

Terms of Reference

Health Protection Forum (HPF)

1. Purpose

- 1.1 The Health Protection Forum (HPF) is a sub-committee of the statutory Health and Wellbeing Board. This forum will focus on facilitating the Director of Public Health's statutory oversight and assurance role of health protection plans
- 1.2 The HPF will provide a link between the Health and Wellbeing Board and partner organisations with roles in the delivery of health protection plans
- 1.3 The HPF will provide a setting for the exchange of information, scrutiny of plans and analysis of data with all partners with a role in the delivery of health protection in Birmingham, ensuring they are acting jointly and effectively to protect the population's health

2. Objectives

- 2.1 Provide assurance to the Director of Public Health that plans are in place to protect the population's health (mandated function, Health and Social Care Act 2012)
- 2.2 Review plans for health protection
- 2.3 Review learning from health protection incidents
- 2.4 Review appropriate data for incidents and outbreaks
- 2.5 Develop shared action plans/work plans for the Forum to focus on
- 2.6 Provide regular updates to the Birmingham Health and Wellbeing Board (including short information updates and annual reports)
- 2.7 To provide a governance and accountability framework for existing member groups with a health protection remit and support the establishment of new groups where appropriate; to initially include following (sub) groups:
 - 2.7.1 *Communicable Diseases*
 - 2.7.2 *Non-Communicable Diseases*
 - 2.7.3 *Screening and Immunisations*
 - 2.7.4 *Emergency Planning, Resilience and Response (EPRR)*
 - 2.7.5 *Infection Prevention and Control (IPC)*

- 2.8 To receive quarterly reports (shortened format) from the sub-groups regarding:
 - 2.8.1 *Current status*
 - 2.8.2 *Progress against outcomes (activity/quality/data/plans developed/epidemiological summaries)*
 - 2.8.3 *Incidents managed and changes made, and suggestions for process improvement*
 - 2.8.4 *Assurance that appropriate plans and testing arrangements are in place for all subgroup programmes*

- 2.9 To receive more detailed Annual Reports from the sub-groups including:
 - 2.9.1 *Details of new policies and developments*
 - 2.9.2 *Plans in development or completed*
 - 2.9.3 *Summary of incidents and investigations*
 - 2.9.4 *Improvements*
 - 2.9.5 *Summary of testing and assurance completed*
 - 2.9.6 *New policies and developments*

- 2.10 To review:
 - 2.10.1 *Significant incidents*
 - 2.10.2 *Outbreaks*
 - 2.10.3 *Risk registers*

- 2.11 To identify:
 - 2.11.1 *Best practice*
 - 2.11.2 *Areas of concern*
 - 2.11.3 *Lessons learned*
 - 2.11.4 *Necessary changes*
 - 2.11.5 *Mitigating actions*

- 2.12 To make recommendations to:
 - 2.12.1 *Sub-groups*
 - 2.12.2 *Commissioners*
 - 2.12.3 *Providers*
 - 2.12.4 *The Health and Wellbeing Board*
 - 2.12.5 *The City Council*

- 2.13 To provide health protection input into the Joint Strategic Needs Assessment processes.

- 2.14 To support the DPH in providing information for the purposes of Scrutiny on any health protection related matter.

- 2.15 To receive reports on any other issue that would enable the DPH to undertake their assurance role in relation to health protection.

3. Principles

The Forum expects all partner agencies to:

- 3.1 Support the aims and objectives of the Forum
- 3.2 Consult and/or inform the Forum over organisational changes (including any changes in representation) that may impact on collective working
- 3.3 Proactively manage risk and acknowledge the principle of shared risk in the context of partnership working
- 3.4 Own the health and wellbeing inequalities agenda through promoting and driving service transformation and improvement within their respective services and organisations Report on progress on mutually agreed actions
- 3.5 Share relevant information and promote collaborative and innovative work

4. Membership

Membership will be continuously reviewed, and the Forum reserves the right to co-opt individuals for specific areas as necessary provided that:

- 4.1 Any such new member can demonstrate to the satisfaction of the Forum the contribution that they can make to the overriding aims and objectives; and
- 4.2 In deciding whether to admit any such new member the Board shall have regard to the resulting size and composition of the Board were the new member to be admitted
- 4.3 The Core Membership of the group will be as listed in Appendix A. One decision-maker representative of each subgroup will form the membership of the Health Protection Forum, alongside other stakeholder members.

5. Quorum

- 5.1 Attendance should be at the very least a third of the named members with the Chair, and/or their appointed deputy always present. If the named member or deputy cannot attend, a designated substitute may attend the Forum with the prior agreement of the Chair.

6. Communication of Decisions to Partners

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

7. Frequency of Meetings

- 7.1 The group will meet once every 2 months and at other times as required by the Director of Public Health.

Note: At the March 2021 meeting monthly meetings were agreed during the post-covid surge recovery period.

8. Committee Chair

- 8.1 Meetings will be chaired by the Director of Public Health, or their appointed deputy.
- 8.2 Minutes will be produced by the administrative team of the Director of Public Health. Meeting papers will be circulated 5 working days ahead of meetings, with minutes also circulated in a timely fashion to Forum members following each meeting.

9. Reports

- 9.1 Short reports for discussion at the Health Protection Forum will be submitted by each subgroup at least 7 working days ahead of the meeting date to allow time for collation and circulation to the group. Verbal reports will be accepted if organisational capacity is limited.

10. Standing Agenda Items

Standing agenda items will include (for each sub-group):

- current status summary
- progress against outcomes (activity/quality data/plans developed/epidemiological summaries)
- incidents managed and changes made, and suggestions for process improvement

11. Review

- 11.1 Terms of Reference will be fully reviewed at least every two years. The Terms of Reference will be amended every time an organisation becomes or ceases to be a member.
- 11.2 Next review by April 2023.

Appendix A: Forum Membership

Title	Organisation
Chair - Director of Public Health, Birmingham	Birmingham City Council (Public Health)
Consultant in Communicable Disease Control	Public Health England (Health Protection Team)
	NHS England (Emergency Planning, Resilience, Response Team)
Public Health Consultant	Public Health England/NHS E&I (Screening and Immunisation Team)
Operations Manager	Birmingham City Council (Regulation and Enforcement)
IPC Lead	Infection Control Services
Head of service	Birmingham City Council (Resilience Team)
	Birmingham and Solihull Clinical Commissioning Group
	Sandwell and West Birmingham Clinical Commissioning Group
Consultant in Dental Public Health	Public Health England (Oral Health Team)
	Representatives may be co-opted from Acute Trusts, Academia, industry, voluntary sector, and others as required by the DPH