

## **Cabinet – 25 October 2017**

### **Remodelling of the Health Protection Function within Walsall Public Health**

**Portfolio:** Councillor Ian Robertson, Health

**Related portfolios:**

**Service:** Economy and Environment Directorate - Public Health

**Wards:** All

**Key decision** Yes

**Forward plan** Yes

#### **1. Summary**

- 1.1 The following report describes the remodelling of the health protection function within Public Health. The proposed changes to the model of service delivery will address the need for greater capacity and flexibility as well as resilience within Public Health to respond to health protection issues and meet the statutory responsibilities of the Director of Public Health with regard to health protection. The proposed new service delivery model for the health protection service will include the termination of a contract with Walsall Healthcare Trust for infection prevention and control and providing this service in house.
- 1.2 The impact on the end users will be limited – the proposed new service model will mean that end users will have to contact the Council rather than Walsall Healthcare Trust for advice and support on infection control. However, the benefits to all parts of the Borough are a more resilient, responsive and flexible health protection service for Walsall residents.

#### **2. Recommendations**

- 2.1 That Cabinet approve the proposed new service model for the Health Protection Function within Walsall Public Health as described in Section 3.5 of the report.

### 3. Report detail

3.1 **Health Protection** is a term used to encompass a set of activities within the Public Health function. It involves:

- ensuring the safety and quality of food, water, air and the general environment
- surveillance of infections
- preventing the transmission of communicable diseases
- managing outbreaks and the other incidents which threaten the public health.

Part of the Director of Public Health function within the local authority is to lead the initial response to public health incidents at the local level

It involves a multi-disciplinary response and includes emergency health planners, environmental health, pollution control, immunisation and screening, health protection practitioners, sexual health, anti microbial resistance (AMR) advisors and infection prevention and control specialists.

3.2 The Director of Public Health (DPH) has statutory responsibilities to ensure that there are structures in place so that the Local Authority can respond to incidents or emergencies that affect the health of their community (see **Appendix A** for further information about those responsibilities).

3.3 **Infection prevention** is an essential part of health and social care provision which ensures that all users receive safe care that does not put them at risk of avoidable infections.

Infection prevention and control involves the delivery of safe practice by knowledgeable clinicians, in clean environments and appropriately decontaminated equipment. This is achieved through a structured approach to audit, and supporting health and social care providers through training and management of outbreaks. This service can also be extended to the beauty industry where increasingly invasive procedures are undertaken and to schools and nurseries.

There are two main elements within an infection control service

- an infection control response and
- A specialised infection control audit programme across the health economy.

3.4 Following a review of current capacity and the model of provision for health protection and infection prevention, a new service model has been developed in order to deliver:

- Better value for money and achievement of savings as agreed through Council financial plans
- A more flexible and resilient model for the provision of infection control and health protection.

Four options were identified and analysed:

**Option 1** To maintain current arrangements for infection control and health protection. Walsall Healthcare Trust will continue to offer the two main elements of the infection control service i.e. an infection control response and specialised infection control audits.

The current arrangements support a health economy approach to infection prevention but have not been flexible enough to meet all the Health Protection needs in Public Health.

This option will not increase the resilience of the health protection team in Public Health.

**Option 2** To re-procure both elements of the infection prevention service as two separate contracts: A healthcare trust (to provide an infection prevention response) and an infection prevention organisation that specialises in infection prevention audits. This option would maintain existing arrangements for health protection.

This option would lead to a fragmented of the infection control service. This option will not increase the resilience of the health protection team in Public Health.

**Option 3** To re-procure both elements of the infection prevention service as a single contract whilst maintaining the existing health protection arrangements.

This option may lead to challenges in data sharing and it would be difficult to maintain a health economy solution if an external organisation won the contract. This option will not increase the resilience of the health protection team in Public Health.

**Option 4** Public Health will provide an in house infection prevention service including both elements and offer an enhanced health protection response. This will require Public Health to directly employ 2 nurses.

This option meets the needs of the health protection agenda within Public Health and creates the capacity to be flexible whilst at the same time increasing resilience within the team. The health economy approach can be maintained using this model.

It is thought that Option 4 will deliver a far more responsive service than the current model and is the preferred option.

3.5 Table A below summarises the current service model and the proposed changes:

**Table A: Current and proposed model for Health Protection**

Current service model	Proposed service model
<p><b>Infection prevention</b></p> <p><b>A. Healthcare Trusts</b></p> <p>Each Healthcare Trust has an infection prevention team which provides infection prevention services within all settings where they provide healthcare. This is funded out of the Trust's own budgets.</p>	<p>This element will continue as before.</p>
<p><b>B. Independent Healthcare Providers</b></p> <p>Walsall Public Health commissions an infection prevention service for the independent healthcare providers e.g. care homes, dentists and General Practices. The infection prevention element of the health protection function has been delivered through an annual contract worth £200,000 per annum with Walsall Healthcare Trust. This contract is due to expire on 31<sup>st</sup> March 2018.</p>	<p>The contract with the Trust for the infection prevention service will not be extended and the function will be brought in house through the direct employment of 2 staff by the Council.</p>
<p><b>Health Protection</b></p> <p><b>A. Lead for the Management of the Acute Response</b></p> <p>Public Health England leads on the management of notifiable diseases, outbreak and incidents.</p>	<p>This element will continue to be led by Public Health England as before.</p>
<p><b>B. Local Health Protection Services</b></p> <p>Local Health Protection services are provided in house by Walsall Public Health (One 0.3 Whole Time Equivalent (WTE) Public Health Consultant, one WTE Nurse Consultant and 0.5 WTE Health Protection Practitioner (Health Emergency Planning)).</p>	<p>This element will be strengthened by support from the 2 newly recruited nurses mentioned above.</p>

3.6 Benefits of the proposed new model:

- The current contract for infection prevention and control held by the Walsall Healthcare Trust does not offer wider health protection services and does not work outside of healthcare premises. The new in house service will work

across a range of health and social care premises, and other avenues where high risk interventions are undertaken (e.g. tattoo parlours).

- The additional staff will be trained in both infection control and health protection. This will increase the capacity, flexibility and resilience within the Health Protection Team in Public Health.

3.7 Subject to Cabinet approval, it is proposed that the in house service model will commence on 1 April 2018.

#### **4. Governance**

4.1 The Director of Public Health has established a Governance and Assurance Group and it is anticipated that the governance of this new service will be through this group. The terms of reference for the Public Health Governance and Assurance group are to be found at **Appendix C**.

4.2 Infection prevention services do carry a small clinical risk, particularly in regard to managing and controlling outbreaks. The team will be providing advice and support to organisations routinely and when there are specific incidents and outbreaks. It is important to note that the team will not be prescribing medications or delivering hands on care. The service will continue to adhere to the Governance and Assurance Framework for Public Health.

#### **5. Council priorities**

5.1 The proposed service meets the following priorities set out within the Walsall Plan/Health and Wellbeing Strategy:

- **Maximising people's health and wellbeing** - through awareness raising, education and supporting the screening and immunisation programmes commissioned by Public Health England
- **Keep vulnerable people safe** - through safe management of infectious diseases, advice, education and training of professional colleagues and the public
- **Enable and empower individuals to improve their physical and mental health** - through education around infection prevention and how they can protect themselves from infections and stop them spreading
- **Remove unwanted variation in healthcare** - through close working with the National Health Service and social care providers through a systematic infection prevention service of auditing standards, root cause analysis and making recommendations for improvement.

#### **6. Risk management**

6.1 The staff will not be prescribing medication or delivering hands on care.

6.2 Risks

The risks arising from the proposed new service model are:

- The proposed new service model will continue to necessitate the handling of some personally identifiable data.
- The council will employ 2 new members of staff

6.3 In order to mitigate against the risks identified in 6.2:

- A Privacy Impact Assessment will be completed to mitigate the risks arising from the handling of personally identifiable data and the relevant information sharing agreements will be put in place or reviewed.
- Human resources are fully involved in the process of recruitment of the new members of staff.

6.4 The Insurance and Loss Control Advisor for Walsall Council has advised that the Council's existing insurance arrangements will cover this function.

## **7. Financial implications**

The Council's current contract with Walsall Healthcare Trust for infection prevention and control service for the independent healthcare providers costs £200,000 per annum. As part of the Council savings, Public Health have identified £40,000 from this budget. It is envisaged that the proposed model will enable Public Health to achieve these savings and deliver the service in budget.

## **8. Legal implications**

8.1 The guidance which enables local authorities to offer public health support to the population is set out in the Health and Social Care Act 2012. This allows local authorities to exercise any of the public health functions of the Secretary of State relating to the health of the public in the authority's area.

8.2 The current contract for infection prevention and control with Walsall Healthcare Trust is an annual contract embedded in Walsall CCGs NHS contract. It is due to expire on the 31<sup>st</sup> of March 2018. The contract carries a six month notice period and notice of termination has been issued on 30<sup>th</sup> of September 2017. There are no anticipated TUPE implications or legacy costs.

## **9. Procurement Implications/Social Value**

9.1 There are no procurement implications. Local employment will be used wherever possible however it must be noted that several areas of the work may be defined as specialist and appropriately trained, experienced and qualified staff will be employed for this service. The larger team will be able to offer far more support to local organisations and businesses to improve infection prevention and communicable disease control in Walsall. This will include working with community and voluntary organisations in all settings as required.

## **10. Property implications**

10.1 There are no property implications.

## **11. Health and wellbeing implications**

11.1 The council has a statutory duty to promote health and wellbeing.

11.2 The key objectives of the Marmot Review (in addressing deprivation and health inequalities within the borough) are to be at the heart of the proposed health protection service in Public Health.

- ***Give every child the best start in life*** - by working with nurseries and children's centres to improve infection control and encourage immunisations.
- ***Strengthen the role and impact of ill-health prevention*** - through a safe, effective and well resourced health protection service.

## **12. Staffing implications**

12.1 It is not anticipated that there will be any TUPE implications for the proposed service.

12.2 The proposed service model will involve the recruitment of 2 infection prevention staff. Additional training on wider health protection and health emergency planning will be offered to these nurses. The majority of this training can be provided in house.

12.3 Implementing the council's Recruitment & Selection Policy will ensure that a thorough, fair and transparent recruitment and selection process will take place so that the new service has the best people in the correct roles to ensure the future development of the service.

## **13. Equality implications**

13.1 A comprehensive Equality Impact Assessment has been completed for this project and is attached as Appendix B.

## **14. Consultation**

14.1 Consultation on the proposed service model was conducted between June and September 2017 with stakeholders including Walsall CCG, Walsall Healthcare Trust, Public Health England and Adult Social Care.

A public consultation has not been carried out as there are no proposed changes to service provision affecting the public.

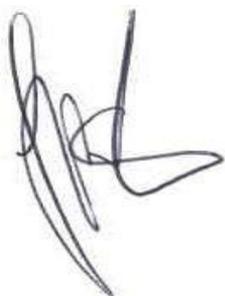
14.2 A summary of this consultation is provided in the Cabinet report consultation sheet and Appendix B of this report.

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## Appendix A

# DPH Statutory Duties with EPRR and Health Protection

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## Introduction

This paper has been developed the outline the statutory responsibility of the Director of Public Health (DPH) concerning Emergency Preparedness, Response and Recovery (EPRR) and Health Protection.

The Director of Public Health (DPH) has statutory responsibilities to ensure that they are able to lead and ensure on behalf of the Local Authority within any incident or emergency that affects the health of the community.

## Statutory Responsibility

- DPH through the Secretary of State has the responsibility to exercise by the authority of any of its functions that relate to planning for, or responding to, emergencies involving a risk to public health<sup>1</sup>
- Exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to public health. Ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health<sup>2</sup>
- The director of public health on behalf of the local authority will therefore provide advice, challenge and advocacy to protect the local population (Department of Health: Health protection and local government, 2012).
- Directors of public health will support clinical commissioning to reflect the need of the population.
- Lead on health protection, ensuring appropriate arrangements are in place, escalating concerns and holding local partners to account.
- Lead adviser on health to the local authority and a statutory chief officer, influencing decisions across the range of the authority's business, as well as carrying out on the authority's behalf its new functions relating to public health.
- Government sees local authorities having a critical role at the local level in ensuring that all the relevant organisations locally are putting plans in place to protect the population against the range of threats and hazards. The director of public health, lead the initial response to public health incidents at the local level, in close collaboration with the NHS lead. NHS with advice from the director of public health decides, at what point the lead role will transfer, if required, to the NHS<sup>3</sup>.
- Local authorities (and directors of public health acting on their behalf) will prevent threats arising and ensure 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. To deliver this function successfully the director of public health will need access to a range of public health expertise in their Team.<sup>4</sup>

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<sup>1</sup> Health and Social Care Act (2012)

<sup>2</sup> Department of Health (2012): Directors of Public Health in Local Government: *i) Roles, responsibilities and context*

<sup>3</sup> Department of Health (2012): The new public Health role in Local Authority

<sup>4</sup> Department of Health (2012): Health protection and local government

## Appendix B

### Equality Impact Assessment (EqIA) for Policies, Procedures and Services

Proposal name	Remodelling of infection prevention service to include the wider Health Protection agenda		
Directorate	Economy and Environment		
Service	Public Health		
Responsible Officer	Dr Barbara Watt		
EqIA Author	Uma Viswanathan/Mandy Beaumont		
Proposal planning start	2017	Proposal start date (due or actual)	April 2018

<b>1</b>	<b>What is the purpose of the proposal?</b>	<b>Yes / No</b>	<b>New / revision</b>
	Policy	<b>N</b>	
	Procedure	<b>N</b>	
	Internal service	<b>N</b>	
	External Service	<b>N</b>	
	Other - give details - <b>Changing an external service into an internal service</b>		
<b>2</b>	<b>What are the intended outcomes, reasons for change? (The business case)</b>		
	Savings have been agreed previously by Cabinet. This proposal is to remodel the existing infection prevention service within the agreed reduced budget to include the wider health protection agenda. This would lead to a far more resilient, responsive health protection function within Public Health.		
<b>3</b>	<b>Who is the proposal potential likely to affect?</b>		
	<b>People in Walsall</b>	<b>Yes / No</b>	<b>Detail</b>
	All	<b>N</b>	<b>This is a universal service available to all Walsall residents. There is no proposed change in service provision that will affect the end user</b>
	Specific group/s	<b>N</b>	<b>It is unlikely that groups with protected characteristics will be affected by the proposal. There is no proposed change</b>

			<b>in service provision that will affect the end user</b>	
	Council employees	<b>N</b>	<b>The services are available to all employees. There is no proposed change in service provision that will affect the end user</b>	
	Other			
<b>4</b>	<b>Evidence, engagement and consultation (including from area partnerships, where relevant)</b>			
<b>4.1</b>	<b>Type of consultation</b>	Face to face discussion	<b>Date</b>	September 2017
	<b>Audience</b>	CCG WHT PHE Council colleagues Social care		
	<b>Protected characteristics</b>			
	<b>Feedback</b>			
	<p>The new service model has been well supported by the CCG and PHE and council colleagues.</p> <p>“I am surprised that you haven’t considered this approach before” “The new service sounds like it will be more robust”</p> <p>WHT were understanding and offered to provide the extra resilience and capacity required. Further discussions came to the conclusion that they would be unable to deliver the required extended roles and acknowledged that it would be best if Public Health developed an in house service. Public Health and the infection prevention team are working closely to ensure that the new service maintains the high standards of delivery already achieved</p>			
<b>4.2</b>	<b>Concise summary of evidence, engagement and consultation (including from area partnerships, where relevant)</b>			
	<p>Walsall CCG 7<sup>th</sup> June 2017 – Assistant Director Quality and Safety 17<sup>th</sup> August 2017 – Chair of CCG 31<sup>st</sup> July – Chief officer</p> <p>Walsall Local Authority 11<sup>th</sup> May 2017 –Contract Management (adult social care)</p>			

26<sup>th</sup> July 2017 –Council Head of Procurement  
 19<sup>th</sup> September 2017 –Social Care Commissioning team

Walsall Healthcare Trust  
 17<sup>th</sup> August 2017 – Medical Director and Director of Infection Prevention and Control  
 17<sup>th</sup> August 2017 – Head of Infection Prevention and Control

Public Health England  
 19<sup>th</sup> September 2017 Health Protection Senior Practitioner, Healthcare Associated Infection lead, Public Health England  
 19<sup>th</sup> September 2017 - Consultant in Communicable Disease Control, Public Health England

**5**

**How may the proposal affect each protected characteristic or group?  
 The effect may be positive, negative or neutral.**

<b>Characteristic</b>	<b>Effect</b>	<b>Reason</b>	<b>Action needed Y or N</b>
Age	N	There is no proposed change in service provision that will affect the end user	N
Disability	N	There is no proposed change in service provision that will affect the end user	N
Gender reassignment	N	There is no proposed change in service provision that will affect the end user	N
Marriage and civil partnership	N	There is no proposed change in service provision that will affect the end user	N
Pregnancy and maternity	N	There is no proposed change in service provision that will affect the end user	N
Race	N	There is no proposed change in service provision that will affect the end user	N
Religion or belief	N	There is no proposed change in service provision that will affect the end user	N
Sex	N	There is no proposed change in service provision that will affect the end user	N
Sexual orientation	N	There is no proposed change in service provision that will affect the end user	N

	Other (give detail)		
	Further information		
<b>6</b>	<b>Does your proposal link with other proposals to have a cumulative affect on particular equality groups? If yes, give details below.</b>		(Delete one) <b>No</b>
<b>7</b>	<b>Which justifiable action does the evidence, engagement and consultation suggest you take? (Bold which one applies)</b>		
	<b>A</b>	<b>No major change required to the proposal</b>	
	B	Adjustments needed to remove barriers or to better promote equality	
	C	Continue despite possible adverse impact	
	D	Stop and rethink your proposal	



## **Appendix C**

### **Walsall Public Health Governance and Assurance Group Terms of Reference**

#### **Purpose**

The purpose of the Public Health Governance and Assurance Group is to provide assurance to the Director of Public Health and the wider Council that effective systems are in place for providing assurance about the delivery and impact of public health services in Walsall.

The Group is responsible for assurance in the following key areas:

- Quality and safety of services commissioned or provided by public health;
- Identification of key controls for the management and mitigation of risks associated with commissioning public health services
- Identifying areas of positive assurance and areas where gaps in controls require further action;
- Management response to issues identified by audit activity; and
- Maintaining risk management arrangements

In order to deliver this assurance the Group will:

- Develop a Public Health Assurance Framework
- Ensure systems are in place to support a culture of accountability for high quality service delivery and safety, embedding quality standards and focusing on continual improvement
- Assess and manage risks associated with discharging the Local Authority's responsibilities for public health, including health protection
- Provide oversight of incidents and complaints, including management of serious incidents (SIs), ensuring lessons learnt are shared and acted upon in a timely way
- Develop a program of annual audit
- Monitor safeguarding and child sexual exploitation incidents

#### **Membership**

The membership of the Group is as follows:-

Director of Public Health (Chair)

Caldecott Guardian

Consultant in Public Health (Deputy Chair)

Head of Public Health Information Team

Public Health Business Officer

Nurse Consultant Health Protection

Head of Patient Safety and Quality Improvement Walsall CCG

Commissioners of relevant public health services (Sexual health, Health checks, drugs and alcohol, Maternal and child health)

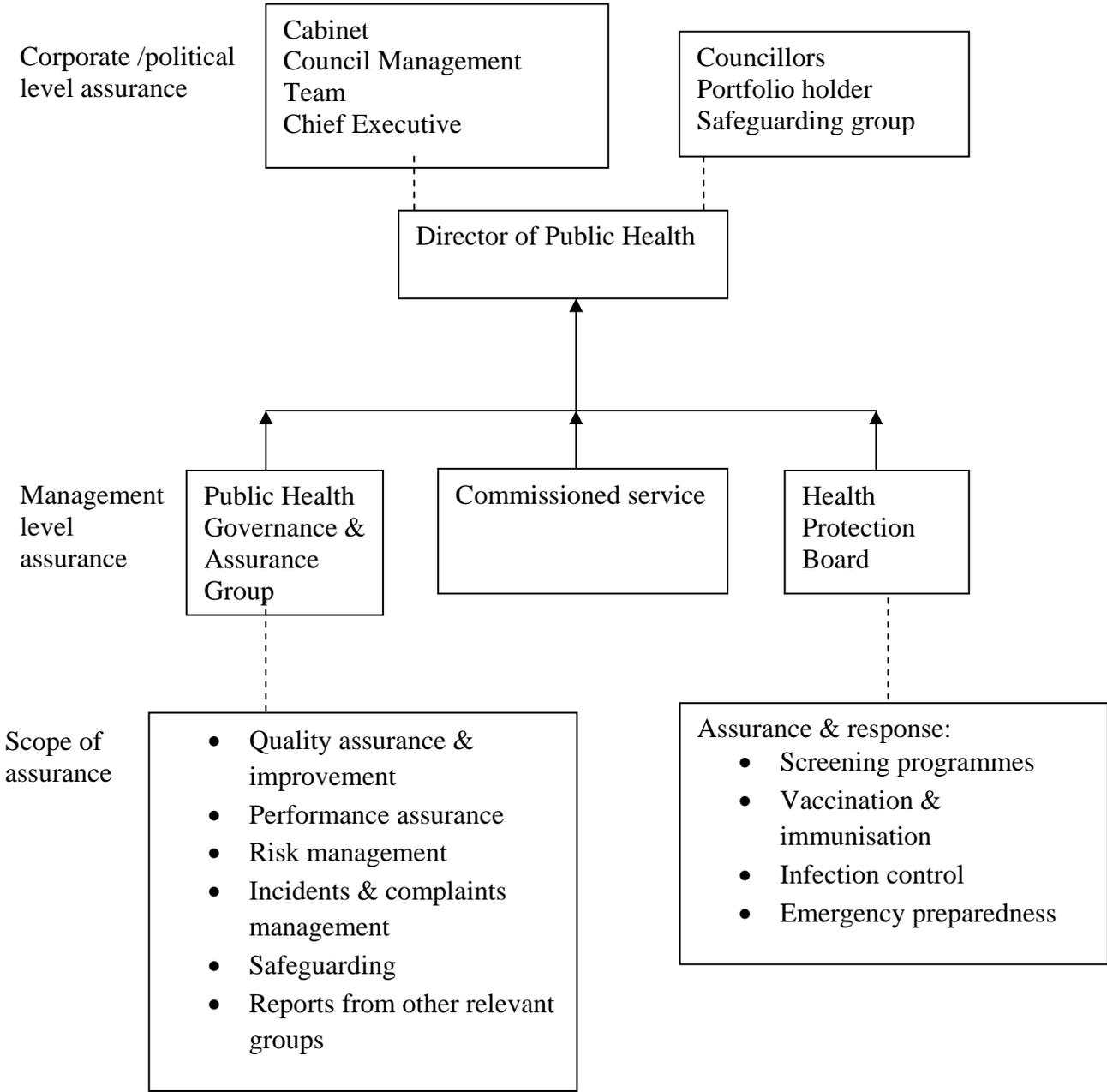
Regulatory services (Licensing, trading standards, community safety, environmental health)

The Group will seek advice and input from others as appropriate, for example a member from the Emergency Planning Unit, Medicines Management, CSE Lead, Safeguarding Team and Legal services.

#### **Quoracy and frequency of meetings**

The meeting will meet bi-monthly and be quorate if at least 3 members are present, including the DPH (Chair) or Consultant in Public Health (Deputy Chair) plus 2 other public health members. It is expected that decisions can be reached by consensus without the need for formal voting.

**Accountability and Reporting Arrangements**



**Review of Terms of Reference**

There will be an annual review of the terms of reference.

Acknowledgements – based on Derby Public Health terms of reference