

Re-establishing the Health Protection Assurance Forum

1.0 Introduction

Health protection practice aims to prevent, assess and mitigate risks and threats to human health arising from communicable diseases and exposure to environmental hazards, such as chemicals and radiation.

The effective delivery of a local health protection function requires close partnership working between the UK Health Security Agency (UKHSA), the NHS, local government, and others.

This involves complex working arrangements between organisations to both identify and mitigate risks across the health protection system, and drive improvement.

Health protection functions expected of a local health systems as a whole, include¹:

- Emergency preparedness, resilience and response
- Communicable disease control
- Risk assessment and risk management
- Risk communication
- Incident and outbreak investigation and management
- Monitoring and surveillance of communicable diseases
- Infection prevention and control in health and care settings
- Delivery and monitoring of immunisation and vaccination programmes
- Environmental public health and control of chemical, biological and radiological hazards

The local authority has a specific statutory duties around:

- Prevention
- Planning and preparedness
- Environmental health
- System assurance

Partner organisations have their own statutory duties contributing to the delivery the system functions above².

2.0 The Herefordshire Health Protection Assurance Forum

The function of Herefordshire's Health Protection Assurance Forum (HPAF) is to provide the assurance that the health protection functions listed above are in place and working as they should. It does this on behalf of the Local Authority Director of Public Health and reports into the Health and Wellbeing Board.

Herefordshire's HPAF was paused in 2020 because health protection staff and organisations were re-deployed to respond to the immediate threat of the COVID pandemic (March 2020 onwards). The Forum was paused while other COVID-focussed groups – both strategic, tactical and operational – were stood up.

¹ [What-Good-Looks-Like-for-High-Quality-Local-Health-Protection-Systems.pdf \(adph.org.uk\)](#)

² [Health Protection in Local Authorities Final.pdf \(publishing.service.gov.uk\)](#)

A benefit of that single focus was that it forged new and close working relationships across the health protection system in our attempts to protect our residents from the harms of COVID infection. The downside, was that the focus shifted significantly away from other health protection work, including preventative activity, like adult health screening programmes and childhood immunisation. Without high performance and close assurance in these areas, we are storing up health risks that will be realised in the future.

As partners began to re-gain some non-COVID staff capacity over the summer of 2022, and the phase of living with COVID began, we re-established the Forum.

The first meeting was held in July 2022 and has met twice since. The focus so far has been foundation building after the three year interruption, by:

- Establishing new terms of reference
- Updating membership due to significant staff turn-over, and new organisations being formed since 2020 (e.g. UK Health Security Agency, and Integrated Care Boards)
- Establishing a new information flow from partners to allow quarterly or yearly monitoring of selected health protection outcomes, where data allows
- Understanding and sharing risks across the partnership
- Reviewing public health outcomes framework indicators to evaluate how Herefordshire health protection outcomes compare objectively with England, our Region and Local Authorities similar to our own.

Updated terms of reference; including objectives, governance and membership, can be found in the Appendix 1.

Re-establishing the Forum has led to the following areas of initial focus for 2023/24.

3.0 Planned Activity for 2023/24

Annual report

The Forum will produce an annual report that will be presented to the Health and Wellbeing Board in the autumn of each year. This is to align with the latest annual data releases.

The report will provide an evidence-based overview of the current health protection status in our county. It will provide the foundation for identifying areas of poor, average, good and great performance, which will guide targeted improvement activity. This improvement activity will take forward the learning from COVID, in particular about the health inequalities experienced by different sections of our population.

Topics will include:

- Health protection roles, responsibilities and assurance arrangements
- Health protection successes, challenges and performance since last report (2018)
- Communicable diseases (cases, incidents and outbreaks)
- Healthcare Associated Infections
- Sexually Transmitted Infections including HIV
- Immunisation and screening programmes
- Environmental hazards to health, safety and pollution control
- Assurance priorities for 2024/25

To coincide with end of 2022/23 financial year data updates (expected Aug-Sept 2023), this report is scheduled to complete in the autumn of 2023. It will be presented to the Health and Wellbeing Board.

Review screening and immunisations performance

The Health and Wellbeing Strategy for Herefordshire is being updated and has a focus on helping children make the best start in life. Improving childhood immunisation uptake, including dimensions of inequality, so that children are free of preventable diseases, will contribute directly to that vision.

We will continue to work with Forum partners to understand the most up-to-date performance around screening and immunisations; the drivers of performance, options for change and agree focussed improvement actions. This will be contingent on new data being released for the end of 2022/23 financial year (expected Aug-Sept 2023) which may differ significantly from current performance (2021/22).

A snapshot of childhood immunisation performance in Herefordshire (2021/22) is included in 2 for information.

4.0 Stepping down COVID response

The response to the COVID-19 pandemic has been at the forefront of health protection activity since March 2020. As of 31 March 2023, the Local Authority will no longer receive national funding to support and manage COVID enquiries, cases and outbreaks. At that point, any further COVID cases or outbreaks will be notified to, managed and coordinated by the UK Health Security Agency, as is the case for other notifiable diseases affecting human health. COVID will no longer be an exception.

We would like to acknowledge the incredible hard work and dedication shown by all those working to reduce the harm caused by COVID since March 2020.

Appendix 1 - Herefordshire's Health Protection Forum Terms of Reference (Updated Nov 2022)

Purpose of Forum

The role of the Health Protection Assurance Forum is to assist the Director of Public Health in their role in ensuring oversight of health protection plans and arrangements for Herefordshire.

The Forum will provide assurance that there are tested, safe and effective plans in place to protect the health of the population of Herefordshire. This health protection remit covers:

- prevention and control of communicable/infectious diseases, including blood borne viruses and tuberculosis
- infection prevention and control, including healthcare associated infections
- emergency preparedness, resilience and response
- environmental health/protection
- screening and immunisation programmes

Objectives

The objectives of the Forum are to:

1. Review significant incidents or outbreaks to identify and share lessons, and make recommendations on necessary changes.
2. Receive and review health protection risks held by partner members and make recommendations on mitigating actions.
3. Ensure that appropriate plans and testing arrangements are in place for all partner member programmes. Align with plans developed by the Local Health Resilience Partnership.
4. Ensure robust surveillance and monitoring systems are in place in order to identify potential health protection rising tide incidents.
5. Promote the importance and profile of the health protection agenda, including prevention, among partner organisations.
6. Escalate concerns where necessary, via most appropriate structure, depending on the issue (e.g. Health and Wellbeing Board, Local Health Resilience Partnership).
7. Provide an annual report and presentation to the Herefordshire Health and Wellbeing Board on Health Protection in Herefordshire.

Membership

The membership of the Health Protection Assurance Forum primarily comprises representatives of relevant health protection groups and health and care organisations in Herefordshire.

The core membership of the Forum is listed in Table 1. Other stakeholders will be welcome and invited as required.

Table 1 Health Protection Assurance Forum Membership

Representative	Organisation
Consultant in Public Health (Chair)	Herefordshire Council
Quality Assurance Co-ordinator/IPC Nurse	NHS Herefordshire and Worcestershire Integrated Care Board (ICB)
Head of Operations and Partnerships	NHS Herefordshire and Worcestershire Integrated Care Board (ICB)
Screening and Immunisation lead	NHS England
Consultant in Communicable Disease Control	UK Health Security Agency – West Midlands Centre
Environmental Health Service Manager	Herefordshire Council
Consultant Microbiologist	Wye Valley NHS Trust
Health Improvement Practitioner	Herefordshire Council
Health, Safety and Resilience Manager	Herefordshire Council
Sexual Health Service Lead	Solutions4Health
Substance Misuse Service Lead	Turning Point
Tuberculosis Lead Nurse	Wye Valley NHS Trust

** Note: those shaded in grey are invited as and when required*

Quorum

For the Forum meetings to be quorate there will need to be at least two Herefordshire Council representatives including the Consultant in Public Health and at least two non-Herefordshire Council partner organisations represented.

Governance

The HPAF reports to the Health and Wellbeing Board (HWBB). It will make an annual report to the HWBB on the state of play of health protection assurance in Herefordshire. The Forum will also respond when specific ad-hoc reports are requested by the HWBB or other external structures to which any of the Forum partners are accountable.

Risk concerns and risk management issues will be escalated to the Herefordshire Health and Wellbeing Board, Herefordshire Adults and Wellbeing Scrutiny Committee or Children and Young People Scrutiny Committee or through the Director of Public Health in Herefordshire Council, as well as through partner organisations, as appropriate.

Communications

It is expected that all members will take on the responsibility for communicating the recommendations of the Forum to appropriate colleagues in their departments or organisations.

Chair

Meetings will be chaired by the Consultant in Public Health (Health Protection).

Notes/action logs will be produced by the administrative team of the Director of Public Health. Meeting papers will be circulated one week ahead of meetings, with minutes circulated within 14 days to Forum members.

Key Responsibilities of Forum Members

Forum members should be senior representatives of their organisation who have decision making capacity on behalf of their respective organisation. They are responsible for representing the views of their own organisation, and also for contributing to the Forum's view on health protection plans and issues in Herefordshire. They are responsible for reporting recommendations and decisions of the Forum to their organisations, and for ensuring organisation level actions are followed up and reported back to the Forum.

Forum members are expected to attend meetings online via Teams. When this is not possible, they are expected to delegate another appropriate senior member of their team.

Forum members are expected to provide quarterly performance report at least two weeks in advance of the meeting. A dashboard outlining key performance reporting measures required will be provided.

Terms of Reference Review

These Terms of Reference should be reviewed annually (last update November 2022).

Appendix 2 - Herefordshire childhood immunisation snapshot (2021/22)

The percentage of people who need to be immune in order to achieve herd immunity varies with each disease. For example, herd immunity against measles requires about 95% of a population to be vaccinated. The remaining 5% will be protected by the fact that measles will not spread among those who are vaccinated³.

Based on data from 2021/22, two childhood immunisation performance indicators are below 90% coverage (Table 2). For example, two doses of Measles, Mumps and Rubella (MMR) vaccine before the age of 5 provides the best protection against those diseases. Herefordshire's coverage (88.2%) is higher than the England average (84.2%) but is below the average seen in local authorities similar to our own (90.1%).

This shows that there is national underperformance on this measure, but that it is realistic to achieve 90-95% in the future, some areas are already there. It's important to catch up on any missed vaccines and residents can still ask their GP surgery for the MMR vaccine if their child has missed either of these 2 doses.

Table 2 Herefordshire childhood immunisation snapshot 2021/22

Below 90% coverage				
Immunisation	Period	Herefordshire coverage	CIPFA⁴ nearest neighbour average	England average
Dtap & IPV booster (5 yrs.)	2021/22	88.2%	90.1%	84.2%
MMR 2 doses (5 yrs.)	2021/22	89.9%	91.1%	85.7%
Between 90% - 95% coverage				
Immunisation	Period	Herefordshire coverage	CIPFA nearest neighbour average	England average
Men B (1 year)	2021/22	94.8%	94.8%	91.5%
Dtap IPV Hib (2 yrs.)	2021/22	94.9%	95.7%	93.0%
MenB booster (2 yrs.)	2021/22	92.1%	92.8%	88.0%
Rotavirus (1 yrs.)	2021/22	93.1%	93.6%	89.9%
MMR 1 dose (2 yrs.)	2021/22	93.0%	93.7%	89.2%
PCV booster	2021/22	92.5%	93.7%	89.3%
Hib & MenC booster (2 yrs.)	2021/22	92.9%	Not available	89.0%
Above 95% coverage				
Immunisation	Period	Herefordshire coverage	CIPFA nearest neighbour average	England average
Dtap IPV Hib (1 yrs.)	2021/22	95.0%	95.1%	91.8%
PCV	2019/20	95.0%	95.1%	93.2%
Hepatitis B (2 yrs.)	2021/22	100%	88.0%	N/A
MMR 1 dose (5 yrs.)	2021/22	95.3%	96.3%	93.4%

³ [Coronavirus disease \(COVID-19\): Herd immunity, lockdowns and COVID-19 \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/coronavirus-2019-ncov)

⁴ [Nearest Neighbour Model \(cipfa.org\)](https://www.cipfa.org/)