

North Tyneside Health & Wellbeing Board Report Date: 17 November 2016

ITEM 10

Title: Health Protection
Assurance Report

Report from: North Tyneside Council and Public Health England

Report Author: Wendy Burke, Director of Public Health (0191 643 2104)
Dr Kirsty Foster, Consultant Health Protection (0300 303 8596)

1. Purpose

To provide the Health and Wellbeing Board with information and assurance of the arrangements for health protection in North Tyneside.

2. Recommendation

The Health and Wellbeing Board is recommended to note the contents of the report and endorse the arrangements in place to protect the health of residents of North Tyneside.

3. Policy Framework

This item relates to all those objectives set out in the Joint Health and Wellbeing Strategy 2013-23, but is particularly relevant to shifting investment to focus on evidence based prevention and early intervention wherever possible.

4. Introduction

The legal duty under the NHS Act 2006 to protect the population rests with the Secretary of State and is discharged through Public Health England (PHE). PHE ensures there are effective arrangements in place nationally and locally for preparing, planning and responding to health protection concerns and emergencies, including the future impact of climate change. PHE provides specialist health protection, epidemiology and microbiology services across England. For North Tyneside these arrangements are managed by the health protection team within PHE North East. PHE has additional responsibilities in relation to immunisation and screening including national management of programmes and local support to commissioning by staff embedded in the NHS England Area Teams.

Since the 1st April 2013, the North Tyneside Council has had 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).

The Director of Public Health (DPH) is responsible for exercising the public health functions on behalf of the Council. The DPH has the responsibility for the exercise by the authority of any of its functions that relate to planning for, and responding to, emergencies involving a risk to public health. In order to undertake this duty, and to provide appropriate advice as to the adequacy of local health protection arrangements, the DPH needs to be assured and satisfied that there are adequate health protection plans in place across the Borough.

Effective health protection requires a collaborative activity across many different organisations and departments currently including local authority public health teams and environmental health departments, acute and mental health NHS Foundation Trusts, services within PHE regionally and nationally, NHS England, water companies, the Department for Environment Food and Rural Affairs (DEFRA), the Environment Agency, prisons, universities, clinical commissioning groups, primary care and the independent sector, particularly care homes.

The success of health protection in the North East reflects the effective partnership working between all the agencies involved.

5. Scope of health protection

The scope of health protection is broad and involves protecting the health and well-being of the population from infectious diseases and preventing harm when hazards involving chemicals, poisons or radiation occur. It also includes preparing for new and emerging threats, such as a bio-terrorist attack or virulent new strains of disease. The scale of work required to prevent and manage threats to health is driven by national requirements and the health risks in the region and in each local authority area. The key areas of health protection are:

- Emergency preparedness, resilience and response
- Communicable diseases management including the 32 diseases that are notifiable to local authority Proper Officer under the Health Protection (Notification) Regulations 2010 and any other infection or clinical scenario that could prevent risk to the wider public's health
- Management of other health protection incidents e.g. environmental hazards, chemical, biological, radiological, nuclear and terrorist incidents
- Surveillance, alerting and tracking of infections in the community
- Port Health
- Infection prevention and control in health and social care, including healthcare acquired infections, communicable disease and infection prevention and control standards in community settings;
- Screening
- Immunisation including routine and targeted programmes
- Sexually transmitted infections

There are areas of health improvement that overlap with health protection. They include the following:

- Suicide prevention
- Drugs and substance misuse (in relation to infection with blood-borne viruses)
- Smoking (protection of the public from harm of tobacco).

The nature of the responsibilities and arrangements are inherently complex. There are numerous programmes and strands of work across a multitude of commissioners and providers.

6. Current arrangements

6.1 Area Health Protection Committee

The Area Health Protection committee is a multi-disciplinary group chaired by a Consultant in Health Protection from PHE NE, with representation from Environmental Health (EH), Public Health, Foundation Trusts and others. The Committee meets quarterly and addresses strategic and operational health protection issues, reviews and learns lessons from outbreaks and incidents (local, regional and national), provides a forum to discuss cross-boundary and organizational issues and identifies local priorities, new national policies/guidance, and any joint training and development needs. The committee includes representatives from North Tyneside, Northumberland, Newcastle, Gateshead, South Tyneside and Sunderland local authority areas.

6.2 Public Health Oversight Group and Screening and Immunisation Oversight Group

NHS England has established a framework for focussing upon the assurance processes for the screening and immunisations programmes that it commissions. Representatives from the DPH regional network are members of the groups and there is a report from the Head of Public Health commissioning at every monthly regional DPH meeting. There are also good working relationships in place between the screening and immunisation lead Consultant and any incidents relating to immunisation or screening programmes that occur in North Tyneside are notified immediately to the DPH.

6.3 North Tyneside Health Protection Group

This group was formed in 2013 following the transfer of public health responsibilities to the local authority. The purpose of the group is:

- To provide the Director of Public Health with assurance internally within the Council that mandatory health responsibilities are being fulfilled
- To ensure a coordinated response to health protection issues in North Tyneside working with PHE, NHS England, North Tyneside CCG
- To ensure strong links with the Council's Emergency Response and Leadership Group and the Area Health Protection Committee
- To provide updates on current key health protection issues within North Tyneside that may have an implication for services and/or a Council response
- To provide information on health protection exercises and training relevant to group members and key Council staff.

The group is chaired by the DPH or the Council's Consultant in Public Health and is supported by the PHE NE Consultant in Health Protection for North of Tyne, Dr Kirsty Foster.

Representatives on the group include environmental health, adult social care, health and safety, emergency planning and resilience, public protection and children's services. The group met quarterly initially when it was first established but now meets twice per year. There is a health protection policy in place for the Council however there is currently no specific health protection plan. The North Tyneside public health service plan for 16/17 includes a focus on health protection and a specific health protection plan for North Tyneside will be developed for 2017/18.

6.4 Prevention

There is close working between the Council and Health Protection Team within Public Health England NE to ensure that relevant data and intelligence is received, expert advice and input and support to develop and implement local prevention strategies can be accessed.

6.5 Surveillance

Public Health England provides the DPH with quarterly reports on communicable diseases. These provide an overview of patterns of infections within the local area and enable the identification of emerging trends. If there are particular increases in any specific disease between reports, PHE informs the DPH direct.

6.6 Response to local incidents and outbreaks

Health protection surveillance, case management and outbreak investigation and control is provided by PHE local centres, in liaison with EHOs and the public health team. The Council's environmental health officers deal with infectious disease notifications such as *Campylobacter*, *Salmonella* and *Cryptosporidium*, with each incident thoroughly investigated by an officer who reports their findings to PHE.

The Health Protection Team inform the DPH and the team about any incidents occurring in the North Tyneside area; this ensures that the public health team are aware of issues that may have an impact in other parts of the council or related services and that resources can be quickly mobilised if required.

6.7 Planning and Preparedness and Resilience

The Council's Emergency Response Leadership Group (ERLG) meets monthly and is chaired by a Head of Service, the DPH provides regular updates on health protection at this meeting. Once per quarter this group is joined by multi agency partners.

The Northumbria Local Resilience Forum is the multi-agency forum bringing together partners from across the Northumbria police area (emergency services, local authorities, health (NHS E and PHE) and other agencies (EA, Water, Utilities etc). Each local authority is represented on this forum.

The Local Health Resilience Partnership ensures the production of health sector wide plans to respond to emergencies and contribute to multi-agency planning for risks in line with requirements of national and local risk registers and the Civil Contingencies Act. There is a lead DPH who also co-chairs this group with a lead from NHS England. The group has an assurance role in the planning and exercising of NHS plans across the North East. The lead DPH provides feedback back from this forum to peers at the monthly regional DPH network.

The DPH is also part of the Scientific and Technical Advice Cell (STAC) rota, which provides expert support to major incident response in the region; this function was tested in May 2015 in an exercise on Teeside.

7. Current health protection priorities for North Tyneside

Immunisation

- Assurance on childhood immunisation rates, particularly winter flu and monitoring of the future procurement of childhood immunisation provision within North Tyneside.

- Improved uptake of winter flu immunisation for children, pregnant women, >65s, those in clinical at risk groups and health and social care staff

Screening

Promote the equitable uptake and quality of screening programmes, in particular adult cancer screening

Communicable disease

Maintain prevention activity, surveillance and response / safe management of cases and outbreaks of communicable diseases

Emergency Planning Preparedness and Resilience

Ensuring via ERLG that council emergency plans are fully up to date

Ensure appropriate staff are trained to strategic, tactical and operational levels

8. Current health protection priorities for PHE NE Health Protection Team

PHE's high level objectives for 2016/17 have continued from 15/16 and include to implement the national TB Strategy, development of 'next generation sequencing' for TB and HIV and work on reducing antimicrobial resistance. In addition to these the Health Protection Team has developed seven specific local objectives aimed specifically at maintaining the delivery of high quality health protection services, and simplifying working practices:

- Continue to deliver effective health protection services in 2016/17
- Evaluate the impact of HIV home sampling intervention
- Review the contribution of North East leads to the TB Control Board
- Facilitate at least 3 'cross-system' CPD sessions on TB, Health Protection for LA public health staff and 'learning from incidents and outbreaks'.
- Develop an antimicrobial resistance local action plan
- Continue the work with the EA and the FRS to develop risk assessments and information sheets for high risk fire sites.

9. Decision options

There are no decisions required.

10. Appendices

An appendix, Protecting the population of the North East from communicable disease and other hazards PHE North East Annual Report 2015/16, will be available with the agenda on the Council's website www.northtyneside.gov.uk

11. Contact officers

Wendy Burke, Director of Public Health, North Tyneside Council (0191 643 2104)

Dr Kirsty Foster, Consultant in Health Protection, Public Health England (0300 303 8596)

12. Finance and other resources

There are no financial implications arising directly from this report.

13. Legal

Since the 1st April 2013, the North Tyneside Council has had 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).

14. Consultation/community engagement

This report has been compiled jointly between North Tyneside Council's DPH and the Consultant in Health Protection from PHE NE.

15. Human rights

The report does not directly address equalities and diversity. The Board and individual partner organisations will need to have regard to their duties under the Equality Act when implementing any of the recommendations contained within the report.

16. Risk management

There are no risk management implications directly arising from this report.

SIGN OFF

Director of Public Health

Chair/Deputy Chair of the Board

Chief Finance Officer

Head of Law & Governance