Public Health
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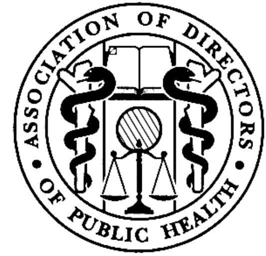

What Good Looks Like for High Quality Local Health Protection Systems

The What Good Looks Like (WGLL) programme aims to facilitate the collective efforts of local organisations and wider society (the system) towards improvements in their population health outcomes. This publication represents the practical translation of the core guiding principles and features of what good quality health protection looks like in any defined place. It was developed collaboratively through the synthesis of existing evidence, examples of best practice, practitioners' experiences and consensus expert opinions. It is intended to serve as a guide and will be iterative with regular reviews and updates when new evidence and insights emerge.

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Introduction

This document has been developed jointly by Public Health England (PHE) and the Association of Directors of Public Health (ADPH) and is intended to support place-based professionals from a range of organisations as system leaders who share common goals of promoting quality in the protection of the public's health, delivering sustainable reductions in health inequalities and securing the best value for the public purse.

This guidance is intended to support local public health systems to promote and improve quality in health protection functions. It describes 'what good looks like' for local health protection, including:

- principles for excellence in the delivery of services in place-based systems
- principles for effective collaboration between partner organisations
- suggestions for the measurement of quality.

To support local systems to deliver the highest possible quality health protection functions, it considers the principles that underpin excellence for all organisations involved in protecting the public's health and provides guidance to promote strengthened partnership working within local health systems.

Key agents in the local system for health protection include (but are not limited to): PHE, Local Authorities, National Health Service (NHS) Provider Organisations, NHS England, NHS Improvement, Clinical Commissioning Groups (CCGs), Local Health Resilience Partnerships (LHRPs), Local Resilience Forums (LRF) and the community and voluntary sector. As there are

different arrangements in place in each local system, there are no recommendations for how local agencies should organise themselves so as to ensure good governance arrangements are in place to drive quality improvement and health protection delivery. Where necessary, governance structures and accountability arrangements should be constructed from existing collaborative arrangements.

The document does not define organisational duties, roles and responsibilities for health protection. Although some of these responsibilities are prescribed in legislation, many are agreed at a local level between key partners to enable and ensure effective health protection delivery.

Rationale for supporting high quality in local health protection systems

Local public health organisations and leaders operate in an increasingly complex national policy and commissioning environment and are required to maintain their effectiveness to protect and improve health in the face of multiple interrelated challenges. Maintaining a focus on high quality in health protection services is more important than ever in order to protect and improve the public's health.

In particular, a combination of two key factors present competing opportunities for the resources and capacity of local health protection systems:

1) National reforms – changes in national policy affecting NHS, national and local government organisations, e.g. requirements of delivering local Sustainability and Transformation Partnerships, the establishment of Integrated Care Systems and the NHS Long Term Plan [1] and its focus on prevention and reducing demand. Given the uncertainties regarding roles and responsibilities, there is a need for effective local collaboration.
2) Financial pressures – ongoing budgetary pressures necessitate approaches that make the most effective and efficient use of resources.

Scope of health protection practice

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 local health protection services requires close partnership working between PHE, the NHS and local government, amongst others. Core health protection functions expected of local health systems include:

- 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
- Response to public health alerts from the European Union (EU - via the European Centre for Disease Prevention and Control) and the World Health Organisation (WHO - through the International Health Regulations)
- 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

Aims

This document has been developed to support local health protection systems to identify priority areas for collaborative working, assess and improve quality in health protection services. In particular, it aims to:

- Provide a vision for high-performing local health protection systems

- Define what quality means in relation to health protection delivery in local health and care systems
- Provide a framework to assess and improve quality in the delivery of health protection functions as part of local health and care systems
- Identify the collective responsibilities of key stakeholders for quality improvement in health protection
- Identify shared priority areas for focus to collaboratively improve quality and outcomes
- Support local systems to agree their priorities for improving outcomes, and to enable them to achieve and sustain excellence in specific service areas.

Vision statement

We want every person, irrespective of their circumstances, to be protected from infectious and non-infectious environmental health hazards and, where such hazards occur, to minimise their continued impact on the public's health. We do this by preventing exposure to such hazards, taking timely actions to respond to threats and acting collectively to ensure the best use of human and financial resources.

Summary of system leadership

In 2013, the Department of Health, PHE and the Local Government Association (LGA) published guidance to define the new health protection arrangements for local authorities. 'Protecting the health of the local population: the new health protection duty of local authorities' [2] focussed on the changes resulting from the implementation of the Health and Social Care Act 2012 and described how the new system would continue to protect the public's health. This document builds on that guidance and focuses on improving quality in the provision of health protection services across all organisations in local health systems. This report does not change the statutory responsibilities of organisations in the health and care system, but highlights their importance to delivering high-quality health protection.

In 2017, as requested by the House of Commons Health Select Committee, PHE led an audit of local health protection arrangements through a Local Health Protection Assurance Exercise [3]. This consisted of an online questionnaire to all 36 LHRPs. The responses provided an understanding of the extent to which compliance had been achieved for various standards and what further actions were needed to achieve compliance. The audit process helped to identify the key capabilities required of local health systems for effective health protection response.

Principles

'Quality in Public Health: A Shared Responsibility' [4], published by the Public Health System Group, describes the characteristics of high-quality public health services for people who use them in the following way:

Safe:
People are protected from avoidable harm, neglect and abuse. When mistakes occur, lessons are learned.

Effective:
People's care and treatment achieves good outcomes, promotes a good quality of life and is based on best evidence, as part of a seamless service.

Positive experience:
Caring - The public health workforce involves the user and treats them with compassion, dignity and respect.
Services respond to diverse needs, meeting those needs in ways that people themselves have chosen, with support from professionals.

The framework describes the characteristics of high-quality public health services for those providing and commissioning services are:

Equity of access and usage:

Providers and commissioners ensure equity of access and usage regardless of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.
Well-led:
Promoting a culture that is open, transparent and committed to learning and improvement.
Resourced sustainably:
Resources are used responsibly, providing fair access.

These characteristics are applicable to practice and delivery of health protection and are underpinned by the following guiding principles:

Good Local system leadership

- Organisations in local systems should take collective responsibility for protecting the public's health, focusing on learning and achieving together to provide high-quality health protection for local populations
- Local system leaders should proactively foster a system-wide culture of collective responsibility and leadership to protect the public's health, promoting system-wide shared accountability and assurance for protecting the health of local communities
- Local health and care organisations should increasingly see themselves as part of wider population health systems, and seek to align policy, strategy and resources wherever possible to best protect and improve health.

Leaders in organisations with responsibility for health protection should be proactive in seeking to mobilise and connect the wider public health workforce and collective resources to best protect health, extending the influence and impact of health protection in local systems.

Good legislative powers

- Local systems have timely arrangements to consider the use of legislative powers to limit the impact of ongoing threats to public health
- Local systems have well-developed and agreed protocols to carry out enforcement actions in a timely and appropriate manner

Good evidence-based delivery

- Wherever possible, local health protection systems should adopt a scientific approach for planning and delivering services and for interventions to protect health using the best available evidence
- Local organisations should actively seek opportunities to share evidence and best-practice guidance to ensure a shared view of effective and high-quality health protection services
- Wherever possible, local systems should promote local research activity, contributing to improving the quality of evidence underpinning the delivery of health protection services and interventions
- Take a systems approach, considering all available policy levers: legislation, regulation, fiscal measures, environmental and social planning, communications and marketing, guidelines, and service provision

A good health protection workforce

- Staff should feel consistently supported to deliver high-quality health protection services to protect the health of local communities and understand where their role fits in the wider health and care system
- Organisations across local health and care systems should ensure that staff benefit from education and training interventions, including access to the knowledge, skills and experience of colleagues in other organisations and disciplines to maximise their effectiveness in protecting the public's health

- Local systems should prioritise the health and wellbeing of their staff, demonstrating sound arrangements are in place for building resilience and protecting physical and mental health of staff who deliver health protection services
- Local systems should commit to the continuous professional development and learning of all staff, ensuring professional skills are adaptable to changing population health needs and emerging communicable and environmental threats to health

Good partnership working

- Clear lines of accountability for working across health protection practice, particularly in relation to emergency planning and response and with strong leadership roles for LHRPs and directors of public health
- Strong agreed system-level governance arrangements (see below), particularly in relation to emerging place-based systems
- Shared methodologies and approaches to audit, evaluation, service and quality improvement at a system level. This should include an integrated whole-systems and evidence based (including behavioural science) approach
- Promotion of a collaborative culture of openness, transparency and shared objectives at a system level for the protection of the public's health
- Agreed knowledge management mechanisms including the routine sharing of best practice approaches, curation of information, and learning from colleagues in other organisations
- Strong shared commitment to learning from adverse and serious incidents in health protection services, minimising system and social barriers and promoting a culture of continuous learning from clinical and public health practice
- Proactive efforts to build links between health protection and other areas of work in local government, including environmental health and education
- Strengthen links between formal health protection services and public and voluntary sector organisations working with high risk or vulnerable groups, e.g. homelessness services and drug and alcohol services
- Agreed mechanisms for strengthening relationships with NHS organisations in primary and secondary care to improve the patient experience, patient safety and effectiveness of health protection services and functions
- Aspire to sharing and linking data to inform health protection action

Good governance arrangements

- Local health protection systems should ensure that organisational and system-level governance arrangements are in place to assure and improve the quality of services provided to protect health.
- Leaders of place-based systems should demonstrate high standards of governance for health protection; at a system level, the following areas merit particular attention to maximise the effectiveness and efficiency of local systems:
    - A systematic approach to measurement, audit and improvement of services
    - A shared multi-agency framework for quality improvement for health protection
    - A shared ambition to promote 'learning organisations' and continuous collective learning at a system level
    - A system-wide approach to education and training of the health protection workforce
    - Exploration of the behavioural and social sciences and user-centred approaches to improve outcomes
    - A system-wide approach incorporating the most evidence-based practice and technologies that significantly improve the quality of health protection delivery

Taking a life course approach to health protection

A thematic approach to our collective work on health protection helps to identify the appropriate levers and conditions for effective delivery and leadership. Most infectious diseases and non-infectious environmental hazards do not spare populations across the life course, but the

preventive measures and the risks of exposures to some health hazards are often stratified by age groups. Hence, the actions and quality improvement measures can be usefully defined by stages in the life course. For health protection, we have identified three key stages in the life course: Start Well (children and young people), Live Well (people in working age), and Age Well (older people).

Some elements of health protection practice impact across the life course and these are considered under the general themes of improving equity and building community resilience.

The quality standards and markers of success are described below.

Measuring our achievements

This section contains suggestions for quality standards for health protection that local systems may use to review their progress to functioning at a higher level. These have been developed from work produced by the Greater Manchester Health and Social Care Partnership.

Whilst it is for local systems to agree the most appropriate standards to meet local priorities and aspirations, the 'must do' standards are those that are expected of a good quality system. A high-quality system would also adopt 'should do' standards to meet specific local needs. The 'should do' standards are not always linked to 'must do' standards and they are not an exhaustive list. Local systems may wish to agree additional local standards. Suggestions are provided on information sources and systems that can facilitate the monitoring of progress.

NICE quality standards set out priority areas for quality improvement and provide a useful resource They are based on NICE guidelines and other accredited sources, and they provide a set of statements to help improve quality and information on how to measure progress.

STRATEGIC OUTCOME: START WELL
Give every child the best start in life

Supporting Statement

All partners in the system should work collaboratively towards shared goals of:

- enabling every parent to give their child a healthy start in life
- prioritising the protection of children's health
- working sustainably to safeguard the wellbeing of future generations.

Core Principles

- Continuously driving quality improvements in health protection services for children, families and schools
- Creating responsible corporate policies that prioritise sustainable use of resources
- Working collaboratively with children's services to protect the health of all children

Key outcome: Children are protected against key vaccine-preventable diseases by immunisation

Must do **Standard**	**Know your progress**	***Should do*** **Standard**	**Know your progress**
Call and recall arrangements are in place as recommended in the national vaccination schedule and guidelines, so as to achieve the national ambition for each programme, and maximise uptake in all children and young people, in line with NICE QS145 and PH21 [5,6].	• Pertussis vaccine uptake amongst pregnant women - • Call and recall arrangements implemented • Achieving target immunisation coverage for all childhood vaccine preventable diseases *e.g.* MMR vaccination rate (2 doses at age 5 years, COVER), and 6 in 1 vaccine at age 12 months (3 doses) - COVER • Seasonal influenza vaccine uptake in children of primary school age	Achieve 75% return of oral fluid samples for measles and rubella testing.	• Uptake analysis from local PHE Health Protection Team

Increase uptake of the second dose of the MMR vaccine to at least 95%, to match the 95% aspiration for the first dose.	• MMR Vaccine uptake - COVER		
Key outcome: Spread of common infections amongst children is reduced through hand and respiratory hygiene			
***Must do* Standards**	**Know your progress**	***Should do* Standard**	**Know your progress**
Promotion of hand and respiratory hygiene, general IPC and vaccine uptake in a range of settings including schools and childcare facilities, in line with NICE NG63 [7].	• Local audit of promotional activities		

STRATEGIC OUTCOME: LIVE WELL
Ensure every resident is enabled to fulfil their potential

Supporting Statement

The whole place-based system should work together towards shared goals of investing in and promoting preventative interventions and developing an understanding of which preventative measures could have the highest impact at a local level.

Core Principles

- Focus on prevention in all aspects of health protection work, with particular emphasis on promoting immunisation to maximise uptake across the population
- Creating responsible corporate policies that prioritise sustainable use of resources
- Working with public, private and voluntary partners to address the wider determinants of health wherever possible

Key outcome: Adults in risk groups are protected against key infectious disease by immunisation

***Must do* Standards**	**Know your progress**	***Should do* Standard**	**Know your progress**

Reduce respiratory disease by ensuring high rates of protection in risk groups through the influenza and pneumococcal vaccination programmes.	• Influenza and pneumococcal vaccination rate in clinical risk groups - IMMFORM • Flu immunisation for pregnant women - IMMFORM	Promote occupational flu vaccination for health and social care workers and frontline workers.	• Occupational flu vaccine uptake rates in health and social care organisations and frontline organisations/ services.
Key outcome: Transmission of Hepatitis B and Hepatitis C is minimised			
***Must do* Standards**	**Know your progress**	***Should do* Standard**	**Know your progress**
Achieve high rates of HBV vaccination coverage in all high-risk groups, as per NICE QS65 [8], including prison populations, as per NICE QS156 and NG57 [9,10].	• Persons entering substance misuse treatment • Percentage of eligible persons completing a course of hepatitis B vaccination via National Drug Treatment Monitoring System (NDTMS)	Prevent new HBV and HCV infections through ensuring adequate coverage of needle and syringe provision in communities to reduce the risk of sharing injecting equipment as per NICE PH52 [11] (with alternative measures in prisons).	• Local coverage estimates
Clinical pathways in place for HBV and HCV from testing to treatment completion with appropriate data collection to enable quality improvement, as per NICE PH43 and QS65 [12,8].	• Offer and uptake of HCV testing in adults currently or previously injecting - both newly presenting to, and all in, drug treatment via NDTMS • Uptake of opt-out testing in prisons	Increase testing for HBV and HCV in primary care and secondary care for all patients within higher risk groups for infection, including those from intermediate and high-risk countries (NICE PH43 [12]).	• Number of HBV and HCV tests (and proportion testing positive) in key laboratories
Key outcome: Reduce transmission of TB, including drug resistant TB			
***Must do* Standards**	**Know your progress**	***Should do* Standard**	**Know your progress**
Commissioners and providers work to agreed local TB service specification developed in line with NICE QS141 and NG33 [13,14].	• Local audit using the TB service specification	Age appropriate BCG provision to risk groups aged to 16.	• Service audit

	• Routinely available data on TB incidence (three-year average) - PHE Fingertips		
Participation in quality initiatives including cohort review in high-incidence areas.	• Cohort review		
Arrangements in place to support TB patients with social risk factors during diagnosis and treatment including those who are homeless and those with no recourse to public funds.	• Proportion of drug sensitive TB cases who had completed a full course of treatment by 12 months - PHE Fingertips		

STRATEGIC OUTCOME: AGE WELL

Every adult will be enabled to remain at home, safe and independent for as long as possible

Supporting Statement

All organisations should be aware of the changing demographic profile of their local population and be able to respond individually and collectively to the needs of the ageing population.

Core Principles

- Developing capacity and flexibility to respond to the emerging health protection needs of an ageing population
- Utilising best available evidence to provide interventions and services that enable healthy ageing and maximise healthy life expectancy for the whole population

Key outcome: Older adults are protected against key infectious diseases through vaccination

***Must do* Standards**	**Know your progress**	***Should do* Standard**	**Know your progress**
Reduce preventable illness by ensuring high rates of protection through the flu vaccination programme, as per NICE NG103 [15].	• Flu vaccination rate in over 65s - PHE Fingertips / COVER	Achieve high vaccine coverage in all high-risk groups.	• Vaccination uptake - PHE Fingertips / COVER

	• Shingles vaccination rate in adults aged 70 years and above - PHE Fingertips / COVER		
Promotion of hand, respiratory hygiene, general IPC, as per NICE QS61 [16], and vaccine uptake in a range of settings including care homes alongside initiatives such as hydration, dip or not to dip etc.	• Local audit of promotional activities and staff training events		

STRATEGIC OUTCOME: BUILD COMMUNITY RESILIENCE
Enabling resilient and thriving communities and neighbourhoods

Supporting Statement

Local systems should contribute to building local resilience through all policies and work in a cross-sectoral way to act on the wider determinants of health at a local level

Core Principles

- Advocate for a 'health in all policies' approach when working with partners outside the health protection system
- Use opportunities for cross-sector policymaking to protect the health of local communities
- Embed Sector-Led Improvement (SLI) approaches [17] within local systems to achieve long-term impact

Key outcome: People live and work in areas with good air quality

Must do **Standards**	**Know your progress**	***Should do*** **Standard**	**Know your progress**
Health is included as a key consideration in local plans to reduce exposure to air pollution in line with NICE QS181 and NG70 [18,19].	• Fraction of mortality attributable to particulate air pollution - PHE Fingertips	Review of interventions to improve outdoor air quality and public health.	• Local SLI and audit
		Promote awareness of climate change as a public health threat and advocate for the implementation of adaptation	• Local SLI and audit

		Should do Standard	Know your progress
		and mitigation strategies across the health and care system in accordance with the SDU strategy [20].	

Key outcome: Minimise the harm caused by outbreaks and incidents

***Must do* Standards**	**Know your progress**	***Should do* Standard**	**Know your progress**
The local LHRP, with its health protection assurance function, sits within the local governance and assurance framework, has clarity of responsibility and a written protocol / plan is in place for the management and governance of local outbreaks and incidents.	• SLI Review / National Stocktake	Promote food premises inspections, the adoption of hygiene ratings and training for staff.	• Local audit of numbers of officers trained in ○ Food enforcement ○ Specialist food processes ○ Animal contact business enforcement ○ Outbreak management
Responsibilities for commissioning and paying for interventions and the process for resolving disagreements (including about funding) are agreed and documented.	• SLI Review / National Stocktake		
There is a documented agreement that funding disagreements will not lead to delays in delivering interventions.	• SLI Review / National Stocktake		

STRATEGIC OUTCOME: IMPROVE EQUITY
Improve the health of the population and reduce health inequalities

Supporting Statement

All partners in the local health protection system should be aware of and responsive to the health protection needs of local vulnerable and disadvantaged populations. This includes challenges such as infection, prevention and control in community settings and venues, vaccination and immunisation, as well as longer-term challenges such as anti-microbial resistance.

Core Principles

- Working collaboratively with system partners to better understand and respond to local needs
- Protecting the health of vulnerable and disadvantaged populations through provision of targeted services where required
- Advocating for the needs of marginalised populations in the local community

Key outcome: No people are harmed by preventable health and social care associated infections

Must do **Standards**	**Know your progress**	***Should do*** **Standard**	**Know your progress**
IPC service in place for primary care, social care and other settings (including nurseries, hospices, domiciliary care, prisons, dental, private enterprises, tattoo parlours and any care provider outside hospital), in line with NICE QS61 and related key policy documents [16]; the Infection Prevention Society's recommended QI QI tools [21] and the RCN/IPS IPC Commissioning Toolkit [22].	• Rate of health care associated Gram Negative Blood Stream Infections - PHE Fingertips	Promote the adoption of IPC ratings for care homes and associated training for staff.	• Local audit
Health and social care providers comply with the code of practice on the prevention and control of infections and related guidance.	• Routine audits of social care providers	Providers contribute to agreed surveillance systems to allow early detection of outbreaks.	• Routine audits of social care providers

Key outcome: Vaccination & Immunisation coverage is maximised

Must do **Standards**	**Know your progress**	***Should do*** **Standard**	**Know your progress**
Achieve high vaccination and immunisation coverage in all clinical risk groups (including flu vaccination as per NICE NG103 [15]); in communities with known low uptake; and, in underserved populations including, for example, migrants, the homeless, and traveller communities.	• Vaccine uptake - COVER / PHE Fingertips and local audit • Utilising local data to look at health inequalities in vaccine uptake	Collaborative arrangements in place across local systems to identify high-risk under-vaccinated groups for MMR	• Vaccine uptake - COVER / PHE Fingertips and local audit

Babies born to Hepatitis B positive mothers receive a full course of Hep B vaccine and testing at 12 months as per NICE PH43 and QS65 [12,8].	• Completion of HBV vaccination in high-risk babies - COVER • Rates of HBV testing in high-risk infants at 12 months		
Key outcome: Reduce harms and long-term risks from antimicrobial resistance			
***Must do* Standards**	**Know your progress**	***Should do* Standard**	**Know your progress**
Antimicrobial stewardship arrangements and initiatives are implemented to reduce inappropriate antibiotic prescribing in line with NICE QS121, NG15 and NG63 [23,24,25].	• 12-month rolling totals of numbers of prescribed antibiotic items, as per STAR-PU, by CCG in England		
Locality plan is in place and being implemented across the health and social care economy to tackle HCAI, as per NICE QS113 and PH36 [26,27] and PHE guidance [28]; with particular focus on Gram Negative Blood Steam Infections, in line with NHS Improvement resources [29].	• Rate of health care associated gram negative blood stream infections and other HCAI indicators - PHE Fingertips		
AMR prevention role of systems leadership is clearly agreed; accountability and engagement from all relevant parts of the system as per the above NICE guidance/standards.	• Clear AMR/HCAI/IPC action plan with all constituent parts of the public health system engaged and playing their respective roles, including clinical microbiology, epidemiology, health protection, primary and secondary care, commissioning, community infection control.		

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