

From: Graham Gibbens, Cabinet Member Adult Social Care & Public Health

Meradin Peachey, Director of Public Health

To: Social Care & Public Health Cabinet Committee - 12th June 2013

Subject: **Health Protection Assurance**

Classification: Unrestricted

Electoral Division: Countywide

Summary: This paper provides an update and overview of how KCC will ensure its health protection duties are delivered in 2013/14.

- Emergency planning
- Immunisations
- Screening
- Severe weather events
- Infection control and health care acquired infections
- Response to outbreaks and other health protection incidents, not requiring an emergency planning response

Recommendation(s):

The Cabinet Committee is asked to consider and endorse the reporting arrangements and organisational structures designed to ensure health protection assurance and delivery of the new health protection duties of Kent County Council.

1. Introduction

1.1 The purpose of this paper is to provide assurance to members on the implementation of their new statutory health protection function. The following elements of health protection need to be covered by structures and reporting arrangements and they are dealt with in turn in this document

- Emergency planning
- Immunisations
- Screening
- Severe weather events
- Infection control and health care acquired infections
- Response to outbreaks and other health protection incidents, not requiring an emergency planning response

2. Financial Implications

2.1 A health protection budget has been set aside to enable the DPH to carry out the above functions.

3. Detail

3.1 Background

3.1.1 Directors of Public Health acting on behalf of the local authority will have a pivotal role in protecting the health of its population. Under this duty, local authorities (and Directors of Public Health on their behalf will be required to ensure that plans are in place to protect the health of the local population from threats ranging from relatively minor outbreaks to full scale emergencies, and to prevent as far as possible those threats arising in the first place.

3.2 Key Partners in the new health system for health protection are:

- The NHS England Area Team
- The Public Health England Centre (Surrey , Sussex, Kent)
- Public Health in Kent County Council
- Providers of health services
- Providers of Social Care Services
- 7 CCGs in Kent

3.3 Regulations pertaining to Health Protection in Health and Social Care Act 2012

3.3.1 “Each local authority shall 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 (“health protection arrangements”), or the participation in such arrangements, by that person or body.....

The information and advice which a local authority shall provide in relation to health protection arrangements may address any threat to the health of individuals in the authority’s area and, in particular, may concern arrangements to deal with the following:

- infectious disease;
- environmental hazards and contamination; and
- extreme weather events.

The information and advice which is to be provided by the local authority in relation to health protection arrangements shall be determined by the authority having regard to the needs of individuals in the authority’s area and may include information and advice relating to the following:

- the appropriate co-ordination of roles and responsibilities between any responsible or relevant bodies;
- effective testing by the responsible and relevant bodies of the health protection arrangements;
- appropriate emergency provision to deal with incidents which occur outside the normal working hours of the responsible or relevant bodies;
- arrangements for epidemiological surveillance;
- arrangements for environmental hazard monitoring;
- arrangements with other local authorities for managing incidents which affect the area of more than one authority in an integrated and coordinated manner;
- arrangements for stockpiling of medicines and medical supplies.”

3.4 Emergency Planning – How this will be done

3.4.1 The emergency preparedness and response function is covered by the following arrangements. The Local Health Resilience Partnership (LHRP), co-chaired by the Lead Director of Public Health and the NHS England Area Team Director, provides a framework for local assurance, including maintaining an accurate assessment of the effectiveness of the resilience capability and capacity across all member organisations.

- That the plans reflect the strategic leadership referenced and thus will ensure robust service and local level response to emergencies.
- Coordination between health organisations is included within the plans.
- That there is opportunity for co-ordinated exercising of local and service level plans in accordance with Department of Health (DH) policy and the CCA 2004.
- That the health sector is integrated into appropriate wider Emergency plans and structures of civil resilience partner organisations within the Local Resilience Forum area(s) covered by the LHRP.
- That co-ordination and understanding between the LRF and local health providers is reviewed and continually improved.
- That provision is in place to coordinate with neighbouring LHRPs, (and where appropriate EPRR organisations in neighbouring Devolved Administrations) and regional arrangements are in place to develop and maintain mutual aid and integrated health response arrangements.
- That arrangements (including trigger mechanisms and activation and escalation arrangements) are in place for providing and maintaining health representation at multi-agency controls (Gold/Silver commands) during actual or threatened emergencies.
- An on call rota has been developed for the Kent and Medway Public Health Consultants to work alongside the emergency planning team in KCC.

3.5 Response to outbreaks not requiring an emergency response – how this will be done

3.5.1 KCC will need to respond to outbreaks and other health protection incidents not requiring an emergency planning response. Central to this is appropriate urgent notification of, and involvement with, incidents and outbreaks to Director of Public Health and her team to enable them to take appropriate steps. Outbreaks will be reported by Public Health England representative to the Health Protection Committee by exception.

3.6 Immunisations

3.6.1 **Directors of Public Health will also need to ensure that there are local plans for immunisations¹**

The Director of Public Health will advise on whether immunisations programmes in the area are meeting the needs of the population, and whether there is equitable access. They will provide challenge and advice to the NHS England Area Team on its performance through the JSNA and discussions at the health and wellbeing board on issues such as raising uptake of immunisations and how outcomes might be improved by addressing local factors. They will also have a role in championing

immunisation, using their relationships with local clinicians and CCG and in contributing to the management of serious incidents. Directors of Public Health will play a role in ensuring that immunisation care pathways for programmes such as neonatal hepatitis B are robust. The Director of Public Health will need to ensure that the CCGs respond appropriately to any challenges from the local public health teams and make any improvements where required.

3.7 Screening

3.7.1 **There is also an expectation that under the duty of protecting the health of its population the Directors of Public Health will ensure that local plans exist for screening programmesⁱ**

The Director of Public Health will advise on whether screening programmes in the area are meeting the needs of the population, and whether there is equitable access. They will provide challenge and advice to the NHS England Area Team on its performance through the JSNA and discussions at the health and wellbeing board on issues such as raising uptake of screening and how outcomes might be improved by addressing local factors. They will also have a role in championing screening, using their relationships with local clinicians and CCG and in contributing to the management of serious incidents. Directors of Public Health will play a role in ensuring that screening care pathways for programmes such as the antenatal screening are robust. The Director of Public Health will need to ensure that the CCGs respond appropriately to any challenges from the local public health teams and make any improvements where required.

3.7.2 How this will be done

3.7.2.1 In Kent and Medway the assurance for screening and immunisations will be sought through the Health Protection Committee which is proposed as a subcommittee of the Kent Health and Wellbeing Board. The screening and immunisation leads at NHS England will provide the Health Protection Committee with appropriate assurance reports. Where services are not delivering to a high standard for the population of Kent and Medway, NHS England will be invited to provide further assurance, such as action plans to address shortfalls. The collective purpose of the Kent and Medway Health Protection Committee is to provide assurance on behalf of the population of Kent and Medway that there are safe and effective plans in place to protect the population's health, to include communicable disease control, infection prevention and control, emergency planning, sexual health, environmental health, screening and immunisation programmes.

3.7.2.2 The Committee will comprise a number of professional partner members who hold health protection responsibilities to include the following: communicable diseases (Public Health England), local health resilience partnership, emergency planning, infection prevention and control, sexual health, antenatal/new born and adult screening, and immunisation & vaccination.

3.7.2.3 The Health Protection Committee will carry out a health protection assurance function on behalf of the Health and Wellbeing Boards from April

2013. (The reporting arrangements are shown in the appendix to this report.)

3.7.2.4 NHS England Area Team will be establishing mechanisms for the co-ordination of immunisation work in Kent and Medway. Monitoring reports on immunisation uptake and associated issues in Kent and Medway will be provided to the Health Protection Committee by the NHS England.

3.7.2.5 NHS England Area Team will be establishing arrangements for the different screening issues (e.g breast, cervical, diabetic eye screening). Monitoring reports will be provided to the Health Protection Committee by the NHS England Area Team.

3.7.2.6 Extraordinary risk concerns and complex risk management issues will be escalated to the Health and Wellbeing Boards as well as through partner organisations as appropriate.

3.8 Extreme Weather Events – Heat wave plan

3.8.1 Public Health are working with the Emergency Planning Team at KCC to develop a cascading mechanism for distributing information about heat wave to nursing homes, schools, detention centres, care homes and hospitals etc. In addition fact sheets are being developed containing relevant information for different organisations. Audits will be undertaken to ascertain whether any action plans have been developed in response to the information cascaded.

3.9 Infection Control

3.9.1 Acute providers will be required to produce plans for prevention and control of infection, including those which are healthcare related. It is the responsibility of the Director of Public Health to ensure these plans exist and are robust.

3.9.2 Disputed cases of Methicillin Resistant Staphylococcus Aureus Blood Stream Infection (MRSA BSI)

3.9.3 Involvement of the Director of Public Health

- In exceptional cases, where the acute trust or the CCG is unable to determine within one week which organisation should be assigned a case of MRSA BSI, the DPH of the local authority responsible for the CCG of the patient *will be informed and is expected to then lead a review panel to assess the evidence presented in the PIR*. The DPH can call on the assistance of CCGs, DIPC or equivalent, PHE and others as appropriate.
- The DCS will automatically notify the relevant DPH if no final assignment has been made within 7 days of the PIR being initiated.
- The result of the DPH's PIR Panel will be reported on the DCS within 14 days of the notification to the DPH, and the outcome discussed with the relevant Trust and CCG. If it emerges that there are some incidents which require reporting to other authorities these should also be agreed at the DPH-led panel meeting.

- The data from the PIR process will help the DsPH assure themselves that the infection prevention and control processes of providers and commissioners within their areas are targeting any systemic weaknesses in infection prevention and control at a local level.
- As part of their oversight remit with respect to protecting public health under the new healthcare system, the DPH may wish to conduct regular audits of cases within their local areas, to ensure that the patients are being managed appropriately, that the PIRs are being conducted properly and that all is being done to reduce infections. The data from the PIRs held on the DCS should be used to help to fulfil this function.
- In cases where a PIR has not been submitted by the due deadline, the DCS system will inform the DPH of the Local Authority containing the CCG with responsibility for the patient who will decide on the final assigning of the case.

3.9.4 How this will be done

3.9.4.1 Public Health Kent has employed, initially for a three month period, an Infection Control nurse who is providing infection control support for KCC and 4 CCGs in Kent.

- CCG CNO have set up data capture systems for MRSA and C Diff with their providers and share data with PH
- CCG CNOs are working with KMCS re data reports and quality challenge (Swale will lead SeCAMB and WKCCG KMPT)
- data will be shared with the AT
- the PIR process is led by each CCG CNO, depending where the issue is. the PH will support the PIR process
- the PH ICN will liaise with PH England to ensure matters of non NHS outbreaks etc. are shared
- monthly infection control reports will be generated by the PH team
- each CCG CNO will link with their medicines management colleagues re antibiotic usage reports etc.
- each CCG CNO needs to set up relevant infection control logins to the national system
- primary care infection control issues and offender health will be overseen by the AT
- E coli, MSSA, and TB will be included in the planning
- PH will do audits to ensure that organisations are compliant with the IC policies.

4. Recommendation(s)

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The Cabinet Committee is asked to consider and endorse the reporting arrangements and organisational structures designed to ensure health protection assurance and delivery of the new health protection duties of Kent County Council.

5. Background Documents

5.1 Health and Social Care Act

<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

5.2 Heat Wave Plan 2013

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/201039/Heatwave-Main_Plan-2013.pdf

6. Contact details

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Reporting Arrangements

