

Appendix 1 – additional detail to support scrutiny of health protection functions

Assurance question	Response
<p>1. Does the local authority have a clear understanding of the pathways and providers involved in the delivery of health protection?</p> <p>Possible supplementary question:</p> <p>Opportunity to ask further questions about specific aspects of health protection e.g. immunisation/screening etc.</p>	<p>The DPH and his team can articulate commissioner responsibilities and local pathways for:</p> <ul style="list-style-type: none"> • Emergency preparedness and incident response: The Local Resilience Partnership oversees multi-agency emergency preparedness and response. Emergency preparedness relating more specifically to health is overseen by the Local Health Resilience Partnership, of which the DPH is co-chair. • Communicable disease management: Public Health England oversee outbreak management (see recently updated outbreak management plan & action cards) • Management of other health protection Incidents (e.g. Environmental hazards, Meningococcal disease, Vaccination preventable diseases, Seasonal flu, Chemical, radiation and terrorist incidents) Public Health England lead on the response to these incidents • Infection prevention and control in health and social care, including healthcare acquired infections in community settings This is currently delivered by Nottinghamshire County public health through an in-house team. But note, recent paper to Public Health Committee and ongoing work to host this within CCGs under a Section 75 agreement and with funding to transform the capacity of primary care and reduce longterm reliance on local authority funding • Screening Commissioned & coordinated by NHS England; various providers • Immunisation <ul style="list-style-type: none"> ○ 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; provided by NUH / SFH / CHP • Contraception and Sexual Health

	<p>Commissioned by council; provided by NUH, SFH & other providers</p> <ul style="list-style-type: none"> • Hepatitis A, B, C & E Outbreak management is provided by PHE; treatment is commissioned by CCGs; County Council has responsibility for prevention, including provision of advice to individuals and organisations Public health lead the Notts Stakeholder meeting and contribute to the E Mids Hepatitis clinical network • Surveillance, Alerting and Tracking PHE • Information and Advice Strategic advice is provided by PHE; operational advice also from PHE duty desk and from County PH IC commissioning matrons for infection control queries. Provision of information to the general public is responsibility of the DPH • Training Provider responsibility
<p>2. What are the local governance structures and responsibilities for Health Protection in the area?</p> <p>Possible supplementary questions:</p> <p>Given the significant changes to the local health system, are partners and providers aware of the new structures, sources of expertise and key contacts?</p> <p>Has a local health protection committee been established and, if so, what is the membership?</p> <p>What are the reporting arrangements for health protection?</p> <p>Is there a development/forward plan for health protection locally?</p>	<p>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 authority¹. 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.</p> <p>In Nottinghamshire County Council the DPH provides overall assurance of the health protection system including Health Emergency Planning, Resilience and Response. The DPH oversees outcomes and arrangements relating to Health Protection through the Health Protection Group for which he is Chair. This group secures assurance on behalf of the Nottinghamshire County Health & Wellbeing Board.</p> <p>Alongside this, arrangements for health emergency planning are overseen by the LHRP.</p> <p>Other key partners as follows:</p>

¹ 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.

	Agency	Role	Lead Officer
	Public Health England	<p>Communicable disease control and monitoring, expert advice on environmental, chemical, biological and radiation hazards, HCAI monitoring</p> <p>Responsibilities include:</p> <p>A duty to take such steps as the SoS considers appropriate to protect the health of the public in England</p> <p>Powers in relation to Port Health</p> <p>Category 1 Responders under the Civil Contingencies Act 2004</p> <p>Power to provide a Microbiological Service in England</p> <p>PHE also has a team embedded within the NHSE local area team which is responsible for commissioning vaccination and immunisation programmes for Nottinghamshire County</p>	Dr Vanessa MacGregor
	NHS England Local Area Team	<p>Commissioning routine vaccination, immunisation and screening programmes, commissioning primary care, responsibility for some closed communities, e.g. prisons</p> <p>Health protection related responsibilities as set out in the Health and Social Care Act (2012) and subsequent regulations include:</p> <p>Commissioning Primary Care in England</p> <p>Clinical Governance and Leadership</p> <p>Commissioning specialist services</p> <p>Emergency planning</p> <p>Commissioning services such as Health Visiting</p> <p>Patient Safety and Service Quality</p>	Linda Syson-Nibbs

CCGs	<p>Broadly speaking: commissioning secondary care and community services (incl. PH aspects of TB control) and HCAI monitoring</p> <p>A CCG has statutory duties to:</p> <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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 	Hazel Buchanan acts as point of contact into 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	NUH, SFHFT, Nottingham Treatment Centre, sundry 'private providers'
Arrangements for sexual health are overseen by Jonathan Gribbin.		

	<p>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, but there may still remain some stakeholders who are uncertain about the respective roles of the local authority, NHS, PHE, CCGs for some aspects of health protection.</p> <p>There is no single “forward plan” for health protection. There are workplans overseen by Public Health and other partners covering (for example) emergency planning, viral hepatitis, TB, infection control, and for local progress on national screening and immunisation programmes</p>
<p>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?</p> <p>Possible supplementary question:</p> <p>What process is in place for reviewing these agreements?</p>	<p>Arrangements with all providers directly commissioned by the LA are documented in contracts. These are reviewed as part of the routine commissioning cycle.</p> <p>Arrangements with other partners:</p> <p>NHSE commissioned screening and immunisation programmes work to a national specification.</p> <p>The LHRP have an MoU describing partner roles</p> <p>PHE own an outbreak plan which sets out roles in the event of an outbreak</p> <p>Public health have an MoU with CCGs describing the LA’s contribution to the health protection agenda on behalf of CCGs, e.g. input to TB stakeholder group</p>
<p>4. How well does the council understand the potential and existing risks to health in the borough, and how do we ensure that partners also know and understand?</p> <p>Possible supplementary questions:</p> <p>Can data flow to the right people in the new system in a timely manner?</p> <p>Can the system respond to changing health risks appropriately?</p>	<p>Risks to the population are documented in the community risk register by the Local Resilience Forum, in which the Council is a key partner. LRF partners all have visibility of this.</p> <p>The DPH is advised by PHE about longstanding and emerging health protection related risks. Papers on these risks are brought to the HWB from time to time, e.g. Air quality (July 2014)</p> <p>Nevertheless, further work is needed to ensure that:</p> <ul style="list-style-type: none"> a) Members and officers have a sound grasp of the risks, their scale and of the evidence for effective action b) the Council’s 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 compared to other services
<p>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</p>	<p>See 2 above.</p> <p>Gap: currently no process timetabled for annual review.</p>

<p>residents are robust and being implemented appropriately?</p> <p>Possible supplementary question:</p> <p>Has an annual review process for the local health protection system been agreed?</p>	
6. Is the Council assured that the system can respond appropriately in the event of an outbreak/incident?	<p>Yes. Public health have engaged closely with PHE on an updated outbreak management plan. Some work remains, especially in regard to ensuring that additional resources which may be needed can be mobilised quickly.</p> <p>(There is an associated action here for public health: to ensure that any relevant contracts, e.g. school nurses, contains appropriate wording about this and that this is exercised regularly).</p>
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?	<p>In practice the resolution of any concern is likely to be addressed through the DPH's personal influence and longstanding good relationships amongst partners in the area.</p> <p>In the event that a health protection concern is not addressed, options for escalation are:</p> <ul style="list-style-type: none"> - To the Chief Exec of the Council - To NHSE (via LHRP/NHSE) - To PHE (via Centre Director)
8. What arrangements are in place to manage cross-border incidents and outbreaks?	<p>See 5 & 6 above. The outbreak plan covers the region. PHE's remit is regional.</p> <p>Also to note: DPH role in City/County is currently discharged by same person.</p>
9. How are we developing new joint working arrangements between public health/the wider health protection system and environmental health within the Council?	<p>The DPH is co-chair of the LHRP.</p> <p>The DPH or his deputy engage with structures for managing national screening and immunisation programmes in Nottinghamshire and in Bassetlaw.</p> <p>Senior environmental health officers sit on the HPSG.</p> <p>Public health has engaged with the Notts Environmental Health & Regulatory Managers group. Work arising from this includes work on Air Quality and on reviewing mutual aid arrangements between EH departments responding to (for example) a major outbreak of foodborne disease.</p>
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?	<p>This is captured in MoU with PHE Centre Director which has been revisited recently</p>