

Agenda Item:

Joint Public Health Board

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Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	8 th February 2016
Officer	Director of Public Health
Subject of Report	Health Protection in Dorset Update
Executive Summary	This paper provides the board with information on the existing health protection arrangements and the plans for beyond 1 st April 2016, in response to the review and reorganisation of Public Health England.
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: N/A
	Use of Evidence: N/A
	Budget: N/A
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW

	<p>Other Implications:</p> <p>(Note: Please consider if any of the following issues apply: Sustainability; Property and Assets; Voluntary Organisations; Community Safety; Corporate Parenting; or Safeguarding Children and Adults.)</p>
Recommendation	To note the changing arrangements with Public Health England from 1 April 2016.
Reason for Recommendation	
Appendices	N/A
Background Papers	
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Introduction

- 1.1 Health Protection is one of the five mandatory functions for Public Health within Local Authorities. Public Health Dorset works collaboratively with a number of key stakeholders and organisations, including Public Health England (PHE), NHS England, CCG and the Districts and Borough Councils, to ensure the population of Bournemouth, Dorset and Poole are protected from a broad range of hazards including infectious diseases and environmental hazards. This broad programme of work also aims to impact on a number of outcomes with the Public Health outcomes framework.
- 1.2 This paper provides board members with information on the existing health protection arrangements and the plans for beyond 1st April 2016, in response to the review and reorganisation of Public Health England.

2. Current Situation

- 2.1 Public Health England have the lead role in providing scientific advice and managing the response to any individual cases, disease outbreaks or incidents, alongside other key partners e.g., Environmental health officers from either the District, Borough or unitary Local Authority. This function is delivered by the Health Protection team in Public Health England from the regional centre.
- 2.2 Since transition in April 2013, Bournemouth, Poole and Dorset Local Authorities have received their health protection support from the Public Health England Wessex team based in Whitely, who have recently merged to become part of the Public Health England South East team.
- 2.3 The Dorset Health Protection Network is chaired by the Director of Public Health (DPH) and is the primary forum at which all the key agencies have the opportunity to meet and discuss the health protection issues and the system for Dorset. This network is very well attended, has commissioned and produced some high quality pieces of work and is forming the basis of a strong set of professional relationships and much renewed commitment to a robust system for health protection in Dorset.
- 2.4 Prior to April 2013, the DPH, Public Health Consultants and two Head of Public Health programmes were part of the Health Protection Agency's oncall (out of hours) rota for Dorset. This role provided scientific information and advice to health colleagues and other key agencies on the management and control of common infectious disease incidents, e.g. a case of meningitis, as well as some environmental incidents, such as fires containing asbestos.
- 2.5 Following the transfer of Public Health into Local Authority and the formation of Public Health England all the systems re health protection changed and Public Health England Wessex no longer required non-PHE staff to work on their out of hours rota.
- 2.6 Public Health Dorset established their own internal oncall rota for the Director of Public Health and Consultants to be available for any major incidents and provide the function of Scientific & Technical Advisor Cell (STAC) chair as a way of managing the transition into working within the Local Authority context and local systems.

3. Future Arrangements

- 3.1 Public Health England has been going through an extensive review of their services and structures. In December 2015, Public Health England came to present the results of the PHE consultation on Health Protection services, including out of hours

arrangements and emergency response arrangements to the Dorset Health Protection Network.

- 3.2 The key implication of the PHE Health Protection review is that from 1st April 2016 the responsibility for providing health protection services and support for Bournemouth, Poole and Dorset Local Authorities will move back to the Public Health England South West centre, currently based in Exeter and Totnes.
- 3.3 Public Health Dorset is working with both PHE regional teams to ensure a smooth transition of services and identify opportunities for establishing a close working relationship with the South West Team.
- 3.4 In order to promote an effective model of working, PHE are currently recruiting for both a Consultant and a Practitioner, dedicated to the Dorset area. Public Health Dorset are also working with PHE to look at whether these staff can be co-located for a large proportion of their time in the Public Health Dorset offices, predominantly the Dorchester office. It is hoped that this will foster stronger local connections with key partners including EHOs and the CCG.
- 3.5 In addition, during discussions with the South West PHE team, it is clear that there is no expectation for the Local Authority Public Health team to have an out of hours rota, consistent with everywhere else in the South West.
- 3.6 Public Health England has the responsibility for establishing emergency responses to major incidents, including setting up a Scientific and Technical Advisory Cell (STAC). However there is an expectation that the local DPH and/or Consultant in Public Health from the Local Authority would provide support in the form of chairing the STAC. This is particularly critical in a protracted incident but is likely to be easily managed on a best endeavours basis through direct contact with the DPH and/or nominated deputy in the case of a major emergency. The Public Health Dorset consultants are all currently up to date in the training to be a STAC chair.
- 3.7 In view of this change of organisational boundaries and in discussion with PHE South West, Public Health Dorset are now reviewing the internal oncall rota for Local Authority Public Health consultants to establish whether it is a necessary or cost effective system beyond 1st April 2016, given the pressure on budgets and the need for savings.

4. Conclusion

- 4.1 It is hoped that by establishing a new way of working much more closely with PHE staff co-located in Public Health Dorset offices, we will be able to continue to develop an effective health protection system for both prevention and responses to infectious disease and environmental hazards for the populations of Bournemouth, Poole and Dorset beyond 1st April 2016.

Dr David Phillips
Director of Public Health
January 2016