

Leeds Health & Wellbeing Board

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Report of: The Director of Public Health

Report to: Leeds Health and Wellbeing Board

Date: 18th June 2014

Subject: Establishment of a new Health Protection Board –: revised TOR

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? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. This paper outlines the new health protection duties of local government from 1st 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.
4. On 27.3.14 the Leeds Health and Wellbeing Board endorsed the establishment of a Health Protection Board in Leeds. The Leeds Health and Wellbeing Board requested that the draft Terms of Reference be reviewed in the light of comments about membership, the role of the Health Protection Board vs NHS England's roles and responsibilities, and the Clinical Commissioning Groups' role in performance managing NHS provider contracts.
5. Following discussions with key partners a revised Terms of Reference is presented for endorsement.

Recommendations

The Health and Wellbeing Board is asked to:

1. Endorse the proposed revised membership and Terms of Reference for the Leeds Health Protection Board

APPENDIX ONE: LEEDS CITY COUNCIL HEALTH PROTECTION BOARD

Draft Terms of Reference updated 4.6.14

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 as laid out in national guidance and in the local West Yorkshire Health Protection Specification (April 2014). Topics covered are:
- Infection prevention and control including healthcare associated infections (HCAIs)
 - 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, resilience and response
 - 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 Medicine (Health Protection), LCC

Consultant in Public Health Medicine (Maternal and Child 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 Representatives (provider quality and urgent care leads)

Directors of Infection Prevention and Control Leeds Teaching Hospitals NHS Trust and Leeds Community Health NHS Trust

Manager and Public Health Consultant WY Screening and Immunisation Team PHE also representing NHS England (West Yorkshire) Area Team (Health and Justice, EPPR and screening and immunisation teams)

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 public health responsibilities, within Leeds City Council, as a category one responder under the Civil Contingencies Act 2004.
- To gain formal assurance through the Local Health Resilience Partnership (LHRP) 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.
 - Provide assurance to the HWBB that all commissioners, providers and stakeholders of health protection services for Leeds residents are continually improving the performance 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
 - Relevant Public Health National Outcomes Framework and NHS Outcomes Framework health protection indicators
- 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 work with the West Yorkshire Local Health Resilience Partnership to obtain assurance 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: