

Annex B

Analysis of Key Corporate Risk 6 – Health and Wellbeing

1. This Annex provides a more detailed analysis of KCR6, Health and Wellbeing.
2. The description of this risk is as follows; **Failure to protect the health of the local population from preventable disease by ensuring appropriate levels of vaccination, immunisation and screening.** This is a statutory duty for local authorities set out in the Health and Social Care Act 2012 and associated public health regulations.

Risk Detail

3. The health of people living in York is generally good with life expectancy and healthy life expectancy at birth better than the national average for men and women. In order to help maintain and improve the health of people living in York, the council has a statutory duty to ensure that our citizens have good access to immunisation and screening programmes. This duty is discharged through the statutory role of the local authority Director of Public Health.
4. In the UK there are national programmes and standards for immunisation programmes agreed by the Department of Health and Social Care and the same for screening programmes. These form an important part of the focus on health protection for any given population. Screening is the process of identifying individuals who appear to be healthy but may be at increased risk of a disease or condition or have early signs of disease. Currently the following screening programmes are approved by the UK National Screening Committee to be commissioned by the NHS:
 - Abdominal Aortic Aneurysm Screening
 - Antenatal and Newborn Screening
 - NHS Bowel Screening
 - NHS Cervical Screening
 - NHS Diabetic Eye Screening
5. Although the council is not responsible for commissioning or providing vaccination and screening services, under the Health and Social Care Act 2012 local authorities became responsible for oversight of these with the transfer of public health from the NHS to local government in April 2013.

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6. Failure to ensure that the citizens of York have appropriate access and take up these services offered by the NHS can have significant negative impacts for the population leading to disease and the possibility of premature death.
7. The management of the risks to the population requires close partnership working between the NHS, Public Health England and the council.

Implications

8. The implications for the Council include;
 - The likelihood of mass disease outbreaks from vaccine preventable disease e.g. Measles
 - The potential for citizens at high risk of a condition not being identified through screening. This could result in a lost opportunity for earlier diagnosis and prompt treatment.
 - A reduction in life expectancy in the local population

Controls

9. The controls in place include;

Liaison with NHS and Public Health England and development of plans to be able to make a large scale response

10. Successful health protection requires strong working relationships at the local level. In order to underpin and support good working relationships there are a number of legal and other levers to ensure that the relevant organisations do what is required of them to protect the public and to take the advice of the local authority Director of Public Health where this is necessary.
11. The Secretary of State expects Public Health England to co-operate with the NHS and local authorities to support them in exercising their functions. PHE is expected to provide highly specialised health protection expertise to local authorities to help them in their health protection function as well as delivering directly to the public. PHE should agree with the Director of Public Health the specialist health protection support that they will provide. In York

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there are good working relationships with PHE and the council does receive appropriate support.

12. The contract between NHS England and NHS organisations outlines what local NHS organisations are expected to deliver in terms of health protection and NHS England and Clinical Commissioning Groups (CCGs) have a duty to cooperate with local authorities on health and wellbeing under the NHS Act 2006.
13. The Health and Social Care Act 2012 makes clear that both NHS England and CCGs are under a duty to obtain appropriate advice in the protection or improvement of public health. This is delivered through the local authority Director of Public Health (DPH). The leadership of the DPH in this context is highlighted by local health resilience partnerships being co-chaired by the DPH this ensuring their ability to scrutinise and be assured of the plans to respond to threats to the health of their local communities.
14. Across North Yorkshire and York there are robust partnership arrangements in place across the NHS, independent sector and local authorities with a focus on health protection including the development of mass treatment plans to respond to large scale disease outbreaks that have been tested using a desk top exercise involving various scenarios including a meningitis outbreak in an educational setting.
15. There is a joint PHE, CCG and local authority partnership group that has oversight of delivery of immunisation and screening programmes for York citizens and there is a Screening and Immunisation Local Improvement Plan in place to be able to address any concerns. This group functions as part of a wider Yorkshire and Humber system that has oversight of the regional programmes delivered by the NHS and is able to benchmark York's performance against other areas.

Health Protection Committee

16. A City of York Health Protection Committee has recently been established in February 2019 which will meet quarterly. The committee is chaired by the CYC Director of Public Health and has representation from public health, public protection and emergency planning teams across the council, Public Health England, York Teaching Hospital NHS Foundation Trust, Vale of York CCG, Harrogate and District Hospital Foundation Trust who provide the

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community infection prevention and control service in York and the Independent Care Sector.

17. Terms of Reference have been agreed for the committee which will have a key role in overseeing health protection plans and arrangements for York and a health protection assurance framework is in development. The assurance framework will include key performance measures for vaccination and immunisation, nationally defined and commissioned cancer and non-cancer screening programmes, infection prevention and control within health care settings, emergency preparedness, resilience and response, incidents and outbreaks of infectious diseases and surveillance of infectious diseases.
18. York's performance against immunisation and screening programmes is closely monitored by the council's public health team and the Health Protection Committee against the public health outcomes framework. In general performance against public health outcomes is as good or better as the national average, however the 2018 annual health protection report to the Health and Wellbeing Board identified a number of areas as a focus for improvement including the uptake of seasonal flu vaccination amongst at risk groups, MMR vaccination, bowel screening and attendance at the first appointment for cervical screening.
19. The Health Protection Committee has key responsibilities to:
 - Highlight concerns about significant health protection issues and the appropriateness of health protection arrangements in York, raising any concerns with the relevant commissioners and / or providers or as necessary escalating concerns to the Health and Wellbeing Board or relevant Chief Executives
 - Provide an expert view on any health protection concerns on which the council or Health and Wellbeing Board request advice from the committee.
 - Monitor local performance in addressing the key health protection issues in York.
 - Review significant areas of poor performance and to expect recovery plans to be in place.
 - Identify the need for, and review the content of, local plans relevant to significant health protection issues.
 - Make recommendations as to health protection issues that should be included in the local Joint Strategic Needs Assessment.

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- Consider the lessons learned from any serious incidents or outbreaks and to expect that learning from such incidents is embedded in future working practices.
20. The governance arrangements for the committee were recently examined as part of an internal audit of health protection arrangements with an overall assessment of reasonable assurance
21. Our local health protection arrangements were recently inspected as part of an independent peer review. We are still waiting for the report which will be used to inform an improvement plan.

Health Protection Annual Report

22. The Director of Public Health is responsible for the production of an annual report on health protection which is presented to Health and Adult Social Care Policy and Scrutiny Committee and the Health and Wellbeing Board.
23. The annual report is the vehicle for providing the Health and Wellbeing Board with assurance on the local health protection arrangements and that appropriate plans are in place. The report provides an analysis of progress against public health outcomes and highlights any areas for improvement.
24. The annual report is also discussed at Health and Adult Social Care Policy and Scrutiny Committee which provide an opportunity for this committee to be assured that the immunisation and screening services provided by the NHS are meeting the needs of York citizens.

North Yorkshire and York Local Health Resilience Partnership

25. Local Health Resilience Partnerships (LHRP) were established in 2013 as part of the changes to the NHS and public health system resulting from the implementation of the Health and Social Care Act 2012. City of York is a member of the North Yorkshire and York LHRP and the CYC Director of Public Health is co-chair alongside the NHS England locality director for Yorkshire and the Humber.
26. The key responsibilities of the LHRP are:
- Ensuring co-ordinated planning for emergencies impacting on the health of the population or operational continuity of patient services.
 - Effective engagement across local health organisations

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- Providing a strategic link between health agencies and the Local Resilience Forum (LRF) and actively promoting and supporting multi-agency working on all matters relating to emergency planning, resilience and response (EPRR)
- To lead the introduction within the LHRP of best practice and learning from exercises and actual incidents.
- To agree an annual strategic plan for the LHRP and to report against this plan to the Secretary of State via NHS England.

27. The North Yorkshire and York LHRP meets regularly on a quarterly basis with good attendance from partner organisations.

Regular Self- Assessment and Peer Challenge

28. Public health participates in a rolling programme of regional sector-led improvement which informs the development of the self-evaluation summary to support service planning and identify the focus for peer review activity. CYC public health, health protection arrangements were subject to peer review in March 2019 and we are waiting for the final report to be made available.

Risk Rating

29. The gross risk score is 20 (likelihood probable, impact major). After applying the controls detailed above the net risk score is reduced to 14 (likelihood possible, impact moderate).