HEALTH AND WELLBEING BOARD

16 JULY 2013

Title:	**North East and North Central London Health Protection Unit Annual Report 2012**
Report of the Corporate Director of Adult & Community Services	
Open	**For Information**
Wards Affected: ALL	**Key Decision:** NO
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Summary:

The North East and North Central London Health Protection Unit Annual Report for 2012. This will be our last report under the banner of the "Health Protection Agency" (HPA): from 1 April 2013 we became part of Public Health England (PHE), an executive agency of the Department of Health.

The report details the activity carried out by the health protection team during 2012 to limit the impact of infectious disease within the communities of north east and north central London. The report looks at the cases and during 2012.

Recommendation(s)

The Health and Wellbeing Board is asked:

- To note the reported levels of infectious disease within the community
- To use the report to inform the Joint Strategic Needs Assessment

Reason(s)

Under the Health and Social Care Act 2012 the statutory Health and Wellbeing Board has a duty to protect the health of the population. This includes assuring that steps are taken to protect the health of their populations from all hazards[1], ranging from relatively minor outbreaks and contaminations, to full-scale emergencies, and to prevent as far as possible those threats arising in the first place.

1 Background

1.1 Public Health England (PHE) is the expert national public health agency which fulfils the Secretary of State for Health's statutory duty to protect health and address inequalities, and executes his power to promote the health and wellbeing of the nation.

1.2 PHE has operational autonomy. It has an Advisory Board with a non-executive Chairman and non-executive members. It employs scientists, researchers, public health professionals and essential support staff

1.3 It works transparently, proactively providing government, local government, the NHS, MPs, industry, public health professionals and the public with evidence-based professional, scientific and delivery expertise and advice.

1.4 PHE ensures there are effective arrangements in place nationally and locally for preparing, planning and responding to health protection concerns and emergencies, including the future impact of climate change. PHE provides specialist health protection, epidemiology and microbiology services across England.

1.5 Improvement in the public's health has to be led from within communities, rather than directed centrally. This is why every upper tier and unitary local authority now has a legal duty to improve the public's health. Local health and wellbeing boards bring together key local partners (including NHS clinical commissioning groups who have a duty to address health inequalities) to agree local priorities.

1.6 PHE will support local authorities, and through them clinical commissioning groups, by providing evidence and knowledge on local health needs, alongside practical and professional advice on what to do to improve health, and by taking action nationally where it makes sense to do so. PHE in turn is the public health adviser to NHS England

1.7 PHE works in partnership with the Chief Medical Officer for England and with colleagues in Scotland, Wales and Northern Ireland to protect and improve the public's health, as well as internationally through a wide-ranging global health programme

2. Legislative Framework

2.1 Under section 2A of the NHS 2006 Act (as inserted by section 11 of the Health and Social Care Act 2012), the Secretary of State for Health has a duty to "take such steps as the Secretary of State considers appropriate for the purpose of protecting the public in England from disease or other dangers to health". In practice, Public Health England will carry out much of this health protection duty on behalf of the Secretary of State

2.2 Under new section 252A of the NHS Act 20065, the NHS Commissioning Board (NHS England) will be responsible for (a) ensuring that clinical commissioning groups and providers of NHS services are prepared for emergencies, (b) monitoring their compliance with their duties in relation to emergency preparedness and (c) facilitating coordinated responses to such emergencies by clinical commissioning groups and providers.

2.3 The Health and Social Care Act 2012 also amends section 253 of the NHS Act 2006 (as amended by section 47 of the 2012 Act), so as to extend the Secretary of State's powers of direction in the event of an emergency to cover an NHS body other than a local health board (this will include the NHS Commissioning Board and clinical commissioning groups); the National Institute for Health and Care Excellence; the Health and Social Care Information Centre; any body or person, and any provider of NHS or public health services under the Act.

2.4 The Council has statutory duties for controlling risks to public health arising from communicable diseases and other public health threats and must appoint a Proper Officer to undertake key functions. The Public Health England provides the expertise to support local authorities in these functions and Consultants in Communicable Disease Control are generally appointed as the Proper Officer.

The Proper Officer appointed under the Public Health (Control of Disease) Act 1984 should be medically qualified. The main responsibility of the Proper Officer is to require information or action in relation to people, premises or objects which may be infected, contaminated or could otherwise affect health.

3. Local Health Protection Arrangements

3.1 As of April 2013 the responsibility for the delivery of Public Health Services is now with the London Borough of Barking and Dagenham. The new arrangements seek to build on existing partnerships and additionally aim to provide a streamlined, integrated process for prevention, planning and response to health protection incidents and events[1].

3.2 The delivery of Health Protection in this new environment will need strong working relationships and the legislative framework that unpins this objective ensures that organisations do what is required. At the local level NHS Barking and Dagenham Clinical Commissioning Groups and the NHS England have a duty to cooperate with the Council in respect of health and wellbeing.

3.3 Unitary and upper tier local authorities have a new statutory duty to carry out the Secretary of State's health protection role under regulations to be made under section 6C of the NHS Act 2006 (as inserted by section 18 of the Health and Social Care Act 2012) to take steps to protect the health of their populations from all hazards, ranging from relatively minor outbreaks and contaminations, to full-scale emergencies, and to prevent as far as possible those threats arising in the first place.

3.4 Directors of public health will be employed by local authorities and will be responsible for exercising the new public health functions on behalf of local authorities. Directors will also have a responsibility for "the exercise by the authority of any of its functions that relate to planning for, and responding to, emergencies involving a risk to public health".

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[1] **http://www.dh.gov.uk/health/2012/08/health-protection-guidance/**

3.5 Within this context, the Council has established a Health Protection Committee which supports the Director of Public Health in their role of leading the response, planning and preparedness to Health Protection challenges. The Committee reports through to the Board.

3.6 The purpose of the Committee is to put this into practice through facilitating, reviewing and instigating actions to protect the health of the local population

4. The Annual Report of North East and North Central London Health Protection Team

4.1 Dr Deborah Turbitt, Interim Deputy Director Health Protection, London will give a short presentation to the Board on the impact of infectious disease within the communities of north east and north central London

5. Public Health England Priorities for 2013-14

5.1 Reverse the current trends so that we reduce the rates of tuberculosis infections. We will work with local authorities and the NHS in those areas with high levels of tuberculosis infections to put in place effective strategies.

5.2 Lead the gold standards for current vaccination and screening programmes, reverse the current increase in cases of measles, and support the delivery of the new vaccine programmes for rotavirus, childhood flu, pertussis in pregnancy and shingles.

5.3 Tackle antimicrobial resistance through surveillance of patterns of resistance to antibiotics, supporting microbial stewardship and other national strategies to address the rise of antimicrobial-resistant organisms.

5.4 Develop and implement a national surveillance strategy to ensure the public health system responds rapidly to new and unexpected threats to health of all kinds, bringing together the full range of PHE surveillance and intelligence capabilities.

6. Mandatory Implications

6.1 Joint Strategic Needs Assessment

The Joint Strategic Needs Assessment (JSNA) has a strong overall health protection analysis including detailed immunisation, screening and communicable disease sections within it. There is general agreement that cross-sector working in the borough with involvement from the NHS, employment, housing, police and other bodies, in addition to the Council's children's services and adult and community services is good

6.2 Health and Wellbeing Strategy

The Health and Wellbeing Board mapped the outcome frameworks for the NHS, public health, and adult social care with the children and young people's plan. The strategy is based on eight strategic themes that cover the breadth of the frameworks in which health protection is picked up as a key issue. These are Care and Support, Protection and Safeguarding, Improvement and Integration of Services, and Prevention. Actions, outcomes and outcome measures for immunisation, screening and communicable disease control are mapped across the life course against the four priority areas

6.3 **Integration**

Currently, health protection at the local level is delivered by a partnership of the NHS, the Public Health England and local authorities. Public Health England leads and delivers the specialist health protection functions to the public and in support of the NHS, local authorities and others through local health protection units a network of microbiological laboratories and its national specialist centres.

The Public Health Outcomes Framework published on 23 January 2012, contains a health protection domain. Within this domain there is a placeholder indicator, "Comprehensive, agreed inter-agency plans for responding to public health incidents". The Department of Health is taking forward work to ensure that it can effectively measure progress against this indicator.

6.4 **Financial Implications**

(Implications completed by: Dawn Calvert, Group Manager, Finance)

There are no direct financial implications for Barking and Dagenham as a result of the 2012 annual report. It is recommended the report is used to inform the Joint Strategic Needs Assessment (JSNA). Any actions from the JSNA that require resources from the Local Authority are most likely to be funded from the Public Health Grant.

6.5 **Legal Implications**

(Implications completed by Lucinda Bell, Solicitor Social Care and Education)

The Board is asked to note the contents of the report and use it to inform the JSNA. Section two of the report contains detail of the legislative framework relating to its contents.

6.6 **Risk Management**

Health protection needs constant appraisal and will always be in need of strengthening. Complacency is the greatest danger – the notion that we have the issue 'sorted out' is always going to be dangerous. There is great value in joint exercises, which have worked well in the past, to maintain and/or heighten awareness, identify issues and provide for a more robust and effective response to problems. One of the main functions of Public Health England is to collate information; provide linkage between organisations; increase research capacity, co-ordination and utility; and provide education and training (principally for frontline staff but always with an eye to the needs of the public).

7. Background Papers used in the preparation of the Report

North East and North Central London Health Protection Unit – Annual Report 2012