

North Yorkshire County Council**Management Board/ Health and Wellbeing Board****27 November 2015****Health Protection Assurance Statement****Report of the Director of Public Health for North Yorkshire****1.0 Purpose**

This paper presents a Statement of Assurance on Health Protection arrangements in North Yorkshire to ensure that residents are protected from health threats including major emergencies and describes the issues of concern regarding the plans in place to respond to incidents that present a threat to the public's health.

2.0 Background

In May 2014, North Yorkshire County Council agreed the proposal for a local Health Protection Assurance Group of representatives from relevant lead agencies and chaired by the Director of Public Health to meet 6-monthly to formally review health protection arrangements and agree Statements of Assurance for the Council and Health and Wellbeing Board.

The Council agreed to use the common health protection assurance framework which Directors of Public Health across North Yorkshire, York and the Humber have adopted for this purpose. The key elements of the framework are:

- Prevention
 - Vaccination and Immunisation
 - Screening – nationally defined and commissioned cancer and non-cancer programmes
 - Infection prevention and control (IPC) – usually within the health and care setting,
 - Environment, enforcement, trading standards, food, animal health, water, and health & safety
 - Drugs and substance misuse
 - Prevention of injury including Suicide prevention
 - Sexual health
- Emergency preparedness, resilience, and response (EPRR)
- Incidents and outbreaks of infectious diseases and environmental hazards
- Surveillance of infectious diseases and environmental hazards

The Health Protection Assurance Group met on 15th January 2015 and 22nd July 2015. Terms of Reference (attached) have been agreed.

3.0 Progress

The North Yorkshire Health Protection Assurance Group has reviewed its Terms of Reference to ensure it has clear aims and objectives that do not duplicate existing groups or partnerships that play a role in health protection assurance. This is especially important because organisations such as NHS England and Public Health England have reduced capacity and work across a larger area than North Yorkshire. As such Directors of Public Health from local authorities in North Yorkshire, York and the Humber have formed a regional Health Protection Assurance Group that meets quarterly. In addition the North Yorkshire and York Local Resilience Partnership and the North Yorkshire and Humber Local Health Resilience Partnership are key to EPRR aspects of Health Protection assurance.

Across North Yorkshire each year, there are over 100 outbreaks and incidents, 180 000 immunisation contacts and 210 000 screening contacts. These are managed efficiently and errors are extremely rare. However, on the rare occasion when there is a failure it is important that there is a clear understanding of the system so the appropriate actions can be taken quickly.

The Group has done work to map the infrastructure and plans in place to respond to outbreaks and incidents. This has included the role of environmental officers and how actions of Environmental Health Departments in our 7 districts are co-ordinated. Progress has also been made in specifying the role and agreeing the arrangements for commissioning of the Community Infection Control and Prevention team which is a major contributor to outbreak management.

In the past year, the county played host to the Tour de France. There has been valuable learning from this event that has been used in planning subsequent events such as the Tour of Yorkshire.

Further work is needed to develop and agree standards for the evidence required to provide assurance that health protection duties are being met to allow consistency across organisations and functions.

4.0 Current concerns

Organisational Restructures

The Group noted the risks associated with organisational restructures which can result in lack of clarity about roles, reduced capacity and disruption of relationships with other organisations that are important for planning and responding to threats to public health. The Group has been monitoring the impact of the NHS England restructure on EPRR arrangements. Public Health England Screening and Immunisations teams and Health Protection teams are under review and the impact of changes that arise from this review is not clear. The Commissioning Support Unit (CSU) is also going through changes and some health protection functions will be delivered by different organisations.

The Group was also aware of potential risks to district Environmental Health Departments as local government adjusts to reductions in their budgets. Environmental

Health Officers contribute to networks across district boundaries that ensure there is consistent planning and resilience in the response to issues. This sharing of expertise is under threat if numbers and skills decrease as districts focus increasingly only on statutory functions in the face of shrinking budgets. There is no mechanism in place to monitor capacity and skill mix in EHOs across all districts.

Screening programmes

Screening programmes in North Yorkshire are delivered by different NHS Trusts and commissioned and monitored by different NHS England and PHE teams. There is therefore a need to engage with several Screening Programme Boards to gain assurance. Limited capacity means that detailed work to understand variation in uptake of screening across the county does not get the priority needed.

Child Health Information System (CHIS)

Harrogate District Foundation Trust (HDFT) continues to provide the Child Health Information System (CHIS) for North Yorkshire. CHIS is important because data on immunisation uptake and other information that is important for protecting the health of children are collected and collated through this system. It is acknowledged that our CHIS offers only partial coverage of the full national specification of the service but recent quality visits and contract review processes have reflected improvements in this.

Next steps will involve work with HDFT to support an improvement plan; deadline for the plan completion is Autumn 2015, which will set out milestones towards the complete delivery of the full current service specification, with early priorities to be addressed during 2015/16. A revised national service specification is still in development and a decision on the future direction of CHIS services is expected in early 2016.

Given that the health visiting service and the Healthy Child Programme 5-19 are both provided by HDFT and commissioned by NYCC, there will be improvements brought about with these teams working together. In addition to this the NHS England regional team jointly procured immunisation services alongside the Healthy Child Programme 5-19. This will meet some of the outcomes and needs of such a system through the collection of the relevant information by the Healthy Child Programme practitioners.

Health care associated infections

New arrangements for monitoring HCAs and sharing learning across the system are evolving but a coherent approach is still not in place. CCGs are working together to implement a robust system of assurance to replace previous arrangements with the CSU.

Avian flu

There have been recent outbreaks of avian flu in poultry farms in neighbouring counties and a few instances where avian flu was suspected but not confirmed in North Yorkshire. The Group recognises the need to check that we can respond to an outbreak and that the arrangements outlined in our plans are still relevant and

deliverable following significant changes to the public health system that occurred after these plans were agreed.

5.0 Conclusion

The Group has made progress in adopting a framework that defines the scope of functions that are reviewed and in mapping the organisations, groups and partnerships that make up the system for health protection.

Based on the evidence reviewed there is substantial assurance that plans and procedures are in place to protect the health of the public. However, a number of concerns have been identified for action.

6.0 Next steps

At the next meeting, the Group will agree revisions to the terms and conditions to outline the roles and responsibilities of members. The Group will also review the evidence required from lead organisations in order to assess how robust their health protection plans and arrangements are to respond to identified threats and risks. This will include capacity and skills to ensure delivery of plans. Increased clarity is needed on the criteria to be used to assess the level of assurance of plans and arrangements.

NHS England are in the process of planning a community outbreak exercise for North Yorkshire and the Humber in October 2015. The learning from this event will be used to update outbreak plans as relevant.

7.0 Recommendation

The Board are asked to note the report.

Dr Lincoln Sargeant

Director of Public Health

20 August 2015