Agenda Item 11

HEALTH AND WELLBEING BOARD: 22 JANUARY 2015

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH PROTECTION BOARD ANNUAL REPORT 2013/14

Purpose of report

1. The purpose of this report is to inform the three Health and Wellbeing Boards for Leicester, Leicestershire and Rutland (LLR) that the Health Protection Board is delivering its statutory functions and to provide them with the assurance regarding the whole system for health protection across LLR.

Policy Framework and Previous Decisions

2. From April 2013 as a result of the Health and Social Care Act 2012 Leicester City Council, Leicestershire and Rutland County Councils acquired new responsibilities with regard to protecting the health of their population. Specifically, the local authority is required, via its Director of Public Health (DPH), to assure itself that relevant organisations have appropriate plans in place to protect the health of the population and that all necessary action is being taken.

Background

3. In order to discharge the health protection assurance responsibilities, a Health Protection Board was established as a sub-group of the three Health and Wellbeing Boards for Leicester, Leicestershire and Rutland (LLR). The LLR Health Protection Board is the way the Health and Wellbeing Boards are assured that the health protection agenda is being adequately addressed and considered in sufficient detail. The LLR Health Protection Board was established and held its inaugural meeting in June 2013 and now meets on a quarterly basis. This is the first annual report from this board.

Conclusions/Recommendations

4. **The Health and Wellbeing Board is asked to receive the Health Protection Board Annual Report 2013/14 and provide feedback on content and progress made to date.**

Officer to Contact

Name: Mike Sandys, Director of Public Health
Telephone: 0116 305 4239
Email: Mike.Sandys@leics.gov.uk

List of Appendices

Appendix 1- Leicester Leicestershire and Rutland Health Protection Board, Terms of Reference

Appendix 2-Reporting Template for the Health Protection Board for Leicester City, Leicestershire County and Rutland.

Appendix 3- Leicester, Leicestershire & Rutland Local Health Resilience Partnership

Appendix 4- Assurance about arrangements for health protection in Leicester City, Leicestershire and Rutland.

Relevant Impact Assessments

Equality and Human Rights Implications

5. The LLR Health Protection Board considers health protection assurance across different population and community groups characterised in the 2010 Equality Act (for example gender, ethnicity, disability etc).

Environmental Implications

6. The LLR Health Protection Board considers some environmental implications on health and health protection assurance (for example air pollution etc.)

Partnership Working and associated issues

7. The key role of the LLR health protection board is the gain assurance from key partners (including Public Health England, NHS England, local Clinical Commissioning Groups, Regulatory Services, Local Resilience Forum etc) on health protection across the system.

Risk Assessment

8. The LLR Health Protection Board is assured that relevant organisations have appropriate plans in place to protect the health of the population, hence reducing health protection risks to the LLR population.

Leicester Leicestershire and Rutland Health Protection Board

Annual Report 2013-14

Introduction

From April 2013 as a result of the Health and Social Care Act 2012 Leicester City Council, Leicestershire and Rutland County Councils acquired new responsibilities with regard to protecting the health of their population. Specifically the local authority is required, via its Director of Public Health (DPH), to assure itself that relevant organisations have appropriate plans in place to protect the health of the population and that all necessary action is being taken. In order to discharge these responsibilities, a Health Protection Board was established as a sub-group of the three Health and Wellbeing Boards for Leicester, Leicestershire and Rutland. The Health Protection Board is the way the Health and Wellbeing Boards are assured that the health protection agenda is being adequately addressed and considered in sufficient detail.

This is the 2013/14 annual report for the Health Protection Board. Its primary purpose is to inform the three Health and Wellbeing Boards for LLR that the Board is delivering its statutory functions and to provide them with the assurance regarding the whole system for health protection across LLR.

LLR Health Protection Board

The LLR Health Protection Board was established and held its inaugural meeting in June 2013. During 2013-14 it met on a further three occasions; September 2013, December 2013 and March 2014. The terms of reference are attached in Appendix 1.

The aim of the board is to provide assurance to the local authorities in LLR about the adequacy of prevention, surveillance, planning and response with regard to health protection issues. Issues that are within the scope of the board are, but are not restricted to:

- infectious disease in the community
- healthcare acquired infections including hospital acquired infections
- environmental hazards
- immunisation programmes
- sexually transmitted infections including HIV
- blood borne viruses
- national screening programmes
- tuberculosis
- seasonal influenza

Issues that are specifically out of scope of the board include:

- health services emergency planning arrangements and response including chemical biological radiological nuclear (CBRN) and pandemic flu (which falls under the remit of the Local Health Resilience Partnership of which the DPH for Leicestershire County and Rutland is co-chair)

- business continuity

- predictable 'business as usual' events such as NHS/social care winter planning

Membership of the group comprises:

- Directors of public health from each of the upper tier authorities in LLR
- Public Health England
- District and unitary council environmental health departments
- Immunisation leads for the area covered
- CCG quality leads responsible for HCAI commissioning
- NHS commissioning leads for each of the national screening programmes
- Chair of the TB board
- Sexual health commissioner/chair of sexual health programme board
- NHS England Area Team for Leicestershire and Lincolnshire

The Board meets quarterly and is chaired by one of the DPHs by agreement between them. Reporting mechanisms were developed iteratively throughout the year. The main mechanism for assurance is completion of a reporting template for each meeting (Appendix 2) for each of the key organisations represented. These are:

- Public Health England represented by the Consultant in Communicable Disease Control (CCDC). Topics reported on include incidents, outbreaks and emerging issues.

- District and unitary council environmental health departments (represented by 1 officer for Leicestershire, 1 for Rutland and 1 for Leicester City). Topics include food safety and air quality.

- Local Authority Public Health teams (usually represented by the Consultant lead for Health Protection). Topics reported on include Community Infection Control services, TB, Sexual Health commissioning, and clinical governance.

- CCG quality leads responsible for HCAI commissioning – usually represented by lead nurse for each CCG. Main topic reported on is infection control.

- NHS England Area Team for Leicestershire and Lincolnshire, represented by Consultant lead for screening and immunisation. Topics include immunisation and screening programmes.

Key risks, emerging issues and mitigations identified for 2014/15.

Public Health England

In March 2013 the Consultant in Health Protection (CHP) gave a verbal update on a national measles outbreak. An outbreak investigation team has been convened and had met twice. All appropriate actions and communications are reported to be in hand.

The key emerging issue identified by PHE was multidrug resistant organisms. It was felt that more work is needed on this across the whole system and the CHP planned to work with relevant partners to develop an action plan to progress this locally.

By October 2013 PHE reported that the southern hemisphere was fairly quiet for seasonal 'flu this year which gives an indication of what we might expect for our own 'flu season. In light of this there were no plans to change the current seasonal 'flu vaccine campaign. It was also reported that the coronavirus is more prevalent after Hajj – i.e. from 18 October and beginning of December. This could have affected travellers to/from Saudi Arabia and PHE coordinated communications to raise awareness of this.

In March 2014 PHE reported increase in Scarlet Fever notifications. PHE has communicated with GPs, schools and nurseries plus other stakeholders.

Environmental Health and Regulatory Services

The key areas of interest were reported by Local Authority EHO and regulatory services representatives to the Board. These were eventually focussed on food safety and air quality. With nine local authority services across LLR (seven districts, Rutland County Council and Leicester City Council) it proved to be a challenge to ensure all services could feed into the meeting, particularly for Rutland who contract their environmental health services to Peterborough City Council. Representation for all services has now been agreed and work will continue to ensure all areas are able to provide assurance for the localities.

Clinical Commissioning Groups

The Chief Nurses for the three CCGs meet quarterly with other key stakeholders across health and social care with a remit for infection prevention and control at the LLR Infection Prevention Control Strategy Group. These meetings coordinate and agree the CCG submission to the Health Protection Board. Work to reduce Clostridium difficile infection (CDI) continued to be a priority throughout the year. In April the CCGs organised an LLR Health and social care economy wide planning day to develop an action plan for this work and have now established an operational group to deliver the work. Assurance was also provided to the Health Protection Board relating to the outbreak of Ebola virus and University Hospitals of Leicester (UHL) preparedness.

LA Public Health

Community Infection Prevention and Control

Historically an infection control service for Leicestershire County care homes was funded by Leicestershire County and Rutland Primary Care Trust and provided by Leicestershire Partnership Trust. The funding for this service was transferred from health to the local authority during 2013/14 and with the transfer of responsibility for infection prevention and control LLR local authorities have now commissioned a service from LPT to extend the service to cover all local authority provided or commissioned health and social care services across LLR.

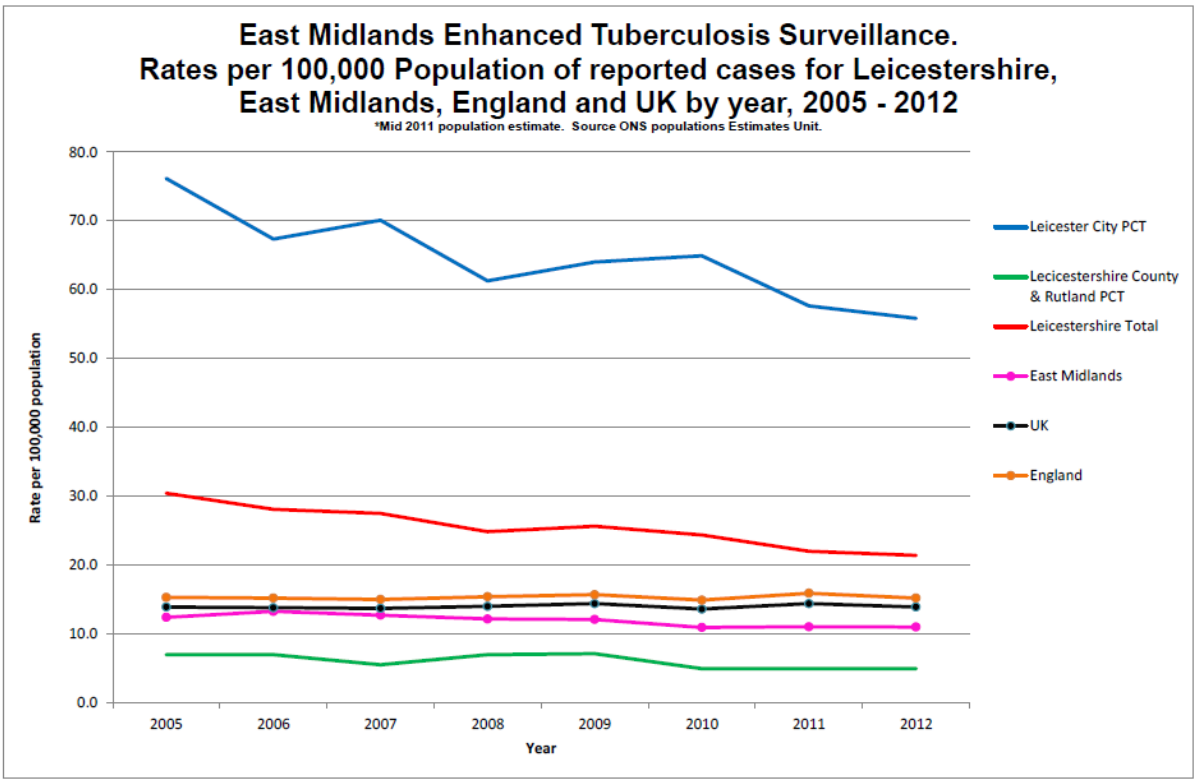
This was eventually agreed by December 2013 and a senior clinical nurse specialist was appointed at the end of the March 2014. The service is both proactive and reactive. Proactively it seeks assurance and supports community infections services, skills, systems and knowledge. It also offers reactive support for both PHE and CCGs for community outbreaks, where additional capacity is needed. A performance management system was set up for the service with a steering group comprising LA Public Health, PHE and Adult Social Care officers. They initially meet monthly with LPT to develop the service, with the intension to revert to quarterly meeting once the service was established.

Sexual Health Services

A new Integrated Sexual Health Service (ISHS) was commissioned and launched in January 2014. Initial communications were undertaken and the providers appointed a sexual health communication lead to develop & lead delivery of promotion plan, including public consultation on branding of the service. The contract is managed by a Contracts Management Board with officers from the three responsible local authorities, which initially met monthly and is moving to quarterly meetings. In addition a Sexual Health Partnership Board has been established to oversee the monitoring and management of the ISHS and ensure consistency of delivery across LLR.

TB Board

Contrary to the UK as a whole and most PHE regions, including the East Midlands, TB case report rates in LLR continued their gradually fall in 2012 which continues a trend observed since 2005.



In Leicester City the TB incidence rate has fallen from 77/100,000 to 56/100,000 during this time period. The TB incidence rates in the county from 2005 -2012 have remained at a very low level (5/100000).

The vast majority of active TB cases develop the disease after previously acquired latent TB infection. The burden of TB in LLR is, to a large extent, driven by the unidentified latent infection in the migrant populations now living in the area. It is with this in mind that the TB Board is actively examining the feasibility of developing with commissioners a new entrant screening programme for adults (16-35 years old) migrating from high incidence countries as a means of curtailing the spread of the infection through this route. An equivalent children's screening service already exists for this.

NHS England

During 2013/14, Leicestershire was part of an NHS England pilot, to offer the nasal flu vaccine Fluenz® to primary school pupils. The pilot covered Leicester City and East Leicestershire and Rutland CCGs. The local pilot across 228 different schools saw approximately 28,600 children (52%) vaccinated against flu between September 2013 and early January 2014. In 2014/15, this pilot is to be extended to include children attending schools in the geography of West Leicestershire CCGs, and for all areas involved in the pilot and to increase the age cohort to include children in school years seven and eight.

Nationally in September 2013, an oral vaccine for rotavirus was introduced into the childhood immunisation programme for babies aged two and three months. This has already shown a dramatic decline in the numbers of rotavirus cases identified by labs in 2013/14 compared to previous years (2002-2013).

In September 2013, a national routine vaccine programme for shingles was introduced targeting people age 70 years and a catch-up programme for people aged 79 years. A snapshot of our local vaccination uptake for last year suggests (based on the sentinel practices) 70 year olds (58%) and 79 year olds (59%) across both of Leicestershire's CCGs are more likely to have been vaccinated compared to the England averages (47% and 46% respectively).

Breast cancer is the most common cancer in the UK. Breast screening offers a test to check the breast for abnormal growths in women aged 50 to 70 every three years. In Leicestershire (83.4%), a higher proportion of eligible women have had a breast screen within a three year cycle compared to the East Midlands (80.4%) and England (76.3%). In Leicestershire, there is a local campaign to increase attendance at breast screening for women with learning disabilities. A DVD tailored to women with learning disabilities and their carers is to be launched on 10th June 2014 to explain the purpose and processes behind breast screening.

In Leicester, Leicestershire and Rutland (82%), a higher proportion of eligible women have had a cervical screen within five years compared to the East Midlands (80.4%) and England (78.3%).

Bowel cancer is the third most common cancer in the UK, with one in 20 people developing it at some point in their life. Bowel cancer is also the second biggest cause of cancer deaths, but regular screens can reduce the risk of death by 16 per cent[1]. Up-take for bowel cancer screening for West Leicestershire and East Leicestershire and Rutland CCGs combined is 58%, compared to a national target of 60%. Bowel cancer is more common in deprived communities. Whilst overall, bowel screening up-take is low' it is lower still in our most deprived communities where the risk of developing the cancer is greatest.

Whole System Risks and mitigations

A system wide area of concern for the Board was the lack of clarity with regard to how to respond across LLR to significant outbreaks or incidents. The LLR Local Health Resilience Partnership took the lead in developing these arrangements and reporting this back to DH on a standard template agreed by all partners (Appendix 3). Although some areas are still unclear, for example responsibility for funding certain element as of a response, the Board took a pragmatic approach that could be developed in the light of further experience. This was tested with the response to the measles outbreak across the UK during spring 2013, where there was initial lack of agreement on who should lead the communications. This could potentially have fallen to either PHE with responsibility for outbreak investigations and control, NHSE with responsibility for 'flu vaccinations, or any of the local authorities' DPHs with an overall health leadership role. A pragmatic approach was taken and it was agreed by all parties that PHE would take the lead on this and that all communications teams would

[1] [2] Cochrane Database of Systematic Reviews, 2006. Screening for colorectal cancer using the faecal occult blood test: an update

keep each other informed as to any activity or communication plans in place, and all would ensure consistency of messages with PHE.

Assurance Audit

Tony Baxter, DPH Doncaster, has developed an audit of 10 questions to facilitate the scrutiny of health protection functions based on the Centre for Public Scrutiny approach. As part of the assurance process undertaken by the Health protection Board for the three Health and Wellbeing Boards, the DPHs for LLR have completed this (Appendix 4). The results from this audit confirmed assurance for health protection across LLR.

Appendix 1

Leicester Leicestershire and Rutland Health Protection Board

Terms of Reference

1 Aim

The aim of the board is to provide assurance to the local authorities in LLR about the adequacy of prevention, surveillance, planning and response with regard to health protection issues.

2 Scope

Issues that are within the scope of the board are, but are not restricted to:

1 infectious disease in the community
2 healthcare acquired infections including hospital acquired infections
3 environmental hazards
4 immunisation programmes
5 sexually transmitted infections including HIV
6 blood borne viruses
7 national screening programmes
8 tuberculosis
9 seasonal influenza

Issues that are specifically out of scope of the board include:

1 health services emergency planning arrangements and response including CBRN and pandemic 'flu
2 business continuity
3 predictable 'business as usual' events such as NHS/social care winter planning

3 Methods of working

The board will seek assurance in the following ways:

1 It will develop a health protection dashboard pulling together data from a variety of sources including PHE, NHS trusts, NHS Commissioning Board and environmental health teams in order to assess performance.
2 It will review areas of poor performance and expect recovery plans to be in place.
3 It will identify the need for and review the content of plans relevant to the health protection agenda.
4 It will support coordination of work concerning health protection issues and escalate where gaps in partnership working are identified.
5 It will ensure that learning from incidents has been established to inform future working practices.
6 It will ensure that evidence based practice is being followed in all areas of health protection practice.
7 It will raise any concerns with the relevant commissioners and/or providers.
8 If necessary it will escalate concerns to the Health and Wellbeing Board and/or to the chief executive of the relevant organisation as appropriate.

9 Any discussion of individual cases or incidents and the respective minutes of these will not disclose:

- Confidential information which relates to and identifies an individual unless the information is disclosed in a form ensuring that individuals' identities cannot be ascertained, or an individual consents to disclosure;
- Any information, the disclosure of which is prohibited by or under any enactment;
- Any information, the disclosure of which would breach commercial confidentiality.

4 Accountability

The HP Board will cover the areas of Leicestershire County, Rutland County and Leicester City Councils. It will act as a sub-group of each of the three health and wellbeing boards. It will produce an annual report on health protection issues for each of the three HWBs and will report other issues by exception.

5 Membership

- Directors of public health from each of the upper tier authorities in LLR
- Public Health England
- District and unitary council environmental health departments
- Immunisation leads for the area covered
- CCG quality leads responsible for HCAI commissioning
- NHS commissioning leads for each of the national screening programmes
- Chair of the TB board
- Sexual health commissioner/chair of sexual health programme board
- NHS England Area Team for Leicestershire and Lincolnshire

The Board will meet quarterly and will be chaired by one of the DPHs by agreement between them.

Secretarial support and production of the dashboard will be undertaken by one of the local authority public health teams (by agreement between the DPHs). Additional members may be invited where necessary by full Board agreement. Members will endeavour to send a deputy if they are unable to attend.

Appendix 2

Reporting Template for the Health Protection Board for Leicester City, Leicestershire County and Rutland.		
LLR Local Authorities Public Health	**Risks/Issues**	**Mitigation**
CIPC		
Sexual Health		
TB		
Clinical Governance		

Appendix 3

LEICESTER, LEICESTERHSIRE & RUTLAND LOCAL HEALTH RESILIENCE PARTNERSHIP

REVIEW OF LOCAL HEALTH PROTECTION ARRANGEMENTS FOR RESPONDING TO INCIDENTS AND OUTBREAKSName of Co-Chairs of the Local Health Resilience Partnership	**Lead DPH – Mike Sandys** **NHS England Area Team – Trish Thompson**
Upper Tier Local Authority	Leicester City Council Leicestershire County Council Rutland County Council
Local Health Resilience Forum	Leicester, Leicestershire & Rutland
NHS England Area Team	Leicestershire & Lincolnshire
Public Health England Centre	East Midlands
Local Government Association Region	Midlands

1. Please confirm with reference and explanatory notes as required, the local agreements for responding to health protection incidents and outbreaks

	Issue	Local Agreement (Yes/No with reference, and explanatory notes if required)
1.1	**Appointment of Incident Director**	In the event of an Outbreak Control Team being established, this will normally be chaired by a Consultant in Communicable Disease Control, Consultant in Health Protection or a Health Protection Specialist. Local Authority Directors of Public or nominated lead may chair the group where there are wider implications for local public health or a major contribution from the Local Authority is required. Please refer to the Communicable Disease Outbreak Management Plan for PHE Centre East Midlands. Also covered in PHE Centre Incident Response Plan.
1.2	**Creation of incident team**	The triggers for establishing an Outbreak Control Team are documented in the Communicable Disease Outbreak Management Plan for PHE Centre East Midlands
1.3	**Communication to the public**	Public Health England will normally undertake a lead role for communications when responding to communicable disease incidents or outbreaks as documented in the above mentioned plan.
1.4	**Setting up and running a phone helpline and social media service**	A communications strategy will be looked at by the Outbreak Control Team, led by Public Health England Communications lead.
1.5	**Communication to health and local government staff**	Communications Strategy will be led by PHE and agreed, under the Agenda, at the Outbreak Control Team as stated in 1.4

	Issue	Local Agreement (Yes/No with reference, and explanatory notes if required)
1.6	**Organising and funding of sample testing (including any transport)**	No local agreement has been reached regarding funding for sample testing. Enclosure 2 in the LHRP Health Protection Pack states that: In practice the funding at local level of clinical interventions whether investigative or curative, is a responsibility of the NHS. NHS England and CCG finance officers will agree an appropriate methodology for sharing costs on a case by case basis from within budget allocations, to support the locally agreed clinical responses. The sharing of more significant costs will be agreed as appropriate, with NHS England Regional and National Finance Directors.
1.7	**Organising and funding of resulting treatment**	The Communicable Disease Outbreak Management Plan for PHE Centre East Midlands, identifies that NHS England will lead the mobilisation of NHS funded services. No local agreement exists regarding funding of these incidents, but funding stream would be in line with current commissioning arrangements
1.8	**Inclusion of outbreak response (as well as emergency response) in contracts with providers:** **a) NHS England AT contracts** **b) CCG contracts** **c) LA contracts**	Contractual responsibility clear, supplanted by ways of working agreement between PHE, commissioners and providers Service Condition 30 in the NHS Standard Contract refers to Emergency Preparedness and Resilience including Major Incidents. Specifically SC30.9 states: If there is a Significant Incident or Emergency: 30.9.1 the Parties must comply with their respective Incident Response Plans; and 30.9.2 each Party must provide the others with whatever further assistance they may reasonably require to respond to that Significant Incident or Emergency; and 30.9.3 the Provider must comply with its Business Continuity Plan SC 30.12 states: The Provider must at the request of the Co-ordinating Commissioner provide whatever support and assistance may reasonably be required by the Commissioners and/or NHS England and/or Public Health England in response to any national, regional or local public health emergency or incident. Disaster Recovery and Business Continuity planning is included in the contract for the provision of Public Health Services; however specific outbreak response is not included.
1.9	**Production of incident report**	Highlighted in the Communicable Disease Outbreak Management Plan for PHE Centre East Midlands, the Chair of the Outbreak Control Team will ensure all relevant information pertaining to the incident is collated.

2. Specific handling issues

	Issue	Local Agreement (Yes/No with reference, and explanatory notes if required)
2.1	**A Tuberculosis outbreak**	The Tuberculosis Service is not contracted to manage an outbreak – refer to the Communicable Disease Outbreak Management Plan. TB outbreak is included in the Dynamic Risk Assessment Appendix K of the Communicable Disease Outbreak Management Plan
2.2	**A blood borne virus outbreak**	No specific local agreement in place - refer to the Communicable Disease Outbreak Management Plan
2.3	**An infected health care worker look**	No specific local agreement in place. A serious untoward incident would be raised within the organization responsible and normal procedures would be instigated.

	Issue	Local Agreement (Yes/No with reference, and explanatory notes if required)
	back exercise	
2.4	**An incident related to national immunisation programmes**	An incident related to the national immunisation programme, such as failure of cold chain or faulty batch of vaccine, would be led by the Screening and Immunisation Lead drawing on other expertise and resources as necessary.
2.5	**An environmental hazard**	District Councils and the Environment Agency both have responsibilities for dealing with environmental hazards. Should specific public health advice or guidance be required Public Health England and the Director of Public Health both have responsibilities, and would offer a coordinated response as highlighted in the Communicable Disease Outbreak Management Plan.
2.6	**A healthcare associated infection**	These cases would be managed by the relevant organisation with appropriate escalation as required.
2.7	**A school related outbreak**	School nursing service is commissioned by Local Authorities and delivered by LPT. Please refer to point 1.8
2.8	**A care home related outbreak**	These cases would be managed by the provider with the support of the GP, community health services and LA contracts management.
2.9	**A terrorist attack involving nerve agent; response to include access to ambulance service deployed Nerve Agent Antidote Pod and further treatment using Obidoxime**	Nerve agent attack would be identified by NHS services and / or Police, either directly or via Police CBRN centre. Access to nerve agent pod via EMAS
2.10	**Additional issue of Potassium Iodate Tablets**	

Name of person completing the proforma	Andy Kelly
Appointment	Head of EPRR
Organisation	NHS England (Leicestershire & Lincolnshire)
Contact Details (e-mail and telephone number)	andrew.kelly3@nhs.net 0116 295 0827
Date	Approved at LHRP 26th March 2014

Appendix 4

Assurance about arrangements for health protection[2] in Leicester City, Leicestershire and Rutland.

Question	LLR
1. Does the local authority have a clear understanding of the pathways and providers involved in the delivery of health protection? Possible supplementary question: Opportunity to ask further questions about specific aspects of health protection e.g. immunisation/screening /sexual health etc.	The DPHs and their teams can articulate commissioner responsibilities and local pathways for: • Emergency preparedness and incident response: = LHRP & LRF (LLR Prepared) • Communicable disease management: = PHE for outbreak management (see recently updated plan) • Management of other health protection Incidents (e.g. Environmental hazards, Meningococcal disease, Vaccination preventable diseases, Seasonal flu, Chemical, radiation and terrorist incidents) = PHE • Community Infection prevention and control in health and social care, including healthcare acquired infections, communicable disease and infection prevention and control standards in community settings = Currently contract with LPT, to be moving to an in-house service 2015/16 • Screening = Commissioned & coordinated by NHS Area Team; Various providers • Immunisation ○ Routine programmes: Childhood immunisations, seasonal flu, PPV (Pneumococcal Polysaccharide Vaccine), school based e.g. HPV (human papilloma virus to prevent cervical cancer) and diphtheria/tetanus/polio ○ Targeted programmes: BCG, RSV, neonatal hepatitis B = Commissioned & coordinated by NHS Area Team; Various Providers • TB = Treatment is commissioned by CCGs incl. public health response

[2] Based around work completed by Dr Tony Baxter for a scrutiny panel of Doncaster Metropolitan Borough Council

	• Contraception and Sexual Health = LLR Integrated Sexual Health service commissioned by council; provided by Staffordshire and Stoke on Trent Partnership NHS Trust. Pharmacy and GP LES for IUCD, Implanon and Chlamydia screening, and number of VCS contract for advice and support • Surveillance, Alerting and Tracking = PHE • Information and Advice = Strategic advice is provided by PHE; operational advice also from PHE duty desk and from LLR PH CIPC Service. Provision of information to the general public is responsibility of the DPH though we would normally expect PHE to take the lead in Comms in line with LLR LHRP review of health protection arrangements for responding to incidents and outbreaks • Training = Provider responsibility
2. What are the local governance structures and responsibilities for Health Protection in the area? Possible supplementary questions: Given the significant changes to the local health system, are partners and providers aware of the new structures, sources of expertise and key contacts? Has a local health protection committee been established and, if so, what is the membership? What are the reporting arrangements for health protection?	Following the transfer of Public Health to Local Government under the Health and Social Care Act 2012, local authorities have a new health protection responsibility for "providing information and advice to relevant organisations (including PHE) so as to ensure all parties discharge their roles effectively for the protection of the local population". According to the new Regulations, the Director of Public Health (DPH) has responsibility for strategic leadership of health protection in a unitary/upper tier authority[3]. As such, the DPH, should be absolutely assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. Across LLR the DPHs for Leicestershire and Leicester City provide overall assurance of the health protection system including Health Emergency Planning, Resilience and Response. The DPHs oversees outcomes and arrangements relating to Health Protection through the LLR Health Protection Board for which currently the DPH for Leicestershire is currently the Chair. This group secures assurance on behalf of the three Health &

[3] This is in addition to pre-existing health protection functions and statutory powers delegated to local authorities under the 1984 Public Health (Control of Disease) Act, the 2008 Health and Social Care Act, the 1974 Health and Safety at Work Act and the 1990 Food Safety Act. It is also in addition to the local authority's statutory role as a Category 1 Responder under the Civil Contingencies Act 2004.

Leicestershire County Council

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<td>Is there a development/forward plan for health protection locally?</td>
<td>
Wellbeing Boards for LLR.

Alongside this, arrangements for health emergency planning are overseen by the LHRP.

Other key partners as follows:

<table>
<tr><th>Agency</th><th>Role</th><th>Lead Officer</th></tr>
<tr><td>Public Health England</td><td>Communicable disease control and monitoring, expert advice on environmental, chemical, biological and radiation hazards, HCAI monitoring

Responsibilities include:
A duty to take such steps as the SoS considers appropriate to protect the health of the public in England
Powers in relation to Port Health
Category 1 Responders under the Civil Contingencies Act 2004
Power to provide a Microbiological Service in England

PHE also has a team embedded within the NHSE local area team which is responsible for commissioning vaccination and immunisation programmes for LLR</td><td>Dr Philip Monk</td></tr>
<tr><td>NHS England Local Area Team</td><td>Commissioning routine vaccination, immunisation and screening programmes, commissioning primary care, responsibility for some closed communities, e.g. prisons

Health protection related responsibilities as set out in the Health and Social Care Act (2012) and subsequent regulations include:
Commissioning Primary Care in England
Clinical Governance and Leadership
Commissioning specialist services
Emergency planning
Commissioning services such as Health Visiting
Patient Safety and Service Quality</td><td>Dr Tim Davies</td></tr>
<tr><td>CCGs</td><td>Broadly speaking: commissioning secondary care and community services (incl. PH aspects of TB control) and</td><td>Caroline Trevithick, Carmel O’Brien and Dawn Lees acts as point</td></tr>
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		HCAI monitoring A CCG has statutory duties to: 1. obtain advice appropriate to enable it to effectively discharge its functions, from persons who, when taken together, have a broad range of professional expertise in: a. Prevention, diagnosis or treatment of illness b. The protection or improvement of public health 2. make available to LAs CCG services or facilities so far as is reasonably necessary to enable LAs to discharge their functions relating to social services, education and public health 3. co-operate with LAs 4. Category 2 Responders duty under Civil Contingencies Act 2004 5. co-operate with category 1 responders to assess risk and prepare plans	of contact into the three CCGs
	Primary Care Providers	Reporting notifiable diseases, administering vaccination and screening programmes	GPs
	Secondary Care Providers	Treatment services, responding to emergencies, communicable disease notification and control	UHL, sundry 'private providers'
		Partners will be aware of the source of strategic advice and leadership on outbreak management which continues to be provided by health protection colleagues who formerly worked in HPA. In regard to commissioning, key partners and providers are aware of the new structures with which they need to engage.	
3. Are clear, up to date SLA's/MOU's in place between the local authority and all partner agencies involved in the local health protection system? Possible supplementary question:		Arrangements with all providers directly commissioned by the LA are documented in contracts. These are reviewed as part of the routine commissioning cycle. Arrangements with other partners: NHSE commissioned screening and immunisation programmes work to a national specification. The LHRP have a MoU describing partner roles.	

What process is in place for reviewing these agreements?	PHE own an outbreak plan which sets out roles in the event of an outbreak.
4. How well do the councils understand the potential and existing risks to health in the borough, and how do we ensure that partners also know and understand? Possible supplementary questions: Can data flow to the right people in the new system in a timely manner? Can the system respond to changing health risks appropriately?	Risks to the population are documented in the community risk register by the LRF, in which the Council is a key partner. LRF partners all have visibility of this. The DPH is advised by PHE about longstanding and emerging health protection related risks. Papers on these risks are brought to the HWB and Scrutiny committees from time to time, and an Annual Report from the LLR Health Protection Board is taken to each H&WB. Nevertheless, further work is needed to ensure that: a) Members and officers have a sound grasp of the risks, their scale and of the evidence for effective action b) the Councils' targeting of financial savings is achieved in a way which reasonably reflects the risks associated with that service/hazard, and the relative value of public health measures to mitigate them.
5. What system is in place to provide assurance to the DPH, on behalf of the local authority, that arrangements to protect the health of residents are robust and being implemented appropriately? Possible supplementary question: Has an annual review process for the local health protection system been agreed?	See 2 above.
6. Is the Council assured that the system can respond appropriately in the event of	Yes. Public health have engaged closely with PHE on an updated outbreak management plan. Some work

an outbreak/incident?	remains, especially in regard to ensuring that additional resources which may be needed can be mobilised quickly.
7. What accountability structures would be used by the DPH to escalate health protection concerns as necessary, and can current arrangements ensure a timely response?	In practice the resolution of any concern is likely to be addressed through the DPHs' personal influences and longstanding good relationships amongst partners in the area. In the event that a health protection concern is not addressed, options for escalation are: - To the Chief Exec of the Council - To NHSE (via LHRP/NHSE) - To PHE (via Centre Director) - To the H&WBs and Councillors with portfolio responsibility for public health
8. What arrangements are in place to manage cross-border incidents and outbreaks?	See 5 & 6 above. The outbreak plan covers the region. PHE's remit is regional.
9. How are we developing new joint working arrangements between public health/the wider health protection system and environmental health within the Council?	The DPH for Leicestershire and Rutland is co-chair of the LHRP. The DPHs or deputies engage with structures for managing national screening and immunisation programmes in across LLR. Senior environmental health officers sit on the HP Board. Public health has engaged with the LLR Environmental Health & Regulatory Managers groups.
10. What formal agreements are in place between PHE and the Council to determine the specialist health protection support, advice and services PHE will provide to the Council?	Formal arrangements or discharged via the HP Board

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