

## ROTHERHAM BOROUGH COUNCIL – REPORT TO CABINET MEMBER

1.	<b>Meeting:</b>	<b>Cabinet</b>
2.	<b>Date:</b>	<b>6<sup>th</sup> February 2013</b>
3.	<b>Title:</b>	<b>Health Protection and Local Government</b>
4.	<b>Directorate:</b>	<b>Public Health</b>

### 5. Summary

Councillor Wyatt, Cabinet Member for Health and Wellbeing, introduced a report by the Director of Public Health

### 8. Risks and Uncertainties

Regulations setting out the mandatory functions of local authorities, including the requirement to protect the health of their population, are expected to be laid in early 2013, to come into force by or on 1 April 2013\*.

### 9. Policy and Performance Agenda Implications

Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation.

Health Protection would link into RMBC **Plan on a Page** under sections:

- Helping to create Safe and Healthy Communities
- Improving the Environment

Unitary and lower tier local authorities also have existing health protection functions and statutory powers under the Public Health (Control of Disease) Act 1984, as amended by the Health and Social Care Act 2008, and regulations made under it as well as other legislation, such as the Health and Safety at Work Act 1974 and the Food Safety Act 1990 and associated regulations, which enables them to make the necessary interventions to protect health.

As well as major programmes such as the **national immunisation** programmes and the provision of health services to **diagnose and treat infectious diseases**, health protection involves **planning, surveillance and response** to incidents and outbreaks.

Local authorities (and directors of public health acting on their behalf) will have a critical role in protecting the health of their population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things do go wrong. They will need to have available to them the appropriate **specialist health protection skills** to carry out these functions.

The scope and scale of work by local government to prevent threats to health emerging, or reducing their impact, will be driven by the health risks in a given area. Understanding and responding to those health risks will need to be informed by the process of health and wellbeing boards developing joint strategic needs assessments (**JSNAs**), **joint health and wellbeing strategies**, and **commissioning plans** based upon them.

Local government will work with local partners to ensure that threats to health are understood and properly addressed.

Public Health England, with its expertise and local health protection teams, will have a critical role to play in helping local authorities understand and respond to potential threats.

The NHS will also continue to be a key partner in planning and securing the health services needed to protect health.

## **Prevention**

Within its Health Protection role RMBC will have responsibility for prevention.

Some examples of this preventative role might include:

- Ensuring there are integrated services in place to prevent and **control tuberculosis** in line with local need, particularly in areas where there are vulnerable populations, such as recent migrants, people who are homeless and unregistered populations.
- Commissioning measures to minimise **drug-related harm**, such as transmission of **blood-borne viruses** among injecting drug users.
- Developing local plans and capacity to monitor and manage acute incidents to help prevent transmission of **sexually transmitted diseases**, to control outbreaks and to foster improvements in sexual health.
- Developing local initiatives to raise awareness of risks of **infectious diseases** based on population needs identified through the local JSNAs.
- Working with **environmental health** colleagues who regulate businesses providing **tattooing, cosmetic piercing**, semi-permanent skin-colouring, electrolysis and acupuncture so as to **reduce risks of harm**.

- Joint initiatives with Public Health England to identify homes with high internal levels of **radon** (a natural radioactive gas) in high radon areas and possible steps to reduce levels.
- Preparing for extreme weather events such as **heatwaves and flooding** with a view to preventing and/or reducing the impacts on health, such as the impact on mental health and wellbeing of flooding.
- Advising on preparation of **cold weather** plans.
- Advising on **health protection** aspects of new services and facilities.
- Working with environmental health colleagues to improve **local air quality**, including working with businesses and individuals to reduce air pollution.

In taking forward this preventative role, local authority public health teams will need to work closely with local Public Health England centres, which will provide a range of health protection services, including collection, analysis, interpretation of surveillance data, expert advice on hazards and effective interventions, and support to develop and implement local prevention strategies.

Further work is under way to finalise the precise offer from local Public Health England centres to local authorities.

## **Planning and preparedness**

Effective planning is essential to limit the impact on health when hazards cannot be prevented.

Upper tier and unitary local authorities will take on a new role in support of the Secretary of State's **health protection duty**. This will be a **statutory requirement** which will be placed on them to take steps to protect the health of their geographical population from threats ranging from relatively **minor outbreaks and health protection incidents to full-scale emergencies**.

The director of public health, on behalf of the local authority will therefore provide **advice, challenge and advocacy** to protect the local population.

Responsibility for responding appropriately to the local authority's advice (and accountability for any adverse impact if that advice is not heeded) rests with other organisations such as the NHS.

However, local authorities will have a key lever to improve the **quality of health protection plans** through the effective escalation of issues. This includes raising issues locally, with the partner concerned, or with the health and wellbeing board, or directly with commissioners if there are concerns about commissioning of prevention services.

Over and above RMBC existing responsibilities as Category 1 responders under the CCA, and subject to Parliamentary approval, upper tier and unitary local authorities will be required to take steps to protect their local population. The focus of this will be on

developing plans with Public Health England and the key health and care partners within the local area.

### **Response to local incidents and outbreaks**

Public health incidents and outbreaks should be dealt with at the most appropriate level, and by the most appropriate organisation. The response depends on the nature of the incident; most are dealt with at the local level.

The NHS Commissioning Board local area team emergency planning lead, working in association with relevant clinical commissioning groups (CCGs), will ensure that NHS resources that are agreed with Public Health England and/or the director of public health to mount an effective response to any local health protection incident are made available appropriately.

## **10. Background Papers and Consultation**

\*Heath Protection in Local Government DH Sept 2012

Arrangements for Health Emergency Preparedness, Resilience and Response From April 2013, DH, 2012

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