

	Health and Well-Being Board 4 June 2015
Title	North East & North Central London Annual Health Protection Profiles, 2014
Report of	Director of Public Health
Wards	All
Date added to Forward Plan	February 2015
Status	Public
Enclosures	Appendix 1: Health Protection Summary for London Borough of Barnet Appendix 2: Annual Health Protection Profile for Barnet
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Summary
<p>This is an annual report of North East and North Central London Health Protection Team, Public Health England summarising of all infectious disease notifications, outbreaks and incidents related to health protection that were dealt with by the North East and North Central London Health Protection Team in 2014. There is also a summary of immunisation coverage and important infections such as Sexually Transmitted Infections and Healthcare Associated Infections in North East and North Central London.</p> <p>The attached summary focuses on the data in this report that pertains specifically to Barnet, and discusses its interpretation and implications for London Borough of Barnet only.</p>

Recommendations

- 1. That the Health and Well-Being Board notes the contents of the report and the appendix as assurance of the Health Protection functions of Public Health.**

1. WHY THIS REPORT IS NEEDED

- 1.1 The report (appendix 1) covers Health Protection issues related to North East & North Central London (NENCL), with a focus on Barnet, which occurred in 2014. It serves to ensure that the board is sighted of the Health Protection assurance function of the Director of Public Health.
- 1.2 The report is published annually by the Health Protection Team in NENCL, to record work done in relation to health protection by the team, on behalf of the 13 boroughs in NE and NC London.
- 1.3 Background and Introduction
 - 1.3.1 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.
 - 1.3.2 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. For Barnet these arrangements are managed by the North East and North Central Health Protection Team based in Fleetbank House, City of London.
 - 1.3.3 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, overseen by local Health and Well-being Boards.
 - 1.3.4 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.
 - 1.3.5 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.
 - 1.3.6 NHS England has the responsibility for commissioning immunisation programmes for Barnet residents.
 - 1.3.7 Health Protection Profiles are prepared annually by the NENCL Health

Protection Team to provide a summary of the health protection issues affecting each borough in the sector (appendix 1).

1.4 Local Health Protection Arrangements

1.4.1 The Director of Public Health (DPH) is responsible for exercising the new public health functions on behalf of the Council. The DPH has the 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”.

1.4.2 The delivery of Health Protection will need strong working relationships and the legislative framework that underpins this objective ensures that organisations do what is required. At the local level NHS Barnet Clinical Commissioning Group and the NHS England have a duty to cooperate with the Council in respect of health and wellbeing.

1.4.3 Unitary, upper tier and London borough local authorities have a new statutory duty to carry out the Secretary of State’s health protection role under regulations made under section 6C of the National Health Service Act 2006 (NHS Act 2006) 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.

1.4.4 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.

1.5 Barnet’s profile, a section of the full annual report of North East and North Central London Health Protection Team, is attached at appendix 1. This summarises key health protection incidents and outbreaks for Barnet, and the main infectious disease reported from Barnet in 2014. It also includes immunisation coverage, and key infections like Sexually Transmitted Infections and HIV, and TB. The graphs referred to in the profile are from the annual report and tabled at the meeting.

2. REASONS FOR RECOMMENDATIONS

2.1 Under the Health and Social Care Act 2012 the statutory Health and Well-being 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, 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.

2.2 Regulations made under the NHS Act 2006, require a 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'. This duty is exercised by the Council's Director of Public Health (DPH). In order to undertake this duty, and to provide appropriate advice as to the adequacy of local health protection arrangements, the DPH needs to be assured and satisfied that there are adequate health protection immunisation plans in place in the Borough.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 None

4. POST DECISION IMPLEMENTATION

4.1 Provided Health and Well-Being is satisfied with the report, Director of Public Health will continue to monitor and report Barnet's health protection profile.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

5.1.1 Key elements of health protection work, in relation to immunisations and prevention of disease and disability, link with actions listed under sections 3.2 and 6.2 of the Health and Wellbeing Strategy.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

5.2.1 There are no direct financial implications for Barnet a result of the 2014 Health Protection Profile. 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.

5.3 Legal and Constitutional References

5.3.1 Under section 2A of the NHS 2006 Act, 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.

5.3.2 Regulations made under s.6C of the NHS Act 2006 impose duties on local authorities to exercise prescribed public health functions of the Secretary of State. This includes a duty to provide information and advice to prescribed bodies in order to promote the preparation of, or participation in, health protection arrangements against any threat to the health of the local population, including infectious disease, environmental hazards and extreme weather events.

5.3.3 The Council's Constitution sets out the Terms of Reference (Responsibility for Functions – Annex A) of the Health and Well-Being Board:

- To jointly assess the health and social care needs of the population with NHS commissioners, and apply the findings of a Barnet joint strategic needs assessment (JSNA) to all relevant strategies and policies.
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients
- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this.
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health.
- Specific responsibilities for:
 - Overseeing public health
 - Developing further health and social care integration

5.4 Risk Management

5.4.1 Health protection needs constant appraisal and will always be in need of strengthening. There is great value in joint working and good communication, to maintain and/or heighten awareness, identify issues and provide for a more robust and effective response to problems, both current and emerging.

5.5 Equalities and Diversity

5.5.1 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- advance equality of opportunity between people from different groups
- foster good relations between people from different groups

5.5.2 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services

5.5.3 In addition all templates should advise the inclusion of:

- Up to date information about the Equalities impact of the proposal and details of how this has been assessed
- Sources of data
- Assessment of equalities risks and what has been done to mitigate them

5.6 Consultation and Engagement

5.6.1 The Appendix provides details of health protection issues, broken down into protected characteristic, where this is relevant.

5.6.2 This report will be circulated to PHE's partners and stakeholders – local authority Public Health teams, LA Environmental Health teams, NHSE, acute trust IC teams.

6. BACKGROUND PAPERS

6.1 None