Doncaster
Metropolitan Borough Council

**Agenda Item No: 10**

**24th March 2015**

**To the Chair and Members of the**
**HEALTH & ADULT SOCIAL CARE OVERVIEW & SCRUTINY PANEL**

# HEALTH PROTECTION ASSURANCE ANNUAL REPORT FOR 2014/15

## EXECUTIVE SUMMARY

1. This is the second annual report on health protection assurance in Doncaster presented to the Health & Adult Social Care Overview and Scrutiny Panel covering the financial year 2014/15. The first report was produced in March 2014, covering the first year when Public Health moved from the NHS to the Local Authority following the introduction of the Health and Social Care Act (2012). In March 2014, the Health & Adult Social Care Overview and Scrutiny Panel asked for an annual update on health protection that is why the report is being presented to the Scrutiny Panel this year.

2. This report has been developed taking into account best practice and guidance on health protection, including evidence from:

    a. The Centre for Public Scrutiny from where the 10 questions for scrutinising health protection duties were derived;
    b. The Department of Health statement on assurance;
    c. The Developing Excellence in Local Public Health, with a focus on the health protection component (a tool developed by Public Health Directors in Yorkshire and the Humber);
    d. The Health Protection Assurance Framework for Doncaster.

3. As part of the Health and Social Care Act (2012), the new organisations that have been established are now coming into their second year of existence. They include Clinical Commissioning Groups, NHS England, and Public Health England. The roles of these new organisations and that of Public Health in the Local Authorities are becoming clearer than they were a year ago. Similarly, areas where there are gaps are also becoming apparent, which need clarification and actions at national and local levels by various agencies.

4. There has been sustained progress in ensuring that the health protection assurance system in Doncaster is robust, safe, effective, and meets the new statutory duty placed on local government to protect the health of the people of Doncaster. This has been achieved through the quarterly meeting of the Health Protection Assurance Group that provides assurance on various elements of health protection during 2014/15.

5. During 2014/15, Doncaster has maintained and built on a strong collaborative spirit among partners in other Local Authorities in South Yorkshire working in the area of health protection and information sharing. Doncaster has led the way in sharing areas of good practice in relation to health protection assurance processes, not only in South Yorkshire, but at regional and national levels.

6. This report is structured as follows:

    a. Background
    b. Progress against areas identified for development in last year's scrutiny health protection report.
    c. Updates on changes in the health protection assurance system in Doncaster, using the 10 questions adapted for scrutinising health protection. The 10 questions were adapted from those used by the Centre for Public Scrutiny. Two additional questions were incorporated to the 10 questions, making a total of 12 questions. All the 12 questions cover key roles and responsibilities for health protection in the new system and the governance arrangements in place; and health protection performance.
    d. Areas for further development for 2015/16 taking into account the self-assessment tool for sector-led improvement programme for health protection areas: Developing Excellence in Local Public Health.
    e. Assurance statements on key elements of health protection, based on the assurance received over the past year.
    f. Performance of health protection against the Public Health Outcome Framework (PHOF).

## EXEMPT INFORMATION

7. None

## RECOMMENDATIONS

8. The Health and Adult Social Care Overview & Scrutiny Panel is asked to:

    - **Note** and comment on the progress made against areas identified for development in 2013/14; and note update on assurance of health protection system in Doncaster against the 10 key questions for scrutinising health protection;
    - **Support** the actions identified for development next year (2015-16).

## BACKGROUND

9. Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation.

## The Responsibilities for Local Authorities in relation to Public Health

10. The new responsibilities of the Local Authorities for Public Health functions (including health protection) since 1 April 2013 are underpinned by legislation under the Health and Social Care Act 2012. There are also associated Regulations - 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).

11. The Secretary of State (SoS) for Health has the overarching duty to protect the health of the population. This duty is generally discharged by the SoS to Public Health England (PHE).

12. 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".

13. According to the above Regulations, the Local Authority Director of Public Health (DPH) has responsibility for strategic leadership of health protection in a unitary/upper tier authority. This should be exercised by:

    - Chairing a local Health Protection Committee (accountable to the Health and Wellbeing Board);
    - Preparing a multi-agency health protection agreement and forward plan.

    The DPH, on behalf of their Local Authority, should be absolutely assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately.

## What is meant by health protection?

14. The scope of health protection, which local authorities must now have oversight of is broad. The scale of work undertaken by local government to prevent and manage threats to health will be driven by the health risks in the Local Authority area. The key areas of health protection are:

    - Emergency preparedness and incident response
    - Communicable diseases management
    - Management of other health protection Incidents e.g.
        - Environmental hazards
        - Meningococcal disease
        - Vaccination preventable diseases
        - Seasonal flu
        - Chemical, biological, radiological, nuclear (CBRN) and terrorist incidents

- Infection prevention and control (IPC) in health and social care, including healthcare acquired infections (HCAI), communicable disease and infection prevention and control standards in community settings;
- Screening
- 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
- Tuberculosis (TB)
- Contraception and Sexual Health
- Hepatitis A, B, C & E
- Surveillance, Alerting and Tracking
- Information and Advice
- Training
- Port Health (e.g. airport health)

There are areas of health protection that overlap with health improvement, but due to their health protection concern, they are included in the health protection assurance processes. They include the following:

- Suicide prevention
- Drugs and substance misuse (in relation to infection with blood-borne viruses)
- Smoking (protection of the public from harm of tobacco).

**Who else is responsible for health protection in the new health system?**

15. In addition to the Local Authority, there are a number of agencies which exercise health protection functions in relation to the borough either as a commissioner or provider. The key agencies include:

    - Public Health England: Communicable disease control, Infection prevention and control, environmental, chemical, biological, radiological, nuclear, terrorist hazards/incidents; health improvement, and healthcare Public Health.
    - Doncaster Clinical Commissioning Group: Infection prevention and control (in hospitals), immunisation, communicable disease control, screening.
    - NHS England Local Area Team: Screening and Immunisation Programmes.
    - Primary care providers
    - Secondary care providers

16. The 6C Regulations provide for each Local Authority to;

    "….provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to promoting the preparation of appropriate local health protection arrangements, or the participation in such arrangements by that person or body".

## Monitoring and Assurance

17. At a national level, within the new Public Health Outcomes framework (PHOF), there is a health protection domain. Within that domain there is a placeholder indicator;

    'Comprehensive, agreed inter-agency plans for responding to Public Health incidents.'

18. Public Health England has produced an indicator to effectively measure progress by Local Authorities against this indicator. Doncaster has fully met this requirement (100%) for the year 2014/15 (compared with 95% for Yorkshire and the Humber Region, and 95% for England).

    - At a sub-regional level there is a Local Health Resilience Partnership, chaired by a DPH, and a Screening and Immunisation Advisory Board chaired by NHS England.

    - At a local level there is a Health Protection Assurance Group which reports to the local Health and Wellbeing Board. Health Protection reports are also submitted to the Public Health Governance group (within the Public Health Team in DMBC) on a regular basis. The Health Protection Assurance Group meets quarterly and has agreed terms of reference and is chaired by a Consultant in Public Health.

    - Overview and scrutiny of the new health protection functions in DMBC is provided by the Adults and Communities Scrutiny Panel on an annual basis.

## The 10 questions approach to scrutinising health protection

19. Prior to the Scrutiny Panel meeting in the first year (2013/2014), a series of 10 health protection scrutiny questions were agreed with the Chair and Vice Chair of the panel. Two more questions have been added, making a total of 12 questions; one on performance of health protection against the Public Health Outcomes Framework and the second on smoking. Updates on the questions are provided in the relevant sections of this report.

## PROGRESS AGAINST PREVIOUS YEAR'S AREAS OF DEVELOPMENT

20. Table 1 provides progress made in the past year on health protection areas where areas for development were identified.

Table 1: Progress against areas identified for development in 2013/14 Health Protection Scrutiny report

| Areas identified for development in 2013/14 | Progress made in 2014/15 |
|---|---|
| **Q1. Does the Local Authority have a clear understanding of the pathways and providers involved in the delivery of health protection in Doncaster?** | |
| ACTION 1: Currently, there is no single source of publically available information and contact details for the health protection system in Doncaster. This has been recognised as an area for development. It is intended that there will be a health protection information page on the Doncaster Council website as part of the new Public Health website section, which is currently in development. | There is now a Public Health web page on the new DMBC website, which has got relevant links to health protection elements e.g. vaccination, screening, etc. This links can also take users to reputable national websites.<br><br>The Public Health link on the DMBC website is: http://www.doncaster.gov.uk/sections/publichealth/index.aspx |
| **Q2. Are clear, up to date service level agreements (SLAs) or memorandum of understanding (MOUs) in place between the Local Authority and all partner agencies involved in the local health protection system?** | |
| ACTION 2: Further work is still needed to agree a 'Ways of Working Agreement' between PHE and Local Authorities at a national level. This is currently in development and will describe the support that PHE will give to Local Authorities across the country. | As a result of re-organisation and re-structuring within Public Health England (PHE), this is still on going. |
| ACTION 3: Review dates for all SLA's/MOUs have been negotiated, but to ensure a systematic process of regular review the dates will be incorporated into the Health Protection Development Plan or into other, relevant business plans as necessary. | The review of the SLA / MOU / and contracts related to health protection functions are managed through a number of business processes, which include the following:<br>• Annual review of MOU between Public Health in the Council and Doncaster CCG;<br>• Incorporated as part of terms of reference of groups, and partnerships both at local and sub-regional, and regional levels.<br>• Embedded into service contracts. |
| **Q3. How well does DMBC understand the potential and existing risks to health in the borough, and how do we ensure that partners also know and understand?** | |
| ACTION 4: Public Health led contingency plans identified for | • Psychosocial support and Recovery (in event of a Major Incident): this has been escalated |

| | |
|---|---|
| development include:<br><br>• Psychosocial support and Recovery (in event of a Major Incident);<br>• Management of excess Deaths;<br>• Mass Treatment and Vaccination. | for discussion at the South Yorkshire Local Health Resilience Partnership (SYLHRP) and is on-going;<br><br>• The management of excess deaths plan is now in place.<br><br>• Mass Treatment and Vaccination: these are on-going pieces of work with health partners across Doncaster being undertaken through the Doncaster Joint Health Emergency Planning Group (DJHEPG) |
| ACTION 5: Through this process we have recognised the need to further develop communication channels between DMBC and partners to ensure that information about risk can flow both ways. Establishing effective communication mechanisms will be a key area for development in 2014-15. | • Improving communication between DMBC and partners is an on-going process. This has been achieved through partnership working with relevant agencies at South Yorkshire Local Health Resilience Partnership (SYLHRP) and the Doncaster Joint Health Emergency Planning Group (DJHEPG). |
| **Q4. What system is in place to provide assurance to the DPH, on behalf of the Local Authority, that arrangements to protect the health of the people of Doncaster are robust and being implemented appropriately?** | |
| ACTION 6: This scrutiny process provides an opportunity to establish an annual review system for Health Protection in Doncaster. It is proposed that the review which has been undertaken to prepare for scrutiny should become a process undertaken annually in Quarter 4, to ensure the system remains fit for purpose, and a forward plan and renewed MOUs can be prepared and agreed in time for the next financial year. | • Scrutiny of Health Protection duties scheduled on 24th March 2015.<br>• A forward plan for 2015/16 for the Health Protection Assurance Group meetings has been developed.<br>• The MOU between Doncaster Council and CCG in relation to the delivery of public health functions and mutual support is being revised for renewal for 2015/16. |
| **Q5. Is DMBC assured that the system can respond appropriately in the event of an outbreak/incident?** | |
| ACTION 7: Continue to review contingency plans as identified, and ensure further testing of recently reviewed plans e.g. Exercise Cygnus (National Pandemic Flu Exercise) that is planned for October 2014. | Contingency plans have been reviewed.<br><br>Exercise Albireo (Pandemic Flu Exercise) is planned for April 2015. |

| | |
|---|---|
| ACTION 8: Ensure that there is a flexible approach to learning from experience and that issues identified from real events are acted upon. | This is on-going. |
| **Q6. What accountability structures would be used by the DPH to escalate health protection concerns as necessary, and can current arrangements ensure a timely response?** | |
| ACTION 9: Through this process it has become clear that whilst there are escalation processes in place, they are not always written down and formalised. Producing escalation protocols will be part of the DMBC Health Protection Forward Plan for 2014-15. | Escalation processes are embedded (written) as part of existing plans and groups' terms of reference.<br><br>The Public Health Governance Group in the Council provides an overarching forum to review health protection risks and consider how they are managed. |
| **Q7. How are we developing new joint working arrangements between Public Health/the wider health protection system and environmental health within DMBC?** | |
| ACTION 10: Further work around ambient air quality and pollution is being planned with one of the objectives being able to issue joint warnings about fluctuations in air quality that could have an impact on health, specifically respiratory health. Work in this area is largely under development. More joint working with environmental health as a whole will continue to be developed. | Plan on a page between the Public Health Team and the Environment and Regeneration Directorate. |
| **Q8. What formal agreements are in place between PHE and DMBC to determine the specialist health protection support, advice and services PHE will provide to DMBC?** | |
| ACTION 11: National ways of working are currently being agreed. | National guidance in relation to Emergency Planning Resilience and Response has not been produced, and it is unclear whether this will be produced. However, local arrangements have been agreed among partner agencies.<br><br>Other national guidance and policies related to health protection have been produced by Public Health England to inform local actions and plans. For examples, they include guidance on Ebola, new national TB Strategy for England, among others. |

## SCRUTINISING DMBC's HEALTH PROTECTION FUNCTIONS

### Q1. Does the Local Authority have a clear understanding of the pathways and providers involved in the delivery of health protection in Doncaster?

21. Pathways: There are a number of pathways involved in the delivery of health protection in Doncaster. They include the following:

    a) Routine activities, which encompass:
        1. Routine delivery and surveillance of vaccination and screening programmes delivered by a number of providers – both primary care and secondary care (commissioned by NHS England);
        2. HCAI – Monitoring of HCAI cases, and IPC activity in hospitals commissioned by Doncaster Clinical Commissioning Group;
        3. Community infection prevention and control provided by RDaSH (Commissioned by DMBC)
        4. Disease surveillance by Public Health England e.g. Meningitis, Measles etc.
        5. Community TB service by RDASH (commissioned by CCG)
        6. Drugs and substance misuse service delivered by RDaSH (commissioned by DMBC)
        7. Sexual Health Service by primary care and secondary care providers (commissioned by DMBC)

    b) Outbreaks and emergencies: activity undertaken in response to health protection incidents (may involve multi-agencies).

        1. Outbreak reporting e.g. norovirus, measles etc.;
        2. Escalation systems – see question 7 for more detail;
        3. Targeted Vaccination programmes e.g. MMR catch up.

    c) Future planning: Activity undertaken to plan for potential future health protection incidents.

        1. Emergency plans e.g. Pandemic Influenza, Cold Weather, Heat Wave etc., Public Health contribution to DMBC Corporate Emergency plan;
        2. Business continuity.

### Q2. What are the local governance structures and responsibilities for Health Protection in the Borough?

### Providers

22. Table 2: Providers involved in Health Protection in Doncaster

Table 2 Providers involved in the health protection system in Doncaster during 2014/15 and their key roles.

| **Agency** | **Roles** | **Lead Officer** |
|---|---|---|
| Doncaster Metropolitan Borough Council | Overall assurance of the Health Protection System, Emergency Planning, Resilience and Response. Environmental Health | Dr Tony Baxter, Director of Public Health<br><br>Peter Dale, Director of Regeneration and Environment |
| | Commissioning of community infection prevention and control | Dr Tony Baxter, Director of Public Health;<br><br>Victor Joseph, Consultant in Public Health |
| Public Health England | Communicable disease control and monitoring, expert advice on environmental, chemical, biological and radiation hazards, HCAI monitoring | Dr Suzanna Mathew, Consultant in Communicable Disease Control |
| NHS England Local Area Team | Commissioning routine vaccination, immunisation and screening programmes, commissioning primary care, responsibility for some closed communities, e.g. prisons | Fiona Jorden, Consultant in Public Health |
| Doncaster Clinical Commissioning Group | HCAI monitoring and control, commissioning secondary care services, infection control commissioning (hospital) | Wendy Feirn, Head of Infection Prevention & Control |
| Primary Care Providers | Reporting notifiable diseases, administering vaccination and screening programmes | GPs |
| Secondary Care Providers | Managing HCAI's, responding to emergencies, communicable disease notification and control | DBHFT – Director of Infection Prevention and Control; RDASH; YAS – Head of Safety. |
| Voluntary Sector Organisations | Infection Prevention Control where applicable | Lead Manager/staff |

**Responsibilities**

23. **DMBC:** The health protection duties of the Director of Public Health in the Local Authority are discharged through the health protection assurance framework and governance processes established in 2013/14 and have been maintained since then. The Health Protection Assurance Group receives assurance on areas of health protection from relevant staff and agencies on a quarterly basis. The Council has commissioned a community infection prevention and control service from RDASH.

24. Health Protection duties in the Local Authority also continue to be discharged under 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). Local Authorities are Category 1 Responders under the Civil Contingencies Act 2004.

25. **Doncaster CCG:** Doncaster CCG has a range of statutory duties and powers relating to Public Health and health protection. These include;

    - A duty to obtain appropriate advice to enable it to effectively discharge its functions, from persons who, when taken together, have a broad range of professional expertise in:
        a. Prevention, diagnosis or treatment of illness
        b. The protection or improvement of Public Health
    - A duty to 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.
    - A duty to co-operate with LAs
    - Category 2 Responders duty under Civil Contingencies Act 2004
    - A duty to co-operate with category 1 responders to assess risk and prepare plans

    The CCG is also responsible for commissioning community and secondary care services for Doncaster residents.

    There is a Memorandum of Understanding (MOU) between Doncaster CCG and Doncaster Council that covers mutual support: what Public Health can contribute to the CCG agenda and what the CCG can contribute to the Public Health agenda in Doncaster Council. This MOU is renewed annually, and it is underpinned by an annual work plan.

26. **NHS England:** NHS England has significant statutory responsibilities as set out in the Health and Social Care Act (2012) and subsequent regulations. Key responsibilities relating to health protection include:

    - Commissioning Primary Care in England
    - Clinical Governance and Leadership
    - Commissioning specialist services
    - Emergency planning
    - Commissioning services such as Health Visiting

- Patient Safety and Service Quality
- Commissioning vaccination and screening programmes (PHE team embedded within NHS England)

There is on-going discussion during the year 2014/15 between NHS England and the CCG to devolve more commissioning decisions from NHS England to CCGs. The areas under consideration include **primary care commissioning**, and some areas of **specialist commissioning such as bariatric surgery**.

27. **Public Health England:** Public Health England (PHE) has a range of statutory duties and powers relating to health protection. These include:

    - A duty to take such steps as the SoS considers appropriate to protect the health of the public in England;
    - A duty to improve the public's health and wellbeing, and reduce health inequalities;
    - A duty to improve population health through sustainable health and care services;
    - A duty to build the capability and capacity of the Public Health system
    - Powers in relation to Port Health
    - Category 1 Responders under the Civil Contingencies Act 2004
    - Power to provide a Microbiological Service in England

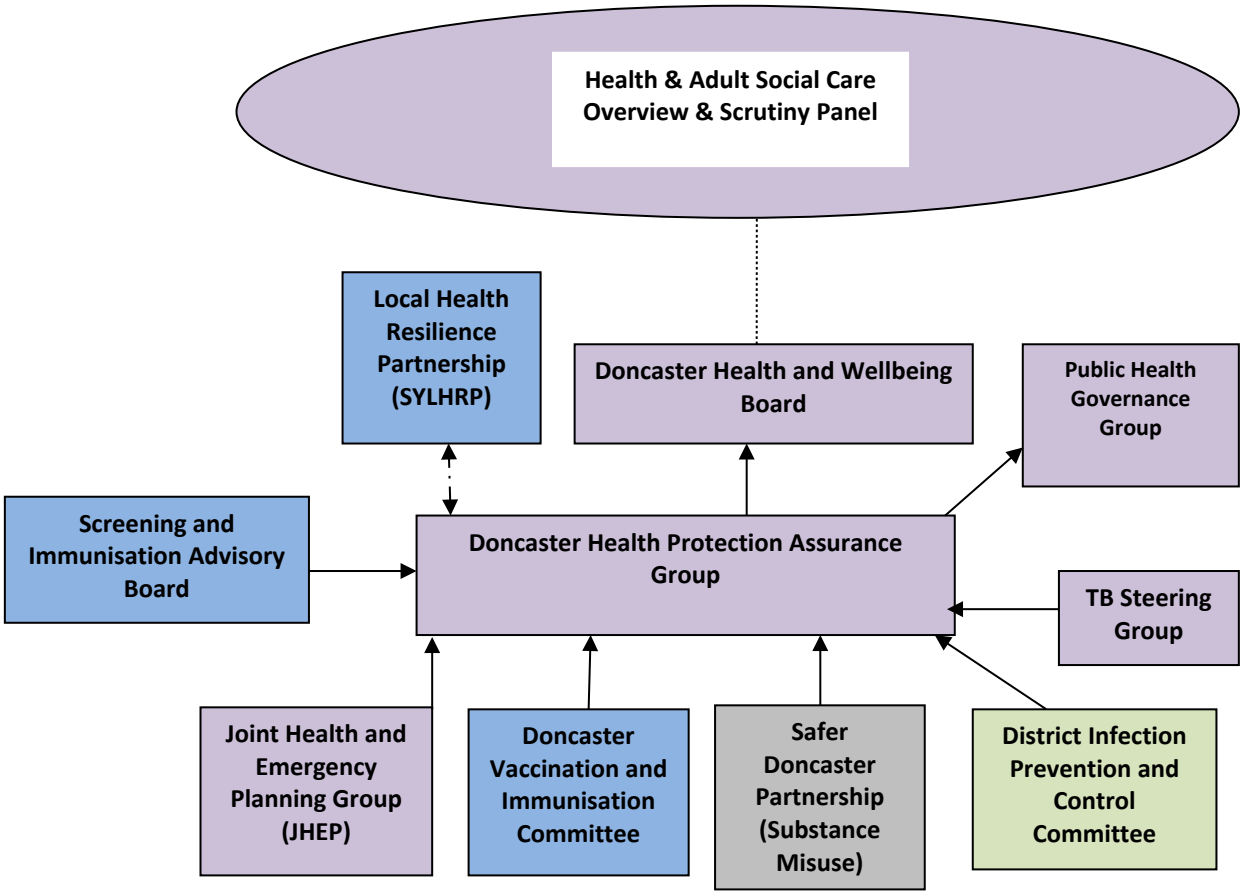
    PHE also has a team embedded within the NHSE local area team which is responsible for commissioning vaccination and immunisation programmes for Doncaster and is responsible for offender and military health.

**Governance Structures**

28. As part of the new health protection responsibilities, DMBC has established a Health Protection Assurance Group (HPAG). This is the key group that is responsible for receiving assurance from a range of local and sub-regional committees involved in health protection. The HPAG provides assurance to the Doncaster Health and Wellbeing Board and the DMBC Public Health Governance group.

    Figure 1 below sets out the new governance structures for health protection which have been established since 2013/14, and remains operational in Doncaster.

**Figure 1: New Governance Structures for Health Protection in Doncaster**




= Convened by NHS England Local Area Team

= Convened by DMBC → = Provides assurance to…

= Convened by Doncaster CCG ◄- - → = Provides information to…

= Convened by South Yorkshire Police

Note: The District Infection Prevention and Control Committee (DIPCC) is chaired by Doncaster CCG. Although the Local Authority assumes overall responsibility for infection prevention and control since 2013/14, it has been agreed that the CCG continues to chair the DIPCC on behalf of the Local Authority.

All of the above groups are multi-agency. A full list of the membership for the HPAG is included in Appendix 1 of this paper (Terms of Reference).

29. In terms of monitoring arrangements for health protection, a report is produced regularly (bi-monthly) to the Public Health Governance Group using an agreed standard template on health protection assurance during each quarter. There is also an agreed system of exception reporting to the Health and Wellbeing

Board in the event that a health protection incident should occur between statement periods.

**Areas for development**

- Health protection could be a standing item on the agenda of Health & Wellbeing Board meetings rather than it being reported as an exception. This will demonstrate the strategic importance of health protection agenda. There is need to work with Officers' Group of Health & Wellbeing Board to explore how best this is achieved.

**Q3. 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?**

30. Existing agreements or MOU between DMBC and partner agencies have been maintained. These include:

    - An MOU between DMBC and Doncaster CCG;
    - A 'Local Ways of Working Agreement' between DMBC, PHE and NHS England;
    - The Local Health Resilience Partnership (LHRP) has signed agreements in place with each NHS organisation across South Yorkshire.

31. As part of the changes in health protection on-call arrangements, PHE now runs its own health protection on-call system; Public Health Consultants employed by Local Authorities no longer take part in this on-call system. Instead, each Local Authority has its own on-call arrangements.

32. 'Ways of Working Agreement' between PHE and Local Authorities at a national level has not been agreed due to re-organisation and re-structuring within PHE. It is expected that this is still on going.

33. The mechanisms for the review of MOUs / agreements are carried out through existing mechanisms e.g. partnership meetings and business processes.

**Q4. How well does DMBC understand the potential and existing risks to health in the borough, and how do we ensure that partners also know and understand?**

34. We have maintained a health protection assurance framework to update on health protection risks in Doncaster over the year.

35. In addition, there is a system for receiving timely surveillance and alert information from PHE, both at national and sub-regional levels by Public Health officers in the Council. For example, through the South Yorkshire PHE Team, a regular daily situational report is provided to the Local Authority and this information is also cascaded to partner organisations in Doncaster for

information and action where appropriate. They include information on outbreaks of infectious diseases in Doncaster.

36. Through the quarterly Health Protection Assurance Group, a report is received on individual elements of health protection from the lead officer for the area e.g. sexual health. The report covers key risks in the subject area, and what is being done to address them. A forward plan containing all elements of health protection is in place, and all the elements are discussed in the course of the year.

37. As part of the process of managing potential risks, there is an on-going process of emergency planning in relation to health protection. The following plans were reviewed in the past year:

- Pandemic Influenza;
- Management of Excess Deaths;
- Heat Wave;
- Cold weather;
- The Management of Sexually Transmitted Infection (STI) Outbreaks and Incidents in Doncaster

38. There are areas still for further development, which include:

- Psychosocial support and Recovery (in event of a Major Incident): this has been escalated for discussion at the SYLHRP and is on-going;
- Mass Treatment and Vaccination: these are on-going pieces of work with health partners across Doncaster being undertaken through the DJHEPG.

39. Health protection threats related to infectious diseases, both from emerging diseases such as Ebola and Avian Flu demonstrate the needs for refreshing local outbreak control plans.

40. A national TB control strategy for England was published in January 2015. This emphasises the need for local work in order to realise the Governments long-term ambition of eliminating TB as a Public Health problem by 2050. Therefore, a 5-year local TB plan for Doncaster is needed.

**Areas for development**

34. Update the following major emergency plans:

- Mass treatment and vaccination plan.
- Communicable diseases outbreak plan

**Q5. What system is in place to provide assurance to the DPH, on behalf of the Local Authority, that arrangements to protect the health of the people of Doncaster are robust and being implemented appropriately?**

41. The Health Protection Assurance Group (HPAG) continues to meet at quarterly intervals and it receives assurance that health protection duties are discharged effectively in the borough from various groups, as described in Figure 1. The terms of reference of HPAG can be found in Appendix 1. The HPAG regularly receives information and reports on a range of health protection areas. The Chair of the HPAG provides a regular report to Public Health Governance Group meetings on health protection matters in the borough. The Public Health Governance Group is chaired by the DPH.

42. However, the Chair of the HPAG is aware of the need to ensure full representation from member organisations due to impending retirements and some members taking up new job opportunities or long-term sickness.

43. The Health Protection Assurance Framework continues to provide a comprehensive tool to manage risks across all areas of health protection. This document is owned by the HPAG and regularly reviewed. There is an active programme of risk management in place.

44. For example, during 2014/15, it has been identified that there was a gap in provision of community infection prevention control (IPC). In the previous year, DMBC commissioned Doncaster CCG to provide an IPC service, however, it was realised in the course of the contract, that the support was only limited to provision of commissioning support. Following this realisation, DMBC commissioned community IPC service from RDASH. The primary focus of the service is to reduce the rates of infections in care homes.

45. The DMBC Scrutiny Committee also has a key role in assuring the health protection system by taking an overview and scrutinising the systems and procedures in place to ensure that they are, and will remain, fit for purpose. This is the second year the DMBC Scrutiny panel will receive an annual report on health protection functions in the borough.

**Areas for development**

- In view of the changes in members of the Health Protection Assurance Group due to retirement and moves to new jobs, it is essential to review the members and ensure that appropriate level of staff partner organisations are represented on the group. Continual review of functions of the Health Protection Assurance Group will need to be carried out.
- Review local TB strategy (plan) and services in light of national TB strategy for England.

**Q6. Is DMBC assured that the system can respond appropriately in the event of an outbreak/incident?**

**Emergency Plans**

46. There are a range of multi-agency contingency plans in place, along with strategic agreements allowing agencies and organisations to work together. Plans are tested through exercises and actual incidents, and multi-agency groups are in place which allows learning from each other. Multi-agency plans held by SY LHRP are in place, or in development, for across the South Yorkshire region, and assurance is also sought through this group for across South Yorkshire.

47. Internal to the Council, PH input has been made into the DMBC Corporate Emergency Plan as part of its annual review, ensuring the ability of DMBC specifically to respond. Joint plans have been developed between PH and DMBC Resilience and Emergency Planning for events such as Pandemic Flu, and these compliment multi agency plans developed by the LHRP forum, and the LRF, as appropriate.

48. Assurance on plans and the ability to respond in Doncaster is sought through the JHEP group which has representatives from across the local health community. The overall aim of this group is to provide the main local strategic focus for health sector emergency planning and resilience to ensure a co-ordinated approach in EPRR locally.

**Testing the System**

49. The system remains vigilant in ensuring that plans in place are regularly tested and lessons learnt from them. Lessons identified from exercises are shared at multi-agency meetings by those who attended, for members across the system to be aware of any issues/areas that need addressing and further attention. On-call systems, both internal to DMBC and wider are regularly tested during real incidents and exercises.

**Learning from Experience**

50. The system continues to learn from real events in order to improve response to future events.

**Areas for development**:

- Continue to review emergency plans as appropriate according to national and local guidance, and ensure further testing of recently reviewed plans e.g. Exercise Albireo (Pandemic Flu Exercise) that is planned for April 2015.

- Ensure that there is an on-going approach to learning from experience and that issues identified from real events are acted upon

**Q7. What accountability structures would be used by the DPH to escalate health protection concerns as necessary, and can current arrangements ensure a timely response?**

51. As described in Figure 1, there are established governance arrangements for managing and escalating health protection concerns in Doncaster. If a health protection incident could not be managed within Doncaster the DPH could escalate concerns to other key groups and agencies including the LHRP and PHE. The HPAG can also escalate concerns through the Public Health Governance Group, which in turn can ensure that risks are placed onto the DMBC corporate risk register as necessary. These arrangements remain active during 2014/15 and are working well. They are embedded in the relevant governance structures such as Public Health Governance Group and HPAG.

52. A potential risk in the health protection system related to the leadership of LHRP, which is co-chaired by a DPH. Three of the Directors of Public Health in South Yorkshire are retiring or have retired, and one is new in post. In the interim, it has been agreed that the Assistant Director of Public Health from Doncaster, who is experienced in emergency planning, will co-chair the LHRP for one year.

**Q8. What arrangements are in place to manage cross-border incidents and outbreaks?**

53. There are plans in place and under review/development that take into account cross border incidents and outbreaks that are held by the SYLHRP e.g. pandemic influenza. PHE is the key link to support management of cross border outbreaks and incidents. They will notify DMBC and other local authorities as necessary, and would establish cross-border incident/outbreak meetings as required.

54. In addition, arrangement for the management of TB cases in secondary care, in both Doncaster and Bassetlaw is being delivered by the same trust. Through the local TB Steering Group, we have included members from Bassetlaw to ensure the pathway of care is standardised between the two areas. This arrangement is captured in the terms of reference of Doncaster's TB Steering Group.

**Q9. How are we developing new joint working arrangements between Public Health / the wider health protection system and environmental health within DMBC?**

55. Environmental health/Environmental protection is part of the Health Protection Assurance framework. There has been extensive work on the framework with collaboration and contribution from staff from across the DMBC directorates, in particular Regeneration and Environment. Risks will be reviewed on a regular basis. There has been more integration between PH Health Protection functions and environmental health which will continue to develop. Joint plans have been developed with each directorate to allow for joint working where

appropriate and where beneficial. This also applies to environmental health issues.

56. Since the move of Public Health into DMBC, EPRR plans have been harmonised and are being jointly updated and produced together with the Resilience and Emergency Planning team. Examples of these include the Heat Wave Plan, Pandemic Flu Contingency Plan, and Cold Weather Plan. These have been prioritised based on the perceived risk from the SY risk register, and timed to new national guidance being issued. This is particularly relevant to the new structure of the health system. Joint work priorities/plans have been developed between Public Health and the Resilience and Emergency Planning team to highlight what needs to be developed next e.g. Mass Vaccination.

57. Public Health has worked with the air quality team to develop a process for issuing joint warnings about fluctuations in air quality that could have an impact on health, specifically respiratory health. This includes factsheets and information being shared with health partners and schools, amongst others. Information and advice will also be shared with the public through the use of social media. Public Health and the air quality team meet on a regular basis to review progress and identify further opportunities for joint working.

58. The HPAG has representatives from across health protection system including DMBC Environmental Health/Environmental Protection, Public Health England, DBHFT, DCCG and DMBC Public Health. This allows for regular updates from all areas responsible for health protection and enables joint working where appropriate through developing stronger working relationships. The purpose of the HPAG is to ensure co-ordinated action across all sectors to protect the health of the people of Doncaster from health threats, including major emergencies.

**Areas for development:**

- Continue to strengthen and develop existing joint working between Public Health and Environmental Health as a whole.

**Q10. What formal agreements are in place between PHE and DMBC to determine the specialist health protection support, advice and services PHE will provide to DMBC?**

59. The following agreements remain in force between DMBC and partner agencies. These include:

    - An MOU between DMBC and Doncaster CCG;
    - A 'Local Ways of Working Agreement' between DMBC and PHE;
    - The Local Health Resilience Partnership (LHRP) has signed agreements in place with each NHS organisation across South Yorkshire.

60. However, PHE now runs its own health protection on-call system, with the

input of Local Authority Public Health Consultants'.

61. It is uncertain whether or not there will be national guidance on "Ways of Working", however, local arrangements are in place.

**Q11. How is Doncaster performing in relation to health protection matters?**

62. A review of performance against health protection outcomes was performed by Public Health England and it was published on 3rd February 2015. The analysis showed that Doncaster performance in relation to health protection was very good. Of the 26 indicators for health protection, there was no comparison made with the national average on 6 indicators. Of the remaining 20 indicators, 13 (65%) performed significantly better than the national average for England; 4 (20%) were significantly worse than the England Average; and 3 (15%) were not significantly different from the England average. Details of the performance against the health protection indicators of the Public Health outcome framework (PHOF) are shown in Table 3 below.

Table 3: Public Health Outcomes Framework in relation to Health Protection in Doncaster[1] (Based on Published PHOF by Public Health England, 3 February 2015)

Key to significance compared to goal (target) / England average

| Significantly worse | Not significantly different | Significantly better | Significantly lower | Significantly higher | Significance not tested |
|---|---|---|---|---|---|
| | | | | | |

| Indicator | Period | Doncaster value | England value | Significance |
|---|---|---|---|---|
| 3.01: Fraction of mortality attributable to particulate air pollution (PM2.5) | 2012 | 5.3 | 5.1 | *Significance not tested* |
| 3.02i: Chlamydia detection rate (15-24 year olds) – Old NCSP data (per 100,000) | 2011 | 2299 | 2092 | *Not significantly different* |
| 3.02ii: Chlamydia detection rate (15-24 year olds) – CTAD (per 100,000) | 2013 | 2270 | 2016 | *Not significantly different* |
| 3.02ii: Chlamydia detection rate (15-24 year olds) – CTAD (Male) (per 100,000) | 2013 | 1560 | 1387 | *Significance not tested* |
| 3.02ii: Chlamydia detection rate (15-24 year olds) – CTAD (Female) (per 100,000) | 2013 | 2987 | 2634 | *Significance not tested* |
| 3.03i: Population vaccination coverage – Hepatitis B (1 year old) - % | 2013/14 | 75.0*[2] | N/a | *Significance not tested* |
| 3.03ii: Population vaccination coverage – Hepatitis B (2 years old) - % | 2013/14 | 100* | N/a | *Significance not tested* |
| 3.03iii: Population vaccination coverage – DTAP/ IPV / HiB (1 year old) - % (Target 90%) | 2013/14 | 95.8* | 94.3 | *Significantly better* |
| 3.03iii: Population vaccination coverage – DTAP/ IPV / HiB (2 years old) - % (Target 90%) | 2013/14 | 96.8* | 96.1 | *Significantly better* |
| 3.03iv: Population vaccination coverage – MenC (Group C Meningococcal vaccine) (Target 90%) | 2013/14 | 95.0* | 93.9 | *Significantly better* |
| 3.03v: Population vaccination coverage – PCV (pneumoccal | 2013/14 | 95.5* | 94.1 | *Significantly better* |

[1] Source: http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000043/pat/6/ati/102/page/1/par/E12000003/are/E08000017

[2] Estimated value based on Local Authority resident population. Original rates calculation was based on PCT registered population with a GP.

| | | | | |
|---|---|---|---|---|
| conjugate vaccine) | | | | |
| 3.03vi: Population vaccination coverage – Hib / MenC booster (2 years old) (Target 90%) | 2013/14 | 94.2 | 92.5 | *Significantly better* |
| 3.03vi: Population vaccination coverage – Hib / MenC booster (5 years old) (Target 90%) | 2013/14 | 94.6* | 91.9 | *Significantly better* |

| Indicator | Period | Doncaster value | England value | Statistical significance |
|---|---|---|---|---|
| 3.03vii: Population vaccination coverage – PCV booster (Target 90%) | 2013/14 | 94.1* | 92.4 | *Significantly better* |
| 3.03viii: Population vaccination coverage – MMR for one dose (2 years old) (Target 90%) | 2013/14 | 93.1* | 92.7 | *Significantly better* |
| 3.03ix: Population vaccination coverage – MMR for one dose (5 years old) (Target 90%) | 2013/14 | 94.1* | 94.1 | *Significantly better* |
| 3.03x: Population vaccination coverage – MMR for two doses (5 years old) - % (Target 90%) | 2013/14 | 88.2* | 88.3 | *Significantly worse* |
| 3.03xii: Population vaccination coverage – HPV (Previous years England average) | 2013/14 | 90.0 | 86.7 | *Significantly better* |
| 3.03xiii: Population vaccination coverage – PPV (Pneumococcal Polysaccharide Vaccine) (Previous years England average) | 2012/13 | 70.6* | 69.1 | *Significantly better* |
| 3.03xiii: Population vaccination coverage – Flu (aged 65+) (Target 75%) | 2013/14 | 73.0 | 73.2 | *Significantly worse* |
| 3.03xiv: Population vaccination coverage – Flu (at risk individuals) (Target 75%) | 2013/14 | 51.4 | 52.3 | *Significantly worse* |
| 3.04: People presenting with HIV at a late stage of infection - % | 2011-13 | 49.1 | 45.0 | *Not significantly different* |
| 3.05i: Treatment completion for TB - % (Target 85%) | 2012 | 81.8 | 82.8 | *Significantly worse* |
| 3.05ii: Incidence of TB (rate per 100,000) | 2010-12 | 7.3 | 15.1 | *Significantly better* |
| 3.06: NHS organisations with a board approved sustainable development management plan - % | 2013/14 | 66.6 | 41.6 | *Significance not tested* |
| 3.07: Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies | 2014/15 | 100 | 95.2 | *Significantly better* |

63. The 4 indicators that were significantly worse than England's average related

to the following:

- Population vaccination coverage – MMR for two doses (5 years old): Doncaster achieved 88.2% and the national target was 90%. The latest available figure for Quarter 1 of 2014/15 remained at 87.6%. Note PHOF target was set at 86%.
- Population vaccination coverage – Flu (aged 65+): Doncaster achieved 73.0% against the target of 75%.
- Population vaccination coverage – Flu (at risk individuals): Doncaster uptake rate was 51.4% compared to the national average of 52.3%.
    - The uptake of Flu vaccination for 2014/15 is still ongoing. The figure to-date shows that for people aged 65 years and over, the uptake is 70.1%; and 46.2% so far for those aged under 65 years of age who are at risk.
- Treatment completion for TB: The rate of completion of TB treatment in Doncaster was 81.8% against the target of 85%.
    - Update: Local performance figure for TB treatment completion at Quarter 2 of 2014/15 showed that the completion rate was 100%, based on report to TB Steering Group in December 2014.

**Areas for development**

- Work with NHS England to improve areas of red performance
- To review key performance indicators for health protection as outlined in Public Health Outcome Framework (PHOF) with a view to determine Doncaster's position against the top quartile of national performance. It is the ambition of Doncaster to be in the top quartile nationally for key health protection indicators.

**Q12. How effective are the interventions on smoking in Doncaster to protect the health of the local population?**

64. Smoking is a major Public Health problem in Doncaster. Currently, 25.3% of adults aged 18 years and over smoke in Doncaster, compared with 18.4% in England. This means there are 60,000 smokers in Doncaster, costing the local society £88 million each year. The rate of people dying from smoke related conditions in Doncaster (389.8 per 100,000) is worse than that seen in the country (288.7 per 100,000 for England). This equates to more than 1,900 deaths between the years 2011-2013 in Doncaster. Equally, Doncaster is one of the worse areas compared to England's rates in relation to hospital admissions that can be attributed to smoking (Doncaster: 1819 versus 1420 per 100,000 for England). There are 172,000 people aged 35 years and over admitted to hospital in Doncaster from smoking related causes each year.

65. There is some indication that the prevalence rate of smoking among adults aged 18 years and over is falling, and it currently stands at 25.3% based on 2014 data (down from 26.3% in 2011).

66. Responding to this challenge, the Council has reviewed the approach to commissioning services to address smoking and has currently got a range of

service contracts in place effective from 1 April 2014. This includes:

- Social marking campaign;
- Stopping Smoking Services
- Smoking in pregnancy;
- Enforcement and education work with the Trading Standards.

The Council also engages in advocacy work to address smoking through taking part in consultation at formulating a future national strategy on smoking, and advocating for legislation on smoking such as standardised packaging

67. Currently there is on-going initiative by the Council to sign Local Tobacco Declaration, which demonstrates its public commitment to tackle smoking.

**Areas for development**

- Support the Council in effort to sign Tobacco Declaration.
- Monitor the performance of existing contracts related to smoking interventions
- Explore other innovative actions that could be done to tackle smoking

## OPTIONS CONSIDERED

68. There are no specific options to consider within this report as it provides an opportunity for the Panel to receive and hold to account the progress and work undertaken as part of the Council's responsibilities for Health Protection.

## IMPACT ON THE COUNCIL'S KEY PRIORITIES

| | **Priority** | **Implications** |
|---|---|---|
| | We will support a strong economy where businesses can locate, grow and employ local people.<br><br>• *Mayoral Priority: Creating Jobs and Housing*<br>• *Mayoral Priority: Be a strong voice for our veterans*<br>• *Mayoral Priority: Protecting Doncaster's vital services* | Health is a resource for life, and economic productivity. Healthy people contribute to the economy, and health protection functions aims to protect the health of the population, including those who are current and potential workforce. |

| | | |
|---|---|---|
| | We will help people to live safe, healthy, active and independent lives.<br><br>• *Mayoral Priority:* Safeguarding our Communities<br>• *Mayoral Priority:* Bringing down the cost of living | Health protection impacts on how we keep our population safe from certain diseases, which are preventable by vaccination (e.g. MMR) and conditions that could be identified early by screening so that appropriate treatment can be given. Health protection is also about protecting the health of our people from risks and hazards related to major emergencies and incidents. |
| | We will make Doncaster a better place to live, with cleaner, more sustainable communities.<br><br>• *Mayoral Priority: Creating Jobs and Housing*<br>• *Mayoral Priority: Safeguarding our Communities*<br>• *Mayoral Priority: Bringing down the cost of living* | |
| | We will support all families to thrive.<br><br>• *Mayoral Priority: Protecting Doncaster's vital services* | Health Protection contributes to healthy families and their ability to thrive and realise their full potentials. |
| | We will deliver modern value for money services. | The health protection work is delivered within Public Health financial grant. |
| | We will provide strong leadership and governance, working in partnership. | The Health Protection Assurance Group provides the leaders to ensure appropriate plans are in place to protect the health of the people of Doncaster. It has appropriate governance to ensure the delivery of health protection functions. |

## RISKS AND ASSUMPTIONS

69. The Health Protection Assurance system in Doncaster is a risk management system. The areas for development identified in this report will further strengthen DMBC's ability to manage these risks.

70. These plans are based on the assumption that key agencies will continue to work together going forward.

## LEGAL IMPLICATIONS

71. Supporting the recommendations in this report will enable DMBC to continue to discharge its statutory duty to protect the health of the public effectively.

## FINANCIAL IMPLICATIONS

72. Managing risk effectively will reduce potential financial implications of health protection incidents to DMBC.

## CONSULTATION

73. There is a mechanism in place for on-going consultation with stakeholders through HPAG and the various subgroups that report to it.

This report has significant implications in terms of the following:

| | | | |
|---|---|---|---|
| **Public Health** | √ | Crime & Disorder | |
| Human Resources | | Human Rights & Equalities | |
| Buildings, Land and Occupiers | | **Environment & Sustainability** | √ |
| ICT | | Capital Programme | |

## BACKGROUND PAPERS

74. - Health Protection Assurance Framework
- Ways of working document between DMBC & PHE
- MOU between CCG and DMBC
- Terms of Reference of Health Protection Assurance Group
- Public Health Governance Terms of Reference
- Delivering Excellence in Local Public Health (Public Health Self-assessment tool for sector led improvement produced by DsPH Network for Yorkshire and the Humber).

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**Director of Public Health, DMBC**

Doncaster
Metropolitan Borough Council

## APPENDIX 1: Terms of reference of Doncaster Health Protection Assurance Group

| | |
|---|---|
| Reporting to: | Doncaster Health and Wellbeing Board |
| Health Protection Group authorised by: | Doncaster Health and Wellbeing Board |
| Responsible Directorate: | Public Health Directorate, Doncaster Metropolitan Borough Council (DMBC) |
| Approval date of TOR: | 8 October 2013 |
| Review date of TOR: | April 2014 |

Document history (author)

| | |
|---|---|
| Draft Version 1.1 (VJ): | 22 July 2013 |
| 1.2 (JW comments incorporated) | 29 July 2013 |
| 1.3 PH DMT input | 5 August 2013 |
| 1.4 Statement added on Local Health Resilience Partnership and outbreak responsibilities re: school nurses, etc. (Section 5.1) | 23 September 2013 |
| 1.5 Final draft agreed by HP Assurance Group | 8 October 2013 |
| 2.1 Amended frequency of meeting to be quarterly | 16 April 2014 |

### 1. Purpose:

1.1. The purpose of the Health Protection Group is to ensure co-ordinated action across all sectors to protect the health of the people of Doncaster from health threats, including major emergencies.

1.2. It supports the Director of Public Health (DPH) to carry out statutory responsibility to protect the health of the community through effective leadership and coordination, ensuring appropriate capacity and capability to detect, prevent and respond to threats to Public Health and safety.

1.3. The Health Protection Group will provide strategic direction and assurance on matters relating to health protection policy, risks and incidents.

1.4. All agencies will work collaboratively to exchange information and share knowledge and where appropriate pool resources for the purpose of protecting Public Health.

### 2. Functions:

2.1. To ensure that Public Health (PH) threats requiring local intervention are identified, analysed and prioritised for action to protect Public Health.

2.2. To ensure that health threats are prevented through implementation of relevant national strategies and regulations to protect public's health.

2.3. To ensure plans exist to coordinate responses to Public Health emergencies and threats.

2.4. To ensure appropriate governance for all health protection activities.

2.5. To ensure appropriate policies and plans associated with health protection activities are in place.

2.6. To establish local health protection assurance system and support organisations to deliver against the health protection outcomes (part of Public Health Outcomes Framework).

2.7. To receive annual reports that demonstrate compliance with, and progress against, health protection outcomes.

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

2.9. To scrutinise incidents (including outbreaks), considering the responses of providers and commissioners so giving an overview to the Health Protection Group.

2.10. To provide health protection (including emergency preparedness, resilience and response (EPRR)) assurance and statements on regular (quarterly) basis to Doncaster Health and Wellbeing Board and any other relevant local bodies via the Director of Public Health.

## 3. Accountability

3.1. The Health Protection Group will report to Doncaster Health and Wellbeing Board (HWBB).

3.2. The DPH is accountable to the Chief Executive of DMBC on discharging health protection duties of the Local Authority.

## 4. Scope

The scope of the Health Protection Group is to minimise hazards to human health, and to ensure that any threats are promptly dealt with. Geographically, the scope covers the population of Doncaster. (Links will be established with professionals in Bassetlaw and other areas as appropriate). Thematically, the scope covers the following health protection areas in the Health Protection Assurance Framework for Doncaster:

4.1. Vaccination & immunisations

4.2. Infection prevention and control (IPC) related to healthcare associated infections

| | |
|---|---|
| 4.3. | Drugs and substance misuse |
| 4.4. | Alcohol |
| 4.5. | Injury prevention (including suicide prevention) |
| 4.6. | National screening programmes. |
| 4.7. | Sexual health |
| 4.8. | Communicable disease control including TB, blood-borne viruses, gastro-intestinal (GI) infections, seasonal and pandemic influenza |
| 4.9. | Emergency preparedness, resilience and response (EPRR) |
| 4.10. | Healthy environments for living, working and recreation |
| 4.11. | Public Health advice regarding the planning for and control of pollution |
| 4.12. | Climate change |
| 4.13. | Sustainable environment |
| 4.14. | Regulation and enforcement |

| | |
|---|---|
| **5. Strategic Linkages:** to receive minutes and update from relevant committees / groups | |
| 5.1. | Local Health Resilience Partnership (LHRP): There will be linkage with emergency preparedness, resilience and response (EPRR) for which there is an established process for assurance through LHRP chaired by a Director of Public Health; and the Joint Health Emergency Partnership Group (JHEPG). The LHRP and the JHEPG shall provide statement of assurance and minutes of their meetings to the Health Protection Assurance Group. Among other things, the LHRP shall provide assurance that the following services are in place to respond to any major outbreak if it occurs: school nursing services, community nursing services, out-of-hours services, walk-in centres, and medicine management services. |
| 5.2. | Safer Doncaster Partnership (SDP): for substance misuse |
| 5.3. | Doncaster Data Observatory: for intelligence related to health protection |
| 5.4. | Public Health England: for surveillance data and outbreak control |
| 5.5. | District Infection and Control meeting (Doncaster CCG) |
| 5.6. | Quality and Patient Safety meetings (Doncaster CCG) |
| 5.7. | District Vaccination and Immunisation Committee |
| 5.8. | NHS England: Screening and Immunisation Advisory Board for South |

| | |
|---|---|
| | Yorkshire and Bassetlaw |
| 5.9. | Any other groups whose work remits are linked to the Health Protection Assurance Framework. |
| | |

| **6. Membership of Health Protection Group:** | |
|---|---|
| 6.1. | Consultant in Public Health (Chair), DMBC |
| 6.2. | Director of Public Health (Deputy Chair), DMBC |
| 6.3. | Assistant Director of Public Health (Lead for EPRR), DMBC |
| 6.4. | Head of Infection Prevention and control, Doncaster CCG |
| 6.5. | Screening and Immunisation Lead, NHS England |
| 6.6. | Chair of Doncaster Vaccination and Immunisation Committee, NHS England |
| 6.7. | Head of South Yorkshire Health Protection Team, Public Health England |
| 6.8. | Director of Infection Prevention and Control, DBHFT |
| 6.9. | Director of Infection Prevention and Control (or equivalent), RDASH |
| 6.10. | Representative from Environmental Health, DMBC |
| 6.11. | Representative from Adult Social Care, DMBC |
| 6.12. | Public Health Practitioner (Health Protection and Emergency Planning), DMBC |

| **7. Co-option of members** | |
|---|---|
| 7.1. | Other Leads of health protection elements maybe co-opted as and when appropriate. |

| **8. Declarations of Interest** | |
|---|---|
| 8.1. | If any member had 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 Health Protection Group has given due consideration to the matter. |
| 8.2. | All declarations of interest will be minuted. |

| **9. Deputising** | |
|---|---|
| 9.1. | All members must make every effort to attend. If members are unable to attend they must send formal apologies, otherwise they will be recorded as 'did not attend'. Deputies should attend only when necessary. |

| **10. Quorum** | |
|---|---|
| 10.1. | Chair or Deputy; and at least 3 other members from different agencies. |

| **11. Frequency of meetings:** | |
|---|---|
| 11.1. | Quarterly as from April 2014. |

| **12. Agenda deadlines:** | |
|---|---|
| 12.1. | Items to be received two weeks prior to meeting |
| 12.2. | Agenda to be circulated within two weeks of meeting. |

| **13. Minutes:** | |
|---|---|
| 13.1. | Minutes will be circulated within two weeks of the meeting. |
| 13.2. | Minutes will be circulated to all members of the Health Protection Group. |

| **14. Urgent matters** | |
|---|---|
| 14.1. | Any urgent matters arising between meetings will be dealt with by Chair's action after agreement from three other members of the group. |

| **15. Administration:** | |
|---|---|
| 15.1. | Public Health Support Officer, Directorate of Public Health, DMBC |

| **16. Attendance:** | |
|---|---|
| 16.1. | Members (or their nominated deputies) are required to attend a minimum of 4 out of 6 meetings annually. |

## GLOSSARY

**CCG –** Clinical Commissioning Group

**Communicable Disease -** A disease that can be spread from one person to another, by direct or indirect means.

**DPH –** Director of Public Health

EPRR – Emergency Preparedness, Resilience and Response

**Healthwatch –** The independent consumer champion organisation for health and social care

**HCAI –** Healthcare Acquired Infections are acquired as a result of healthcare interventions. They include infections such as MRSA and C.Difficile.

**HPAG –** Health Protection Assurance Group

**HWBB –** Health and Wellbeing Board

**IPC –** Infection Prevention and Control

**JHEP –** Joint Health and Emergency Planning Group

**LHRP –** Local Health Resilience Partnership

**NHSE –** NHS England

**Notifiable Disease -** Any disease that is required by law to be reported to government authorities.

**PH –** Public Health
**PHE –** Public Health England

**PHOF –** Public Health Outcomes Framework

**SoS –** Secretary of State (for Health in this paper)

**STI –** Sexually Transmitted Infections