



## Health Protection Assurance Document

### PHE Centre North East: Health Protection Team

February 2015

#### 1 Purpose of the report

- 1.1 This report describes the arrangements for delivering health protection services to the people of the north east. In the context of this report health protection covers the investigation and control of communicable disease and other chemical/environmental hazards, incident and outbreak management, access to specialist advice in relation to epidemiology, microbiology, chemicals, radiation, communications and EPRR.
- 1.2 The purpose of the report is to provide Directors of Public Health, the NHS England, Clinical Commissioning Groups and PHE with evidence that can be used for internal and external assurance processes.

#### 2 Delivering the health protection team response.

2.1 The staff establishment for the HPT at 1 March 2015 comprised:

- 1 Deputy Director for Health Protection (DDHP)
- 4 Consultants in Health Protection (CHP)
- 4 Senior Nurses (SN)
- 6.8 Nurses/Practitioners

The HPT is supported by administrative staff that are part of the business management team supporting the PHE Centre (PHEC).

- 2.2 For the purposes of health protection the northeast is divided into four areas, north of Tyne (Northumberland, North Tyneside and Newcastle); south of Tyne (Gateshead, South Tyneside and Sunderland); Durham and Darlington (Durham and Darlington); and Tees (Hartlepool, North Tees, Middlesbrough and Redcar and Cleveland).
- 2.3 A consultant and a senior nurse are aligned to each of four areas and provide a first point of contact for all operational and strategic activities. They routinely attend multiagency meetings in relation to health protection issues and lead on incident and outbreak management. This arrangement pre-dates PHE and has been in place for over ten years. It provides partner organisations with a point of contact with two senior members of staff in the HPT who understand



the specific issues of the areas they cover. Cross-cover arrangements are in place between CHP and SNs for annual leave or absence from work. This arrangement ensures that Directors of Public Health in particular are able to build up an effective working relationship with their named CHP and senior nurse.

- 2.4 Enquiries, case investigation, contact tracing and follow up of notifications is performed principally by the nurses/practitioners with additional cover from senior nurses. This is done on a north east wide basis with referral of more complex cases, incidents and outbreaks to the identified patch consultant/senior nurse (or identified cover if not available). Escalation criteria are in place to determine what is referred to senior staff.
- 2.5 The HPT operates a de minimis staffing quota of 50% during office hours. A consultant and senior nurse is available during office hours to provide additional resilience.
- 2.6 The HPT operates a two-tier on call service. Senior nurses, nurse/practitioners and public health trainees who are deemed to be competent to perform this role staff the first on call rota. Competence is determined by passing the Part 1 exam, successfully completing their three month HP attachment, undergoing a scenario test and annual refresher weeks with the HPT. The second on call rota is staffed by the DDHP, CHP and the Consultant Field Epidemiologist.
- 2.7 The majority of the interaction between PHE and local partners is through the HPT, but the delivery of the health protection response involves working jointly with other co-located PHE services such as the Field Epidemiology Service (FES), Centre for Chemicals, Radiation and Environmental Hazards (CRCE), Communications and EPRR colleagues. Strong links also exist with local and national microbiology services. This arrangement ensures that specialist advice is available to HPT staff and partner organisations when responding to health protection issues.
- 2.8 In addition to these locally based services the HPT has access to national and international expertise via the Centre for Infectious Disease, Surveillance and Control, (Colindale), Emergency Response Department (Porton) and CRCE (Chilton).
- 2.9 The strength of the structure and integrated working arrangements of the HPT in the north east was recognised as an example of good practice by the Health Protection Agency (predecessor organisation to PHE) and this has continued since the inception of PHE.
- 2.10 PHE also have embedded staff in NHS England providing specialist advice and services in relation to screening and immunisation.



### 3 Ways of working

3.1 The HPT works to a set of national guidelines in relation to the control of infectious disease. These are supplemented by local Standard Operating Procedures (SOPs). The following multi-agency plans have been developed:

- Outbreak Control Plan (stipulation that DsPH are members of an Incident or Outbreak Control Team)
- Infectious Disease Plan
- Incident Response Plan
- STAC Plan
- Influenza Plan
- Operational Pandemic Flu Plan
- Radiation Plan
- Mass Casualties Plan
- Critical Care Escalation Plans
- Ebola Plan
- Mass Vaccination Framework

Consultants and EPRR staff are also actively engaged in supporting the development and testing of plans developed by other organisations and the LRFs.

3.2 In addition to formal plans, the HPT will routinely inform DsPH of any enquiry, case or incident that is considered to be of significance or could attract media or political attention.

3.3 The HPT and FES produce a range of stakeholder reports with varying degrees of frequency depending on what is being reported. As at January 2015, twenty reports were routinely produced on a weekly (4), monthly (3), quarterly (8) and annual basis (5). A further 10 reports are produced for use by HP staff to ensure that every effort is made to identify possible links between cases and to identify outbreak that might not be obviously linked to one source or exposure. In addition, the HPT produces an Annual Report in June each year summarising the most significant activities and issues of the previous year and providing data at a local authority level for all major infectious diseases. The Annual Report contains a comprehensive list of the stakeholder reports produced for the previous year.

3.4 The HPT supports and where necessary provides system leadership to multi-agency arrangements across the north east. These arrangements include:

- Attending Health and Wellbeing Boards and other local authority meetings to provide guidance, training, advice and information on HP matters.



- Providing consultant level support to Local Resilience Forums and other senior staff to support the sub-group structures of LRFs.
- Fulfil the STAC Advisor role in the event of a major incident.
- Administer the STAC Rota and provide updates and annual training for DsPH in support of their role of STAC chair.
- Provide consultant level support to the Local Health Resilience Partnerships.
- Act as Proper Officers for local authorities, and Port Health/Medical Officers for specific elements of public health law.
- Chair the 'Ways of Working Group' comprising of DsPH, NHS AT representatives, CCG representative and PHE.

3.5 Since April 2013 one CHP has been working on a contracted basis (the equivalent half a day per week) with the NHS Areas Teams to provide system leadership across the NHS/PHE specifically in relation to EPRR, Influenza and the development of multi-agency plans covering the north east.

3.6 The HPT is committed to improving the quality of the services it provides to the public and to partner organisations. It does this by:

- An annual quality improvement programme comprising audits and review. All staff including admin staff have an objective to participate in at least one audit/service review per year.
- Regularly contribution to national and international conferences through posters and presentations.
- Contributing to the evidence base through research and publications.
- Continuous customer satisfaction monitoring.
- Delivers the high level national PHE objectives locally.
- Annually sets more locally sensitive objectives to improve effectiveness and efficiency.

An evaluation of the success of these objectives is contained each year in the Annual Report.

3.7 The HPT recognises that other organisations also have statutory responsibilities to protect the public and works closely with them to ensure that this is done in a co-ordinated and coherent way. This involves:

- Full engagement and participation in Local Resilience Forums and associated sub-groups.
- Deputy Director for Health Protection sits on the Local Health Resilience Partnership.
- Consultants and senior nurses meet with Environmental Health colleagues in various forums to discuss and agree ways of working.



- 3.8 The North East HPT has a strong track record in developing, delivering and participating in training sessions. Such sessions range from ad hoc events in response to an emerging issue, to more planned updates such as STAC training and learning from incidents and outbreaks.

## **4 Conclusion**

- 4.1 This document summarises the structure and ways of working of the HPT internally and externally with partner organisations. It describes the processes by which the team seeks to protect the public from communicable disease, support partner organisations in their responsibilities, provide assurance to DsPH in their role to protect local populations and offer system leadership where appropriate.

Paul Davison  
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