

Health and Wellbeing Board February 2014

Title of paper:	Arrangements for health protection	
Director(s)/ Corporate Director(s):	Chris Kenny Director of Public Health	Wards affected: ALL
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Date of consultation with Portfolio Holder(s) (if relevant)	n/a	
Relevant Council Plan Strategic Priority:		
Cutting unemployment by a quarter		<input type="checkbox"/>
Cut crime and anti-social behaviour		<input type="checkbox"/>
Ensure more school leavers get a job, training or further education than any other City		<input type="checkbox"/>
Your neighbourhood as clean as the City Centre		<input type="checkbox"/>
Help keep your energy bills down		<input type="checkbox"/>
Good access to public transport		<input type="checkbox"/>
Nottingham has a good mix of housing		<input type="checkbox"/>
Nottingham is a good place to do business, invest and create jobs		<input type="checkbox"/>
Nottingham offers a wide range of leisure activities, parks and sporting events		<input type="checkbox"/>
Support early intervention activities		<input type="checkbox"/>
Deliver effective, value for money services to our citizens		<input type="checkbox"/>
Summary of issues (including benefits to citizens/service users):		
<ul style="list-style-type: none"> • As part of the changes introduced through the Health and Social Care Act 2012, local authorities assumed a health protection duty, delegated to them by the Secretary of State for Health • Local authorities' new health protection duty is to provide information and advice to relevant organisations so as to ensure all parties discharge their roles effectively for the protection of the local population • Guidance envisages that it is the director of public health (DPH) who is responsible for the local authority's contribution to health protection, and that this is primarily a leadership not a managerial function which depends on the capacity of the DPH and his team to influence other parts of the system • The DPH for Nottingham City has established arrangements to secure assurance that health protection outcomes for the population are maintained and improved 		
Recommendation(s):		
1	To note the new health protection duty of the local authority in the reformed health system	
2	To be assured about the arrangements of the Director of Public Health to secure assurance about outcomes for residents.	

1. REASONS FOR RECOMMENDATIONS

The Health and Social Care Act 2012 introduced significant change to arrangements for health protection, including a new duty for local authorities.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

1. Health protection is the domain of public health action which seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.

Health protection duty arising from recent reforms

2. On April 1st 2013, local authorities assumed a health protection duty, delegated to them by the Secretary of State for Health who has the overarching duty to protect the health of the population. (This was enacted under regulation 8 of the Local Authority Regulations 2013, made under section 6C of the National Health Service Act 2006, as inserted by section 18 of the Health and Social Care Act 2012.)
3. The same reforms also established a range of new organisations, some of which have specific health protection responsibilities. For example,
 - a. Public Health England (PHE) brings together a wide range of public health functions and now has the responsibility to deliver the specialist health protection response to incidents and outbreaks which was formerly provided by the Health Protection Agency
 - b. The Area Team of NHS England provides the co-chair and managerial support for the Local Health Resilience Partnership which, along with preparedness, coordinates any NHS multi-agency response to an emergency
 - c. NHS England also hosts the Public Health England team with responsibility for implementation of national screening and immunisation programmes in Nottinghamshire
 - d. NHS Clinical Commissioning Groups commission treatment services which comprise an important component of strategies to control communicable disease.
4. Local authorities' new health protection duty is to provide information and advice to relevant organisations so as to ensure all parties discharge their roles effectively for the protection of the local population¹.
5. Guidance envisages that it is the director of public health (DPH) who is responsible for the local authority's contribution to health protection, and that the role is "not a managerial, but a local leadership function" which depends on the capacity of the DPH and their team "to identify any issues and advise appropriately".
6. The scope of this leadership role extends to arrangements for the **preventative** aspects of health protection (e.g. national screening and immunisation programmes commissioned by NHS England², and the implementation of other local strategies for the control of communicable diseases by NHS and other organisations) and for **health**

¹ [Protecting the health of the local population: the new health protection duty of local authorities](#). DH, PHE, LGA. May 2013.

² National programmes for screening and immunisation are set out in [Immunisation & Screening National Delivery Framework & Local Operating Model](#). PHE, NHS England. May 2013.

emergency preparedness, resilience and response³ (for which the DPH is co-chair of the Local Health Resilience Partnership). The role also encompasses alerting and advising relevant commissioning organisations about arrangements required to address needs related to **treatment** services for some communicable diseases (e.g. treatment services for TB and for hepatitis).

7. This leadership role of the DPH mainly relates to functions for which responsibility for commissioning or coordinating lies with other organisations in the system. In addition to this, the local authority itself has a direct health protection commissioning responsibility for sexual health services, health checks, and for community infection prevention and control.

Arrangements for providing assurance on health protection to the Health & Wellbeing Board

8. The DPH chairs the Nottinghamshire County and Nottingham City Health Protection Strategy Group, whose remit is to seek assurance regarding outcomes and arrangements relating to health protection for people in Nottinghamshire County and Nottingham City. Membership of the group includes a range of other partners, who commission or provide elements of the overall health protection system in Nottinghamshire including: environmental health colleagues from local authorities, NHS clinical commissioning groups, NHS England Derbyshire & Nottinghamshire team, and Public Health England.

Developing the preventative aspects of the local health protection system

9. Nottinghamshire City Council has commenced a review of arrangements for Community Infection Prevention and Control in order to ensure that it has affordable arrangements in place for addressing the future needs of the local population. Progress on this will be monitored by the Health Protection Strategy Group.
10. The Screening and Immunisation Team hosted by NHS England's Area Team leads the local implementation of national immunisation programmes in Nottinghamshire City including the introduction of a rotavirus vaccine (to protect babies against gastroenteritis), a shingles vaccine (to protect older people against herpes zoster), seasonal flu vaccine for two and three year olds, and changes to the Meningitis C programme which will align its delivery to the teenage Td/IPV vaccine. Future changes to the national programmes will also include introduction of a seasonal flu vaccine for adolescents. The same team is also responsible for effective local implementation of national screening programmes. Assurance related to outcomes and arrangements for these programmes is secured through the membership of public health colleagues in the local programme boards and through the Screening and Immunisation Team's membership of the Nottinghamshire County and Nottingham City Health Protection Strategy Group.

Developing the response aspects of the local health protection system

11. Planning and preparation for emergencies requiring a multi-agency health response is coordinated by the Local Health Resilience Partnership (LHRP), which shares the same footprint as the Local Resilience Forum (LRF). The LHRP is co-chaired by the local authority director of public health and the director of the NHS England Area Team with

³ Health Emergency preparedness, resilience and response refers to the functions and duties of organisations within the health system, which are coordinated by the Local Health Resilience Partnership.

responsibility for leading on emergency planning, through whom links to the LRF are maintained. Current priorities for the LHRP include: development of robust major incident plans, monitoring and planning for hazards identified as “high” and “very high” risks, agreement of mutual aid arrangements. Assurance related to arrangements for health emergency planning will be reported to the Health and Wellbeing Board via the Health Protection Strategy group.

12. Incidents and outbreaks which are of smaller scale may not require a full multi-agency response. Nevertheless, some further work is required to refine local arrangements to ensure that colleagues in the local Public Health England team have ready access to the resources and points of contact to make a timely response to a suspected outbreak. Assurance related to arrangements for this will be secured through the Health Protection Strategy group.

Developing treatment aspects of the local health protection system

13. NHS Clinical Commissioning Groups fund the provision of treatment services for communicable diseases. Public Health Nottinghamshire County & Nottingham City ensure that local NHS commissioners receive appropriate advice about gaps in provision and evidence about what works, to ensure that health protection related needs are addressed effectively. Current work includes better arrangements for identifying people with Hepatitis C virus, and public health advice to TB Stakeholder groups.

Health protection in the Public Health Outcomes Framework

14. Public Health England has published the Public Health Outcomes Framework which describes measurable outcomes associated with the vision to improve and protect the health and wellbeing of the population, and improve the health of the poorest fastest⁴. One of four domains within the framework relates to health protection and contains 27 indicators. Many of these relate to immunisations. Each outcome is based on the most recent available information and is refreshed periodically. As the outcome framework is updated, the health protection indicators will be monitored by the Health Protection Strategy group.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

None.

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

The duties of the local authority for health protection are funded through the public health grant. The duties of other organisations on which the system relies for health protection (e.g. Public Health England, NHS England) are funded independently of the local authority.

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

⁴ Background documents about the Public Health Outcomes Framework are available at <https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

6. **EQUALITY IMPACT ASSESSMENT**

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions) ✓

7. **LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION**

None

8. **PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT**