
Health and Wellbeing Board

11 March, 2015

Report of Acting Director of Public Health, City of York Council

Governance and Assurance Arrangements for the Health Protection Function of City of York Council

Summary

1. The Health and Wellbeing Board is asked to note and endorse the proposed direction of travel for the implementation of the assurance arrangements for health protection for the City of York. It is recommended that this responsibility be exercised by creating a local Health Protection Assurance Board, which shall be accountable to the local authority through the Director of Public Health (DPH) and the Health and Wellbeing Board.
2. The Acting Director of Public Health and the Interim Consultant in Public Health will present the report alongside supporting PowerPoint slides.

Background

3. Reduction in the harm caused by the spread of communicable diseases and the health impact from environmental hazards such as chemicals and radiation are included in the health protection role of the Director of Public Health (DPH). Harms include not only infections arising from bacteria and viruses, but consequences such as cancer or childhood developmental problems. Activities to help mitigate these harms include immunisation and screening programmes (most notably, cancer screening and child development).
4. Since the 1st April 2013, the City of York Council has a new health protection duty under Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006. This is in addition to the existing health protection functions and statutory powers delegated to local

authorities under the Public Health (Control of Disease) Act 1984, the Health and Social Care Act (2008), the Health and Safety at Work Act (1974) and the Food Safety Act (1990).

5. According to these Regulations, the DPH has responsibility for the strategic leadership of health protection for the local authority. The DPH, on behalf of their local authority, should be absolutely assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. According to the above Regulations, this should be exercised by forming a local Health Protection Committee (accountable to the Health and Wellbeing Board) and preparing a multi-agency health protection agreement and forward plan
6. The scope of health protection, which the Council must now have oversight over, is very broad. The key areas of health protection are:
 - Emergency preparedness and incident response
 - Identifying, enumerating and protecting the vulnerable population at risk (a group which varies depending on the hazard).
 - Communicable disease management. There are 32 diseases notifiable to local authority Proper Officers under the Health Protection (Notification) Regulations 2010.
 - Management of other health protection incidents e.g.
 - Environmental hazards
 - Meningococcal disease
 - Vaccine preventable diseases
 - Seasonal influenza (flu)
 - Chemical, radiation and terrorist incidents
 - Major incidents causing disruption to access to health facilities
 - Mass casualty events
 - Infection prevention and control in health and social care, including healthcare acquired infections, communicable disease and infection prevention and control standards in community settings.
 - Public health cancer and non-cancer screening programmes, including:
 - Breast cancer
 - Cervical cancer
 - Colon cancer
 - Abdominal Aortic Aneurysm

- Diabetic Eye
 - Antenatal and newborn (see appendix 1)
 - Immunisation (see appendix 2):
 - Routine immunisation programmes
 - Targeted immunisation programmes such as BCG, neonatal Hepatitis B
 - Tuberculosis (TB)
 - Contraception and Sexual Health, including Sexually Transmitted Infections
 - Blood-borne virus disease prevention: HIV, Hepatitis A, B, C and E
 - Surveillance, alerting and tracking of patterns of disease
 - Information and advice
 - Health protection training
7. In addition to the Council there are a number of other agencies which exercise health protection functions in relation to the city either as a commissioner or provider. The key agencies include:
- Public Health England
 - NHS Vale of York Clinical Commissioning Group
 - NHS England Local Area Team for Yorkshire and The Humber
 - Primary care providers e.g. GP Practices
 - The regional Boards that oversee quality for each programme
 - Secondary care providers e.g. York Teaching Hospital NHS Foundation Trust
8. The potential of the risks encompassed within these programmes can be better appreciated when the number of contacts are calculated. It is estimated that there are annually at least 61,000 individuals invited for immunisations across the city, and over 70,000 people invited for screening. This represents over 2,500 contacts per week.
9. Each programme requires a complex series of inter-dependent activities, reminders, quality control mechanisms, and also special interventions to address gaps in hard-to-reach groups or those in special need. Given the complex nature of the programmes, their range and number, and the numerous people & organisations involved in delivery and in receipt of the interventions, experience suggests that there are numerous daily infractions and errors within the total “system”. In the vast majority of cases, these are minor and easy to rectify, but occasional issues will be more serious.

Local knowledge and relationships is important in addressing these, and also having a high degree of trust so that preventative action can be taken sooner rather than later following early notification.

10. It is also worth remembering that the individuals receiving these interventions mostly regard themselves as healthy. Though the interventions are designed to protect the population e.g. through herd immunity, at an individual level harm can result as a natural consequence of a programme which cannot ever be 100% accurate or effective for everyone.

Main/Key Issues to be Considered

11. The nature of the guidance above, and the complex and numerous programmes that are undertaken, requires there to be a robust understanding of the issues as well as plans to mitigate known failings, and manage untoward incidents
12. It is proposed that a Health Protection Assurance Board be set up (see Appendix 3, for draft Terms of Reference), chaired by the DPH, and accountable to the City of York Council with an annual assurance report to the Health and Wellbeing Board which outlines the key issues and how they were addressed. That Board would manage and maintain a register of risks and action plans that support the assurance process.
13. The purpose of the Health Protection Assurance Board is to provide assurance on behalf of the population of York that there are safe, effective and well-tested plans in place to protect the health of the population. These plans cover communicable disease control, infection prevention and control, emergency planning, sexual health, environmental health, and screening and immunisation programmes.
14. The Health Protection Assurance Board will undertake the following:
 - Quality check and risk assure current and emerging health protection plans on behalf of the local population for City of York Council.
 - Provide a forum for reviewing all local health protection plans and identifying risks and opportunities for joint action

- Provide recommendations (on behalf of York Health and Wellbeing Board) regarding the strategic/operational management of risks to health.
- Escalate concerns where necessary via both internal (Health and Wellbeing Board and Directorate Management Teams) and external (e.g. Local Health Resilience Partnership) structures.
- Provide oversight of the public health outcomes related to health protection.
- Set and recommend to the York Health and Wellbeing Board a strategy for health protection
- Ensure health protection issues are adequately covered in the Joint Strategic Needs Assessment
- Influence local commissioning through the Joint Strategic Needs Assessment recommendations.
- Align proactive and reactive communication across all organisations

Consultation

15. No consultation has taken place on this paper, as it is about providing assurance to support the statutory role of the DPH, and follows best practice guidance.

Options

16. Alternatives considered include:
 - Amalgamating with an adjoining local authority to pool limited resources
 - Attending individual Programme Boards and visiting organisations commissioning and delivering programmes to build an understanding of issues

Analysis

17. Pooling of resources across different local authorities appears to be an attractive way of reducing duplication.

The accountability and local detail required for assurance becomes more difficult and unclear. Similar local authorities in size and complexity to City of York have implemented their own Health

Protection Committees in order to implement best practice guidance.

18. Given the numerous different programme boards and delivery organisations, it would be unfeasibly expensive and a poor use of scarce resource to visit and join all other Boards, rather than have those Boards report to the local Health Protection Assurance Board.
19. It is therefore recommended that the creation of a City of York Health Protection Assurance Board is the most cost-effective and accountable way to discharge this function.

Implications

20. There is no dedicated health protection expertise within the public health team at present, but plans are in place to recruit a substantive DPH and 1.6 wte Consultants in Public Health (giving a pool of 2.6 wte Public Health Specialists) who will have the expertise and experience to enable Health Protection incidents to be dealt with at all times, and to provide assurance to the Health and Wellbeing Board and the Council.

Risk Management

21. The purpose of this proposal is to provide an effective mechanism of identifying and addressing risks arising from health protection issues which has not previously been identified.

Recommendations

22. The Health and Wellbeing Board are asked to note the risks and complexity of the health protection responsibilities of the DPH and agree to
 - support the creation of a Health Protection Assurance Board in the terms described

Reason: To ensure that health protection responsibilities are adequately undertaken.

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Report
Approved



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Specialist Implications Officer(s) None

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Directors of Public Health in Local Government: Guidance
www.fph.org.uk/uploads/DPH_Guidance_Final_v6.pdf

Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

Cancer Screening Programmes <http://www.cancerscreening.nhs.uk/>

Annexes

Appendix 1 – Antenatal and Newborn Screening Timeline

Appendix 2 - The complete routine immunisation schedule from summer 2014

Appendix 3 – Draft Terms of Reference of the City of York Health Protection Assurance Board