

Appendix 2: Health Protection Assurance: External Structure 2019

<u>Means of Assurance</u>	<u>Purpose</u>	<u>Frequency</u>	<u>Lead Organisation(s)</u>
Public Health Oversight Group (PHOG)	<p>Provide a forum for systematic assurance of NHS England’s Public Health Section 7a Agreement (PHS7A) direct commissioning responsibilities* (see p.3) and for the sharing of stakeholder intelligence between public health partners in the local health and care economy and opportunities for the Directors of Public Health (DsPH) representatives to provide support and improve communication within their networks.</p> <p>This includes oversight of the quality, safety and patient experience of these commissioned services with a focus on improving health outcomes and reducing variation in quality across Cumbria and the North East.</p> <p>Assurance is a “positive declaration intended to give confidence”. This group is not for direct commissioning performance management. This function is carried out through contract review processes as appropriate.</p>	6 per year	NHS England
<p>Screening and Immunisation Oversight Group (SIOG)</p> <p>Northumberland and North Tyneside</p>	<p>This group will bring together local Directors of Public Health (DsPH) and representatives from Clinical Commissioning Groups (CCGs) to provide a forum for commissioners of the local health system to identify opportunities to work together across organisational boundaries to address health inequalities and improve uptake of screening and immunisation programmes. It will also provide a forum for assurance of the effectiveness and outcomes of local screening and immunisation programmes.</p> <p>The purpose is to assure DsPH and CCGs that national quality standards and programme outcomes are being achieved and what actions are being taken if they are not being achieved.</p>	2 per year	NHS England

NHSE commissioned Cancer and Non-Cancer Screening Programmes			
Cumbria and NE (CANE) Regional Screening Programme Boards	Provide strategic leadership for updating, planning and implementing the delivery of the following screening programmes: Diabetic Eye Screening; Aortic Abdominal Aneurysm (AAA); cervical, breast and bowel cancer screening; Antenatal and Newborn screening programmes for CANE. Facilitate the sharing of good practice; ensure compliance with national guidance and effective performance management.	2 per year except AAA 4 per year	NHS England
North Screening Quality Assurance Team (SQA)	The purpose of these regional teams is to: <ul style="list-style-type: none"> • assess the quality of population screening services, including through peer review • give expert advice during the management of screening incidents • provide daily support to commissioners and screening programme providers • work with providers and commissioners to improve equitable access to screening 	Report directly into the regional screening programme board	PHE SQAs
Information on Screening Incidents (SI)	DsPH are informed of serious incidents in their area and invited to be part of the SI Steering Group to ensure awareness in case of media interest and harm/potential harm to residents. A summary of incidents is presented to the PHOG (see above) and all serious incidents are discussed and formally closed at PHOG.	Ad hoc	NHS England
Updates at regional DsPH meetings	Raise awareness of developments and issues in any of the programmes by exception. Also provide ad hoc workshop sessions in response to requests.	Bimonthly attendance	NHS England
Annual Regional Screening Report	Discussion ongoing as to if annual report should be published and, if so, in what format. Local authorities (LA) are regularly provided with all data which would appear in Annual Report in the form of a LA Assurance Dashboard.	NA	NHS England

NHSE commissioned immunisation programmes			
Updates at regional DsPH meetings	Provide systems leadership for updating, planning and implementing the delivery of seasonal influenza; shingles (herpes zoster) and pneumococcal (aged over 19) vaccination programmes.	Monthly	NHS England
0-19 and Influenza Immunisation Boards	Provide strategic leadership for updating, planning and implementing the delivery of the national 0-19 for CANE. They facilitate the sharing of good practice; ensure compliance with national guidance and effective performance management. The Board is responsible for identifying areas of improvement and opportunities for joint working to improve uptake and reduce inequalities.	2 per year	NHS England
ImmForm immunisation uptake data	Local authorities have direct access to ImmForm to enable detailed analysis of immunisation data in their localities.	NA	Local authorities
Annual Seasonal Influenza Vaccination Report	Inform partners – CCGs/LAs/A&E Boards – of performance and developments in previous flu season and priorities for next season.	Annual	NHS England
Health protection surveillance and case/incident management response			
DPH Quarterly Report on Infectious Disease	This report gives the Local Authority assurance regarding the burden of relevant infectious diseases of public health consequence in Northumberland. It gives an overview of the incidence in Northumberland of common causes of infectious gastrointestinal diseases, vaccine preventable diseases (including measles, mumps and rubella), and other selected organisms of public health consequence (eg. Legionella). It also includes a summary of Local Authority level vaccine coverage data.	Quarterly	PHE (North East Health Protection Team and Field Epidemiology Service)
PHE NE Monthly Healthcare Associated Infections (HCAIs) Summary Report	This report informs the Local Authority of the number of cases of specific (HCAI) in local hospital Trusts. Specifically, it covers numbers of MRSA, MSSA, C difficile and E coli cases. This data is collected by PHE's Field Epidemiology Service in support of	Monthly	PHE (Field Epidemiology Service)

	the NHS, and is shared with Directors of Public Health for information.		
HIV, Sexual and Reproductive Health Epidemiology Reports (LASER)	These are confidential reports for Directors of Public Health covering STIs, HIV and reproductive health at the Local Authority level, in order to inform joint strategic needs assessments.	Annual	PHE - Field Epidemiology Service (FES)
Access to HIV / STI web portal	This is a restricted access data portal which provides Directors of Public Health with sexually transmitted infection surveillance data at a local level.	When required	PHE - FES
North East Quarterly Sexual Health Bulletin	This report gives the DPH an overview of the number of cases of gonorrhoea, chlamydia, syphilis, and genital warts diagnosed per quarter at each of the North East's GUM clinics. It includes a breakdown of cases by key demographics such as gender and age. It also gives an overview of the number of sexual health screens undertaken at each GUM clinic, and their positivity rate.	Quarterly	PHE - FES
North East Annual Sexually Transmitted Infectious Report	This report covers the same topics as the Quarterly Bulletin, but for the full calendar year. The data is set in the context of previous years, allowing comparisons to be drawn and trends to be identified. This also includes commentary on national trends and outbreaks.	Annual	PHE - FES
Access to PHE Fingertips data portal	This online data portal provides the DPH with an overview of a wide range of data relating to the health of the population, often available at Local Authority or CCG level. Several sets of data are of particular relevance to health protection: for example, 'Health Protection Profiles', 'Sexual and Reproductive Health Profiles' and 'TB Monitoring Indicators'.	When required	PHE
Annual Regional Health Protection Report	This is an annual report for the North East region, prepared by the PHE North East Deputy Director for Health Protection. It gives a summary overview of the action taken by the Health Protection Team in the preceding year to protect the health of the North East population. It includes a summary of prevention, surveillance, and disease control activity, as well as a summary of emergency preparedness, microbiology, communications, and environmental work. It also describes work to improve the quality of health protection services year-on-year, and sets out the	Annual	PHE - North East Health Protection Team (NE HPT)

	Team's priorities for the coming year.		
Regional annual TB report	This report presents data on the burden of tuberculosis in the North East, and an overview of treatment outcomes in the preceding year. The data is broken down at Local Authority level. Incidence of cases is broken down by key demographics, including age and ethnic group, and is set in the context of incidence in other years so that comparisons can be drawn and trends identified. The report also includes recommendations for tackling TB in the North East over the coming year.	Annual	PHE - FES
Area Health Protection Committee meetings	This meeting covers the Northumberland, North Tyneside, Newcastle upon Tyne, Gateshead, South Tyneside and Sunderland Local Authority areas. It is attended by the Directors of Public Health, members of their teams, members of three Local Authority Environmental Health teams, and representatives from the local hospital Trust microbiology teams. The meeting discusses recent outbreaks or incidents of wider interest, including sharing recommendations from incidents across the area. The meetings also provide DsPH with the opportunity to discuss and challenge the routine health protection response across the area.	Quarterly	PHE NE HPT
NE Quarterly TB Summary Report	This report provides data on the incidence of TB at local authority level, broken down by key demographics. Case numbers at local authority level are typically too small on a quarterly basis to reliably consider trends, but these reports provide the DPH with assurance that the number of TB cases within their area is within typical limits.	Quarterly	PHE - FES
NE PHE Centre Weekly Influenza and Intestinal Infectious Disease Reporting	These reports give an overview on influenza activity at an international, national and regional (North East) level. This includes the latest data on the circulating strains of influenza. This report also summaries the most relevant points from the PHE weekly national influenza report.	Weekly (October to March)	PHE - FES
Participation in/Minutes of Outbreak Control Team (OCT) meetings	When community outbreaks of infectious disease occur which require multiagency management, the DPH is routinely invited to take part in Outbreak Control Team meetings chaired by the Consultant in Health Protection. This allows the DPH (or deputy) to represent the interests of the local population and the Local Authority	N/A	PHE NE HPT

	in decisions taken to control the outbreak. Formal minutes of these meetings are produced, and typically circulated within 24 hours.		
Outbreak/Incident reports	Following the conclusion of any community outbreak of infectious disease for which an Outbreak Control Team has been convened, a formal report is always prepared by the Consultant in Health Protection who chaired the Outbreak Control Team (or a deputy). This includes a summary of the outbreak and actions taken to control it, as well as any recommendations for future practice or outbreak investigations. These are typically circulated within 8 weeks of the closure of an outbreak.	N/A	PHE NE HPT
National Health Protection Report	This is a national online publication. It highlights new publications of a large range of different routine national data reports on infectious diseases (e.g. national data on laboratory reports of respiratory infections; sentinel surveillance of blood borne virus testing in England; and laboratory surveillance of Pseudomonas bacteraemia). It also highlights publication of new non-routine Health Protection publications by PHE, such as updated guidance.	Weekly	PHE
Emergency Planning Resilience and Response (EPRR)			
Local Resilience Forum (LRF)	Local resilience forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act.		
Regional Local Health Resilience Partnership (LHRP)	PHE NE is active member of the NE LHRP where it is represented by the Deputy Director for Health Protection and the two Health and Social Care Sub Group where it is represented by the Emergency Preparedness Manager. North Tyneside Council is represented by the Resilience, Security Services and Community Safety Manager.		NHS England / DPH Co-chair
EPRR Exercises	PHE NE, North Tyneside Council alongside other category 1 responders are active members of the Training and Exercising sub groups of the Local Resilience Forum in	N/A	

	<p>the NE (represented by the Emergency Preparedness Manager) as well as chairing the NE Training and Exercising Group. PHE participates regularly in multi-agency exercises as relevant as well as in internal PHE wide exercises. Any lessons identified for local authorities are fed back through either the LRF or LHRP as appropriate to the lesson and exercise topic.</p>		
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