Health Protection: Post-April 2013

ChaMPs Health Protection CPD Event

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This session will cover:

1. Core principles of health protection
2. What the HPA currently provides
3. Health Protection Post-April 2013: Roles and Responsibilities
4. Future organisations and structures for the delivery of health protection functions
What is Health Protection?

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“Protecting the health and well-being of the population from infectious diseases and in preventing harm when hazards involving chemicals, poisons or radiation occur.

It also includes preparing for new and emerging threats, such as a bio-terrorist attack or virulent new strain of disease”

Health Protection Agency website
In practice this means……

Understanding the link between a single case of disease or a single incident and the impact this can have on the wider population

Examples

Food poisoning
Influenza
Chemical spill on a housing estate
The Health Protection Agency

**Microbiology Services**
- Specialist Microbiology services
- Reference Laboratories
- Regional Laboratories
- Response, co-ordination and specialist support for outbreaks and incidents

**Centre for Emergency Preparedness and Response**
- Emergency Preparedness and Response
- Public Health Research
- Anthrax Vaccine
- New and Emerging Diseases

**Centre for Radiation, Chemical and Environmental Hazards**
**Chemical Hazards and Poisons Division:**
- Chemicals in the environment
- Toxicology (NPIS/NTIS Toxbase)

**Radiation Protection Division:**
- Radiation Protection
- Radiation Measurements

**Health Protection Services**
- Health Protection Units
- Epidemiology and Surveillance
- Health Emergency Planning Advisors
The principles of Health Protection

HPA Work

SURVEILLANCE

CONTROL

PREVENTION

COMMUNICATION
1. Surveillance

Can answer questions

• How much is there? Is it increasing or decreasing?
• Who is getting it?
• Where?
• Is the intervention working?
• Is there an outbreak?

Can prompt actions

• screen contacts of a case(s) of disease
• immunisation campaign
2. Prevention

- Immunisation
- Food Hygiene
- Contact tracing / screening
- Needle exchanges
- Water quality testing
3. Control of spread

- **Reporting of cases or outbreaks - initiates action**
- **Isolation / exclusion from work, school etc.**
- **Infection control**
- **Specific treatments**
- **Immunisation**
- **Contact tracing - seek the cause, prophylaxis**
4. Communication

- Importance of public health messages
  - Acute: what to do and what not to do
  - Longer term: awareness raising, health promotion
- “Warning and informing”
- “Reactive or proactive”
- Dealing with the media
Outbreak investigation & control

- Recognise outbreak
- Investigate cause(s)
- Implement control measures
- Prevent future outbreaks

Surveillance
- Epidemiological
- Microbiological
- Environmental

- Infection control
- Food hygiene
- Food withdrawal
- Close food business
- Public information
- Treatment of case
- Contact tracing
- Immunisation

- Disseminate report
- Research

Implement control measures
Who is interested/involved in health protection?

- Environmental Health Services – Local Authorities
- GPs/nurses
- Care Homes
- Schools
- Water companies
- The public
- Media/Press Local, National
- Laboratories and Acute Trusts
- Prisons
- NHS Community Trusts, PCTs, SHA NW
- FOOD INDUSTRY
Summary of current health protection provision

- The HPA, PCTs and local authorities have statutory responsibilities and powers to protect the population’s health. \[^{1}\]

- The HPA leads and delivers the specialist health protection functions to the public and in partnership with the NHS, local authorities and others through local health protection units (HPUs), a network of microbiological laboratories and its national specialist centres. \[^{1}\]
The new public health system

POST-APRIL 2013
Repositioning of Public Health leadership to Local Authorities.

Creation of Public Health England (PHE).

Mutual responsibilities for protecting the public.

Importance of the H&W Board and the engagement of PHE.

PHE engagement in the JSNA, H&W Strategy, local commissioning.

Need for collaborative working.
The new public health system: Post-April 2013

PHE will have three functions:

1. Delivering services to national and local government, the NHS and the public.

2. Leading for public health and building the evidence base.

3. Supporting the development of the specialist and wider public health workforce.
Health Protection

POST-APRIL 2013
Health Protection: Post-April 2013

- The statutory functions currently carried out by the HPA will transfer into Public Health England (PHE), an executive agency of the Department of Health. \[1,2\]

- PHE will be represented at local level by 15 Centres (within 4 Regions) based on current HPU geography. \[3\]

- The NHS will continue to be a key partner through NHS Commissioning Board Local Area Teams (LATs) and CCGs. \[1\]
Local Health Resilience Partnerships\textsuperscript{[1,6,7]}

- Local health resilience partnerships (LHRPs) will be established to provide a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies.

- Coterminal with Local Resilience Forums (LRFs).

- Co-chaired by NHS CB LAT Director responsible for EPRR and a lead DPH.

- Membership will include Ambulance Service(s) Lead, PHE Centre EPRR lead and CCG representative(s).

- Accountability for emergency preparedness and response remains with individual organisations.
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[Emergency preparedness, resilience and response (EPRR)]

**PHE Region role**[^6^,^7^]

- Ensure the delivery of the national EPRR strategy across the region.

- Support the NHS CB with the establishment of LHRPs across the region, coordinating with local government.

- Provide strategic EPRR advice and support to PHE Centres.

- Ensure integration of PHE emergency plans to deliver a unified public health response across more than one LHRP, including ensuring the provision of surge capacity.

- Coordinate regional public health responses to emergencies.
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[Emergency preparedness, resilience and response (EPRR)]

PHE Centre role[^6,^7]

- Support the NHS CB with local roll-out of LHRPs, coordinating with local government partners.

- Provide a representative to the LHRP, who will also represent PHE on the LRF.

- Ensure that PHE has plans for emergencies in place, & develop joint emergency plans with the NHS and local authorities, through the LHRP.

- Discharge the local PHE EPRR functions and duties, and lead the PHE response to an emergency at a local level.

- Ensure a 24/7 health protection on-call roster for emergency response in the local area.
Local Authorities’ Role\(^1,6,7\)

- Ensure that plans are in place to protect the health of their populations and escalate any concerns or issues to the relevant organisation or to the LHRP.

- Identify and agree a lead DPH within an LRF area to co-chair the LHRP and to co-ordinate local authority public health input to preparedness and planning for emergencies at the LRF.

- Provide initial leadership with PHE for the response to public health incidents and emergencies within their local authority area, ensuring effective communication with local communities.

- Fulfil the responsibilities of a Category 1 responder.
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[Emergency preparedness, resilience and response (EPRR)]

NHS Commissioning Board Local Area Team role\(^{[6,7]}\)

- Ensure the local roll-out of LHRPs, coordinating with PHE and local government partners.

- Provide the NHS co-chair of the LHRP, who will also represent the NHS on the LRF.

- Ensure the local NHS has integrated plans for emergencies, & develop joint emergency plans with PHE and local authorities, through the LHRP.

- Lead the NHS response to an emergency at a local level, and ensure a 24/7 on-call roster for NHS emergency response.

- Discharge the local NHS CB EPRR functions and duties.
Clinical Commissioning Groups (CCGs) role\textsuperscript{[6,7]}

- Ensure contracts with provider organisations contain relevant EPRR elements (including business continuity).

- Support NHS CB in discharging its EPRR functions and duties locally.

- Fulfil the responsibilities as a Category 2 responder (including maintaining business continuity plans for their own organisation).

- Will be represented on the LHRP (either on their own behalf or through representation by a ‘lead’ CCG).
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[Response to local incidents and outbreaks] \(^{[1,6,7]}\)

- **PHE:** case management and outbreak investigation and control will be provided by PHE Centres.

- **LAT & CCGs:** The LAT emergency planning lead, working with CCGs, will ensure that agreed NHS resources to mount an effective response to any local health protection incident are made available.

- **PHE & DPH:** agree formal communication arrangements and standard operating procedures.

- **PHE & LAs:** will agree a memorandum of understanding setting out the specialist support, advice and services that the local PHE will provide.

- **PHE, LAs & LATs:** Locally agree plans including clear arrangements for escalation during the course of an incident or outbreak.
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[Immunisation]

- The model for immunisation programmes is clear, with specific roles for DH, the NHS CB, PHE and LAs, between whom strong partnership working is needed at every level to ensure the system works

- **DH** will have responsibility for:
  - Developing and evaluating immunisation policy, supported by expert advice from JCVI via PHE,
  - Securing the necessary funding, and
  - Supporting implementation of new vaccination programmes in partnership with PHE
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[Immunisation]

NHS CB will have responsibility for:

- Commissioning all national immunisation programmes, mostly through primary care.

- Delivery of services and population coverage within defined tolerance limits through the Mandate and the S7A agreement.

- Performance management of most elements of immunisation programmes through the GP contract and management of primary care; and through contracts with non-primary care programmes (e.g. schools-based immunisation)
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[Immunisation]

**PHE** will have responsibility for:

- Planning and implementation of immunisation programmes at national level
- Purchase, store and distribute vaccines on a national level
- Hold the coverage and surveillance data
- Commissioning the national communication strategy
- Providing expert public health analysis and advice, including to JCVI, on coverage and other aspects of immunisation services

❖ **Directors of Public Health** based in local authorities will play a key role in providing scrutiny and challenge to the NHS CB in relation to its local delivery of the programme
Community Infection, Prevention, & Control (CIPC)

- Not clear where CIPC teams should be transferred to in the new system.

- National level – budget on “surveillance and infection control” split 50/50 between LAs and PHE.

- Work on-going at national level (HPA/PHE, ADsPH, DH, & Infection Prevention Society).

- CIPC teams are kept together where possible, and one option is for PHE to employ them – but no decision has been made yet.
Community TB services

- Arrangements vary significantly across the country.

- Future commissioning of community TB services is not clear at this stage.

- Not clear who will employ community TB control nurses in the new system.
Sexually Transmitted Infections (STIs)

- From April 2013, LAs will commission comprehensive sexual health services. This includes all aspects of sexual health provision except:

  - Abortion services, sterilisation and vasectomy which will be commissioned by Clinical Commissioning Groups (CCGs).

  - Contraception which is currently provided as an additional service in the GP contract, which will continue to be provided via the GP contract.

  - HIV treatment and promotion of opportunistic testing and treatment for STIs and patient requested testing by GPs which will be the responsibility of the NHS Commissioning Board.
Sexually Transmitted Infections (STIs)

- **PHE Expectations:**
  - Provision of integrated advice and services,
  - Provide information and intelligence support to the development of JSNAs,
  - Ensuring that public health data is readily available,
  - Provision of expert advice, and
  - Provide support to understanding and interpreting information.
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[Surveillance]

PHE National level (Health Protection Directorate) \[^{1,3}\]

- Leading the nationwide elements of the health protection service including national leadership of:
  - immunisation programmes;
  - infectious disease public health;
  - pandemic flu preparedness and response.

- **Infectious disease surveillance and control division**
  - national focal point for coordinating infectious disease responses discharging the UK’s international infectious disease obligations.
Health Protection: Post-April 2013 [Prevention]

- Opportunities exist for health protection input to local prevention work, working jointly with Health Improvement teams within PHE Centres and with local authorities and local NHS Commissioners:
  - Integration of health protection messages (e.g. hand hygiene, food hygiene, immunization uptake) into broader health promotion activity.
  - Relevant input around non-health protection Public Health Outcomes Framework (PHOF) indicators[4,5]
    - (e.g. reducing pupil absence in schools – evidence that hand sanitizer in schools reduces sickness absence due to fewer cold and flu cases).
  - Input around PHOF health protection indicators…
Public Health Outcomes Framework: Health Protection domain\[^{4,5}\]

**Objective**

- The population’s health is protected from major incidents and other threats, while reducing health inequalities.

**Indicators**

- Air pollution.
- Chlamydia diagnoses (15-24 year olds).
- Population vaccination coverage.
- People presenting with HIV at a late stage of infection.
- Treatment completion for TB.
- Public sector organisations with board-approved sustainable development management plans.

**Placeholder indicator**

- Comprehensive agreed inter-agency plans for responding to public health incidents
Organisations and structures for the delivery of health protection services post-April 2013

National:
- DH
- NHS CB
- PHE

Regional (North):
- PHE Region (North)
- NHS CB

Locally (Cheshire & Merseyside)
- PHE Centre; LATs; LRF; LHRP; LAs; CCGs; Health Protection Fora; HWBs;
Key objectives during transition:

- Focus on the ‘day job’
- Maintain effective surveillance systems
- Maintaining safe and effective response to incidents and outbreaks.
- Maintaining effective networks and partnerships
- Securing the NHS role in health protection
- Maintaining emergency preparedness and response
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References


