

Public health has made huge strides during the last century, transforming the living standards of millions. However, some long-standing threats to the health of the population still persist and new ones emerge all the time. Where once public health was solely about eliminating transmittable diseases such as cholera and typhoid, public health departments now have to work with a wide range of stakeholders to reduce high levels of avoidable mortality caused by modern lifestyles and poor life choices for example smoking and obesity and to tackle wider determinants of health such as poor housing conditions, fuel poverty, road safety and the availability of a range of social and leisure activities. This requires us as public health stakeholders to think and respond in a very different way to our predecessors.

The 2010 white paper *Healthy Lives, Healthy People* set out an ambitious vision for public health in the 21st century, based on an innovative and dynamic approach. The white paper clearly set the challenge that we will only have succeeded when we are living longer and healthier lives and have narrowed the inequalities in health between the rich and the poor.

The Health and Social Care Act 2012 returned the responsibility for public health to local government. Consequently, in April 2013, local authorities took over a raft of vital public health activity, ranging from traditional public protection from the outbreak of disease to tackling obesity to drug misuse and sexual health services. Just as significantly, the reformed public health system gave local authorities an unprecedented opportunity to take a far more strategic role. We can now promote public health through the full range of our business and become an influential source of trusted advice for our populations, the local NHS and everyone whose activity might affect, or be affected by, the health of the people in our area.

To support this, every local authority with new public health responsibilities was required to employ a specialist director of public health (DPH) who is accountable for the delivery of their authority's duties. The post is an important and senior one. The DPH is a statutory chief officer of the authority and the principal adviser on all health matters to elected members and officers, with a leadership role spanning all three domains of public health: health improvement, health protection and healthcare public health.

DPHs should:

- be the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and concerns around access to health services
- know how to improve the population's health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health
- provide the public with expert, objective advice on health matters

- be able to promote action across the life course, working together with local authority colleagues such as the senior managers in children's services and adult social services and with NHS colleagues
- work through local resilience opportunities to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health
- work with local criminal justice partners and police and crime commissioners to promote safer communities
- work with wider civil society to engage local partners in fostering improved health and wellbeing.

b) Principles of Assurance

Quality

The Oxford English Dictionary defines quality as "The standard of something as measured against other things of a similar kind; the degree of excellence of something"¹

Lord Darzi in his 2008 report [High Quality Care for All](#) set out three fundamental aspects of quality specifically for the NHS:

- Patient Safety
- Patient Experience
- Effectiveness of Care

Clinical Governance

Clinical governance is a term used to describe a structure and related processes to assure delivery of high quality, safe and effective services. It requires clear lines of accountability and communication between service providers, local commissioners and strategic partnerships and the local and national supporting framework. Clinical governance components include lines of responsibility and accountability, quality improvement activities, policies that manage risk and procedures to identify and remedy poor performance. Some organisations and individuals are directly and statutorily accountable for elements of clinical governance, but all have a general responsibility to engage in activities that improve service user safety and service effectiveness.

Safeguarding

Safeguarding children, young people and vulnerable adults is a statutory responsibility held by local authorities, which needs to be addressed adequately within the quality governance arrangements for public health services. From April 2015, the [Care Act \(2014\)](#) put adult safeguarding on a legal footing, and required

¹ <http://www.oxforddictionaries.com/definition/english/quality>

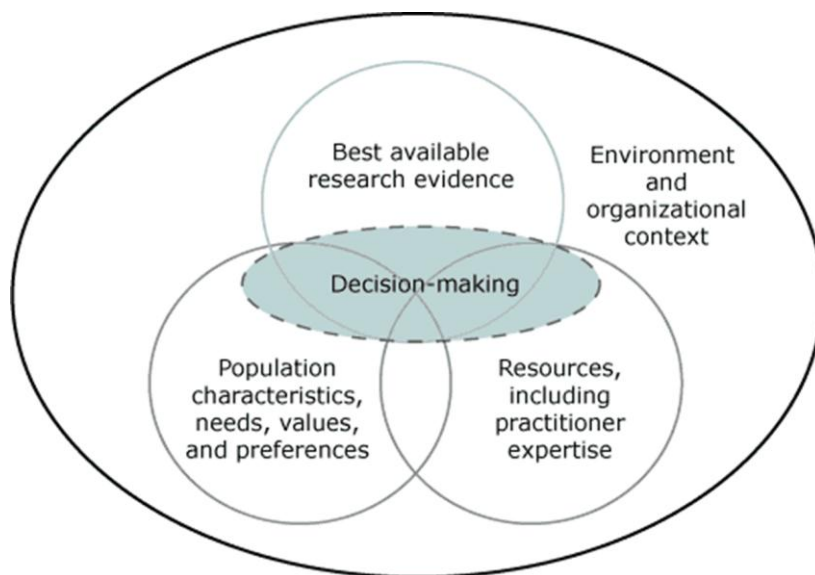
local authorities to work in partnership with the police and the NHS to take action if they suspect an adult with care and support needs is experiencing abuse or neglect. The proper storage, prescription and administration of controlled drugs are also priorities requiring specific attention within quality governance arrangements.

Commissioners have a fundamental responsibility for driving quality and ensuring the safety of patients and service users. Commissioners and providers also have a responsibility to foster a culture where staff and service users are supported to voice concerns about safety without fear. This is underlined in the reports which followed the systematic neglect and abuse of patients and vulnerable adults at Mid Staffordshire and Winterbourne View Hospitals and also in the NHS constitution. The establishment of robust systems for ongoing monitoring of providers, and a willingness to use their intervention powers where there are signs of service failure are essential elements of effective quality governance.

The focus on clinical governance and safeguarding is aligned to all three of Darzi's aspects of quality assurance, but the North East Lincolnshire Public Health Assurance Network also focuses on a wider set of quality principles which links to all public health commissioned services.

This broader approach is demonstrated in the diagram below which shows not only clinical and evidence based decision making as being crucial to public health assurance, but also the concepts of wider community views, as well as political and financial aspects of decision making.

It is these domains which inform the development of clearly defined principles for the commissioning and delivery of Public Health Services which will form the basis for our quality assurance process.



Satterfield et al, 2009²

² Satterfield, J M; et al. Toward a Transdisciplinary Model of Evidence-Based Practice. The Milbank Quarterly, Vol. 87, No. 2, 2009 (pp. 368–390)

North East Lincolnshire Council, through the DPH needs assurance that its Public Health responsibilities are being discharged in an effective way. This assurance framework sets out the various processes for ensuring this. It incorporates elements of national assurance frameworks for clinical commissioning groups and NHS England direct commissioning, as well as the Faculty for Public Health standards for quality and governance.

Delivery of public health responsibilities is supported by the principles set out in the table below, under-pinned by a clear rationale. Decisions about future commissioning of services will be informed by these principles, as will on-going assurance arrangements.

Assurance and Commissioning Principle	What we will do	What we will not do	Why we will take this approach
Outcome focused	Commission services with clearly defined outcomes for individuals and communities	Public Health will not be overly prescriptive about how services achieve these outcomes allowing, instead, providers to be innovative in the way in they deliver their services	This approach puts communities and their needs at the heart of commissioning and offers providers more freedom to design services to meet needs while also demonstrating their own added-value to delivering the service.
Integrated	Public health will commission services jointly wherever the evidence suggests that this is the most effective approach	Commission jointly where this is not to the benefit of the organisations, in terms of delivering value for money, and will not improve outcomes for individuals and/or communities	Where there are clear and explicit organisational, individual and community benefits we should maximise opportunities for shared commissioning arrangements with our partners across health and social care.
Co-produced	Ensure engagement and co-production whenever we develop and commission services eg through use of reference	Engage with people when those discussions are unlikely to help shape our approaches and decisions	We want to ensure that whenever we engage, consult on and co-produce services that this is done in a meaningful way with

	groups, consultation processes and external partners on procurement panels		clearly stated objectives about the outcomes to be achieved, being honest with each other about what our objectives are.
Equality and Equity	Whenever we review or introduce a new policy or commission a new service we will fully consider the impact it will have on tackling inequalities and ensuring equitable access to services so that we make informed decisions.	Commission services which unnecessarily or inadvertently lead to inequalities or inequity in relation to access to services for our communities or the ability for individuals to achieve good outcomes	The purpose of all public health commissioning includes a key aim to reduce inequalities
Safeguarding	Ensure that the safeguarding of vulnerable adults and children is a core element of all services which we commission	Allow vulnerable adults and children to be placed at risk as a result of either the way in which we commission services or by not having adequate controls in place to deal with safeguarding concerns in a timely manner	It is a fundamental right of everyone, particularly those who are vulnerable, to be free and safe from harm. We are also required by law to promote and safeguard the welfare of children, young people and vulnerable adults
Social Value	We will promote investment in the local community through all stages of the commissioning process and work jointly with other commissioners to secure positive outcomes and value for money for our residents	Commission services which do not lead to long term sustainable benefits for the community	In addition to meeting legal requirements set out in the Public Services (Social Value) Act 2012, we aim to lead by example and be clear about the added social value we want to see as a result of the services we commission.
Cost effective	We will ensure that	Commission	Maximising the

	what we invest our money in is done in the most cost effective way possible and that it delivers the best possible outcomes for that investment	services which place an unacceptable financial risk on the Council, its partners and providers or people and communities for whom we commission services	amount of impact we can have by ensuring that the money we invest achieves good outcomes for people of North East Lincolnshire is of critical importance to the way in which we wish to commission services in future.
Evidence Based	We will ensure that whatever decisions we take are based on research evidence wherever possible and informed by quality sources including the North East Lincolnshire JSNA and other local intelligence.	Make commissioning decisions for which we cannot demonstrate the evidence base or rationale behind that decision	We want to ensure that we are open and transparent about the decisions we make and that they are open to fair and constructive challenge and scrutiny

In order to fulfil the local authorities duties for public health, the DPH is charged with effective spend of the public health grant to commission services to meet local population health needs and reduce inequalities. The public health grant conditions make it clear that the local authority is responsible for ensuring that appropriate quality governance is in place for services they commission with the grant and local authorities are required to have effective quality governance arrangements in place for services that are commissioned using the grant. Safeguarding responsibilities in relation to children and vulnerable adults need to be recognised within these arrangements. Good quality governance processes and systems will enable North East Lincolnshire Council and its strategic partners to meet the public health needs of the borough and by so doing to achieve a wide range of positive benefits for local communities.

A local quality governance structure which has regular contract-monitoring meetings between providers and commissioners, where service user feedback is routinely gathered and acted on, where clinical leadership roles and accountability are clearly described, and which enables serious untoward incidents (SIs) to be routinely reported, investigated and learnt from, underpins this assurance process and assists the DPH and ultimately the elected members in their functions.

There is significant overlap in the populations served by the clinical commissioning groups (CCGs), local authority commissioners, Public Health England and NHS

England. Local quality governance arrangements are strengthened by effective engagement with the regional and national strategic framework for commissioning and regulation of public health services.

Governance arrangements in relation to the assurance of public health are relatively complex. This is in part due to the nature of the Health and Care system and the roles and responsibilities of different parts of the system to commission services which have an impact on public health outcomes. As part of taking on the role of commissioning and delivering public health functions the Local Authority now commissions services which include a clinical element to them which requires a clinical governance framework in support of these services. For local authority commissioned public health services, there is also a requirement to ensure we commission these services effectively and manage risk and performance in a robust and transparent way.

In order to understand governance arrangements in relation to public health, it is important to be aware of the different national and regional bodies that make up the health and care system and in turn the national policy context, which all health and social care commissioners and providers have to work within.

c) National and regional health and social care bodies

The Secretary of State for Health

The Secretary of State has overall responsibility for the work of the Department of Health. The Department of Health provides strategic leadership for public health, the NHS and social care in England.

The Department of Health

The Department of Health (DH) is responsible for strategic leadership and funding for both health and social care in England. The DH is a ministerial department, supported by 23 agencies and public bodies.

NHS England

NHS England is an executive non-departmental public body, sponsored by the Department of Health. It is an independent body, at arms-length to the government. Its main role is to improve health outcomes for people in England. It:

- Provides national leadership for improving outcomes and driving up the quality of care
- Oversees the operation of clinical commissioning groups (CCGs)
- Allocates resources to CCGs
- Commissions primary care and specialist services

Public Health England (PHE)

Public Health England is an executive agency of the Department of Health. The general function of PHE is to fulfil the Secretary of State for Health's statutory duty to protect health and address inequalities, and promote the health and wellbeing of the nation.

PHE is responsible for supporting both the Department of Health and NHS England, with system leadership, policy and service specification development, national

planning, and implementation. It is also responsible for the procurement of vaccines and immunoglobulins, the piloting of and initial roll-out of immunisation and screening programmes and for ensuring consistency in the efficacy and safety of such programmes.

PHE is also responsible for producing the service specifications for ensuring that there is professional public health advice for NHS England's public health commissioning teams and for publishing the Public Health Outcomes Framework. PHE also supports NHS England in its commissioning responsibilities through the provision of scientific, rigorous impartial advice, evidence and analysis.

PHE operates through its centres that work with NHS England's geographical teams and nationally, (including the Screening and Quality and Assurance Teams and the Knowledge and Intelligence Teams). A key role of PHE is to support the Directors of Public Health in local authorities in their role as leaders of public health locally. The core public health team in North East Lincolnshire Council therefore work closely with representatives from Public Health England to ensure compliance with all requirements and regulations and to safeguard levels of quality.

PHE supports local authorities to commission public health services by providing evidence-based guidance and advice and by collating and analysing performance data for local authorities. Processes are in place to ensure that local commissioners are made aware of any significant deterioration in system performance and can provide support to help address this. PHE will reflect any concerns it has about quality and safety issues in local treatment systems back to local authorities, and through other relevant channels, such as the Care Quality Commission (CQC) or quality surveillance groups (QSGs) as appropriate.

Care Quality Commission (CQC)

The CQC is the independent health and adult social care regulator, with a remit to monitor, inspect and regulate care services.

Quality Surveillance Groups (QSGs)

QSGs exist to support collaboration and sharing of intelligence by all partner agencies across local health and care economies. They seek to provide the local health and care economy with a shared view of risks to quality as well as opportunities to coordinate actions to drive improvement.

Clinical Commissioning Groups (CCGs)

Clinical commissioning groups replaced primary care trusts (PCTs) on April 1 2013. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of healthcare services for their local area. CCGs members include GPs and other clinicians such as nurses and consultants. They are responsible for about 60% of the NHS budget and commission most secondary care services such as:

- planned hospital care
- rehabilitative care
- urgent and emergency care (including out-of-hours)

- most community health services
- mental health and learning disability services

CCGs can commission any service provider that meets NHS standards and costs. These can be NHS hospitals, social enterprises, charities or private sector providers. However, they must be assured of the quality of services they commission, taking into account both [National Institute for Health and Care Excellence \(NICE\)](#) guidelines and the [Care Quality Commission's \(CQC\)](#) data about service providers.

Both NHS England and CCGs have a duty to involve their patients, carers and the public in decisions about the services they commission

d) The National Policy Context

The [Health and Social Care Act 2012](#) was the most radical revision of health legislation since the creation of the NHS in 1948. It included the transfer of public health duties from PCTs to local authorities. From April 2013, the Local Authority assumed a local leadership role for improving the health of the population. The transfer of public health to the Local Authority is backed by a ring-fenced grant and a specialist public health team, led by the Director of Public Health.

The transfer of responsibility is further underpinned by the [Local Authorities \(Public Health Functions and Entry to Premises by Local Healthwatch Representatives\) Regulations 2013](#) which sets out the mandatory public health responsibilities of local authorities. These are as follows:

- the National Child Measurement Programme;
- NHS Healthchecks;
- open access sexual health services;
- providing public health expertise and advice to Clinical Commissioning Groups;
- working with local partners to protect the health of the local population.

As well as these core services, local authorities are funded to commission discretionary services as they believe appropriate after taking into account local need and other factors. These were set out in the public health supplement to the [NHS Constitution](#).

The [Public Health Outcomes Framework 2013 to 2016](#) sets the context for the Public Health system, from local to national level. The framework sets out the broad range of opportunities to improve and protect health across the life course and to reduce inequalities.

e) National Assurance and Guidance

Nationally NHS England released the [Clinical Commissioning Group \(CCG\) and Direct Commissioning Assurance Frameworks](#) in order to "provide confidence to patients and the wider public that both CCGs and NHS England were operating effectively to commission safe, high-quality and sustainable services within their resources."

The Faculty of Public Health issued good practice [Standards for Organisations with a Public Health Function](#) to support organisations with a public health function to improve the quality of their processes, outputs and outcomes through appropriate governance arrangements.

2. The North East Lincolnshire Public Health Assurance Framework

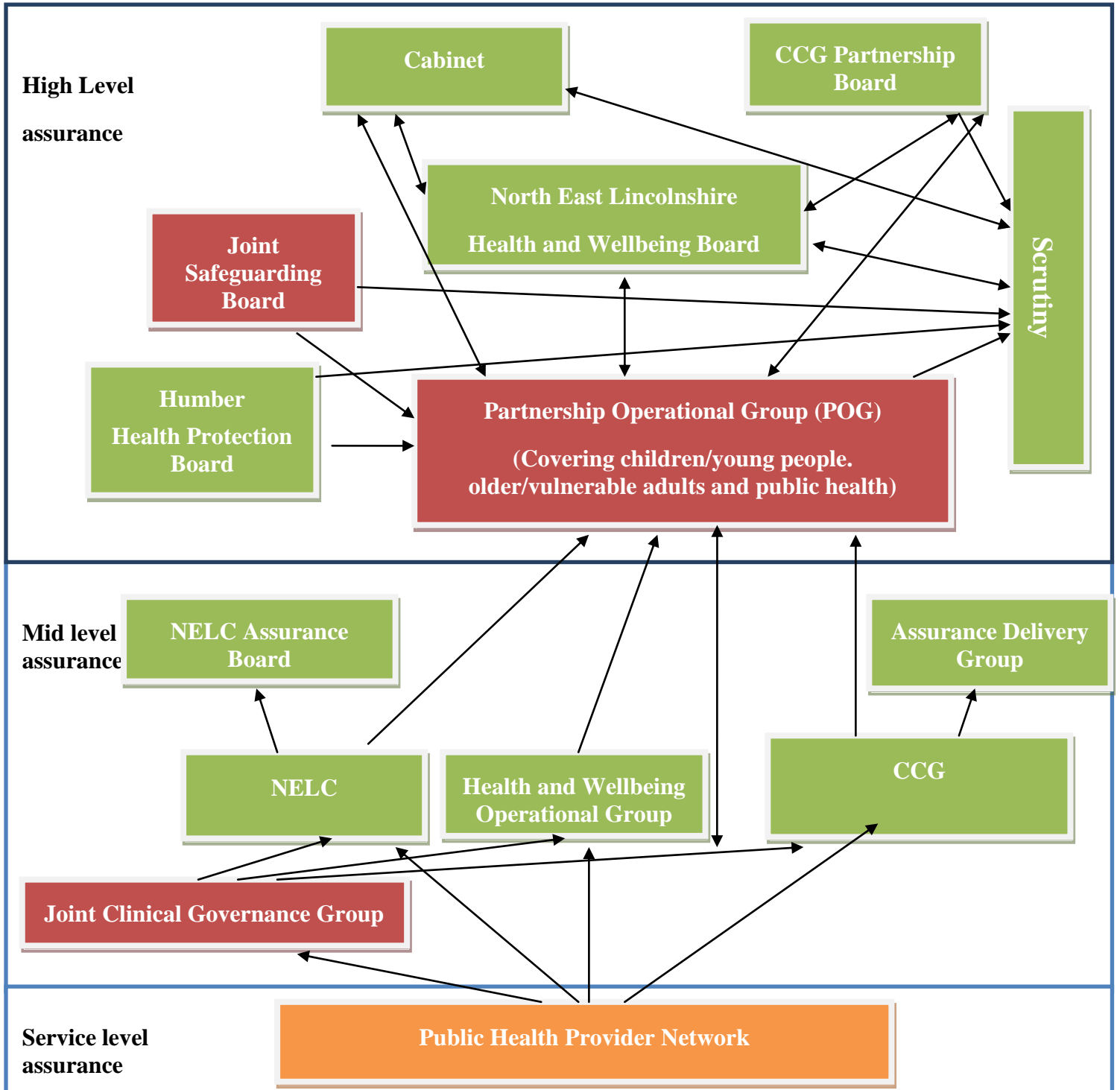
Due to key developments in adult social care and children's health happening at different points in time, the local health and wellbeing arena in North East Lincolnshire currently has a diverse array of different boards and processes each with responsibility for different elements of assurance. It is therefore proposed as part of this framework, that some boards are now consolidated to provide a more complete, coherent and transparent framework for the whole area.

The proposed incorporation of public health assurance into a revised partnership governance framework for North East Lincolnshire is set out overleaf:

a) **Proposed incorporation of public health assurance into a revised partnership governance framework**

Key

- An existing management board
- Proposed board (consisting of the merging and strengthening of existing boards)
- Proposed board (new)



The high assurance level will hold the mid and service levels to account for ensuring they are alerted in a timely manner of any risk or underperformance, which has significant risk to the reputation or financial position of the local authority or the CCG. Additionally to this, all boards will be required to provide assurance around safety, effectiveness and service-user experience particularly in relation to clinical governance and any serious untoward incidents.

b) Roles and responsibilities of the different assurance boards

The principle responsibilities are set out below by level of governance:

<p>Responsibilities of high-level assurance</p>	<ul style="list-style-type: none"> • Establishing the vision • Identifying local priorities • Agreeing the Health and Wellbeing Strategy and Action Plans for the area • Agreeing the budget and any proposed savings • Scrutinising and challenging performance of partnerships and individual organisations • Holding individual organisations to account
<p>Responsibilities of Mid- level assurance</p>	<ul style="list-style-type: none"> • Agreeing desired outcomes • Producing organisation and service plans • Setting organisation budgets • Holding managers to account • Identifying risks • Assessing assurance given
<p>Responsibilities of Service level assurance</p>	<ul style="list-style-type: none"> • Identifying and evaluating risks and implementing key controls • Establishing and implementing performance and budget management processes • Monitoring performance and budget • Responding to and reporting risks and incidents • Putting in place plans to take corrective action on gaps and monitoring progress • Analysing the JSNA and making recommendations for service delivery • Managing service delivery

Each board will have its own terms of reference, however an overview of each board can be seen below.

High Level Assurance

i) Cabinet

Elected members are the decision and policy makers for future activities of the council. Elected members have an overview and scrutiny role in relation to the day to day business of the local authority, including quality governance. As statutory members of the local health and wellbeing boards, elected members, advised by their director of public health (DPH) have a key role to play in providing the strategic lead on quality governance. Cabinet is the key decision making body of the Council and provides political leadership and direction across the whole range of Council services.

ii) CCG Partnership Board

The overarching governance structure of the NEL CCG is made up of a number of committees that support the running of the CCG. The most strategic committee is the [Partnership Board](#), which is made up of the Governing Body members joined by representatives from North East Lincolnshire Council, the Council of Members and the Community Forum. The board meets every two months in public to discuss the strategic direction of the CCG.

iii) Health and Wellbeing Board

The overall strategic responsibility for demonstrating improvements in public health outcomes in North East Lincolnshire lies with the [Health and Wellbeing Board](#), which is a council committee chaired by the Council's portfolio holder for health, wellbeing and adult social care. The health and wellbeing board has responsibility to ensure that the health of the local population improves, as well as to ensure that health and social services are co-ordinated.

The specific purpose of the health and wellbeing board is to:-

- Take strategic decisions about health and wellbeing
- Lead the development of joint strategic needs assessment (JSNA)
- Develop the local Joint Health and Wellbeing strategy that addresses the issues and priorities of JSNA.
- Oversee aspects of the clinical commissioning group's work and ensure NHS service quality improves locally
- Promotes integration and partnership working
- Promotes joint commissioning and pooled budgets
- Ensure service users' views about local services are heard and acted upon
- Ensure that this is delivered through the network of partnerships and relationships locally
- Provide commentary to the NHS commissioning board about the performance of the clinical commissioning group
- Ensure the delivery of the s75 strategic agreement for the delivery of health and social care

The Health and Wellbeing Board focuses on progress against those indicators that best reflect local health need as identified by the [Joint Strategic Needs Assessment](#). North East Lincolnshire's Joint Strategic Needs Assessment (JSNA) provides a crosscutting picture of the health and wellbeing of the population leading to agreed priorities to improve health and reduce health inequalities.

Underpinned by evidence from the JSNA, the North East Lincolnshire Health and Wellbeing Board is statutorily responsible for producing the area's [Joint Health and Wellbeing Strategy](#) (JHWS). The strategy sets out the commissioning direction and priorities for the next five years for the population of North East Lincolnshire. The JHWS is reviewed on a rolling three yearly basis, with the strategy due to be refreshed in April 2016.

[North East Lincolnshire Health and Wellbeing Board meetings](#) are split into two sections. The first part of the meeting is a public meeting concentrating on the formal business to be considered. The second half takes the form of an informal workshop, which enables professionals to concentrate on and investigate specific high-level, systematic priority issues.

iv) Health Scrutiny

The primary aim of health scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services and that those services are effective and safe.

Health scrutiny also has a strategic role in taking an overview of how well integration of health, public health and social care is working. At the same time, health scrutiny has a legitimate role in proactively seeking information about the performance of local health services and institutions; in challenging the information provided to it by commissioners and providers of services for the health service and in testing this information by drawing on different sources of intelligence.

In the light of the [Francis Report](#), local authorities need to satisfy themselves that they keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies.

[North East Lincolnshire Health Scrutiny Panel](#) is one of five cross-party scrutiny panels in North East Lincolnshire, which meets on a monthly basis. The Director of Public Health regularly reports to the panel on the delivery of the public health outcomes and the expenditure of the public health grant. Public health and the wider prevention agenda is an item on the [health scrutiny work programme](#) for 2015/16.

v) Joint Safeguarding Board (Proposed)

It is proposed that a new joint safeguarding board approach will co-manage the

LSCB and the Safeguarding Adults Board for North East Lincolnshire into one meeting and covering safeguarding for both children and adults.

A Local Safeguarding Children's Board is a statutory requirement for local authorities as set out by [Section 13 of the Children Act 2004](#). This also specifies the organisations and individuals (other than the local authority) that should be represented on LSCBs. [Working Together to Safeguard Children \(2013\)](#) provides guidance as to the role and responsibilities of LSCBs and the functions they undertake. The core function of the LSCB are set out in the [LSCB Regulations 2006](#).

Similarly, the Care Act 2014 made safeguarding adults a statutory duty and required local authorities to do a number of things to make sure that people who may be more vulnerable are protected from abuse. These include setting up a Safeguarding Adults Board (SAB) (Section 43 of the The Care Act 2014) and making sure that membership includes the Local Authority, Health and the Police as a minimum. The SAB must also publish a plan and an annual report. The SAB must also have a process in place for deciding when to undertake a Safeguarding Adults Review (SAR) – formerly known as a Serious Case Review (Section 44 of the Care Act 2014) in certain circumstances when someone may have been seriously harmed or died.

A joint safeguarding board approach would fulfil the responsibilities of both mandatory boards.

vi) Humber Health Protection Board

North East Lincolnshire is part of a wider Humber Health Protection Board to oversee all health protection issues for the region including:-

- Screening programmes
- Vaccination and Immunisation
- Infection Control
- Communicable disease control
- Emergency preparedness

North East Lincolnshire Council's deputy director for public health is a member of this board and ensures that all local health protection duties are fulfilled and appropriately acted upon

vii) Partnership Operational Group (POG) (Proposed)

Unlike other CCGs across England, the North East Lincolnshire CCG is responsible for health and adult social care services. NEL CCG and NELC currently have a joint partnership group (POG) which oversees the governance arrangements for the effective delivery of adult health and social care in North East Lincolnshire and provides an opportunity for the two partners to share and challenge information, including performance, finance and risk information and to agree future service delivery options.

It is proposed that the existing Partnership Operational Group (POG) is widened and strengthened to cover all partnership arrangements between the CCG and NELC for children, young people and vulnerable adults across health and local authority commissioned services.

Mid- Level (Organisation) Assurance

i) NELC Leadership and the core public health team

North East Lincolnshire Council has a clear leadership team made up of the chief executive, deputy chief executive, director of public health, director of regeneration, director of finance, group manager for legal and democratic services and all assistant directors.

[The North East Lincolnshire Council Plan](#) sets out the delivery of the Council's priority to achieve healthier communities with reduced health inequalities. It identifies the significant opportunities for the council to lead on health improvement, address health inequalities and support people in hard times through the effective use of public funding. Leadership meet on a weekly basis and are responsible for ensuring that the outcomes identified in its Council Plan are achieved.

In terms of public health, the North East Lincolnshire Council leadership team is responsible for ensuring that appropriate quality governance is in place for services they commission with the public health grant.

North East Lincolnshire Council and consequently public health is regulated by a clear and rigorous control environment. This covers a number of governance arrangements, covering financial management, fraud and financial misconduct, health and safety, human resources, information governance and ICT security, internal audit, legality, performance management, commissioning, procurement and contract management, project management, risk management and value for money. The control environment is overseen corporately by the Corporate Governance/ Internal Control Assurance Board and politically by the [Audit and Governance Committee](#).

North East Lincolnshire Council has a small core public health team. This team is responsible for the overall commissioning, quality assurance and business and performance management of public health grant funded services across the borough. Consequently the team is responsible for meeting the needs of the local population through the commissioning of high quality services.

The team is headed up by the Council's Director of Public Health which is a statutory appointment and is responsible for a number of [key duties](#), including the appropriate use of the public health allocation from central government. Directors of Public Health are defined by statute as the officer champion for health within the local authority and the principal adviser on all health matters to elected members and officers. The DPH ensures that providers have appropriate quality governance arrangements in place that are equivalent to NHS standards.

The council's core public health team produces an annual service plan to identify its main tasks for the forthcoming year. However, it is the local authority elected members who are responsible for agreeing the final award of relevant contracts. The DPH is also required to produce an annual public health report, although the focus of the report is at the discretion of the DPH.

ii) CCG SMT (and the CCG Assurance Delivery Group)

Similarly, the North East Lincolnshire CCG has a senior management team consisting of the Clinical Chief Officer, the deputy chief executives and senior managers. The CCG has its own delivery assurance group as part of its governance arrangements which provides assurance to the CCG partnership Board and the Council of Members.

iii) Health and Wellbeing Operational Group

Underneath the main JHWS sits a set of action plans which identifies how each of the priorities will be realised. These are overseen by the Health and Wellbeing Operational Group, which is a sub-group of the main board. This group monitors progress towards achieving the outcomes within the health and wellbeing strategy and its action plans. The Health and Wellbeing Operational Group should provide assurance to the revised Partnership Operational Group.

iv) Joint Clinical Governance Group

Clinical governance encompasses the systems and processes which are needed to ensure that providers of clinical and related services are able to deliver safe, high quality and cost-effective care. While the leadership within provider organisations is ultimately responsible for the quality of care being provided by that organisation, commissioning organisations also have key responsibilities in respect of clinical governance. The clinical governance responsibilities of local authorities in respect of public health commissioned services include:

- Contractually requiring providers to have robust and effective clinical governance in place
- Including questions relating to capacity and structures to support clinical governance at the pre-qualification stage of a tendering process
- Checking provider clinical governance arrangements are in place and that they are working effectively
- Bringing in specialised medical and pharmaceutical input into contracting and assurance processes, as required (for example, on the safe and effective use of medicines, including through the use of Patient Group Directions).
- Representation on the local health Quality Surveillance Group
- Including training and development requirements of both existing and new staff within service specifications for key providers.
- Seeking assurance that staff within provider bodies are appropriately qualified to provide clinical leadership for the services being offered (for example, specialist sexual health services providing clinical leadership across the whole local sexual health network).

- Ensuring agreed processes and procedures for reporting incidents, including serious incidents (SIs), with appropriate incident management systems for commissioned services including escalation, notification and management of such incidents.
- Ensuring that the information the Local Authority requires providers to supply to them is in line with the law and protects patient confidentiality
- Agreeing with providers each year the number and focus of clinical audits they should undertake.
- Ensuring providers involve, consult and listen to patients and the public, to make services responsive to patients' needs.

It is proposed that the existing boards for clinical governance are strengthened and merged to form a new joint clinical assurance board to cover all of the above duties. This joint board will cover clinical governance for both children and adults across health and local authority commissioned services. The board will base its practice upon the nationally recognised clinical governance model – “The Seven Pillars of Clinical Governance

It is proposed that the joint clinical assurance board would meet on a quarterly basis to identify any risks and to ensure that effective controls in terms of the commissioning of health and social care services are in place.

Service Level Assurance

i) Public Health Provider Network (Proposed)

The public health provider network will consist of the managers who are either responsible for the delivery of the public health domains or are in receipt of the public health grant. Membership of this group will be reviewed on an annual basis in January, which will coincide with the setting of the Council's budget, including the public health grant. Membership of the network will consist of both council officers and officers from partner organisations.

The network will meet on a bi-annual basis, prior to completion of the monitoring forms. These forms will require each service area to report on current performance against agreed performance indicators, identify any risks and opportunities for the service and provide a financial summary for the reporting period (including identification of any potential under or overspend). There will be standing agenda items at the provider network meetings to ensure standardisation across the process and for all recipients of the grant to share concerns and any examples of good practice, but also to develop their understanding of how collectively they are contributing to the public health outcomes framework.

Individual services and providers are ultimately accountable for the performance and quality of care delivered in their services. They are responsible for ensuring that care is safe, that it is delivered in line with the evidence base by competent

and supported staff, and that service users are fully involved in decisions about individual care and service delivery.

Service users should be fully involved in decisions about the services they receive. Involvement in service design and delivery and the development of local strategy by service users will increase service effectiveness and deliver more positive outcomes.

c) Additional assurance processes

In addition to the governance arrangements described above, public health is also assured through a number of other processes, including

- Contracts and public health agreements
- Service user feedback (through Healthwatch and Accord)

Contracts and Public Health Grant Agreements

The public health grant in North East Lincolnshire is allocated to a number of different partner organisations and council services, all of whom contribute to the achievement of the public health outcomes framework and meet the local health needs of North East Lincolnshire, as identified by the JSNA and the area's Health and Wellbeing Strategy.

The planned allocation of the public health grant is proposed in November each year and following consultation with the council's leadership team and the health and wellbeing board, the final draft of the budget is taken through the Council's budget process when it is formally agreed in January.

Due to the needs of the area, the allocation of the grant in North East Lincolnshire to the various services remains fairly static. However there is room for small levels of negotiation within the grant, if local evidence suggests that this is required. In such cases, a business case is completed by the service in question and is then assessed by the Director of Public Health with the portfolio holder for health, wellbeing and adult social care.

The allocation of the public health grant is governed by a number of public health contracts and public health grant agreements. Currently, North East Lincolnshire Council has contracts for the delivery of :-

- Alcohol and drug prevention services (Foundations, Primary Care, Pharmacies and Carers)
- Sexual Health (Virgin Care, Primary Care and Pharmacies)

These major contracts are managed by members of the core public health team and each have their own assurance processes in place, including regular performance/finance management and challenge meetings.

For the remainder of the public health grant, North East Lincolnshire Council has a set of public health grant agreements. For 2015/16, this included agreements with

- Children's Services
- CCG (Adult Social Care)
- Lifestyle and Health Improvement Services
- Lincs Inspire (Leisure, Libraries and Culture)
- Cofely (Fuel Poverty and Road Safety)
- Community Safety and Public Protection (including emergency planning)

Service user feedback (through Healthwatch and Accord)

Service user feedback is a key element of effective quality governance. Effective service user involvement activity is required at both service and partnership levels.

Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both the national and local level and makes sure the views of the public and people who use services are taken into account by providers. [Healthwatch North East Lincolnshire](#) works alongside patients, providers and commissioners by attending local events, strategic meetings and community groups throughout the area.

[Accord](#) is a community membership body for North East Lincolnshire that lets all members have a say in how NHS and adult social care money is spent. Accord lets people voice their comments, views and suggestions directly to the organisation that commissions health and adult social care services in North East Lincolnshire.

Acknowledgements: *This framework has been partly adapted from Lincolnshire and Derbyshire County Council's PH Assurance Framework.*