
Report of Amanda Healy, Director of Public Health, Paul Davison, Deputy Director of Health Protection and Deb Wilson, Consultant in Health Protection

Purpose of the Report

- 1 This paper sets out the means by which the Director of Public Health is assured that the health of the population is protected. In doing this, it lays out the statutory duty placed on Local Authorities for health protection and outlines the role of the Director of Public Health (DPH). It also presents the health protection plan on a page which draws together key health protection programmes and identifies where assurance has been sought in this area of key responsibility. Finally, the paper will identify areas where this assurance could be strengthened.

Statutory Responsibilities

- 2 Under the Health and Social Care Act reforms introduced in 2013, a range of public health functions and statutory duties were integrated within Local Authorities and are additional to the existing public protection duties. This move brought with it responsibilities across the three domains of public health – health improvement, health protection and healthcare public health. The health protection element of these statutory responsibilities and the mandatory responsibilities of the DPH are as outlined below (detailed in appendix 2).
 - a) The Secretary of State’s public health protection functions.
 - b) Exercising the local authority’s functions in planning for, and responding to, emergencies that present a risk to public health.
 - c) Such other public health functions as the Secretary of State specifies in regulations.
 - d) DsPH will be responsible for the local authority’s public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications.
 - e) LA (DsPH) “will have a duty to ensure plans are in place to protect their population including through screening and immunisation”.

The key elements of health protection

- 3 Health Protection can be viewed as falling into three main areas:
 - Prevention
 - Planning and preparedness
 - Surveillance

Prevention

- 4 Local authorities have always had duties and powers to tackle environmental hazards. The move of local public health functions from the NHS into local government opened up new opportunities for joint working across the Council to tackle areas where there are potential threats, including food-borne infectious diseases and environmental hazards as well as preparedness for emergencies that have an impact on the public's health.
- 5 The local leadership of the DPH plays an important part in ensuring that the local authority and local partners are supporting preventative services that tackle key threats to the health of local people.

Some examples of this preventative role include:

- Ensuring that screening and immunisation programmes are quality assured and meet the needs of the local population.
- Ensuring there are integrated services in place to prevent and control tuberculosis.
- Commissioning measures to minimise drug-related harm, such as transmission of blood-borne viruses among injecting drug users.
- Developing local plans to monitor and prevent transmission of sexually transmitted diseases, to control outbreaks and to foster improvements in sexual health.
- Developing local initiatives to raise awareness of risks of infectious diseases.
- Working with environmental health colleagues who regulate businesses providing tattooing, cosmetic piercing, semi-permanent skin-colouring, electrolysis and acupuncture so as to reduce risks of harm.
- Preparing for extreme weather events such as heatwaves and flooding with a view to preventing and/or reducing the impacts on health, such as the impact on mental health and wellbeing of flooding.
- Advising on preparation of cold weather plan.
- Working with environmental health colleagues to improve local air quality.

Planning and preparedness

- 6 Effective planning is essential to limit the impact on health when hazards cannot be prevented. The legal duty under the NHS Act 2006 to protect the population will rest with the Secretary of State and will be discharged through Public Health England, which will provide the specialist health protection expertise to support local agencies in developing their plans to respond to public health emergencies and incidents.
- 7 Upper tier and unitary local authorities have duties in relation to emergency planning as Category 1 responders. There is also a statutory requirement placed on them to take steps to protect the health of their geographical population from threats ranging from relatively minor outbreaks and health protection incidents to full-scale emergencies.
- 8 The DPH will therefore provide advice, challenge and advocacy to protect the local population. Responsibility for responding appropriately to this advice (and accountability for any adverse impact if that advice is not heeded) rests with other organisations.

- 9 However, local authorities have a key lever to improve the quality of health protection plans through the effective escalation of issues. This includes raising issues locally, with the partner concerned, or with the health and wellbeing board, or directly with commissioners if there are concerns about commissioning of prevention services.

Surveillance

- 10 Surveillance can be defined as “the continuing scrutiny of all aspects of the occurrence and spread of disease pertinent to effective control in order to inform and direct public health action”. The Local Authority receives this information from a range of sources including Public Health England and NHS England. This can be complex information at different times. The public health epidemiologist has drawn this range of information together into a health protection dashboard (appendix 3). This now provides assurance to the DPH of the wide range of information that is received including immunisation, screening, sexually transmitted infections, food borne infections and environmental information. The new dashboard also provides trend information enabling oversight of health protection and where action may be required.
- 11 Public Health England ensures that an integrated national, regional and local surveillance capacity able to identify and track outbreaks across the country is maintained. Public Health England will ensure that all relevant partners, including DsPH and local public health teams, are kept fully informed of trends and possible threats. A summary of this work is outlined in the PHE annual report (appendix 4). Local authority public health and environmental health teams will play a vital role in local surveillance, for example, through bringing individual cases to the attention of Public Health England. Public Health England NE also produce an annual report on key health protection issues which adds to local surveillance data and ensures that the DPH has key intelligence on major issues of importance.

Health Protection Plan on a Page

- 12 The DPH and public health team regularly deal with health protection issues. These vary greatly in topic and scale, but all fall to the DPH’s assurance under the statutory responsibility to protect the health of the population of County Durham. To illustrate this, some of the issues this year have been:
- Seasonal flu vaccination programme for DCC and commissioned care staff.
 - A complex HIV cluster amongst young heterosexuals where a claim of reckless transmission was considered. It was the duty of the DPH to chair these meetings bringing together legal services, genitourinary medicine (GUM) and Public Health England (PHE). This work stretched over many months and involved liaison with the police and regional GUM services.
 - A case of multi-drug resistant TB in a prisoner refusing treatment in Durham prison. The DPH worked with PHE and prison services to try to ensure the welfare of the prisoner and the health protection issues for staff, other prisoner and the wider public (on release).
 - An ongoing cluster of latent tuberculosis (TB) in a deprived community in County Durham. This resulted in a campaign of testing, treating and vaccinating, overseen by the DPH but led by PHE with CDDFT TB nurses.

- A scrap yard fire where the population health of the public health needed to be considered. It was identified that there was no major threat to population health in this case, but many such cases can result in protective measure being taken.
- Three E.coli O157 cases.
- 9 school outbreaks.
- 28 care home outbreaks.
- 321 cases of Salmonella, Campylobacter and Cryptosporidium.

13 In order to capture the breadth and complexity of these far ranging responsibilities and to ensure assurance, the DPH has brought together a plan on a page (appendix 5). The plan provides an oversight of health protection and Emergency Preparedness actions and assurance mechanisms. It includes a focus on:

- Effective screening and immunisation arrangements are in place to support prevention, early detection and treatment of disease.
- Prevention and management of outbreaks and communicable disease (healthcare acquired infections, TB, sexually transmitted infections and blood borne viruses).
- Strategic regulation interventions including environmental hazards.
- Effective emergency response and recovery arrangements are in place.

14 The plan also identifies where assurance that key actions to protect health are reported to including:

- Range of reports from Public Health Oversight Group for screening and immunisation programmes across the North East (NE).
- Reports from NHS England on quality assurance and any incidents.
- Outbreak control reports from PHE.
- HealthCare acquired infection control group.
- Health protection committee.
- NE Prison Health Protection Group.
- Emergency plans.
- NE Local Health Resilience Partnership Annual Assurance Process.

Health Protection Assurance

Areas where assurance is strong

Screening and Immunisation

15 Within the area of immunisation and screening, overall Durham performs extremely well with the vast majority of programmes performing significantly above the England average. For example, all cancer screening and new-born screening rates are above both regional and national averages. For MMR, for example, Durham has a 97.5% coverage for two doses in five year olds compared with 94% regionally and 88% nationally. In addition to this, the Local Authority has been successful in a bid for money from the Cancer Alliance to provide extra support to those communities where there are inequality of uptake for cancer screening. The DCC's co-ordinated seasonal flu programme is another area of good practice.

Communicable Disease Control

- 16 Durham performs very well with its prevention and management of communicable diseases. There is very strong partnership working between a strong Public Health Team, a very dedicated Infection Control Team, an effective team of Environmental Health Officers and a highly professional local team at Public Health England.
- 17 In addition, the commissioned sexual health service is taking part in the national trial of Pre-exposure prophylaxis (PrEP) which provides medication that protects against contracting HIV in vulnerable individuals.

Emergency Preparedness, Resilience, Response and Recovery

- 18 In the area of Emergency Planning, Resilience, Response and Recovery, the Local Authority plays an active role in planning and exercising with all partners and has a valuable resource in the Civil Contingencies Unit (CCU). There is also good co-ordination across partner organisations through membership of the Local Resilience Forum (LRF).
- 19 In addition, a lead DPH co-chairs the Local Health Resilience Partnership which ensures that the NHS have robust plans in place for emergency situations and is also the lead DPH in the region for health protection in prisons.
- 20 These organisations and bodies provide a level of assurance to the DPH that the system is robust. This is particularly true working with external agencies. Further evidence of assurance is outlined in the health protection plan.

Areas where further assurance is needed

Screening and Immunisation

- 21 Uptake in cervical screening is declining nationally, partially due to the roll out of the HPV vaccination programme. Nationally, rates have declined amongst 25-49 year olds from 74% in 2011 to 70% in 2016 against a target of 80%. Locally rates are fairly stable at 77%. The HPV vaccination programme has prompted the NHS to look at redesigning the frequency of the screening test for those people who have been vaccinated.
- 22 In addition feedback and early communication about key screening and immunisation issues could be improved. This will require NHSE providing the DPH with more specific Durham information of any concerns or actions. E.g. ante-natal and newborn screening and the recording of this.

Communicable Disease Control

- 23 There are still shortages of Hep A and B vaccines which is impacting on services being able to provide this preventative measure. It is hoped that this will be resolved in the New Year.

Emergency Planning, Resilience, Response and Recovery

- 24 Key issues where further assurance is need include:
- Uptake of seasonal flu immunisations
 - Excess death plan
- 25 These areas of further action and assurance are being addressed and form key actions in the health protection plan on a page

Next Steps

- 26 The implementation of the plan and the management of the assurance dashboard will form an important strand of public health priorities.

Recommendations

- 27 HWB Board is recommended to:
- (a) Note the report's content and development of the surveillance dashboard and health protection plan on a page;
 - (b) Acknowledge the areas of assurance and further action.

**Contact: Nick Springham, Public Health Consultant, Durham County Council.
Tel: 03000 267678**

Appendix 1: Implications

Finance: None

Staffing: None

Risk: DPH needs to have full assurance that her statutory duties and the duties of the Local Authority are met.

Equality and Diversity/Public Sector Equality Duty: None identified.

Accommodation: Not applicable.

Crime and Disorder: Not applicable.

Human Rights: Not applicable.

Consultation: Not applicable.

Procurement: Not Applicable.

Disability Issues: Not applicable.

Legal Implications: There is a statutory duty on the DPH and the Local Authorities to fulfil duties outlined in the 2006 Act.

Appendix 2: Health Protection Statutory Duties

Mandatory Responsibilities of the DPH	Legislative origin
1. Any of the Secretary of State's public health protection or health improvement functions	Section 73A (1) of the 2006 Act, inserted by section 30 of the 2012 Act. These include services mandated by regulations made under section 6C of the 2006 Act, inserted by section 18 of the 2012 Act.
2. Exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to public health	Section 73A(1) of the 2006 Act, inserted by section 30 of the 2012 Act
3. Such other public health functions as the Secretary of State specifies in regulations	Section 73A(1) of the 2006 Act, inserted by section 30 of the 2012 Act
4. DsPH will be responsible for the local authority's public health response as a responsible authority under the Licensing Act 2003 , such as making representations about licensing applications	Through regulations made under section 73A (1) of the 2006 Act, inserted by section 30 of the 2012 Act. This function is given to local authorities by sections 5(3), 13(4), 69(4) and 172B (4) of the Licensing Act, as amended by Schedule 5 of the 2012 Act.
5. LA (DsPH) "will have a duty to ensure plans are in place to protect their population including through screening and immunisation	National screening and immunisation programmes. <u>Letter from DH</u> , 23.08.2012, p5.