

Sheffield  
**Health &  
Wellbeing**  
Board

## HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

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**Report of:** Greg Fell Director of Public Health

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**Date:** December 2024

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**Subject:** Strengthening the Sheffield Health Protection System

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**Author of Report:** Ruth Granger Consultant in Public Health Sheffield City Council

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**Summary:**

A strong health protection system is important for the health of the people of Sheffield. This paper outlines the components of an effective health protection system, how we know whether the system is working well and areas where improvements are needed. It recommends learning from reviews in other parts of Yorkshire and the Humber, particularly the review by the West Yorkshire ICB by undertaking a similar review in Sheffield.

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**Questions for the Health and Wellbeing Board:**

Should we review our health protection system learning from both work that identifies gaps in our system or other parts of Yorkshire and the Humber where improvements are being made?

What other mechanisms and relationships can we adopt to strengthen Health Protection Systems?

## **Recommendations for the Health and Wellbeing Board:**

Each organisation represented at the Health Protection Committee to consider their

- health protection system contribution in relation to
  - Commissioning and provider responsibilities for aspects of the health protection system
  - How governance could be strengthened
  - How to strengthen relationships to support an effective system
  - How to resolve operational issues
- For the Board to consider whether it wants to request a review of the Sheffield Health Protection System similar to the West Yorkshire ICB review.

## **Background Papers:**

West Yorkshire review of Health Protection System

Sheffield Health Protection Annual report

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## **Which of the Building Blocks in the Health & Wellbeing Strategy does this help to deliver?**

A strong health protection system that prevents and reduces threats to health and responds quickly and effectively to health protection incidents is important for the following building blocks:

1. Healthy Places and Communities – reducing the likelihood of spread of infection, for example, through hygienic food premises, promoting handwashing in community settings and improved uptake in routine vaccinations
2. Fair Access to quality NHS and Social Care Services – particularly fair access to prevention such as screening and vaccination and treatment for infectious diseases
3. Give every child the best start in life – supporting take up of vaccination to prevent diseases
4. Tackling racism and discrimination – seeking all opportunities to reduce stigma related to infectious diseases and narratives that have a racist or discriminatory angle.

## **Which of the Radical Shifts in the Health & Wellbeing Strategy does this help to deliver?**

1. Leadership and workforce – the health protection system is complex and requires leadership across the system to make it as effective as possible to protect health.
2. Partnerships and collaboration – the complexity of the system, with the distribution of responsibilities, means that strong partnerships and collaboration are necessary and important.

3. Resources – resources are held within different parts of the system and often need to be brought together to respond to reactive incidents, for example the measles outbreak in 2023 that was previously discussed at the Board.
4. Monitoring and accountability – the Health and Wellbeing Board has a role in holding the partners on the Board to account for their role in the health protection system.

**Who has contributed to this paper?**

Ruth Granger, Oliver Roe and Lorraine Mitchell: Sheffield City Council Health Protection Team

Nachi Arunachalam and Jo Cole: UK Health Security Agency

Discussion with colleagues from other South Yorkshire Local Authority Health Protection teams

# Strengthening the Sheffield Health Protection System

## 1. Summary

Protecting the health of the population requires work across the health and social care system by a range of partners.

Commissioning and providing services, strong governance, and continued work on maintaining strong relationships are required to make the system work.

There are a number of ways to measure the strength of our local system.

There are areas for improvement in our local system.

The Board are asked to request a review of the health protection system similar to the review carried out by West Yorkshire ICB.

## 2. How does this support delivery of the fair and healthy Sheffield plan?

Strengthening the health protection system across the statutory, voluntary and business sectors is an important part of strengthening the building blocks of the Fair and Healthy Sheffield Plan through:

- Healthy Places and Communities – reducing the likelihood of spread of infection in places and communities. This can be through simple and effective mechanisms, for example promoting hand washing in schools.
- Fair Access to quality NHS and Social Care Services – the Board has previously discussed inequitable uptake of vaccination and the need for increased support and resources in communities where more intensive interventions are required to increase uptake of childhood vaccinations.
- Give every child the best start in life – protection from vaccine preventable disease supports children to grow up at lower risk of illness and the consequences of illness as well as being able to have a good attendance at school supporting their future life chances.
- Tackling racism and discrimination – ensuring that in all our work on infectious diseases we seek to reduce stigma.

## 3. What is health protection?

Health protection includes immunisation, infectious diseases, and preparing and responding to emergencies such as outbreaks or floods. It also includes preparing and responding to more unusual situations such as chemical or radiological incidents. This work requires collaboration and expertise across a range of organisations who all have different roles for planning, prevention and management. This includes Environmental Health, Primary Care, NHS Trusts, NHS England, voluntary and community sector organisations, UK Health Security Agency and Local Authority teams.

Key areas of risk in relation to health protection are identified through a combination of:

- The Public Health Outcomes framework – this provides data on how we compare with other areas

- Learning from incidents or exercises which identify where the system is working well and where improvements are needed
- Co-operation with partners across the system to exchange ideas and good practice
- Use of assurance frameworks to assess our performance as a system

The health protection system is an important part of organisations' response as part of the Civil Contingencies Act (2004) which requires organisations to follow a clear set of roles and responsibilities in emergency preparation and response at the local level.

The emergency services, local authorities, NHS bodies are category 1 responders under this system and include the following organisations:

- Sheffield Children's Hospital Foundation Trust
- Sheffield City Council
- South Yorkshire Integrated Care Board
- Sheffield Teaching Hospital Foundation Trust
- Yorkshire and Humber UKHSA

We learnt in the pandemic that taking a cross-system approach is crucial for protecting the health of the population and reducing the threats of infectious diseases. The Health and Wellbeing Board having oversight of the Health Protection Committee aids that approach.

#### **4. What are the risks and consequences if the system is not working effectively?**

There are a number of risks if the health protection system does not work effectively, and these include:

- Risks to the health of individuals, communities and the population of ill health and long-term consequences of infectious diseases.
- Reputational and legal risks to organisations required by law to deliver preventative measures such as vaccination or response and treatment for infectious diseases or to respond to emergencies under the Civil Contingencies Act (such as chemical or environmental risks to health).
- Negative impacts on health inequalities – risks to health are not experienced equally. Threats to the health of the population are most felt by those who are vulnerable, with least money and those with protected characteristics. A well-functioning health protection system which protects people from infectious diseases and environmental risks to health is therefore crucial for addressing health inequalities.
- Risks can escalate quickly in health protection situations. Sub-optimal management of one or few cases of an infectious disease may result in transmission of disease followed by a severe outbreak that has serious impacts on families and communities, and wider issues such as business continuity, economic and societal impacts. This was shown clearly in the Covid-19 pandemic.

## 5. How do we know whether the system is working well?

There are a number of ways that we can measure whether our health protection system is working well or not and this includes:

- Comparing our performance on measures such as uptake of immunisations using the measures in the Public Health Outcomes Framework.
- Learning from health protection incident debriefs or exercises which test our preparedness as a system
- Comparing our systems using tools being developed nationally such as Health Protection Assurance Frameworks and 'what good looks like' documents. This will include what plans and systems we have in place. The Local Authority Public Health team have begun to develop the Sheffield Health Protection Assurance Framework.
- Learning from other systems who are seeking to ensure their system is as effective as possible. We do this through building strong networks both in South Yorkshire, across Yorkshire and the Humber and nationally. An example of an area which we can learn from is West Yorkshire ICB who have undertaken a detailed piece of work to strengthen their governance in relation to health protection.
- Measuring ourselves against statutory and non-statutory requirements to different partners e.g. those outlined in NHS Vaccination Strategy and the recent Mpox letter to ICB systems.

## 6. What forms a well-functioning health protection system?

A well-functioning system is a combination of a number of components. Key components include commissioned and provided services having sufficient capacity and preventing infections. Prevention activities are wide ranging and include, as examples:

- Inspection of food premises by Environmental Health to reduce foodborne disease through appropriate storage, hygiene, and preparation of food.
- Provision of condoms by Sexual Health Services to reduce Sexually Transmitted Infections.
- Supporting care homes to deliver quality care through good infection prevention and control practice.

The system for health protection in Sheffield has traditionally been quite 'lean' and benchmarking shows that we do have low capacity compared to other cities. This is related to staff at operational, tactical and strategic level. As an example, we have identified funding for increased provision of community infection prevention and control support, but national staffing shortages have impacted on the ability to mobilise this service.

We can learn from work undertaken by the West Yorkshire ICB patch who have developed an oversight board and dedicated resource within the ICB to lead on Health Protection (see *presentation included in background documents section*).

## **Strong governance arrangements**

Because responsibilities are distributed across a large number of partners, strong governance arrangements are important to bring work together, identify gaps, and provide assurance that the system is working. This includes reviewing and updating plans, such as those for outbreaks.

The Director of Public Health has a statutory responsibility to seek assurance that the system is working effectively and does this through the Sheffield Health Protection Committee and the Health and Wellbeing Board. However, the whole system has responsibilities for aspects of health protection, for example, those outlined in the NHS core standards work for NHS trusts.

This work can be supported by using toolkits and resources being developed through UKHSA's Future Health Protection System work, for example, standard documents that provide clarity on roles.

## **Relationships, relationships, relationships**

Threats to the health of individuals and communities are varied and can be unpredictable. Diseases change and mutate and ways of preventing infections also develop change and become more or less acceptable to communities. This means that all the dimensions of different threats can't be predicted. In these scenarios strong relationships between partners enable swift responses to novel situations. This requires a good understanding of organisations' roles and regular contact between different agencies to share information about threats and bring different skills, capacities and legal powers to bear to reduce threats to communities.

## **Resolving operational issues**

The strength of the system arrangements are also shown through the ability of the system and partners in the system to resolve operational issues. These are necessary to ensure the system is as prepared as possible for unpredictable health protection incidents.

There are a range of operational issues – some of which have been tackled and resolved and some of which are still outstanding.

### **Examples of issues resolved:**

- The Mass Treatment & Vaccination Plan has been updated and has been through an exercise with the lessons identified being taken to the Health Protection Committee.
- The ICB has developed a plan for responding to a measles outbreak.

### **Examples of issues outstanding:**

- Partners signing off the 'who pays in the event of an outbreak' agreement.
- Appropriate governance arrangements in place for the eventuality that avian flu treatment is required.

## **7. What have we done to strengthen the health protection system?**

Over the last 12 months we have been working to strengthen our local health protection system. Below are some examples of work that has been undertaken:

### **Regionally**

- learning best practice from participation in the Yorkshire and the Humber Health Protection Community of Improvement,
- sharing local challenges and solutions with the South Yorkshire Health Protection Officer and Leads networks,
- close working between Local Authority teams and UK Health Security Agency.

### **Locally in Sheffield**

Increasing our commissioner and provider networks to better co-ordinate the system. For example, bringing different commissioners of services together to provide clarity to providers on what the current threats to health are, and appropriate ways to address those. This includes in the areas of vaccination and sexual health.

### **Strong governance arrangements**

We are reviewing the effectiveness of our governance arrangements including

- Review of Sheffield's Health Protection Committee
- Re-establishing links with the Local Health Resilience Partnership
- Delivery of a Health Protection Annual Report
- System collaboration to review and exercise the Sheffield Mass Treatment & Vaccination Plan
- Development of a Health Protection Assurance Framework local to Sheffield.

### **Relationship building with partners**

- The establishment of bi-weekly tripartite meeting between SCC Public Health, Environmental Health, and UKHSA to share intelligence and manage health protection incidents.
- Work to develop and exercise our response plans with partners also builds understanding across the system for example with the Sheffield Mass Vaccination and Treatment Plan.



## **8. Where there are concerns or areas for improvement?**

The health protection system is complex and fragmented across numerous organisations and teams, and responsibilities within the system are diverse and similarly complex. Health protection is acute by nature and therefore brings with it a high degree of unpredictability. It is subsequently impossible to be completely ready for every eventuality.

### **Commissioned and provided services**

Capacity in the system can be limited which can create difficulties in delivering some of the services and strategies that we would like to have to maintain resilience and reduce health inequalities. The occasional nature of the health protection issues mean that it is difficult to keep permanently 'on standby', but the acute nature of health protection incidents presents difficulties in putting a service in place at the speed required. Usual commissioning arrangements are not effective in these scenarios and alternative routes need to be explored. For example: we do not have a community swabbing team on standby to respond to an outbreak but there are scenarios where swabbing would be needed.

Some lack of capacity is not due to a lack of funding and may instead reflect scarcity of suitable providers or a lack of specialist skills in certain fields and geographies, for example, in Community Infection Prevention and Control.

Changes in the system have presented additional complexities, particularly with regard to organisational responsibilities. For example, the introduction and subsequent reorganisation of Integrated Care Boards and the transfer, over time, of certain commissioning responsibilities from NHSE to ICBs. Our colleagues in West Yorkshire ICB have reviewed their health protection arrangements in light of these changes and one of the recommendations to the Board is that a similar review take place in Sheffield.

### **Strong governance arrangements**

As roles and responsibilities are spread across the system it is difficult to hold organisations to account for delivery of the component parts of the health protection system. The Director of Public Health has a statutory responsibility to be assured that safe and efficient systems are in place but has few levers to make changes. The Health Protection Committee currently provides the forum for that assurance, but a review of the system based on West Yorkshire's approach would be valuable to test whether governance could be strengthened.

### **Relationships, relationships, relationships**

Work to strengthen relationships is constantly evolving and include relationships within organisations as well as between organisations. As health protection incidents are unusual it is a challenge within organisations to have the memory that plans exist and have been exercised. As organisations' roles change it is necessary to clarify relationships on an ongoing basis and the governance mechanisms provide a forum in which to do that. There is an ongoing requirement for relationship strengthening, which is why providing regular routes for communication and exercising of plans across the system will continue to be put in place.

## **9. Questions for the Health and Wellbeing Board**

Should we review our health protection system, learning from work that identifies gaps in our system or other parts of Yorkshire and the Humber where improvements are being made?

What other mechanisms and relationships can we adopt to strengthen Health Protection Systems?

## **10. Recommendations for the Health and Wellbeing Board**

- Each organisation represented at the Health Protection Committee to consider their health protection systems in relation to
  - Commissioning and provider responsibilities for aspects of health protection system
  - How governance could be strengthened
  - How to strengthen relationships to support an effective system
- For the Board to consider whether it wants to commission a review of the Sheffield Health Protection System similar to the West Yorkshire ICB review.

**Ruth Granger 28<sup>th</sup> November**