

REPORT OF DIRECTOR OF PUBLIC HEALTH

ARRANGEMENTS FOR PROTECTING THE HEALTH OF THE POPULATION IN NOTTINGHAMSHIRE COUNTY

Purpose of the Report

The purpose of this report is to advise the Committee about

- a. The duties and responsibilities of the Council in regard to health protection, and
- b. The arrangements in place to ensure that these are discharged safely and effectively,

Information and Advice

1. Health protection is one of the key domains of public health action and may be understood as public health activities intended to protect individuals, groups and populations from communicable and non-communicable diseases, environmental hazards such as chemical contamination, and from radiation.
2. This broad definition includes the following functions within its scope:
 - Emergency preparedness and incident response
 - Communicable disease management (including TB, hepatitis)
 - Management of other health protection incidents e.g.
 - Environmental hazards, including those relating to air pollution, food
 - Meningococcal disease
 - Vaccination preventable diseases
 - Seasonal flu
 - Chemical, biological, radiological, nuclear (CBRN) and terrorist incidents
 - Infection prevention and control (CIPC) in health and social care, including healthcare acquired infections (HCAI) in community settings;
 - National programmes for screening
 - National programmes for 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 for Tuberculosis, RSV (respiratory syncytial vaccine) , neonatal hepatitis B
 - Surveillance, Alerting and Tracking
 - Information and Advice
 - Contraception and Sexual Health

Statutory responsibility

3. The Secretary of State for Health has the overarching duty to protect the health of the population. This duty is generally discharged by the Secretary of State to Public Health England.
4. Alongside the health protection functions delivered by Public Health England, the Health and Social Care Act 2012 introduced a new health protection duty for local authorities¹. 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).
5. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 delegate to local authorities:

“the critical role of 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”.
6. To a large extent, in regard to health protection specifically, the local authority statutory role is envisaged not as one of operational management, nor one of direct commissioning, but of local leadership which rests on the capability of the Director of Public Health and his team to identify issues in the wider system and to advise and influence appropriately, and which is underpinned by legal duties of cooperation, contractual arrangements and clear escalation routes².

Who else is responsible for health protection in the local system?

7. In addition to Nottinghamshire County Council, a number of other parties exercise health protection functions on behalf of the local population:
 - Public Health England (PHE): communicable disease control, environmental, chemical, biological, radiological, nuclear, terrorist hazards/incidents.
 - District councils: environmental health including food safety, air quality management
 - NHS England (NHSE): local commissioning and coordination of national programmes for screening and immunisations
 - Primary care providers: delivery of some national programmes
 - Secondary care providers: delivery of some national programmes
 - Clinical Commissioning Groups (CCGs): health emergency preparedness, provider performance

¹ This is set out in 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

² DH, PHE & LGA (2013). Protecting the health of the local population.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf accessed 24/12/14.

Exercise of statutory responsibility

8. The Director of Public Health chairs a Health Protection Group whose remit is to secure assurance about outcomes and arrangements for the health protection functions set out above. Membership of the group includes representatives from PHE, NHSE, CCGs, District Council Environmental Health and Nottinghamshire County Public Health. The group reports to the Nottinghamshire County Health and Wellbeing Board via the Health and Wellbeing Group.
9. The Health Protection Group oversees outcomes and arrangements for the health protection functions which are directly commissioned or provided by Nottinghamshire County Public Health (e.g. Community Infection Prevention and Control, and assessment of need related to health protection issues).
10. The group also secures assurance about outcomes and arrangements for health protection functions which are discharged by other parties within the local health system (e.g. communicable disease management, environmental health and national programmes for immunisation and screening).
11. Separate arrangements exist for two programmes within the health protection agenda: health emergency preparedness and incident response, which is the statutory responsibility of the Local Health Resilience Partnership (which is co-chaired by the Director of Public Health), and sexual health for which there is a separate Integrated Commissioning Group (also chaired by the Director of Public Health).

Key measures of outcome and performance of the health protection system

12. The Public Health Outcomes Framework (PHOF) contains a health protection domain which includes a number of measures relating to air quality, immunisation uptake, timely diagnosis of HIV, and effective treatment of TB. It provides for annual high level benchmarking of Nottinghamshire County's outcomes against those of other local authorities.
13. Outcomes for Nottinghamshire County are favourable compared to national average, and broadly in line with neighbouring counties but it should be noted that county-level indicators mask local areas with poorer outcomes where there remains significant unmet need.
14. In the last PHOF data to be published there was an unexpected exception to the overall pattern of favourable outcomes: for percentage of patients completing TB treatment, the performance was lower than national average and much lower than local historical performance. Audit work to understand this indicates this was largely due to problems of measurement rather than performance of the system: the small number of people who did not complete treatment seem to have included some who, for example, emigrated before completing treatment or where TB was only diagnosed at post mortem). Arrangements for treating and controlling TB remain effective.
15. Although it provides a powerful comparison with other areas, the PHOF on its own does not provide sufficient information for assurance purposes. Therefore, to complement the high level, annual benchmarking of outcomes provided by the PHOF, members of the Public Health team engage directly with the performance management arrangements of other organisations. For example, uptake of national immunisation programmes is reviewed on a

quarterly basis by NHS England's local screening and immunisation Programme Boards, of which Nottinghamshire County Public Health are members. This provides early visibility of performance at a more detailed level to support constructive interrogation and problem solving.

16. In addition to the quantitative measures of outcome and performance, the Health Protection Group also receives reports and intelligence of a more qualitative nature from partner organisations in the local health protection system which may point to vulnerabilities or shortcomings in existing arrangements. For example, PHE colleagues highlighted gaps in arrangements for dealing with communicable disease outbreaks which subsequently required a multi-agency solution. District Council colleagues have highlighted the need for work to update and reinvigorate the local framework for action on air quality, which has resulted in needs assessment work and sponsorship of further work by the Health and Wellbeing Board.

Additional detail to support scrutiny of the Council's health protection functions

17. Appendix 1 sets out 10 questions³ and corresponding responses drawn up and reviewed by the Health Protection Group to provide the Committee with additional detail regarding local arrangements for health protection.

Reasons for recommendation

18. The Council has a duty to ensure that all parties discharge their roles effectively for the protection of the local population. This duty is mostly exercised through leadership and influence over services which are commissioned and delivered by other organisations. Robust arrangements are in place to monitor and influence the outcomes and arrangements associated with these services.

Statutory and Policy Implications

19. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

20. None

RECOMMENDATION

The Committee is asked to recognise the duties of the Council in regard to health protection and to note arrangements in place for ensuring that all parties discharge their roles effectively for the protection of the local population.

³ Acknowledgements to Doncaster Metropolitan Borough Council who developed and used these with their Overview and Scrutiny Panel

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Constitutional Comments (CH 02/01/2015)

21. The report is for noting purposes only.

Financial Comments (KS 12/01/2015)

22. There are no financial implications contained within the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- None

Electoral Divisions and Members Affected

- All