

## Health Protection Group

### Terms of reference

Purpose	To provide assurance that adequate multi agency arrangements are in place to protect the public from major threats to health and well-being in Worcestershire.
Objectives	<ol style="list-style-type: none"><li>1. To ensure that Worcestershire County Council, District Councils, NHSCB and PHE (as category 1 responders) and CCGs (as category 2 responders) deliver their responsibilities for Emergency Preparedness, Resilience and Response (EPRR) under the Civil Contingencies Act, and where relevant for health protection under the Health and Social Care Act.</li><li>2. To identify major threats to health and well-being and ensure that comprehensive, up to date and tested plans are in place, working with the West Mercia Local Health Resilience Partnership and West Mercia Local Resilience Forum.</li><li>3. To ensure that robust arrangements for leading and co-ordinating the response to specific incidents and emergencies are in place.</li><li>4. To ensure that adequate procedures are in place to manage and prevent health protection incidents from occurring.</li><li>5. To review the response to serious incidents and emergencies and make recommendations to inform improvements to planning and response to future events.</li><li>6. To raise concerns to the Health and Wellbeing Board where deficiencies in the preparation, resilience and/or response to threats to health and well-being are identified.</li><li>7. To develop an integrated partner approach to ensure that public health messages are received by residents, businesses and other stakeholders in a relevant and timely manner as part of a rolling programme.</li><li>8. To review immunization coverage, overall and in specific groups, and to oversee the development and implementation of plans for improvement where necessary.</li><li>9. To review the coverage and quality of national screening programmes, overall and in specific groups, and to oversee the development and implementation of plans for improvement where necessary.</li><li>10. To review the incidence of health and social care acquired infections, and oversee the development and implementation of plans to reduce these where necessary.</li></ol>
Accountability	The Group is accountable to the Health and Well-being Board.

Membership

<ul style="list-style-type: none"> <li>• County Council lead Member(s) [Chair]</li> <li>• County Council (DASH HoS)</li> <li>• NHS England (HO EPRR &amp; HO Public Health)</li> <li>• Public Health England</li> <li>• Member from District Councils – South</li> <li>• Member from District Councils – North</li> <li>• WAHT (Emergency Planning Officer)</li> </ul>	<ul style="list-style-type: none"> <li>• Head of Worcestershire Regulatory Services</li> <li>• CCG Chief Operating Officers</li> <li>• Chair Worcestershire Infection Prevention &amp; Control Committee</li> <li>• WCC Emergency Planning Manager</li> <li>• Consultant in Public Health (Health Protection)</li> <li>• WHCT (Emergency Planning Manager)</li> </ul>
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Regular attendees

To be decided.

Arrangements for deputies

Each member to nominate one deputy to attend in their absence.

Quoracy and decision making

Meetings will be quorate if at least five members or substitutes are present including at least one elected Member from the County or District Council and one GPCC representative.

It is expected that any decisions of the HPC will generally be by consensus, otherwise by a majority of those members present.

Frequency of meetings

Quarterly. Agenda items to be added via DASH HoS.

Reporting arrangements

