

# York Health Protection Committee

## Terms of Reference

### 1. Purpose

The Committee, through the Director of Public Health, will provide assurance to the Health and Wellbeing Board, and its partner organisations via the York Health and Care Partnership Board, that there are safe and effective plans in place to protect the health of the population of York to include:

- Communicable disease management and control, including outbreak management.
- Infection prevention and control including healthcare associated infections, Tuberculosis (TB) and Blood-borne virus (excluding HIV)
- Environmental health impacts e.g. contamination, poisoning, radiation
- Public protection e.g. food control, tattoo parlours, sunbeds, product safety, e.g. Botox
- Emergency Preparedness Resilience and Response related to health
- NHS national screening programmes including:
  - Abdominal Aortic Aneurysm (AAA)
  - Antenatal and Newborn
  - Breast
  - Bowel
  - Cervical
  - Diabetic Eye
- Immunisation and vaccination
- Adverse weather impacts on health
- Migrant health

The Committee will provide a setting for the exchange of information, scrutiny of plans and analysis of data will all partners with a role in the delivery of health protection in York, ensuring they are acting jointly and effectively to protect the population's health.

### 2. Specific Responsibilities

- a) Provide strategic oversight for health protection and provide assurance to the Health and Wellbeing Board and partner agencies that there are safe and effective health protection arrangements in place for the City of York area
- b) Develop, implement and oversee performance against an agreed health protection plan
- c) Ensure there is a process in place to assure there are effective arrangements for health protection incidents and outbreaks with key risks identified and appropriate mitigation measures undertaken
- d) Review learning from health protection incidents and outbreaks to identify and share lessons learnt and make recommendations to commissioners/providers/partners regarding necessary changes

- e) Contribute to the Joint Strategic Needs Assessment on health protection issues
- f) Review and assess the health protection risks to the local population and ensure these are captured in a Risk Register for reporting to the Health and Wellbeing Board, the Council and the NHS Humber and North Yorkshire Local Health Resilience Partnership as appropriate
- g) Act in an advisory capacity to support a local response to, and recovery from, any incident that directly and/or indirectly affects the health and wellbeing of the York population
- h) Support the Director of Public Health in exercising the Local Authority function in planning for and responding to those emergencies that present a risk to health as set out in section 30 of the Health and Social Care Act 2012 and Health Emergency Preparedness, Resilience and Response (April 2013)
- i) Interpret strategic guidance or policy formulated by the Humber and North Yorkshire Local Health Resilience Partnership and/or North Yorkshire Local Health Resilience Forum which impacts on local emergency and contingency plans ensuring that organisations act on it.
- j) Ensure that the Council emergency planning arrangements have embedded key actions needed to respond to a health-related incident, including the process for accessing clinical resources from the NHS, hand over procedures and contain clearly defined roles and responsibilities for health.
- k) Ensure there are escalation processes in place with neighbouring areas in respect of mutual aid and cross border issues
- l) Ensure that appropriate plans, training and testing arrangements are in place, with other organisations as required.
- m) To have strategic oversight of all NHS delivered screening and immunisation services and services commissioned to tackle infectious diseases in York
- n) Receive reports from members for discussion at Committee meetings to include:
  - Current situation
  - Progress against health protection outcomes (activity, quality, plans, epidemiological summaries)
  - Incidents managed and actions taken
  - Recommendations for process improvement

### **3. Principles**

The Health Protection Committee expects all members to:

- Support the aims and objectives of the Committee
- Inform the Committee of organisational changes and changes in personnel that may impact on partnership working
- Proactively manage risk and acknowledge the principle of shared risk within the context of partnership working for health protection
- Share relevant information and promote collaborative and innovative work both within York and across borders as appropriate.

### 3. Membership

The Committee will be made up of key professional partner members with health protection responsibilities to include:

Director of Public Health (Chair)	City of York Council
Nurse Consultant in Public Health (Deputy Chair)	City of York Council
Public Health Specialist Practitioner Advanced (health protection portfolio)	City of York Council
Head of Public Protection & Chair of Safety Advisory Group	City of York Council
Adult Social Care representative	City of York Council
Assistant Director Children and Education	City of York Council
Housing Representative	City of York Council
Emergency Planning Officer	City of York Council
Director of Nursing	HNY ICB (York Place)
Chief Nurse	York & Scarborough Hospital NHS Foundation Trust
Consultant Microbiologist	York & Scarborough Hospital NHS Foundation Trust
Service Manager infection prevention & control (community)	Harrogate & District NHS Foundation Trust
Director of IPC, Nursing & Governance	Tees, Esk & Wear Valley NHS Foundation Trust
Clinical Director	Primary Care Network representative
Independent Care Group representative	To be confirmed
Consultant in Communicable Disease Control	NHSE
Screening and Immunisation Place Lead	NHSE
If a member is unable to attend a meeting a suitable substitute should attend	
Other individuals may be requested to attend when matters concerning their responsibilities are to be discussed or they are presenting a paper	

Members should be in a position to provide assurance on behalf of the organisation or partnership that they represent. Each member will be responsible for reporting back to their organisation or partnership on the work of the Committee.

### 4. Frequency of meetings

The Health Protection Committee will meet on a quarterly basis unless otherwise required to meet at short notice at the discretion of the Chair. The meetings will be held on Microsoft Teams unless the Committee decide that an in-person event is preferred.

## **5. Quorum**

There is an expectation that Committee members will prioritise attendance. The Committee will be quorate with a minimum of three members to include at least one representative from:

Public Health, City of York Council  
NHS  
One other organisation

## **6. Administration of Meetings**

The administration support will be provided by the Council's Public Health Directorate. The agenda and papers will be circulated at least five working days prior to the meeting

All decisions will be recorded in the notes of meetings and circulated with an action log within 20 days after the date of the meeting

## **7. Dealing with sensitive matters and possible conflicts of interest**

The Committee may, at times, have to consider confidential information on matters related to individuals, organisations or performance. These issues will remain confidential and any conflict of interest must be declared.

The meeting minutes will be confidential and must not be published on any public facing website or attached as an appendix to a report in the public domain

## **8. Communication**

All members will be responsible for communicating actions to appropriate colleagues within their own organisation following each meeting.

Terms of Reference agreed: October 2023

The Terms of Reference will be reviewed annually.