

Report of the Director of Public Health to the meeting of the Health and Wellbeing Board to be held on 25th July 2017

D**Subject:** Health Protection Assurance across the Bradford District

Summary statement: The Director of Public Health has responsibility for strategic leadership of the health protection function in their local authority area. Health protection is one of the four domains described in the Public Health Outcomes Framework. The paper proposes that an assurance group is established to ensure local coordination of the different aspects of Health Protection.

Name: Sarah Muckle
Deputy Director of Public
Health/Public Health Consultant

Portfolio:

Health and Wellbeing

Report Contact: Sarah Muckle
Phone: (01274) 432805
E-mail: sarah.muckle@bradford.gov.uk

Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

The Director of Public Health has responsibility for strategic leadership of the health protection function in their local authority area. Health protection is one of the four domains described in the Public Health Outcomes Framework. It covers the following areas:

- The health impact of any emergencies or incidents (for example, a crash on our roads that involves chemical spills, a fire at a factory that uses substances that when released into the air could affect the health of residents, power cuts or water shortages, etc)
- Prevention and control of the spread of infectious (often called communicable diseases), for example, Health Care Associated Infections, immunisations, sexually transmitted Infections, Tuberculosis (TB), Hepatitis, etc
- Screening, for example, cancer, Abdominal Aortic Aneurisms, newborn screening
- Surveillance of patterns of disease, information and advice
- Infection prevention and control, for example, ensuring nursing homes are following the right policies and procedures to prevent the spread of infection
- Emergency Preparedness, for example, ensuring we have the right plans in place that will enable us to respond to an emergency and that these plans will work

Current arrangements for delivering the health protection function are fragmented. This is a cause for concern as failure to deliver responsibilities by one agency could have a significant impact on our populations health and on partners.

2. BACKGROUND

2.1 System wide roles and responsibilities

Responsibilities for health protection are shared between City of Bradford Metropolitan District Council (CBMDC), Public Health England (PHE), CCGs, NHS England (NHSE) Area Teams and the providers of health and social care services. Local Authorities have, for decades had, and still do have, statutory health protection functions and powers, principally in the area of environmental health, such as ensuring good food hygiene, workplace safety, decent housing, and reducing the impact of environmental hazards.

However, the Health and Social Care Act 2012 placed a new statutory duty on local authorities in England to protect the health of the local population. This duty is discharged through the Director of Public Health who is responsible for strategic leadership of health protection across the district ensuring that the CBMDC and partners, including PHE and the NHS, plan for, and respond to incidents that present a threat to the public's health.



2.2 Current arrangements Organisations, structures and roles

2.2.1 The Council - CBMDC

CBMDC is a Category 1 Responder under the Civil Contingencies Act 2004. This means there is a legal requirement for the local authority to assess the risk of, plan, and exercise for emergencies, as well as undertaking Business continuity Management.

The public health role of the council is one of local leadership and assurance that the system protects the health of the residents of the district. Locally, this includes providing support to PHE in the event of an incident relating to communicable disease or an environmental health hazard e.g. chemical fire. The Council's Environmental Health Service has a key role, in terms of ensuring compliance with environmental health legislation and driving forward improvements in areas such as food safety and air quality.

The council's Emergency Management Team works to ensure there are comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies. The forum for this in Bradford is the Bradford Health Resilience Forum chaired by the CBMDC Emergency Planning Manager.

The local authority is the lead commissioner for sexual health services within the district with a statutory duty to provide an open access sexual health services. Sexual Health issues across the district are discussed locally at Bradford Sexual Health Network

2.2.2 Public Health England

PHE health protection responsibilities include a duty to take such steps as the Secretary of State considers appropriate to protect the health of the public in England. PHE is a Category 1 Responders under the Civil Contingencies Act 2004 and is responsible for ensuring that there are effective arrangements in place nationally and locally for preparing, planning and responding to health protection concerns and emergencies. PHE provide surveillance (monitoring) and specialist advice and support to commissioners, providers and infection control teams. PHE provide leadership in the event of an outbreak or incident, this includes communicable disease control and monitoring, HCAI monitoring and expert advice on environmental, chemical, biological and radiation hazards. However, the local Director of Public Health is responsible for providing local knowledge and making sure the needs of Bradford are taken into account to provide a local solution.

PHE has a team embedded within NHS England local area team which is responsible for commissioning vaccination and immunisation programmes along with screening programmes for Bradford District. Assurance for screening and immunisation programmes in Bradford is via the West Yorkshire Screening and Immunisation Overview Group (WYSIOG) chaired by the PHE Screening and Immunisation Lead.

2.2.3 NHS

NHS organisations are expected to deliver functions that support health protection in accordance with the NHS England Standard Contract. This includes emergency planning (including significant incident and emergency management) and any co-operation requirements necessary to achieve associated objectives. NHS England and CCGs have a



duty to co-operate with CBMDC in relation to health protection this duty includes the sharing of plans.

2.2.4 NHS England

NHS England health protection related responsibilities are set out in the Health and Social Care Act (2012) and subsequent regulations, they include, commissioning primary care, clinical governance and leadership,

NHS England is a Category 1 Responder under the Civil Contingencies Act (2004). They are responsible for co-chairing the West Yorkshire Local Health Resilience Partnership (LHRP) along with the nominated Director of Public Health for West Yorkshire. The LHRP is responsible for ensuring the readiness of NHS organisations to respond appropriately and effectively to health protection issues affecting local people. CCGs, providers and the local authority are all represented on the LHRP.

The LHRP works closely with the Local Resilience Forum (LRF). West Yorkshire Resilience Forum co-ordinates the actions and arrangements between responding services in the area. Their purpose is to provide the most effective and efficient response to emergencies when they occur. The West Yorkshire LRF is co-chaired by the Assistant Chief Constable of West Yorkshire Police, the Assistant Chief Officer West Yorkshire Fire and the Chief Executive of Leeds City Council. NHS England are represented on the LRF.

The commissioning responsibilities of NHS England embrace specific health protection functions including specialist services for HIV treatment, treatment for Multi Drug Resistant TB (MDR TB) and Hepatitis C treatment. NHS England are also responsible for commissioning routine vaccination, immunisation and screening programmes with public health advice and support from the screening and immunisation team who are employed by PHE but embedded in NHS England.

2.2.5 Clinical Commissioning Groups (CCGs)

CCGs are category 2 Responders under Civil Contingencies Act 2004 (a duty to co-operate and share information with Category 1 responders, e.g. emergency services and local authorities, to inform multi-agency planning frameworks). CCGs commission secondary care and community services, they have a responsibility to ensure infection prevention and control compliance with the Health and Social Care Act. CCGs are responsible for commissioning Tuberculosis (TB) services. Overview for TB is via Bradford TB Network chaired by Bradford Public Health Team and TB cohort review chaired by PHE

2.2.6 Primary Care Providers

GP practices are responsible for reporting infectious diseases and administering a number of vaccination programmes.

2.2.7 Secondary Care Providers

Secondary Care Providers are responsible for treatment services, responding to emergencies, communicable disease notification and control



3. OTHER CONSIDERATIONS

The above demonstrates the complex nature of our current arrangements. There is no forum where those across the Bradford District with responsibilities for delivering this function come together with our regional colleagues to discuss and manage progress, issues or risks.

As a local health and social care economy we need to be assured that all the roles and responsibilities are being met and delivered in a way that best meets the needs of our local population. Where this is not happening we need to work together to resolve any issues and have plans in place to improve performance or service delivery.

In line with other areas it is proposed that a health protection assurance group is established as a forum for bringing together the local health protection responsibilities. The group would meet quarterly and report into the Health and Wellbeing board as required or as agreed with the board.

4. FINANCIAL & RESOURCE APPRAISAL

Partners will need to commit staff time to participate in a multi-agency health protection forum.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The report proposes to establish a multi-agency forum, where none currently exists, at which local progress, issues and risk in relation to Health Protection will be addressed. Governance arrangements are proposed to be through the Health and Wellbeing Board, with reporting as required or as agreed on a regular basis with the board.

6. LEGAL APPRAISAL

Local Authorities have statutory health protection functions and powers, principally in the area of environmental health, such as ensuring good food hygiene, workplace safety, decent housing, and reducing the impact of environmental hazards.

The Health and Social Care Act 2012 placed a new statutory duty on local authorities in England to protect the health of the local population. This duty is discharged through the Director of Public Health who is responsible for strategic leadership of health protection across the district ensuring that the CBMDC and partners, including PHE and the NHS, plan for, and respond to incidents that present a threat to the public's health.

The report describes the responsibilities of each partner under the Civil Contingencies Act 2004 and Health and Social Care Act (2012).



7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

No specific implications.

7.2 SUSTAINABILITY IMPLICATIONS

No specific implications.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

No specific implications.

7.4 COMMUNITY SAFETY IMPLICATIONS

There are no specific implications for Community Safety, however a single forum, bringing together the range of agencies involved in health protection is anticipated to contribute to community safety through an improved and strengthened health protection function for the District.

7.5 HUMAN RIGHTS ACT

No specific implications.

7.6 TRADE UNION

No specific implications.

7.7 WARD IMPLICATIONS

No specific implications.

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

1. That a multi-agency health protection assurance group be established as a forum for bringing together the local health protection responsibilities.
2. That the group meets quarterly and report into the Health and Wellbeing board as required, or as agreed with the board.



10. RECOMMENDATIONS

10.1 That Options 1 and 2 are agreed

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None

