

Appendix:

Hillingdon Health Protection Committee

Proposed Terms of Reference

1. Purpose

The Hillingdon Health Protection Committee, through the Director of Public Health, will provide assurance to the Health and Wellbeing Board, Hillingdon Council, and its partners that there are safe and effective plans in place to protect the health of the population of Hillingdon, including.

- Communicable disease management and control, including outbreak management
- Infection prevention and control including healthcare associated infections, Tuberculosis (TB), and Blood-borne virus (excluding HIV)
- Environmental health impacts e.g. contamination, poisoning, radiation
- Public protection e.g. food control, tattoo parlours, sunbeds, product safety, e.g. Botox
- Emergency Preparedness Resilience and Response related to health
- NHS national screening programmes including:
 - Abdominal Aortic Aneurysm (AAA)
 - Antenatal and Newborn
 - Breast
 - Bowel
 - Cervical
 - Diabetic Eye
- Immunisation and vaccination (adults and children)
- Adverse weather impacts on health
- Migrant health

The Committee will provide a setting for the exchange of information, scrutiny of plans and analysis of data will all partners with a role in the delivery of health protection in Hillingdon, ensuring they are acting jointly and effectively to protect the population's health.

2. Specific Responsibilities

- a) Provide strategic oversight for health protection and provide assurance to the Health and Wellbeing Board and partner agencies that there are safe and effective health protection arrangements in place for the Hillingdon Council area
- b) Develop, implement, and oversee performance against an agreed health protection plan
- c) Ensure there is a process in place to assure there are effective arrangements for health protection incidents and outbreaks with key risks identified and appropriate mitigation measures undertaken

- d) Review learning from health protection incidents and outbreaks to identify and share lessons learnt and make recommendations to commissioners/providers/partners regarding necessary changes
- e) Receive analysis and reports from and contribute to the Joint Strategic Needs Assessment on health protection issues
- f) Review and assess the health protection risks to the local population and ensure these are captured in a Risk Register for reporting to the Health and Wellbeing Board and the Council
- g) Act in an advisory capacity to support a local response to, and recovery from, any incident that directly and/or indirectly affects the health and wellbeing of Hillingdon population
- h) Support the Director of Public Health in exercising the Local Authority function in planning for and responding to those emergencies that present a risk to health as set out in section 30 of the Health and Social Care Act 2012 and Health Emergency Preparedness, Resilience and Response (April 2013). Ensure adequate resourcing to prevent and cover potential risks.
- i) Interpret strategic guidance or policy formulated by the ADPH, UKHSA and OHID which impacts on local emergency and contingency plans ensuring that organisations act on it
- j) Ensure that the Council emergency planning arrangements have embedded key actions needed to respond to a health-related incident, including the process for accessing clinical resources from the NHS, hand over procedures and contain clearly defined roles and responsibilities for health
- k) Ensure there are escalation processes in place with neighbouring boroughs in respect of mutual aid and cross border issues
- l) Ensure that appropriate plans, training, and testing arrangements are in place, with other organisations as required
- m) To have strategic oversight of all NHS delivered screening and immunisation services and services commissioned to tackle infectious diseases in Hillingdon
- n) Receive reports from members for discussion at Committee meetings to include:
 - Current situation
 - Progress against health protection outcomes (activity, quality, plans, epidemiological summaries)
 - Incidents managed and actions taken
 - Recommendations for process improvement

3. Principles

The Health Protection Committee expects all members to:

- Support the aims and objectives of the Committee
- Inform the Committee of organisational changes and changes in personnel that may impact on partnership working
- Proactively manage risk and acknowledge the principle of shared risk within the context of partnership working for health protection
- Share relevant information and promote collaborative and innovative work both within Hillingdon and across borders as appropriate.

4. Membership

The Committee will be made up of key professional partner members with health protection responsibilities.

Partner members should be in a position to provide assurance on behalf of their organisation or partnership that they represent. Each member will be responsible for reporting back to their organisation or partnership on the work of the Committee

The Committee will include:

Director of Public Health (Chair)	Hillingdon Council (LBH)
Consultant in Public Health (Deputy Chair)	Hillingdon Council (LBH)
Consultant in Health Protection	UK Health Security Agency
Adult Social Care Representative	Hillingdon Council (LBH)
Children Services Representative	Hillingdon Council (LBH)
Emergency Planning Officer	Hillingdon Council (LBH)
Environmental Health/Port Health	Hillingdon Council (LBH)
Hillingdon ICB representation	NWL ICB
The Confederation Hillingdon representative	The Confederation
NHS representation	Central & North West London NHS Foundation Trust (CNWL)
NHS representation	The Hillingdon Hospital NHS Foundation Trust (THH)
Integrated Sexual Health Service Representation	London North West University Healthcare NHS Foundation Trust (LNWH)
H4All/3ST - Representative	Hillingdon H4All/3ST
Health Watch Representative	Hillingdon Health Watch

Other members can be coopted to attend meeting(s) as and when required.

5. Frequency of meetings

The Health Protection Committee will meet on a quarterly basis unless otherwise required to meet at short notice at the discretion of the Chair. The meetings will be held on Microsoft Teams unless the Committee decide that an in-person event is preferred.

6. Quorum

There is an expectation that Committee members will prioritise attendance. The Committee will be quorate with a third of membership present which includes at least one representative from:

- Public Health, Hillingdon Council
- NHS
- One other organisation

7. Administration of Meetings

The administration support will be provided by the Council's Public Health Directorate. The agenda and papers will be circulated at least five working days prior to the meeting.

All decisions will be recorded in the notes of meetings and circulated with an action log within 20 days after the date of the meeting.

8. Dealing with sensitive matters and possible conflicts of interest

The Committee may, at times, have to consider confidential information on matters related to individuals, organisations, or performance. These issues will remain confidential, and any conflict of interest must be declared.

The meeting minutes will be confidential and must not be published on any public facing website or attached as an appendix to a report in the public domain.

9. Communication

All members will be responsible for communicating actions to appropriate colleagues within their own organisation following each meeting.

10. Terms of Reference

Terms of Reference agreed:

The Terms of Reference will be reviewed annually.

END.