HEALTH AND WELLBEING BOARD: 19 NOVEMBER 2015

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

LEICESTER, LEICESTERSHIRE AND RUTLAND HEALTH PROTECTION ASSURANCE REPORT (COVERING APRIL 2014 TO SEPTEMBER 2015)

Purpose of report

1. The purpose of this report is to inform the three Health and Wellbeing Boards for 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.

Link to Better Care Together

Workstream	Relevance	Workstream	Relevance
Maternity, neonates, children and young people		Mental health	
Long term conditions		Frail and older people	
Urgent care	X	Planned care	
Learning disabilities		End of life	

2. The Health Protection Board needs assurance that the system can respond to health protection issues including outbreaks of infectious disease (such as Ebola in winter 2014) and environmental hazards. Hence there is a link with the urgent care BCT work stream including winter planning, emergency planning, surge and resilience.

Policy Framework and Previous Decisions

3. 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

4. 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 in June 2013 and now meets on a quarterly basis.

   This is the second health protection assurance report received by the three Health and Wellbeing Boards from the LLR Health Protection Board.

Conclusions/Recommendations

5. The Health and Wellbeing Board is recommended to;
   - Receive the Health Protection Board Report April 2014- September 2015
   - Note the specific health protection issues that have arisen locally and steps taken to deal with these.

Background papers

- Leicestershire County Council Health and Wellbeing Board (January 2015) Leicester, Leicestershire and Rutland Health protection Annual Report 2013/14. Leicestershire Coiunty Council. [Available online at http://politics.leics.gov.uk/Published/C00001038/M00004289/$$ADocPackPublic.pdf]

- Public Health England (2013) Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. PHE, London. [Available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf]

Leicester, Leicestershire and Rutland Health Protection Board

Health Protection Board Assurance Report

Covering April 2014 to September 2015

1. Background

As a result of the Health and Social Care Act 2012 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.

The purpose of this report is to update the three Health and Wellbeing Boards for Leicester, Leicestershire and Rutland (LLR) of the role that the Health Protection Board is carrying out to provide assurance for the whole system for health protection across LLR. It also updates the boards on key risks that have emerged during the year and how these have been handled.

2. Health protection arrangements in LLR

2.1. Function of the LLR Health Protection Board (HPB)

In order to discharge the health protection assurance responsibilities a LLR Health Protection Board (HPB) was established in June 2013 as a sub-group of the three Health and Wellbeing Boards in LLR. Nationally, boards were set up because health protection responsibilities sit across a large number of organisations, including several which have a very wide geographic remit, with the potential for fragmentation and loss of local focus. The LLR HPB meets on a quarterly basis and is chaired by one of the two DsPHs in LLR. The purpose of the board is to provide assurance for the Health and Wellbeing Boards that:

- appropriate health protection arrangements are in place, are sound, tested and reviewed where appropriate, and used for current routine health protection work;
- partners are providing this assurance through both practical working relationships and regular reports to the Board, including information regarding changes or developments to health protection arrangements as a result of incidents/ experience and national, regional and locally agreed policy and guidance.

In quarter four of 2014/15 the HPB terms of reference were reviewed to ensure they were fit for purpose. Minimal changes were made and the terms of reference are available in Appendix 1.

2.2. Roles and Responsibilities of the HPB

In addition to the DsPH having an overarching responsibility for ensuring the health of the population is protected, a number of other organisations have statutory responsibilities to protect the health of the population. These are: Public Health England (PHE), NHS England, Clinical Commissioning Groups (CCGs) in relation to primary and secondary care providers and Local Authorities. These responsibilities are summarised in the Appendix 2.

2.3. Health protection governance structures and providers

The Health Protection Board has completed a mapping exercise of the health protection system across LLR. This is briefly described in Appendix 3. It should be noted that each of organisations and

functions participating in the Health Protection Board have their own internal governance and reporting mechanisms, and make information available to the public.

Where health protection services are commissioned these are contracted via normal service specifications and contracting mechanisms apart from those commissioned by NHS England, which uses national service specifications. Where appropriate a partnership agreement is in place between commissioners for some jointly procured services (such as the integrated sexual health service.) Memoranda of understanding or letters of agreement are in place between LLR Prepared members and another, between the local authority public health teams and their local CCGs.

All members of the Health Protection Board complete a quarterly template (Appendix 4) to inform the board of any major changes to the health protection system (including plans, policies, and guidelines) and any major health protection incidents. (N.B. This excludes emergency planning which is reported via LLR Prepared, which the DsPH is a member of.) These are discussed and taken as a source of assurance, and any issues or gaps identified are followed up to ensure that these are addressed. If health protection concerns cannot be addressed at the HPB, escalation routes initially include DsPH approaching chief officers of individual organisations. If this does not resolve the concern, these can be escalated to the appropriate Local authority lead member for public health, to the appropriate Health and Wellbeing Board or to the LLR Quality Surveillance Group (which reviews health and social care organisational performance across LLR).

3. Update on key health protection risks, emerging issues and mitigation

3.1. Whole System Risks and mitigations

The key health protection and emergency planning risks to the LLR population are documented and regularly reviewed in the community risk register which is held by LLR Prepared (see 3.2) and available to all LLR Prepared partners. Other health protection risks are also captured on individual commissioner and provider organisational/ corporate risk registers, of which key risks will be highlighted to the Health Protection Board via the quarterly template.

The DsPH are also regularly advised by PHE about longstanding and emerging health protection related risks which are fed back to the lead member with responsibility for public health. Papers on major risks are also brought to the Health and Well Being Boards and Scrutiny committees as appropriate, and an Annual Report from the LLR Health Protection Board is taken to each Health and Well Being Board.

The section below updates the Health and Well Being Boards of the key risks, emerging issues and mitigations that have taken place from April 2014 to September 2015. For completeness of assurance we are also including information regarding LLR Prepared even though it does not fall within the purview of the Health Protection Board.

3.2. LLR Prepared (Local Resilience Forum, LRF)

During 14/15 and Q1 15/16 LLR Prepared have completed the following actions;

- Reviewed a number of plans/ policies including LRF Strategic Business Plan, Constitution, Community Risk Register, Major Incident Framework, Record Keeping protocol, Chemical, Biological, Radiological and Nuclear , , 4x4 severe weather protocol, Loughborough Town Centre Evacuation Plan, Media and Communications Plan, Mass Fatalities Plan, Humanitarian Assistance

Plan, Flood Response Framework. Recovery Plan, Pipeline Plan, Control of major accident hazards (Wing Water and Brenntag).

- Published a Voluntary Agency Directory detailing key partner voluntary organisations, contact details and what they can offer in both the response and recovery phases of an emergency.
- Delivered/ coordinated a number of emergency planning training opportunities including Exercise Opticon (counter terrorism), MAGIC training, Resilient Telecoms Exercise, Exercise Birdsong (Flu Pandemic), Exercise Opus (Mass Fatalities) and a series of local 'operational training' sessions for all partner agencies.
- Implemented changes to the LLR Prepared governance structure in June 14 to streamline meetings and improve focus on outcomes / products. (See Fig 1). This has assisted closer working between LLR Prepared and the Local Health Resilience Group. A quarterly newsletter is also produced to assist with wider awareness of the forum.

Fig 1 LLR Prepared governance structure.

Future priorities for LLR Prepared in 2015/16 include;

- Community Resilience 'Aware and Prepared' project – promoting community plans, recruiting 'prepared citizens' to help local communities in the event of a localised incident, establishing a youth award scheme(using an established Duke Of Cornwall model) and LLR prepared week.
- Implementing learning from the MAGIC training including implementing logging, documentation and legal training session.
- Further development of plans including the mass treatment, Strategic and Tactical Co-ordinating Group, heatwave and cold weather plans.

3.3. Public Health England (PHE)

During winter 2014 the priority health protection risk was preparing for a case of Ebola across LLR following the epidemic in Liberia, Guinea, and Sierra Leone. Although the risk of a case was low, plans needed to be developed and tested. PHE nationally led the response. Locally protocols and plans were developed and tested including a multiagency table top exercise and a local exercise to test the system plans if a patient presented in GP with symptoms. An Ebola action card was

developed to quickly trigger an incident/ outbreak control team in and out of hours. To date, no confirmed cases of Ebola were identified in the East Midlands.

Other key health protection outbreaks occurring across LLR from April 2014 to September 2015 include;

- Tuberculosis (TB) outbreak in school in Leicester City. Approximately 90 students were screened for TB but no cases were identified.
- Salmonella (food poisoning) outbreak associate with a pub in the Blaby area. All initial investigations have been completed. The incident management team are continuing to monitor and investigate the incident..
- Invasive Group A Streptococcus (iGAS, a skin bacteria that got into a normally sterile place) in a care home in Castle Donnington area. Residents in the home have been re-swabbed to ensure that the organism has been successfully eradicated. The latest swabbing shows this to be the case.
- Methicillin-susceptible Staphylococcus aureus (MSSA, bacteria usually found on the skin) in a school in Hinckley and Bosworth District. At risk children attending the school were swabbed and provided with suppressant treatment. This was communicated and consented to by parents.

Work has also been progressing at considering the response to emerging infections (such as Carbapenemase-Producing Enterobacteriaceae (CPE)) to ensure that we have appropriate identification and public health / infection control measures in place.

Healthcare organisations across LLR have individually developed strategies to respond to the emerging problem of antimicrobial resistance. However, as yet there is no consistent strategic approach across the whole of LLR. This will form a significant component of the HPB work during 2016.

A potential risk for 2015/16 includes the movement of the PHE team from County Hall, Glenfield to the PHE East Midlands Centre in Nottingham. Therefore systems are being reviewed to ensure the DPH maintains timely assurance from PHE.

3.4. Local Authority Regulatory Services

The HPB now receives reports from Regulatory Services (Environmental Health & Trading Standards) across LLR on air quality, food safety & standards regulation and environmental issues (e.g. contaminated land investigations) impacting on health protection. Table 1 summarises the latest council performance against some of these areas. Mitigating action to improve air quality throughout 2014/15 has included working with upper tier authorities and partners to develop plans to reduce congestion and levels of nitrogen dioxide, PM10 dust and sulphur dioxide. Some districts councils have implemented enhanced support and inspections for high risk food businesses in 2014/15. Food poisoning investigations are undertaken by each District and City Council in partnership with PHE.

Table 1 Summary of key environmental health indicators for each district or unitary local authority.

Council	Declared Air Quality Management Areas	% food businesses achieving ≥ Level 3 National Food Hygiene Rating Scheme
Blaby District Council	5	92%
Charnwood Borough Council	4	93%
Harborough District Council	1	97%
Hinckley & Bosworth Borough Council	0	92%
Leicester City Council	-	-
Melton Borough Council	0	93%
North West Leicestershire District Council	5	94%
Oadby & Wigston Borough Council	-	-
Rutland County Council	0	n/a looking to implement shortly

Key emerging risks for regulatory services across LLR include;

- Food poisoning and food borne diseases for example increase E.coli in 'Gourmet' burgers production (following publication of Food Standards Agency guidelines) and increased availability of raw milk.
- Tackling '0' rated food premises on National Food Hygiene Rating Systems
- Health and safety in butchers shops
- Commercial catering premises and carbon dioxide levels (CO_2)
- Supply of tobacco to children
- Smokefree compliance in Shisha cafes
- Air Quality Management Areas for nitrogen dioxide (NO_2) and particulate matter
- Potential emerging contaminated land sites
- Reductions to budgets and potential impacts on staff and resources.

3.5. Local Authority Public Health

3.5.1. Sexual Health Services

The LLR Integrated Sexual Health Service (ISHS) was implemented in January 2014. The provider Staffordshire and Stoke on Trent Partnership Trust initially experienced issues regarding recruiting staff, implementing IT systems, specialty training and performance however significant improvements have been made into 2015/16 and this is continuing to be monitored through the contract meeting and ISHS Partnership Board.

Since the implementation of the Health and Social Care Act, sexual health commissioning has become fragmented across local authorities, CCGs and NHS England. A LLR sexual health visioning event was delivered in July 2015 to identify ways to reduce this fragmentation and to develop a clear direction for sexual health. This will be supported by a revised sexual health needs assessment for Leicestershire County and Rutland due winter 2015. Leicester City Council updated its specific needs assessment on sexual health in 2013 which has informed commissioning decisions.

Leicester is a high prevalence area for diagnosed HIV and has a high rate of late diagnosis (defined as CD4 <350ml). Plans are in place to increase community based diagnoses of HIV infection.

3.5.2. Community Infection prevention and control (CIPC)

The community infection prevention team support local authority social care services to improve their infection prevention control practices across LLR. In summer 2014, LPT confirmed they were no longer going to provide the community infection prevention control (CIPC) service. Therefore a market test was completed in November 2014 to identify new providers. However no providers were identified after repeating the market test. The service was therefore brought into the adults and communities compliance team within Leicestershire County Council in July 2015 on behalf of all three local authorities. A team is now in place and developing much closer relationships with the wider compliance, quality and contracting teams across LLR. They are also developing a CIPC strategy for local authority services, which will feed into the wider LLR infection prevention control strategy.

3.5.3. Tuberculosis (TB)

New cases of Tuberculosis (TB) continue to fall across LLR. In Leicester City the TB incidence rate has fallen from 56/100,000 (2010-2012) to 53.1/100,000 (2011-2013). This continuing reduction in rate is likely to be due to rapid diagnosis and treatment of latency in TB contacts. Changes in the migration pattern into the city over the last 5 years may also have had an effect, with less migration from the Indian sub-continent (where TB rates are high) and increased migration from Eastern Europe (i.e. Poland where TB levels are much lower). The TB incidence rates in the county from 2005-2013 have remained at a very low level (~5/100,000). Rutland also continues to have a very low rate at 7.1/100,000 for 2011-2013.

In January 2015, PHE launched a national Collaborative TB Strategy for England 2015-20. This has therefore been the primary focus of the LLR TB Board. This strategy includes establishment of Regional TB Control Boards, implementation of a New Entrant Latent TB (LTBI) Screening Programme (piloted in Leicester City from April 2015) and implementing the 10 key action areas.

3.6. NHS England

3.6.1. Immunisation

NHS England commission all immunisation and screening programmes across LLR. Table 2 provides the latest immunisation performance for 2014/15 and quarter 1 2015/16. All immunisations have a 95% target except for the school leaving Td/IPV booster which is 90%. It can be seen that the immunisation targets are not being achieved for many childhood immunisations from aged five years upwards across LLR. This is a similar position to that seen nationally and plans are in place to address these for example a new home visiting vaccination service starts in Leicester City from July 2015 and a new school based immunisation programme starts in September 2015 for all school aged immunisations. Targeted work is also being carried out with poorly performing GP practices.

Table 2 Immunisation performance split by local authority. Data source: System One, supplied by Child Health Services, Bridge Park Plaza.

a) 2014/15 full year

	Dtap/IPV/ Hib	PCV Booster	Hib/Men C Booster	MMR at 2	Dtap/IPV Booster at age 5yrs	MMR at 5yrs (Second dose)	Td/IPV Booster at age 15yrs	HPV (Dose 1 only)
Aiming to achieve	95%	95%	95%	95%	95%	95%	90% (local)	90%
Rutland	96.0%	96.6%	96.6%	95.6%	86.7%	90.2%	81.9%	94.7
Leicestershire	97.6%	97.5%	96.9%	96.9%	94.0%	95.0%	85.6%	93.5
Leicester City	95.8%	95.2%	94.4%	94.8%	91.4%	92.1%	80.7%	88.4

b) Q1 2015/16 (N.B. HPV data not available)

	Dtap/IPV/ Hib	PCV Booster	Hib/Men C Booster	MMR at 2	Dtap/IPV Booster at age 5yrs	MMR at 5yrs (Second dose)	Td/IPV Booster at age 15yrs	HPV (Dose 1 only)
Aiming to achieve	95%	95%	95%	95%	95%	95%	90% (local)	90%
Rutland	100.0%	97.6%	96.5%	97.6%	85.5%	86.7%	93.2%	-
Leicestershire	97.3%	100.0%	99.7%	98.5%	97.0%	97.0%	90.8%	-
Leicester City	95.3%	95.0%	94.7%	94.4%	91.3%	91.4%	78.2%	-

Table 3 shows the 2014/15 influenza (flu) vaccination uptake across LLR. It can be seen that all CCGs achieved over 70% uptake in people over 65years, but uptake was nearer 50% in all other at risk groups. Immunisation performance was even lower for Leicester City CCG. In terms of healthcare providers all organisations increased their flu vaccination uptake from 2013/14 performance with 58.1% of GPs, 52% of LPT and 60% of UHL staff being vaccination in winter 2014.

In winter 2014 LLR local authority care homes and domiciliary providers were offered a '*one-off*' opportunity to provide their frontline staff with vouchers for a free flu vaccine. The aim was to normalise providers to encourage staff to receive their flu vaccination in future years. 66 vouchers were distributed in Leicester City and 642 in Leicestershire County. (Figures are unknown for Rutland). Further work is being completed for winter 2015 to increase uptake within the social care setting and to establish the vaccination uptake baseline.

Table 3 Influenza (Flu) vaccination uptake across LLR in 2014/15, split by CCG.

	Over 65	Under 65 at risk	Pregnant Women - all	All 2 yr olds	All 3 yr olds	All 4 yr olds
Leicester City CCG	71.9	49.2	46.6	34.7	37.8	28.3
West Leicestershire CCG	73.9	49.5	51.2	49.3	52.1	44.4
East Leicestershire and Rutland CCG	73.2	48.3	48.2	52.2	54.1	45

In winter 2014, all children aged four to thirteen (~97,000 children) were offered the intranasal flu vaccination through the school based pilot. The LLR uptake was 59.3%. Initial evaluations of the childhood flu vaccination programme indicate that GP consultation rates for 'influenza-like illness in all age groups was higher in non-pilot areas (64.5/100,000) compared to pilot areas (17.7/100,000), that 'flu positivity rate in all ages in primary care in non-pilot areas was 16.2% compared to 8.5% in pilot areas' and that 'Emergency department respiratory attendance was 8.7% in non-pilot areas compared to 5.5% in pilot areas'.[1] In winter 2015 only primary school children will be given the vaccination as part of the school based programme.

In 2015/16 new immunisation programmes commenced. From August 2015 teenagers between the ages of 14 and 18 will receive a vaccine for MenACWY and from September 2015 babies will be given the meningitis B vaccination programme at 2, 4 and 12 months old.

3.6.2. Screening

NHS England commission a range of national screening programmes. Table 4 summarises the latest available performance for these programmes. N.B. the reporting geography and periods differs with each programme. It can be seen that LLR is performing well for all screening programmes except for bowel cancer and cervical screening in 25-49year old women for the city and 50-64.5 year old women across LLR. Data on the antenatal and new-born screening programme is available on request from NHS England.

[1] PHE (2015) The national flu immunisation programme 2015/16 letter (27th March 2015). PHE London. [Available online at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418428/Annual_flu_letter_24_03_15__FINALv3_para9.pdf]

Table 4 Summary of screening performance across LLR. N.B. reporting periods and geographies differ with each screening programme. Red font indicates underperformance from target. Data Source NHS England, 2015.

Screening programme	Description of indicator	Reporting period	Target	LLR plus Northants	LLR	Leic City	Leic County	Rutland
Bowel Cancer	% Uptake (60-70/74years)*	Q3 2014/15	60% (min 52%)		58.88%			
Breast Cancer	% Uptake (50-70years)*	Q1 &2 2014/15	80% (min 70%)	80.40%				
Cervical Cancer	Coverage 25-49, every 3 years	2013/14	70%			65.00%	76.20%	77.7%
	Coverage 50-64.5, every 5 years	2013/14	80%			75.40%	79.40%	79.0%
Abdominal Aortic Aneurysm	Men aged≥64.5years offered screening	Q4 2013/14	N/A		99.90%			
	Men aged ≥64.5years that accepted screening	Q4 2013/15	N/A		77.9%			
Diabetic Eye Screening	Uptake of screening by diabetic patients	Q4 2013/15	≥70% acceptable, ≥80% achievable		80.9%			

3.7. Clinical Commissioning Groups

Clinical commissioning groups (CCGs) have a responsibility to monitor health care associated infections (HCAI) (including Clostridium difficile infections (CDI) and Meticillin-resistant Staphylococcus aureus blood stream infections (MRSA BSI) across the healthcare system. CDI trajectories for 2014/15 were higher than the 2013/14 trajectories for all three CCG's and UHL. Final 2014/15 outturn for all three CCG's and UHL indicated that the final number of CDI cases reported for each organisation were within trajectory with no infection control concerns identified. However CDI trajectories for 2015/16 have been set considerably lower for all three CCG's and UHL, therefore specific organisational plans are being implemented which are performance monitored on a monthly basis. The nationally set trajectory for MRSA BSI remains at a zero trajectory for all organisations. In 2014/15 there were a total of nine MRSA BSI cases assigned to the CCG's in line with the latest guidance. All nine were appealed and gained 'third party' alignment (meaning the CCG has completed a post infection review identified no possible failings in patient care). Monthly monitoring will continue for this target into 2015/16.

Other prioritise for the CCGs include working towards the UK five year Antimicrobial Resistance Strategy and developing a five year LLR infection prevention control strategy and governance systems.

4. Conclusion and Recommendations

The report summarises the current LLR health protection assurance mechanisms and governance structures and provides an update on performance and key risks since the previous health protection annual report. The members of the Health Protection Board are assured that reasonable steps have been taken to adequately describe the health protection system in LLR, and that there has been regular review of issues, functioning and progress in providing a secure system. The most appropriate assurance mechanisms will need to be kept under review in the light of emerging local, regional, national and international health protection challenges, and local changes to organisations and key personnel.

The Health and Wellbeing Board is recommended to;

- Receive the Health Protection Board Report April 2014- September 2015
- Note the specific health protection issues that have arisen locally and steps taken to deal with these.

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

1 Aim

The aim of the board is to provide assurance to Directors of Public Health and Health and Wellbeing Boardsin LLR about the adequacy of prevention, surveillance, planning and response with regard to health protection.

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. extreme weather events
5. food safety
6. immunisation programmes
7. sexually transmitted infections including HIV
8. blood borne viruses
9. national screening programmes
10. tuberculosis
11. seasonal influenza
12. antimicrobial resistance

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 maintain a clear overview of the local health protection system including governance and expertise.

2. It will receive and consider regular reports from members giving an overview of relevant activity in the period covered, changes in health protection arrangements, risks and issues identified and plans and actions intended to mitigate these.

3. It will ensure that learning from incidents has been established to inform future working practices.

4. It will ensure that evidence based practice is being followed in all areas of health protection practice.

5. It will raise any concerns (including gaps in coordination) identified by the Board with the relevant commissioners and/or providers and, if necessary, will escalate

concerns to the appropriate Health and Wellbeing Board and/or to the chief executive of the relevant organisation.

6 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 – Health Protection Team
- 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
- NHS England Area Team

The Board 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 Key health protection roles and responsibilities

Agency	Roles and responsibilities	Lead Officer
Director of Public Health, Local Authority	Following the transfer of Public Health to Local Government under the Health and Social Care Act 2012, local authorities have the health protection responsibility for "providing information and advice to relevant organisations (including PHE) to ensure all parties discharge their roles effectively for the protection of the local population". The Director of Public Health (DPH) has responsibility for strategic leadership of health protection in a unitary/upper tier authority. 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 DsPH for Leicestershire and Rutland and Leicester City provide overall assurance of the health protection system including Health Emergency Planning, Resilience and Response. The DsPHs oversees outcomes and arrangements relating to Health Protection through the LLR Health Protection Board. This group also provides assurance to the three Health & Wellbeing Boards in LLR. It should be noted arrangements for health emergency planning are overseen by the LLR Prepared and the Local Health Resilience Partnership (LHRP) which is co-chaired with NHS England by the Leicestershire County and Rutland County Council DPH on behalf of both DsPH.	Mike Sandys, Leicestershire County Council and Rutland County Council Ruth Tennant, Leicester City Council
Environmental Health and Regulatory services , Local authority, (Unitary and District Councils)	Each Borough and District Council has Statutory responsibilities for Environmental health functions covering a number of Health Protection responsibilities including; • Food Safety (not standards) - Inspections, complaints, sampling, food poisoning, National Food Hygiene Rating Scheme. • Infectious disease – Investigations and Enforcement, including animal • Air Quality – monitoring and review of air quality. • Environmental Permitting – Control of emissions from certain industrial processes • Environmental Nuisances – Smoke, dust, odours, accumulations, pollution, noise • Occupational Health & Safety • Private Water Supplies – sampling and control • Smoke-free premises • Licensing – Alcohol, Entertainment, Taxis, Lotteries and Gambling • Pest Control (Control of Public Health Pests) • Private Sector Housing conditions – standards and conditions • Anti-Social Behaviour • Product Safety • Safety of Buildings and other Structures • Explosives storage	Alan Twells, Head of Regulatory Services, Charnwood Borough Council (District Council rep) Roman Leszczyszyn, Head of Regulatory Services, Leicester City Council

Public Health England	PHE take a lead role on communicable disease control and monitoring, expert advice on environmental, chemical, biological and radiation hazards, healthcare associated infections (HCAI), surveillance and monitoring. • Principle 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 • 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 NHS England local area team which is responsible for commissioning vaccination and immunisation programmes for LLR.	Dr Philip Monk, Consultant in Communicable Disease Control
NHS England Central Midlands	NHS England commission routine vaccination, immunisation and screening programmes, primary care (although this has locally been delegated to CCGs via co-commissioning from 1st April 2015) and has responsibility for some closed communities, e.g. military and prisons health services. 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 (although this is moving to local authority Public Health in October 2015) • Patient Safety and Service Quality	Dr Tim Davies, Screening and Immunisation Lead
Clinical Commissioning Groups (CCGs)	CCGs commission secondary care and community services (including some aspects of TB control) and HCAI monitoring. From the 1 April 2015 CCG across LLR co-commission primary care services on behalf of NHS England. A CCG has statutory duties to: • Obtain advice appropriate to enable it to effectively discharge its functions from persons who have a broad range of professional expertise in: o Prevention, diagnosis or treatment of illness o The protection or improvement of public health • To make CCG services or facilities available to LA so far as is reasonably necessary to enable LAs to discharge their functions relating to social services, education and public health • Co-operate with LAs • Category 2 Responders duty under Civil Contingencies Act 2004 Co-operate with category 1 responders to assess risk and prepare plans	Caroline Trevithick, Carmel O'Brien and Dawn Lees (Chief Nurses) acts as point of contact into the three CCGs

Primary Care Providers	Reporting notifiable diseases, administering vaccination and screening programmes. Primary care providers are expected to respond as needed to major incidents; however this would be coordinated through NHS England and CCGs.	GPs
Secondary & Community Care Providers	Treatment services, responding to emergencies, communicable disease notification and control. Most providers are classified as category 1 responders in the Civil Contingencies Act 2004, hence required to respond to a major incident as requested by the Local Resilience Forum (LLR Prepared).	UHL, LPT, sundry 'private providers'

Appendix 3 Summary of the key health protection arrangements and governance structures across LLR. *Emergency preparedness is excluded from the scope of the LLR Health protection Board due to the separate LLR Prepared governance structures that the DsPH sits on.

Area of health protection	Governance structures	Commissioner/ Providers
Emergency preparedness and incident response*	LLR Prepared (Local Resilience Forum (LRF)) and specifically for health, the Local Health Resilience Partnership (LHRP) for local major incidents. For cross boundary or high risk national emergencies this will be coordinated nationally by Central Government or COBR with support from the Resilience and Emergencies Division (RED) team (a branch of the Department for Communities and Local Government (DCLG)). Strategic, tactical and operational coordinating group command and control structure are used during an incident. 24/7 response available as described in the LLR Major Incident Plan (revised in summer 2015).	Multiagency category 1 and 2 providers across LLR including local authorities, police and health. NHS England oversees emergency planning across the health care system and jointly chair the LHRP with the DPH from Leicestershire and Rutland County Councils.
Communicable disease management Management of other health protection Incidents (e.g. Environmental hazards, Meningococcal disease, Vaccination preventable diseases, Seasonal flu, Chemical, radiation and terrorist incidents)	Outbreak Control Teams convened as needed. If the incident meets the definition of a major incident this will feed into the LLR prepared structures. If cross border incidents are identified this will be led by the lead PHE Centre or taken over by PHE nationally (Colindale). 24/7 health protection response available via PHE on call rota.	Public Health England lead with support from local authorities (including environmental health, public health etc), health (CCGs, acute and community providers), Environment Agency, Animal and Plant Health Agency etc. Specialist support available via PHE Centre for Radiation, Chemicals and Environmental Hazards (CRCE). PHE are also responsible for port health (including responding to incidents at East Midlands Airport.) PHE Centre East Midlands Communicable Disease Outbreak Management Plan was published in May 2014, this will be reviewed in May 2016.

Regulatory services	Each Local Authority has a different regulatory services governance arrangement, depending on what committee structure is in place.	Each district or unitary authority has their own regulatory services team.
Community Infection prevention and control (CIPC) in health and social care, including healthcare acquired infections, communicable disease and infection prevention and control standards in community settings.	Quarterly Strategic Infection Prevention and Control (IP&C) Group to: • Establish the strategic direction of infection prevention for LLR population • Monitor delivery of the strategic plan • Mandated by the HPB, make recommendations to health and social care organisations regarding mechanisms to reduce the risk of the spread of infections within the population of LLR • Escalate concerns and risks to the HPB for further broader discussion if required. Quarterly LLR CIPC Performance meetings	LLR CIPC service is commissioned by local authorities and was delivered by LPT until 30th June 2015. From 1st July 2015 the service was brought into Leicestershire County Council on behalf of all three local authorities. CCGs also have an IPC control team to monitor healthcare associated infections across the patch. All providers will have IPC leads or teams that can feed into the IPC operational meeting.
Screening	Quarterly LLR programme boards for each screening programme. These boards feed into the regional NHS England Board.	Commissioned & coordinated by NHS Area Team and delivered by various providers including acute hospitals and primary care.
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	Quarterly LLR immunisation board that formally feed into the regional NHS England Board.	Commissioned & coordinated by NHS Area Team and delivered by mainly primary care (GP) apart from school aged immunisations that from September 2015 will be delivered by using a school based programme delivered by LPT.
Tuberculosis (TB)	East Midland Regional TB Board chaired by the regional TB lead.	TB service commissioned by clinical commissioning groups (CCGs), outbreak response delivered by PHE. New entrant TB screening programme is to be delivered

	Quarterly LLR TB Board feed into the regional board. Changes in governance structures have occurred due to the2015 PHE National TB strategy.	in Leicester City from April 2015.
Contraception and Sexual Health	Quarterly LLR Integrated Sexual Health Service (ISHS) contract meeting and partnership board. Quarterly LLR HIV prevention contract meetings with providers.	Sexual Health services mainly commissioned by local authorities. Main LLR Integrated Sexual Health Service (ISHS) delivered by Staffordshire and Stoke on Trent Partnership NHS Trust. GP community based services for intrauterine devices, Implanon and Chlamydia screening. Pharmacy services for chlamydia screening and emergency hormone contraception. Sexual Health and HIV prevention and promotion service delivered by voluntary sector organisations (Leicestershire Aids Support Service (LASS), Trade and New Futures.) CCGs commission UHL and BPAS for termination of pregnancy services. NHS England commission UHL for HIV services and GPs for general sexual health and contraception services as part of the GP contact (although primary care co-commissioning has now been delegated to local CCGs.)
Surveillance, Alerting and Tracking of infectious disease	PHE have daily acute response meetings and weekly national teleconference and report to flag cases of infectious disease.	PHE coordinate health protection surveillance and tracking and alerting. CCGs also track local levels of health care associated infections. Local authority public health completes a joint strategic needs assessment that covers wider trend in disease prevalence across their patch.
Information and Advice	Information and advice is provided by a number of organisations within their mandated sphere of operation and competence.	All organisations provide information and advice specific to their services. Strategic health protection advice is provided by PHE,

	All organisations have 24/7 communication teams.	operational advice also from PHE acute response centre and from LLR PH CIPC Service. Provision of information to the general public is responsibility of the DPH but would normally be led by PHE in line with LLR LHRP review of health protection arrangements for responding to incidents and outbreaks. All organisations have 24/7 access to a communication team. These would link into the LLR prepared command structures if needed.
Training	Individual provider contract meetings and local authority clinical governance meetings.	LLR prepared delivered a range of training on emergency planning including a 4 day emergency course to Gold commanders in May 2015. Individual provider's responsibility including regular training audits.

Appendix 4 Overview of Health Protection Board Quarterly template. N.B. specific templates are sent to each organisation

Report to the LLR Health Protection Board **Date of meeting:** **Date template completed:** **Name and contact details of completer or compiler:**		
LLR upper tier or unitary Local Authorities Public Health		
	Risks/Issues	**Mitigation/plans**
Community acquired infection prevention and control		
Sexual Health		
TB		
Clinical Governance		
Other		
LLR upper tier or unitary Local Authorities Regulatory Services		
Air quality		
Food Safety regulation		

Other issues		
Public Health England		
Incidents		
Outbreaks		
Emerging issues		
Other issues		
NHS England Area Team.		
Immunisations		
Screening		
Public Health Commissioning		
Primary Care Commissioning		
Other issues		
CCGs - Leicester City, West Leicestershire and East Leicestershire and Rutland		
Infection Control		
Other Issues		