

# **Leeds Health & Wellbeing Board**

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**Report of:** The Director of Public Health

**Report to:** Leeds Health and Wellbeing Board

**Date:** 27 March 2014

**Subject:** Establishment of a new Health Protection Board

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

## **Summary of main issues**

1. This paper outlines the new health protection duties of local government from 1<sup>st</sup> April 2013 and the subsequent fragmentation of the public health protection system across a number of organisations in Leeds and beyond.
2. The Director of Public Health has proposed the establishment of a Leeds Health Protection Board in his DPH Annual Report 2013. This is in line with national guidance.
3. The role of the Health Protection Board would be to provide assurance that robust arrangements are in place to protect the health of communities in Leeds and implemented appropriately to meet local health needs.

## **Recommendations**

### **The Health and Wellbeing Board is asked to:**

1. Endorse the proposal to establish a Health Protection Board and the proposed membership and Terms of Reference for this group.
2. Endorse the proposal for the Health Protection Board to produce an annual report to the Health and Wellbeing Board.

## **1. Purpose of this report**

1.1 This report proposes the establishment of a Health Protection Board to provide assurance that robust arrangements are in place to protect the health of communities in Leeds and implemented appropriately to meet local health needs.

## **2 Background information**

2.1 In its broadest sense health protection is the prevention or mitigation of threats to human health and this would include safeguarding, violence or ensuring access to health services. For the purpose of this report though, health protection is viewed as activities that seek to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. The key elements included in this definition of health protection are:

- Emergency preparedness and incident response
- Communicable disease management
- Management of health protection incidents e.g.
  - Environmental hazards
  - Meningococcal disease
  - Vaccination preventable diseases
  - Seasonal flu
  - Chemical, radiation and terrorist incidents
- Infection prevention and control in health and social care, including healthcare associated infections, communicable disease and infection control standards in community settings.
- Screening programmes e.g. bowel, breast and cervical.
- Immunisation including routine and targeted programmes e.g. childhood immunisations, seasonal flu, HPV (human papilloma virus), diphtheria/tetanus/polio, BCG (which protects against tuberculosis).
- Tuberculosis (TB)
- Contraception and Sexual Health
- Blood borne viruses including Hepatitis B, C & HIV.
- Surveillance, Alerting and Tracking
- Information and Advice and Training

2.2 Local authorities have for many years played an important health protection role particularly in terms of their responsibilities around emergency planning and environmental health.

2.3 From 1<sup>st</sup> April 2013, Local Authorities have a new health protection duty under Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006. This is in addition to the existing health protection functions and

statutory powers delegated to local authorities under the Public Health (Control of Disease) Act (1984), the Health and Social Care Act (2008), the Health and Safety at Work Act (1974) and the Food Safety Act (1990).

- 2.4 The new mandatory duty given to local authorities is to ensure that steps are taken to protect the health of the population, in particular, to ensure there are plans in place to protect the health of the population. Local authorities (and Directors of Public Health acting on their behalf) have a critical role in protecting the health of their population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things do go wrong.

It is expected that Leeds City Council works with local partners to ensure that threats to health are understood and properly addressed. From 1<sup>st</sup> April 2013 when the new NHS and Public Health structures began operation the health protection system became fragmented across a number of agencies which exercise health protection functions in the city either as commissioners or providers, they include:

- Public Health England (Communicable disease control, Infection prevention and control, environmental, chemical, radiological, nuclear, terrorist hazards/incidents)
- The three Leeds Clinical Commissioning Groups (infection prevention and control, immunisation, communicable disease control, screening)
- NHS England West Yorkshire Local Area Team (Screening and Immunisation Programmes)
- Primary care providers
- Secondary care providers

- 2.5 New areas of health protection work continue to arise. For example, there will be a new national childhood flu programme from 2015/16 for those aged 4 (delivered through primary care) and school years 7 and 8 via a school nursing programme.

### **3. Main issues**

#### **3.1 Establishment of a Leeds Health Protection Board**

- 3.1.1 The Director of Public Health (DPH) is responsible for the strategic leadership of health protection in Leeds and it is essential that he has a strategic overview of all elements of the public health system that impact locally. He, on behalf of the Local Authority, must be assured that the arrangements to protect the health of the local community are robust and are implemented appropriately. These roles are more difficult with the fragmented system outlined in section 2 above. A key recommendation in the DPH Annual Report 2013 is that a Health Protection Board should be established to exercise these strategic and assurance functions. The DH / PHE guidance on Health Protection in Local Government (May 2013) also suggests that “Local Authorities may wish to establish a local forum for health protection issues, chaired by the DPH, to review plans and issues that need escalation. This forum could be linked to the HWB, if that makes sense locally”.

In recognition of the DPH's new health protection role and responsibilities in the Local Authority and these recommendations, the DPH proposes that a Health Protection Board is established as this forum in Leeds. Draft Terms of Reference for the Health Protection Board are shown in Appendix 1 with suggested membership.

The role and core purpose of the Leeds Health Protection Board is to provide robust governance arrangements for Leeds City Council, via the Director of Public Health, and for

partner organisations to undertake the planned new duties under the Health and Social Care Act 2012, to protect the health of the population. In particular the role of the Board is to:

- Be assured of the effective and efficient discharge of its health protection duties. A reporting framework will be submitted by each organisation;
- Provide strategic direction for health protection in ensuring they meet the needs of the local population;
- Provide a forum for the scrutiny of the commissioning and provision of all health protection duties across the Leeds area.

3.1.2 The specific role of the Health Protection Board will be to produce an annual work programme to ensure that effective plans are in place to protect the population, and are implemented. It is also proposed that the Health Protection Board should produce an annual report to the Health and Wellbeing Board.

#### **4. Health and Wellbeing Board Governance**

##### **4.1 Consultation and Engagement**

4.1.1 A key role for the Health Protection Board will be to ensure that effective consultation and engagement takes place as part of its work programmes and assurance role.

##### **4.2 Equality and Diversity / Cohesion and Integration**

4.2.1 The Health Protection Board will have a role in ensuring that health protection issues for vulnerable groups are addressed and that there is a focus on reducing health inequalities. The Health Protection Board will be committed to ensuring that equality and diversity is a priority in its work programmes and a key consideration in its assurance role.

##### **4.3 Resources and value for money**

4.3.1 The Health Protection Board itself will not hold a budget. However, its role in bringing key partners together and overseeing the health protection agenda across Leeds will ensure effectiveness and value for money of work programmes.

##### **4.4 Legal Implications, Access to Information and Call In**

4.4.1 There are no direct legal implications of this report. There is no confidential information or implications regarding access to information. The decisions requested in this report are not subject to call in.

##### **4.5 Risk Management**

4.5.1 A key role for the Health Protection Board will be to prevent and manage threats to health which in turn will be driven by particular health risks in the local authority area. The Board will manage emerging risks including delivering effective commissioning and provision of health and social care for:

- Infection Prevention and Control failure in compliance with Health and Social Care Act 2008 Code of Practice
- HCAs: failure to attain targets
- Immunisations: failure to attain targets

- Screening: failure to attain targets
- EPRR: failure to plan or respond adequately
- Environmental hazards and communicable disease control: failure to contain incidents

It is then expected that any such risks will be escalated to either the Council, partner organisations or the Health and Wellbeing Board (HWB) as appropriate and dependent on the risk, for resolution and assurance that appropriate action has been taken.

## **5. Conclusions**

- 5.1 This report illustrates that the scope of health protection, which Leeds City Council must now have oversight of is broad. The Director of Public Health (DPH) is responsible for the strategic leadership of health protection in Leeds. He, on behalf of the Local Authority, must be assured that the arrangements to protect the health of the local community are robust and are implemented appropriately. It is proposed that this responsibility should be exercised by chairing a local Health Protection Board (providing a link to and giving assurances to the Health and Wellbeing Board) and preparing a multi-agency health protection agreement and forward plan.

## **6. Recommendations**

**The Health and Wellbeing Board is asked to:**

- 6.1 Endorse the proposal to establish a Health Protection Board and the proposed membership and Terms of Reference for this group.
- 6.2 Endorse the proposal for the Health Protection Board to produce an annual report to the Health and Wellbeing Board.

## **APPENDIX ONE: LEEDS CITY COUNCIL HEALTH PROTECTION BOARD**

### **Draft Terms of Reference**

#### **1 Introduction**

- 1.1 The Health and Social Care Act 2012 provides that upper tier and unitary local authorities will have planned new duties to protect the health of the population. Directors of Public Health will have a critical role in protecting the health of their population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things do go wrong. They will need to have available to them the appropriate specialist health protection skills to carry out these functions.
- 1.2 In the paper "*Health Protection in Local Government*" published in August 2012, the Department of Health suggests that Local Authorities establish a local forum for health protection issues, chaired by the Director of Public Health, to review plans and issues that need escalation. The Department of Health advised that these forums can be linked to Health and Wellbeing Boards.
- 1.3 The definition of health protection usually refers to the protection of the public from hazards which damage their health and limit impact where exposure cannot be avoided, and includes hazards from infectious diseases, environmental hazards and emergency preparedness. However some definitions, such as that used by the World Health Organisation, are wide ranging and may cover accidental and non-accidental injury including domestic violence, safeguarding as well as health and safety. Following publication of "*Health Protection in Local Government*" it was felt that in Leeds the narrower definition should be adopted.
- 1.4 The Leeds Health Protection Board will provide a forum for the Director of Public Health and partner agencies to undertake the planned new duties to protect the health of the population. Topics covered are:
  - Infection prevention and control including healthcare associated infections (HCAs)
  - Immunisation programmes
  - Environmental hazards and control, biological, chemical, radiological and nuclear
  - Communicable disease control including the management of outbreaks
  - TB/Hepatitis
  - NHS & Public Health Emergency preparedness, response and resilience
  - New and emerging infections, including zoonoses, but not animal health
  - Screening programmes – Cancer, Infectious disease and others

#### **2. Constitution**

The Health Protection Board is established as a partnership body of the Health and Wellbeing Board.

### **3. Membership**

#### **3.1 Core membership of the Board will comprise:-**

Director of Public Health, LCC  
Consultant in Public Health LCC  
Head of Peace and Emergency Planning Unit LCC  
Environmental Health Manager, LCC  
Consultant in Communicable Disease control, Public Health England  
Leeds Clinical Commissioning Groups Representative  
West Yorkshire Area Team NHS Commissioning Board EPRR Manager  
West Yorkshire Area Team NHS Commissioning Board Immunisation & Screening Manager/Consultant  
NHS England Health and Justice Team

### **4. Appointments**

Appointments to the Health Protection Board will be approved by the Board through the authority delegated to individual members from their host partner organisations.

### **5. Chair Person**

The Chair of the Health Protection Board will be the Director of Public Health. The Vice Chair will be the Consultant in Public Health for Health Protection.

### **6. Arrangements for the Conduct of Business**

The agenda will be agreed by the Chair and Vice Chair and circulated one week prior to the meeting.

#### **a. Chairing the meetings**

The Director of Public Health will act as Chair. In the Chair's absence, the Vice Chair will take on this role.

#### **b. Quorum**

A quorum will be the Chair or Vice Chair and at least three other members from across a range of organisations.

#### **c. Frequency of meetings**

Meetings will be held bi-monthly. Additional meetings may be called if demand dictates.

#### **d. Frequency of attendance by core members**

Core members are expected to attend all meetings where reasonably possible.

Where a member cannot attend, a nominated deputy with delegated authority should attend on behalf of that member.

#### **e. Co-option of members**

Members may be elected to the Health Protection Board on an ad hoc basis as agreed by the Board.

**f. Declarations of Interest**

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussion. The Chair will have the power to request that member to withdraw until the group have given due consideration to the matter.

All declarations of interest will be minuted.

**g. Urgent matters**

Any urgent matters arising between meetings will be dealt with by Chair's action after agreement from three other members of the group.

**h. Secretariat support**

Secretarial support will be provided by the Office of the DPH, LCC.

**7. Conduct of business**

- Agendas and papers will be circulated to members at least seven working days before the meeting.
- Minutes of the meeting will be circulated as soon as possible after the meeting.

**8. Authority**

The Health Protection Board is endorsed by the Health and Wellbeing Board to ensure a coordinated approach to the health protection duties of the Director of Public Health, Leeds City Council. All decisions made within the Health Protection Board are through the authority delegated to individual members of the Board from their host partner organisations, and the governance of such decisions is through the mechanisms of these organisations.

**9 Role and Functions**

**9.1 Role**

The role and core purpose of the Leeds Health Protection Board is to provide robust governance arrangements for Leeds City Council via the Director of Public Health, to undertake the planned new duties under the Health and Social Care Act 2012, to protect the health of the population. In particular, the role of the Board is to:

- Be assured of the effective and efficient discharge of its health protection duties. A reporting framework will be submitted by each organisation;
- Provide strategic direction for health protection in ensuring they meet the needs of the local population;
- Provide a forum for the scrutiny of the commissioning and provision of all health protection duties across the Leeds area.

## 9.2 Duties

The specific role of the Health Protection Board is to produce an annual Work Programme to ensure that effective plans are in place to protect the population, and are implemented. As a result, the functions of the Health Protection Board will include:

- To contribute to the Leeds City Priorities Plan, the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment
- To ensure effective health protection surveillance information is obtained, assessed and used appropriately so that appropriate action can be taken where necessary.
- To coordinate and agree plans and strategies in Emergency Planning Resilience and Response (EPRR) for both NHS and public health responsibilities, within Leeds City Council, as a category one responder under the Civil Contingencies Act 2004.
- To gain assurance that plans and strategies in Emergency Planning Resilience and Response (EPRR) for both NHS and public health responsibilities, are in place and appropriately tested.
- To support strategies for the commissioning and implementation of national immunisation programmes, infection prevention and control and national screening programmes.
- To gain assurance of standards in the commissioning of national immunisation programmes, infection prevention and control and national screening programmes. These standards will be based on national standards, whenever feasible, and be applied to the Leeds context.
- To monitor the performance of each provider, commissioner and stakeholder in respect of;
  - National immunisation programmes
  - Emergency Preparedness, Resilience and Response
  - Health Care Associated Infections (incidence, incidents and action being taken to address)
  - Infection prevention and control compliance to relevant standards
  - National screening programmes
  - Prevention and control of environmental hazards and communicable diseases
  - Public Health National Outcomes Framework
- To manage emerging risks including delivering effective commissioning and provision of health and social care for;
  - Infection Prevention and Control failure in compliance with Health and Social Care Act 2008 Code of Practice
  - HCAs: failure to attain targets
  - Immunisations: failure to attain targets
  - Screening: failure to attain targets
  - EPRR: failure to plan or respond adequately
  - Environmental hazards and communicable disease control: failure to contain incidents

Then escalate risk to either the Council, partner organisations or the Health and Wellbeing Board (HWB), as appropriate and dependent on the risk, for resolution and assurance that appropriate action has been taken.

- Gain assurance that plans are in place to ensure prompt and effective cascade of major health protection alerts (including Chief Medical Officer cascade, Medicines and Healthcare products Regulatory Agency (MHRA) alerts, and other major alerts) to appropriate audiences and to confirm that systems are in place for responding to such alerts.

## **10 Relationships and Reporting**

### **10.1 Reporting arrangements from Sub-Committees/Groups of the Health Protection Board**

Minutes and recommendations of Sub-Committees/Groups of the Health Protection Board will be formally recorded and submitted to the Health Protection Board.

### **10.2 Reporting arrangements**

In recognising that the Health Protection Board will be reporting to the Health and Wellbeing Board in terms of providing assurance, it will produce formal minutes of meetings and a copy of those minutes will be available to the Health and Wellbeing Board upon request.

The Health Protection Board Chair will provide verbal updates as appropriate to the Health and Wellbeing Board or via a Director colleague.

The Health Protection Board will also provide assurance to the West Yorkshire Local Health Resilience Partnership in relation to EPRR.

## **11 Monitoring of Compliance**

Compliance is monitored by:

- submission to the Health and Wellbeing Board of Health Protection Board minutes and recommendations (when requested), together with a Health Protection Annual Report.

## **12 Review of Terms of Reference**

This document will be reviewed annually or sooner if required.

Approved by:

Date:

Approved by:

Date: