HEALTH AND WELLBEING BOARD - 27th January 2016

Title of paper:	Health Protection Assurance	
Director(s)/ Corporate Director(s):	Alison Challenger Interim Director of Public Health	**Wards affected: All**
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Date of consultation with Portfolio Holder(s) (if relevant)		

Relevant Council Plan Key Theme:	
Strategic Regeneration and Development	☐
Schools	x
Planning and Housing	☐
Community Services	☐
Energy, Sustainability and Customer	☐
Jobs, Growth and Transport	☐
Adults, Health and Community Sector	x
Children, Early Intervention and Early Years	x
Leisure and Culture	☐
Resources and Neighbourhood Regeneration	☐
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham - Preventing alcohol misuse	☐
Integrated care - Supporting older people	☐
Early Intervention - Improving mental health	☐
Changing culture and systems - Priority Families	☐

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

1. New regulations on health protection responsibilities came into force on the 1st April 2013
2. Health protection for an area requires a multi-agency planning and response at local level
3. Health and Wellbeing Boards are to receive information and assurance on local arrangements for health protection

Recommendation(s): The Board is asked to note

1	The report and assurance
2	That effective health protection mechanisms are in place
3	That further work is needed to maintain and further improve awareness, accessibility and uptake to health protection services

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):
People with mental health problems are less likely to access early intervention, screening and immunisation services and are consequently at higher risk of late diagnosis and resulting morbidity

The recommendations will support improved access and early intervention for those less likely to access routine services

1. REASONS FOR RECOMMENDATIONS

This paper describes the health protection responsibilities for local authorities which came into force on the 1st April 2013 including local arrangements for delivery and assurance of the local response to the revised regulations.

Health and Wellbeing Boards are to be informed and assured that the health protection arrangements properly meet the health needs of the local population.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Health protection is the domain of public health 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.

This broad definition includes the following functions within its scope, together with the timely provision of information and advice to relevant parties, and ongoing surveillance, alerting and tracking of existing and emerging threats:

- National programmes for immunisation
- National programmes for screening, including those for:
    - Antenatal (fetal anomaly, infectious diseases in pregnancy, sickle cell and thalassaemia) and newborn (nine life-limiting diseases, hearing, and physical examination)
    - Cancer (bowel, breast and cervical)
    - Diabetic retinopathy and abdominal aortic aneurism
- Management of environmental hazards including those relating to air pollution and food
- Health emergency preparedness and response, including management of incidents relating to communicable disease (e.g. meningococcal disease, TB, pandemic flu) and chemical, biological, radiological and nuclear hazards
- Infection prevention and control (CIPC) in health and social care community settings of healthcare acquired infections (HCAI) in particular
- Other measures for the prevention, treatment and control of the management of communicable disease (e.g. Tuberculosis, blood borne viruses, seasonal flu)

2.1 System responsibilities for health protection

From 1st April 2013, NHS reforms transferred health protection responsibilities to the following organisations:

- Public Health England (PHE) brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to incidents and outbreaks which was formerly provided by the Health Protection Agency

- NHS England hosts a PHE team with responsibility for the commissioning and implementation of national screening and immunisation programmes in Nottinghamshire (Appendix 1)

- NHS England also provides a co-chair and managerial support for the Local Health Resilience Partnership which, along with preparedness, coordinates any NHS multi-agency response to an emergency

- NHS Clinical Commissioning Groups commission treatment services which comprise an important component of strategies to control communicable disease

- Nottingham City Council, in addition to existing responsibilities for environmental health and emergency planning, directly commission sexual health services and services for community infection prevention and control

These roles are complementary and all are needed to ensure robust and locally sensitive arrangements for health protection planning and response.

The Council, through the leadership role of the Director of Public Health, is also delegated a health protection duty 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 .

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

The assurance for sexual health services is obtained through the county wide Strategic Sexual Health Advisory Group.

2.2 National immunisation programmes

Immunisation programmes are one of the most cost effective health protection interventions and a cornerstone of public health practice. High immunisation rates are important to prevent the spread of infectious disease, complications and possible early death among individuals and supports good school attendance, educational attainment, reduced inequalities, and healthy independent living in later years.

Immunisation programmes aim to protect population health through both individual and herd immunity, which is achieved when a sufficient proportion of the target population is immunised to suppress the spread of disease to non-immune or unimmunised individuals. For most infectious diseases in the national programmes, official estimates are that an uptake of 95% of the population is required to ensure herd immunity.

A number of routine and targeted immunisation programmes (Appendix 1) are commissioned by NHS England and are delivered through a range of providers (e.g. GPs, hospital trusts, and school nurses).

Actions for improving outcomes of particular providers or in particular populations are regularly reviewed at NHS England's quarterly programme board and have been the subject of a recent City and County Joint Health Scrutiny Report.
Performance of screening programmes is reported through the Public Health Outcomes Framework, Health Protection domain. Nottingham City performance can be found in Appendix 2.

2.3 National screening programmes

Screening is a strategy used in a population to identify the possible presence of an as-yet-undiagnosed disease or increased risk of disease in individuals without signs or symptoms. The purpose of screening is to identify and intervene early to reduce the potential harm.

A number of screening programmes are commissioned by NHS England on a national basis including programmes for: antenatal and newborn, cancer (bowel, breast and cervical), diabetic retinopathy and abdominal aortic aneurysm. (Appendix1)

Delivery of these to residents of Nottingham City is overseen by the Screening and Immunisations team for Derbyshire & Nottinghamshire and South Yorkshire & Bassetlaw. Each programme is underpinned by rigorous quality assurance and monitoring arrangements to ensure that the target population benefit from the service and those individuals are not exposed to potential harms (e.g. failures to correctly identify individuals requiring further tests).

Local actions are also undertaken to improve access to screening programmes including primary care input towards improving uptake to bowel cancer screening and public health campaigns.

2.4 Environmental hazards

Environmental hazards constitute a wide range of threats to the health of the population, and are addressed through the work of diverse public and private organisations, much of which is underpinned by legislation or statutory powers. Amongst these, local authorities maintain services and enforcement measures for ensuring: enforcement of safe standards for food, clean air, safe levels of noise, and disposal of waste, safe housing conditions.
Some of these environmental health hazards are reflected in the PHOF which describes the level of exposure in Nottinghamshire County to poor air quality and high levels of noise.

Recent meetings of the County wide Health Protection group continue to monitor and review the local arrangements for air quality management, noise, and standards of food safety and housing standards.

2.5 Health emergency preparedness & response

Ensuring that the local health system is prepared to deal with emergencies is the responsibility of the Local Health Resilience Partnership (LHRP) which is facilitated by NHS England and is co-chaired by the DPH for Nottinghamshire County. The LHRP brings together NHS commissioner, healthcare providers, local authorities and public health for this purpose. This is also the group through which, in the event of an incident requiring a multi-agency health response, NHS England would lead coordinated action across Nottinghamshire. The LHRP and NHS England work in close collaboration with the Local Resilience Partnership.

The LHRP work plan is developed with regard to the community risk register. Partners regularly exercise their plans and a desk-based exercise is regularly included in LHRP meeting agendas.

The PHOF contains an indicator reporting that there are clear and appropriate arrangements in place to protect the population against the effects of communicable disease outbreaks and chemical incidents.

2.6 Other arrangements for the prevention and control of communicable disease

In recent years, Tuberculosis (TB) has re-emerged as a significant public health problem nationally. At the request of the Health Protection group, PHE undertook an audit which shows that for the small overall number of patients not completing treatment, the reasons were due to emigration or death and not to a shortfall in the performance of the local system. Public health is represented at the two stakeholder groups which oversee local arrangements.

Other communicable disease hazards include complications arising from untreated viral hepatitis, many who remain undiagnosed but who may go on to develop liver disease. It is clear that there remains a significant need to diagnose these individuals so that they can access newly available effective treatments and thereby reduce or avoid long term complications.

The prevention and control of HIV is overseen as part of the arrangements for sexual health, so is not reported here.

2.7 Community Infection Prevention and Control (CIPC)

CIPC concerns the prevention of healthcare associated infections (HCAI) amongst people receiving care in health or social care settings, especially in community settings such as nursing and residential homes, GP practices and dentists.

Performance of the local system impacts a range of stakeholders and is accountable through indicators in both the NHS and Public Health Outcomes Frameworks relating to infection control.

The infection and control team is commissioned by Nottingham City Council and services are currently provided by Citycare.

2.8 Performance

The Public Health Outcomes Framework (PHOF) is a national set of indicators, set by the Department of Health and used by local authorities, NHS and Public Health England to measure public health outcomes. They focus on improving life expectancy, and reducing differences in life expectancy and healthy life expectancy between communities.

The majority of PHOF indicators for health protection focus on vaccinations. There are also indicators for air pollution, TB, sustainable development and emergency preparedness.

Appendix 2 provides the most recent published data in the PHOF. Further information and

1. Vaccinations

Uptake to vaccination programmes in Nottingham has been rising gradually over recent years, and for 2013/14, a number were comparable with England, with the exception of

influenza vaccine uptake amongst the over 65s and those considered most at risk, and also the measles, mumps and rubella booster offered at age 5.

2. Cancer screening programmes

Uptake to the Breast and Bowel cancer screening programmes meet the standard of the National Screening Committee but continue to remain lower than the regional and England average.
Progress is monitored and reviewed regularly by the PHE regional screening Boards who work with the council and CCG to identify interventions to improve local uptake.

3. Other Health Protection measures

Air pollution, Tuberculosis prevalence and treatment completion, emergency plans are reported in the PHOF with latest published data in appendix 2.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

This report is to outline the health protection arrangements for Nottingham City and the involvement of the range of stakeholder responsibilities. Also included are the headline outcomes – further details on any of the aspects mentioned in this report may be brought to a subsequent Commissioning Executive or Health and Wellbeing board for more detailed scrutiny.

4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

The local authority and partners will need to ensure continued and appropriate resource to manage the health protection and emergency planning functions to comply with the responsibilities in the 2013 regulations.

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

6. EQUALITY IMPACT ASSESSMENT

6.1 Has the equality impact of the proposals in this report been assessed?

No X

An EIA is not required because: the report does not contain proposals or financial decisions

(Please explain why an EIA is not necessary)

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

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 Protecting the health of the local population: the new health protection duty of local authorities. DH, PHE, LGA. May 2013

Acknowledgement and thanks to Jonathan Gribbin and Bryony Lloyd of the Public Health team in Nottinghamshire County Council and Public Health England, East Midlands Centre for their contribution and support in compiling this report.

Appendix 1 – services commissioned by NHS England

Annex A – "s.7A services"

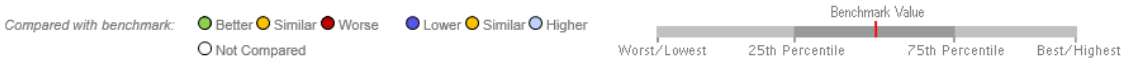
Services to be provided 2016-17

All current service specifications are available at http://www.england.nhs.uk/ (search for 'public health commissioning').

List of services to be provided pursuant to this agreement

Programme category or programme	Services
Immunisation programmes	Neonatal hepatitis B immunisation programme
	Pertussis pregnant women immunisation programme
	Neonatal BCG immunisation programme
	Respiratory syncytial virus (RSV) immunisation programme
	Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib
	Rotavirus immunisation programme
	Meningitis B (MenB) immunisation programme
	Meningitis ACWY (MenACWY) immunisation programme
	Hib/MenC immunisation programme
	Pneumococcal immunisation programme
	DTaP/IPV and dTaP/IPV (pre-school booster) immunisation programme
	Measles, mumps and rubella (MMR) immunisation programme
	Human papillomavirus (HPV) immunisation programme
	Td/IPV (teenage booster) immunisation programme
	Seasonal influenza immunisation programme

Appendix 2 – Health protection measures in the Public Health Outcomes Framework

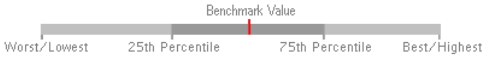


Indicator	Period	Nottingham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
3.03i - Population vaccination coverage - Hepatitis B (1 year old)	2013/14	22	88.0%*	-	-	-	-	-
3.03i - Population vaccination coverage - Hepatitis B (2 years old)	2013/14	17	77.3%*	-	-	-	-	-
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old) <90% ≥90%	2013/14	4,177	92.9%	96.5%	94.3%	78.6%		98.4%
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% ≥90%	2013/14	4,249	96.2%	97.7%	96.1%	81.6%		99.1%
3.03iv - Population vaccination coverage - MenC <90% ≥90%	2012/13	4,107	92.4%	94.8%	93.9%	75.9%		98.8%
3.03v - Population vaccination coverage - PCV <90% ≥90%	2013/14	4,137	92.0%	96.1%	94.1%	78.2%		98.3%
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old) <90% ≥90%	2013/14	4,092	92.7%	95.3%	92.5%	76.6%		98.1%
3.03vii - Population vaccination coverage - PCV booster <90% ≥90%	2013/14	4,046	91.6%	95.2%	92.4%	76.4%		98.5%
3.03viii - Population vaccination coverage - MMR for one dose (2 years old) <90% ≥90%	2013/14	4,048	91.7%	94.9%	92.7%	78.3%		98.3%
3.03ix - Population vaccination coverage - MMR for one dose (5 years old) <90% ≥90%	2013/14	3,900	93.1%	95.6%	94.1%	74.8%		98.6%
3.03x - Population vaccination coverage - MMR for two doses (5 years old) <90% ≥90%	2013/14	3,589	85.7%	91.1%	88.3%	63.8%		97.4%
3.03xii - Population vaccination coverage - HPV <previous year's England value ≥previous year's England value	2013/14	1,256	90.4%	90.9%	86.7%	51.1%		96.6%
3.03xiii - Population vaccination coverage - PPV <previous year's England value ≥previous year's England value	2013/14	28,588	70.7%	70.8%	68.9%	52.8%		77.6%
3.03xiv - Population vaccination coverage - Flu (aged 65+) <75% ≥75%	2014/15	29,059	71.9%	73.5%	72.7%	61.7%		80.1%
3.03xv - Population vaccination coverage - Flu (at risk individuals)	2014/15	17,886	47.1%	48.9%	50.3%	38.4%		63.6%
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years) <90% ≥90%	2013/14	3,852	92.0%	94.1%	91.9%	72.7%		98.1%

Compared with benchmark: Better Similar Worse Lower Similar Higher Not Compared

Indicator	Period	Nottingham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
2.20i - Cancer screening coverage - breast cancer	2015	17,170	73.3%	79.6%	75.4%	56.3%		86.4%
2.20ii - Cancer screening coverage - cervical cancer	2015	54,543	73.8%	76.3%	73.5%	56.5%		84.0%
2.20iii - Cancer screening coverage - bowel cancer	2015	14,705	48.7%	57.8%	57.1%	37.3%		67.0%

Compared with benchmark: Better Similar Worse Lower Similar Higher Not Compared



Indicator	Period	Nottingham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
3.01 - Fraction of mortality attributable to particulate air pollution	2013	-	6.0%	5.6%	5.3%	2.8%		8.4%
3.05i - Treatment completion for TB	2013	48	90.6%	88.1%	84.8%	-	*Insufficient number of values for a spine chart*	-
3.05ii - Incidence of TB	2012 - 14	169	18.1	9.5	13.5	100.0		0.0
3.07 - Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies	2014/15	-	100%	100%	95.2%	0.0%		100%