

**Subject:** Health Protection Assurance Statement Briefing No. 2.

**Presented by:** Victor Joseph, Consultant in Public Health, DMBC

<b>Purpose of bringing this report to the Board</b>	
Decision	
Recommendation to Full Council	
Endorsement	
Information	Yes

<b>Implications</b>		<b>Applicable Yes/No</b>
DHWB Strategy Areas of Focus	Alcohol	No
	Mental Health & Dementia	No
	Obesity	No
	Family	No
	Personal Responsibility	No
Joint Strategic Needs Assessment		Yes
Finance		Yes
Legal		Yes
Equalities		Yes
Other Implications (please list): Duty to protect the health of the people of Doncaster.		Yes

<b>How will this contribute to improving health and wellbeing in Doncaster?</b>
This report provides health protection assurance to Doncaster Health and Wellbeing Board on what is being done to protect the health of the people of Doncaster from harms / threats.

<b>Recommendations</b>
The Board is asked to:- Receive the health protection assurance on what is being done to protect the people of Doncaster from harms/ threats from incidents (including from communicable diseases or environmental incidents).

## **Governance Statement on Health Protection Assurance in Doncaster**

<b>Authors: Victor Joseph, Consultant in Public Health; Carys Williams, Public Health Practitioner</b>	<b>Date: 28<sup>th</sup> October 2013</b>
<b>Accountable Officer: Tony Baxter, Director of Public Health</b>	<b>Briefing No 2: July – October 2013</b>

### **Background**

The Health and Social Care Act 2012 placed a duty on local authorities in England to protect the health of the local population. This duty is discharged through the Director of Public Health in the Local Authority, supported by specialist public health workforce. The Health and Wellbeing Board is the forum that was formally established from 1 April 2013 to receive assurance on local strategies and plans to improve and protect the health of the population. The purpose of this statement is to provide assurance on health protection in Doncaster during the above period. This statement is drawn up in line with the Department of Health guidance on Governance Statements.

### **Assurance Statements**

1. **ASSURANCE FRAMEWORK:** A health protection assurance framework for Doncaster was agreed at a stakeholders' event in June 2013. The stakeholders' meeting also agreed to establish Doncaster Health Protection Assurance Group in order to provide on-going local assurance on controls of hazards and threats to health. The first meeting of the Health Protection Assurance Group was held on 8<sup>th</sup> October 2013.

2. **GOVERNANCE FRAMEWORK:** Internally within DMBC, the Public Health Directorate has got the Directorate Management Team (DMT) that oversees the delivery of all key public health functions. The health protection portfolio work is managed internally through the DMT. The Directorate has established a Public Health Governance Group and it is the forum for reporting and assuring the delivery of public health functions. The Public Health Governance Group feeds into the DMBC governance structure. Externally with other partners, a process is in place for providing assurance on health protection in Doncaster to Doncaster Health Protection Assurance Group. Each lead (or groups) for health protection element on the health protection assurance framework provides a report to the Health Protection Assurance Group. The Chair of the Health Protection Assurance Group provides a regular health protection assurance report to the Health and Wellbeing Board, through the Director of Public Health, and Public Health Governance Group.
3. **RISK ASSESSMENT, CONTROLS:** Individual leads (groups) are the principal persons to identify and review risk and provide the necessary assurance to the Doncaster Health Protection Group.

The following sections provide assurance, in line with key strategic objectives that underpinned the local health protection assurance framework in Doncaster. The objectives were developed using the national guidance from the Government on the duty of Local Authority related to health protection.<sup>1</sup>

#### 4. PREVENTION:

There is a robust system in place to assure that appropriate preventive actions are being taken to protect the health of the people of Doncaster, based on identification of risks and assurance mechanisms put in place. Assurance is received by the Health Protection Group via minutes of meetings; reports / plan of various committees overseeing specific areas and sub-areas of work related to health protection.

---

<sup>1</sup> Department of Health (September 2012). Public Health in Local Government: Health Protection and Local Government. Gateway 17740. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/126833/9739908HP\\_in\\_LG\\_factsheet\\_v4\\_29\\_August.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/126833/9739908HP_in_LG_factsheet_v4_29_August.pdf.pdf) (accessed online on 26 April 2013)

## **4.1 Vaccination and Immunisation**

Assurance for the control and prevention of communicable diseases through vaccination and immunisation is received through the Screening and Immunisation Advisory Group or SIAG [set up by NHS England for South Yorkshire area), with further assurance from the Doncaster Vaccination and Immunisation Committee. Vaccination programmes received at this group include Children's vaccinations, pertussis in pregnancy, human papilloma virus (HPV), and Pneumococcal vaccine. Additional multi-agency groups are set up for specific campaigns such as the MMR catch up and seasonal flu vaccination programmes, to ensure targeted and successful delivery and uptake. Doncaster is currently performing well in many areas of vaccination and immunisation. For example, childhood vaccination uptake in the 0-5 year age group is generally meeting national targets, and we are already achieving the 95% target for at least one dose of MMR.

With regards to seasonal flu, Doncaster, like other areas in South Yorkshire, was below the national uptake target for all '*target*' groups last year (2012). In 2012 the uptake in the over 65s age group was the closest to meeting the target at 72.5% (target 75%). Work is currently underway on the 2013 seasonal flu vaccination programme which commenced in September, with the aim to increase uptake of the vaccine across the board, with progress being monitored through monthly seasonal flu meetings. New programmes being implemented from September 2013, include Flu Vaccination for all 2 & 3 year olds, and shingles vaccination for all 70 and 79 year olds. Work is underway by screening and immunisation teams to ensure that plans are in place and being monitored and uptake/progress is fed back to regular Vaccination and Immunisation Committee meetings. This also applies to schedule changes in existing vaccination programmes to ensure delivery and uptake is not affected.

## **4.2 Screening Programmes**

Assurance for a range of screening programmes is received through the Screening and Immunisation Advisory Group (SIAG) to ensure targeted and successful uptake and delivery. The screening programmes covered include those for cancer screening, ante-natal and new born (e.g. foetal anomaly, bloodspot), Diabetic eye

screening, and Abdominal Aortic Aneurysm (AAA) screening. Doncaster is currently just missing the national target of 80% for breast screening in the 50-70 year age group (current uptake rate is 78.9%) and is significantly down on the screen to assessment time in quarter one. This is likely due to changes to meet Quality Assurance Reference Centre standards and a serious incident that had occurred in Doncaster. This incident has now been closed and a meeting held around the lessons learned. Plans have therefore been implemented and performance is anticipated to significantly improve. Other areas in South Yorkshire have also seen a drop in screen to assessment time although not to this extent. In other screening programmes, Doncaster is performing well and achieving the majority of the rest of the national targets. Exceptions to this include Diabetic eye screening, although plans again are already in place to address this and improvements should start to be apparent when the next performance reports are received by Screening and Immunisation Advisory Group.

#### **4.3 Suicide Prevention**

The Joint Strategic Needs Assessment (2012) has identified suicide as one of the top ten issues, with rates in Doncaster being significantly higher than the national average and indications that this might also be increasing. However, since April 2013 work has been done with the re-establishment of the Doncaster Suicide Prevention Group and subsequent associated work. This group aims to be an appropriate channel of communication to plan, direct and coordinate activity to local needs that will lead to a reduction in suicide in the population of Doncaster, including supporting those bereaved or affected by suicide. This group is also accountable to the Mental Health Alliance and will produce progress and action reports to meet both local and national objectives in relation to suicide prevention in the population of Doncaster.

#### **4.4 Infection prevention and control (IPC)**

Doncaster Council has a contract in place under section 76 with Doncaster Clinical Commissioning Group (CCG) for commissioning support related to Infection Prevention & Control (IPC). This contract commenced from September 2013, and it is to be reviewed on an annual basis. The local authority has got responsibility for infection prevention and control as part of transfer of public health functions in April

2013. The above arrangement is in fulfilment of this responsibility. The main work during the period covered in this report has focused on addressing the following key performance indicators for infection, prevention and control:

- All relevant contract have an IPC specification within them, this provides additional assurance for the Council that services continue to meet their Care Quality Commission registration requirements;
- Strengthen the working relationships between the Council, the CCG, and their commissioned services;
- Quarters 1 &2 concentrated on Care Homes audits and review of Needle Exchange Services, the development of the annual declaration for commissioned services to complete;
- Support to Public Health England on the provision of working documents for patients discharged into the community in relation to the management and control of a rare and serious form of bacteria (Carbapenemase-Producing Enterobacteriaceae or CPE).

Gaps that have been identified included training for staff in infection, prevention and control. To address this gap, Public Health Directorate in the Council has funded the delivery of enhanced existing training that is delivered in-house by the Council. Other emerging gaps relate to support to provider organisations such as undertaking audits of infection prevention and control compliance. This will be considered as part of service review and in future commissioning of IPC. Public health has also funded Flu vaccination for all staff of Doncaster Council. The uptake of Flu vaccination by the staff and the process of undertaking it shall be reviewed in January 2014.

#### **4.5 Sustainable environment; enforcement; trading standards; food, feedstuff, animal health; private water supplies; corporate health, safety and welfare; business safety and licensing**

A range of hazards and threats have been identified for each one of the above elements of health protection. For each of the hazards/threats identified, control measures and relevant assurances are also outlined. Where there are gaps in assurance, areas of development work were indicated. This will be monitored

through relevant lead staff and they will also be reported to Doncaster Health Protection Assurance Group in the future.

#### **4.6 Drugs and substance misuse**

Drug users and particularly injectors are at risk of transmission of blood borne viruses (BBV). People on opiate substitution therapy need to ensure safe storage in the home, and there needs to be a mechanism to prevent diversion to those for whom the drugs are not prescribed. The current objectives of work around drugs and substance misuse are to achieve prevention of transmission of Hepatitis B, C and HIV in injecting drug users; to provide access to treatment for those contracting blood borne viruses; to provide safe storage in the home to prevent ingestion by minors; and to have supervised consumption of opiate substitution therapy. The key achievements in these areas so far include the following:

- Peripatetic needle exchange worker supports pharmacies in providing high quality services for injectors;
- 13 pharmacies and 1 specialist needle exchanges in operation;
- Pathways in place between drug services and BBV treatment services
- Methadone storage boxes provided to all service users with children
- Supervised consumption policy in place for opiate substitution therapy

The key challenge identified was that after a period of supervised consumption and when stable, some clients receive take home doses of opiate substitution therapy and there was therefore a residual risk of diversion. On-going monitoring of actions, including gaps is done by the Harm Reduction Strategy Group. Further assurance is reported through Doncaster Health Protection Assurance Group.

#### **4.7 Sexual health**

Doncaster's sexual health partnership meets on a bi-monthly basis and consists of key sexual health providers and stakeholders from across Doncaster. The group has developed a sexual health needs assessment, work plan and data dashboard to inform, monitor and address sexual health protection issues highlighted in the Health Protection Framework Assurance document . The objec-

tives for the sexual health work were to establish sexual health data dashboard; explore possibility of HIV testing in targeted locations; initiate discussions for emergency planning exercise; establish contract monitoring for sexual health services; and build links with education to develop public health 'offer' for SRE/PSHE in schools. The key achievements so far included:

- Sexual Health data dashboard has been developed. The dash board is populated with the most up to date surveillance data to enable anomalies in disease patterns to be identified and dealt with appropriately
- HIV sub group has been established with key purpose of increasing HIV testing in non-GUM (genito-urinary medicine) settings. Exploration of testing feasibility in target services has begun.
- Emergency planning exercise included in sexual health partnership work plan. Initial discussions and preparation underway with view to exercise being carried out late 2013/early 2014
- Contract monitoring meetings established
- Regular meetings with education leads in local authority and public health established. SRE/PSHE development included as part of sexual health partnership work plan

#### 5. EMERGENCY PREPAREDNESS RESPONSE & RESILIENCE:

Assurance for EPRR is received through the Doncaster Joint Health Emergency Planning Group, which has representatives from a range of health bodies and Local Authority directorates. This group also has strong links to the South Yorkshire Local resilience Forum (SYLRF) and the Local Health Resilience Partnership (LHRP) through the Director of Public Health for Doncaster. The DMBC Resilience and Emergency Planning team and Public Health have started developing joint emergency plans as appropriate, e.g. Heat wave plan, Pandemic Flu plan and under the DMBC emergency plan template and Business Continuity Plans have been assimilated to the DMBC templates. The minutes of meetings also evidence vast joint working, both across organisations and across various directorates within DMBC. This is particularly important as the national system is not yet finalised with



some processes for action during an emergency/major incident still under development.

6. **INCIDENTS & OUTBREAKS:** An effective system for dealing with health protection incidents and outbreak is in place, with key risks identified and appropriate mitigation measures being undertaken. Assurance on dealing effectively with incidents and outbreaks shall be received by DPH via Public Health England through appropriate means, including minutes of relevant meetings, reports on key areas, and generally from appropriate committees / working groups on health protection matters such as TB Group. The assurance reports will be received by the Health Protection Assurance Group.
7. **SURVEILLANCE:** There is an effective system for surveillance of diseases that pose threats to the people of Doncaster; and identifying the key hazards and actions needed to tackle them, if they are arise. Assurance for disease surveillance (on-going) is provided by Public Health England, Doncaster Data Observatory, and Joint Strategic Health Needs assessment (JSNA). Updates and assurance will also be received by the Health Protection Assurance Group.

## **Conclusions**

Doncaster has got an established system in place for providing assurance on health protection for its people; there is an agreed health protection assurance framework, and a Health Protection Assurance Group has been set up. There are a number of key actions being done to protect the health of the people of Doncaster, and where there are gaps identified, these are being addressed and monitored through relevant leads and/or groups.