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DRAFT FOR CONSULTATION

Stockton-on-Tees Borough Health Protection Plan

April 2013 - March 2016

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Executive summary

The NHS Health and Social Care Act 2012 recommends that Directors of Public Health, in consultation with local partners, produce a Health Protection Plan. The aim is to provide an overview of health protection (communicable disease and environmental standards) priorities, provision and preparedness for the local authority area.

The Health Protection Plan draws together strands of work undertaken by local partners (Stockton Borough Council, Public Health England, NHS England Durham, Darlington and Tees Area Team, Hartlepool and Stockton-on-Tees Clinical Commissioning Group, Darlington, North Tees and Hartlepool NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust) on health protection into a single concise compendium. Rather than duplicating detailed plans, it provides an assurance framework and references where detailed plans can be found. The Plan builds on best practice in the delivery of health protection services across Stockton and Tees Valley.

The Plan:

1. Provides a strategic focus for current and future health protection related work undertaken within Stockton Borough across a range of partner agencies.
2. Provides a compendium for the partner agencies and other stakeholders on the priorities and the delivery of health protection services within Stockton Borough.
3. Provides information on key policies, guidance and/or advice on health protection matters to members of the public.
4. Highlights and disseminate evidence of the support given and direct investment made by the partner agencies in the delivery of health protection services.
5. Demonstrates our achievements in contributing to health improvement in Stockton Borough through health protection.

The plan acts as a framework for the coordinated development of multi-agency health protection services within Stockton Borough.

It is required to be formally approved by the Health and Wellbeing Board and the Executive Committees of partner organisations.

We have a good history of working together in the Tees Valley. This is important for success because infectious disease and environmental hazards do not respect geographical boundaries. The plan will build on this and help us to co-ordinate the design, delivery and review of projects and initiatives which underpin the development and delivery of health protection services across the new health and social infrastructure.

Signatures

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Review date: September 2016

Stockton Borough Health Protection Plan on a Page

| Desired Future | | Strategies | Measurable Outcomes | 2013/14 Outcomes | | | | |
|--|------------------------|--|---|--|------------------------|---------------------------------|-----------------------|---------------------------------|
| Ensure effective immunisation arrangements are in place across Stockton Borough | | Immunisation and quality assurance programmes | <ul style="list-style-type: none"> • Childhood immunisation rates at 1, 2 and 5 years • HPV vaccination rates in 12-13 years old • School boosters (DTaP) in 13-18 years old • Flu vaccine coverage • Implemented the new / updated vaccination programmes (flu, shingles, rotavirus and meningitis C) | <ul style="list-style-type: none"> • Agree NHS England DDT Area Team and PHE input to Health and Wellbeing Board • Ensure appropriate contracts for immunisation programmes including quality assurance measures | | | | |
| To ensure effective screening arrangements are in place across Stockton Borough | | Screening and quality assurance programmes | <ul style="list-style-type: none"> • Coverage of screening programmes: Cancer – breast, bowel and cervical Non cancer – antenatal and newborn, diabetes eye screening • Equity of coverage • Stage of diagnosis • Cancer survival rates • Rates of sexual transmitted diseases | <ul style="list-style-type: none"> • Agreed NHS England DDT Area Team and PHE input to Health and Wellbeing Board • Ensure appropriate contracts for screening programmes including quality assurance measures | | | | |
| To ensure effective health protection arrangements are in place across Stockton Borough to protect the public from infectious diseases and environmental hazards | | Robust environmental health plan and response plans for outbreaks, incidents and emergencies | Evidence of compliance to self and external assessment, in at least one exercise or real event per year | <ul style="list-style-type: none"> • Agreed 'ways of working' including resources to manage outbreak and incidents across all agencies (Public Health England, Local Authority Public Health and Environmental Health Services, Tees Valley Public Shared Service, NHS England, NHS Trusts, CCG, CCH) • Agreed membership of DDT LHRP and subgroups and feedback processes • Agreed membership of Cleveland LRF and subgroups and feedback processes • Agreed assurance process for NHS and PHE response plans • Ensure appropriate staff are trained in strategic or tactical response | | | | |
| Our approach | Listening & responding | Evidence-based decisions | Innovation & integration | Leadership & advocacy | Working in partnership | Prevention & early intervention | Best use of resources | Responsibility & accountability |

SECTION 1: OVERVIEW

1. Health Protection Definition

- 1.1 Health protection is the branch of public health which seeks to protect the public from being exposed to hazards which damage their health; and to limit any impact on health when such exposures cannot be avoided. The hazards are categorised as biological (bacteria, viruses), chemical and radiological. Historically, health protection is concerned with Communicable Disease and Environmental Hazards.
- 1.2 Health Protection services carry out a range of functions, mainly on prevention, investigation, control of communicable diseases and environmental hazards, surveillance and communication of risks to the public.

More details on the range of health protection services are provided in *Appendix 2* section 1.

2. Purpose of the Health Protection Plan and accountability

- 2.1 This plan has been produced following the recommendations set out in the Health and Social Care Act 2012 and existing legislation such as the Food Safety Act 1990 and Health and Safety at Work Act 1974. Stockton-on-Tees Borough Council has prepared this plan in collaboration and consultation with its partners; and in consideration of the plans of neighbouring areas across the Tees Valley due to the cross-boundary nature of Health Protection issues.
- 2.2 The plan relates to the period April 2013 to March 2016
- 2.3 The plan is required to be formally approved by the Health and Wellbeing Board and the Executive Committees of partner organisations.
- 2.4 The objectives of the plan are:
- To provide an overview of health protection priorities, provision and emergency preparedness for Stockton Borough and clarify accountability arrangements for the plan.
 - To outline the partnership arrangements which Stockton-on-Tees Borough Council (SBC), Public Health England (PHE), NHS England Durham Darlington and Tees (NHS DDT) Area Team, Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG), North Tees and Hartlepool NHS Foundation Trust (NTHFT), Tees, Esk and Wear Valleys NHS Foundation Trust (TEVW) and other partners have in place for the protection of public health in Stockton Borough.

- To improve the level of “preparedness” to respond effectively to a health protection incident and emergency.
 - To clarify the priorities for the period of the plan 2013 – 2016
 - To ensure any resources which are required to meet the plan are identified and subsequently secured.
 - To detail the liaison arrangements between SBC and local partners and local and regional partnership groups.
 - To ensure “learning” across the agencies is developed.
 - To provide a mechanism for reviewing and recording outcomes and achievements.
- 2.5 The plan will be reviewed annually by a multi-agency Health Protection Forum, convened by the Director of Public Health and any necessary changes made. However the plan will only be formally changed and updated in accordance with legislation.
- 2.6 The Health Protection Forum will report to the Health and Wellbeing Board through the Director of Public Health.

3. Health Protection Planning

- 3.1 The prevention, investigation and control of communicable diseases and environmental hazards require specialist knowledge and skills. These include risk assessment, risk management and risk communication amongst others. These specialist skills and knowledge are applicable to a wide range of potential incidents or scenarios and are often facilitated by the existence of agreed plans and procedures for specific diseases or situations. There are many such national and local plans.
- 3.2 Effective working arrangements are in place to support partnership working between local and regional partners. This is evidenced through the work being undertaken to develop shared plans and agreements to ensure a systematic and consistent approach to tackling common health protection issues, learning from best practice locally and nationally. Clear and consistent communication to support the plans is important in delivering an efficient and effective response, based on expertise. Public Health England are leading on this, supported by local communications teams as required.
- 3.3 Current joint working arrangements include:

Immunisation and screening

- Durham, Darlington and Tees Immunisation Strategy Group
- Tees (North & South) Influenza Immunisation Steering Group

- Durham, Darlington and Tees Screening Boards for Breast and Cervical Cancers
- North East Bowel Cancer Screening Board
- Durham, Darlington and Tees Antenatal and New Born Screening Board
- Tees Diabetes Eye Screening Board

Emergency Planning

- Cleveland Local Resilience Forum
- Durham, Darlington and Tees Local Health Resilience Partnership

Environmental Health

- Tees Valley Public Protection Heads of Service Group
- North East Public Protection Partnership
- North East Environmental Health Group
- Cleveland Environmental Health Group
- Tees Valley Technical Liaison Groups

The Tees Valley Directors of Public Health meet regularly, providing a forum to discuss local Health Protection issues and a central point for communication with partner organisations e.g. NHS England on common issues. The Tees Valley Public Health Shared Service has expertise on Health Protection and provides advice and support to Local Authority Public Health teams.

- 3.4 A list of joint health protection plans in partner agencies are in *Appendix 1*.

4. Risks and Challenges

- 4.1 All partners have plans in place to enable response to a range of nationally and locally identified risks. These are published in organisational corporate and partnership risk registers. These risks relate to the areas of communication and engagement; data collection and analysis; and availability of surveillance data.

- 4.2 There is an overarching need to ensure good communication and partnership working across all organisations locally, given the range of organisations involved in the new Health Protection arrangements under the Health and Social Care Act (2012).

5. Capacity and Resilience

- 5.1 Capacity and resilience in partner organisations is regularly reviewed, particularly in response to the current pressure on all services to reduce expenditure.

- 5.2 Human resource capacity of specialist health protection skills is limited. These are listed in Appendix 2 under Resources and Operational Arrangements for Health Protection. Locally the Director of Public Health, as a trained Consultant in Public Health, is required to ensure robust plans are in place to protect the health of the population and provides the local link to the Health and Wellbeing Board on this.
- 5.3 Regular multi agency working and training exercises and debriefs provide opportunities to reflect on and review roles and responsibilities within and across organisations for the management of incidents and outbreaks.
- 5.4 Formal arrangements for mutual aid within Tees Valley are recorded and reviewed through the emergency planning procedures. Informal arrangements for mutual aid exist within the local authorities and act to support the provision of services.

6. Supporting information

- 6.1 *Appendix 2* provides the following background information to support the plan:
- Health Protection definitions
 - Overview of Stockton Borough and its local partners
 - Resources and operational arrangements for Health Protection
 - Information and Communication Technology
 - Emergency Planning and Business Continuity
 - Inter-organisation collaboration
 - Mutual Aid
 - Out-of Hours arrangements
 - Maintenance of competencies for Health Protection staff
 - Public Feedback

SECTION 2: HEALTH PROTECTION – NATIONAL AND LOCAL PRIORITIES

7. National Priorities

- 7.1 The Department of Health and Public Health England have identified various national priorities (see Table 1 below). Stockton-on-Tees Borough Council and its partners commit to meeting these in the term of this plan.
- 7.2 Further national priorities may arise out of ongoing reorganisation of health services and work with the Local Government Association regarding the new health protection role of local authorities; and emerging threats to the population's health e.g. a flu pandemic. Developing areas that will require further work include Out of Hours and Science and Technical Advice Cells (STAC) arrangements. Technologies also continue to evolve to address health protection issues. For example, *Appendix 3* shows the effect of introducing the pneumococcal conjugate vaccine (PCV) in 2006, on the number of cases of invasive pneumococcal disease. A further new vaccine (13-valent vaccine) was introduced in 2010 to address the serotypes of the disease not in the original vaccine. Local areas will need to respond to national developments in such technologies such as the introduction of new vaccines.

8. Local Priorities

- 8.1 Health Protection is core to the services delivered by PHE and SBC, particularly through protective services remits (communicable diseases, environmental health, trading standards and animal health and welfare). The plan recognises that work is undertaken on a daily basis relating to the following areas of responsibility and service delivery:
- Preventing the spread of communicable diseases in the community
 - Improving standards of food hygiene
 - Ensuring safe and portable drinking water supplies
 - Improving standards of workplace health and safety
 - Ensuring adequate plans are in place to respond to incidents and emergencies
 - Prevent the spread of disease from animals through effective animal health/welfare and pest control.
 - Monitor and reduce exposure to environmental hazards
- 8.2 In addition, a number of local health protection priorities requiring joint action may be identified through a variety of mechanisms including regular review of surveillance data, and joint meetings.
- 8.3 Stockton-on-Tees Borough Council and NHS partners are entering a period of enhanced joint working through the integration of health and

social care. This will have an impact on arrangements for the welfare of the public during or after a major incident such as flooding or fire. Existing plans will need to be reviewed and future arrangements outlined in the partnership agreement for specific types of response such as establishing emergency centres or rest centres. These will be further clarified and exercised.

- 8.4 The local priorities which SBC and partners are seeking to deliver through joint working in accordance with this plan are detailed in Table 2 below and actions are summarised in the 'plan on a page' on page 4 of this document.
- 8.5 Communication between partners and teams is key in managing all Health Protection issues. Clear communication processes are important to support this. For example for the case study described in Box 1, communication between PHE and the DPH would clarify the facts on the issue and support communication with the school. The TB team would be responsible for communicating directly with the school; the DPH would provide the liaison between SBC Education colleagues and the Leader and PHE / the ICT.

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TABLE 1: NATIONAL PRIORITIES

| National priorities | How they are being addressed | | | | |
|---|---|---|-------------------|---|----------------------------|
| | Current arrangements | Examples of joint working | Agencies involved | SBC role | Intended Actions 2013-2016 |
| A potential pandemic of influenza | The DH pandemic influenza plan informed the management of the H1N1 epidemic. | Joint working between DH, SBC and NHS; and between SBC and neighbouring local authorities, in the control of the pandemic | SBC/PHE/NHS | Incorporate updates to DH pandemic influenza plan, into local Health Protection plan. DPH to provide SBC advice and leadership in the event of a pandemic, in liaison with PHE. SBC to support communications messages in the event of a pandemic | |
| | Resources have been developed and systems evolved as a result of the experience of the H1N1 swine flu situation and the subsequent vaccination campaign | Joint working with SBC and NHS and neighbouring local authorities in implementing the vaccination campaign | SBC/PHE/NHS | Apply lessons learned from pandemic to the local plans and approach for future use | |
| Healthcare associated infections and antimicrobial resistance (see Appendix 3 for overview data) | Guidance for the management of viral outbreaks in care homes. Hospital Infection Control Committees (covering hospital and community) and local CCG plans to address HCAIs | Joint working with SBC and NHS in investigating cases of HCAIs; and implementing infection control measures in community settings, care homes and hospitals | SBC/PHE/NHS | Provide the link to commissioned community services and care homes to facilitation investigation; assist with data collection and information sharing; support enforcement of infection control measures through quality standards, inspection and contractual levers. Lead the local media response based on advice from PHE, where the provider is SBC-commissioned | |
| Vaccine Preventable | Implementation of | Collaboration with local | | DPH will ensure robust plans are in place | Implement the |

| | | | | | |
|---|--|--|--------------------|---|--|
| Diseases and the impact of them on current and planned immunisation programs | routine vaccination programmes (Childhood, seasonal influenza) | authorities to ensure effective delivery of the vaccination programmes in schools. | PHE/SBC/PHE/NHS | to implement the new / updated vaccination programmes (flu, shingles, rotavirus and meningitis C); and to increase uptake of current vaccinations liaising with the NHS Area Team (who commission screening and immunisations) and PHE | new / updated vaccination programmes (flu, shingles, rotavirus and meningitis C) |
| Environmental exposures which have an adverse impact on health (see Appendix 3 for example data) | Annual Report of the Health Protection Agency (now PHE) highlights issues and priorities for environmental hazards | Contaminated land strategy identifies how historical land pollution is managed. Advice on areas of high Radon Gas. | SBC/CCG/NHS / EA | EA or SBC lead on investigation of contaminated land incidents; and investigations through provision of information, liaising with users of the land in question; support media response in liaison with PHE | |
| | Air Quality monitoring as part of the Tees Valley with annual report and Review each 3 years | Tees Valley Environmental Protection Group Annual Report | SBC/CCG/NHS | Support PHE/EA investigations of air quality / radon incidents; through provision of information, liaising with businesses etc. in the affected area; support local media response in liaison with PHE/EA | |
| | Major Incident Plan | Major incident planning, training and exercising for COMAH sites | SBC/CCG/NHS | Participate in planning, training and exercising with local partners; ensure local services support the local response e.g. social care staff supporting vulnerable people; supporting rest centre provision; support assessment and monitoring of health and environmental impact (during event and afterwards as appropriate). Provision of local knowledge | |
| | Drinking and bathing water quality monitoring and investigation | Water quality | SBC/CCG/NHS/EA/NWL | Support water company investigations of water quality incidents; through provision of information, liaising with businesses etc. in the affected area; support local media response | |
| | ASB/Noise investigation protocol, | Antisocial behaviour, excessive noise | SBC | Hold local plans for managing these issues, investigate them as they arise and | |

| | | | | | |
|---|---|---|---------|---|--|
| | Out of Hours noise complaint service, Noise mapping. | | | provide support to enforcement where appropriate e.g. licensing in partnership with other agencies e.g. Police; provide a local ear and voice to emergent issues through elected members | |
| Gastrointestinal and Zoonotic Infections (from animals to human sometimes through a carrier) | Joint protocols are available for the management of specified infections | Joint working to ensure the control of instances of infection through proactive risk management and the investigation of suspected or confirmed infections | SBC/PHE | Devise and monitor local plans and policies to prevent and control infection and its spread and identify and address potential sources of infection. Support local response to outbreaks in liaison with PHE, national departments, DEFRA/AHVLA and other local authorities | |
| Hepatitis C and HIV Action Plans and Sexual Health and BBV Framework (see Appendix 3 for example data) | National guidelines and policies (DH and PHE) on prevention and control of BBV and on sexual health improvement | Joint work between PHE, local authorities, DH and NHS commissioners to ensure a coordinated commissioning system for sexual health services and promote targeting of high-risk groups | NHS/SBC | Work through the Tees Valley Sexual Health Commissioning Group and regional sexual health leads group to ensure plans are implemented locally, targeted work carried out in high-risk populations and preventative work is prioritised | |
| Improving communications with the public on risks to health | Information leaflets available for all major infectious diseases and environmental hazards on PHE website | Work across DH and PHE on national campaigns re: pandemic flu | PHE/SBC | Support and use PHE and DH evidence-based communications messages locally to promote consistency, supplemented with local information where appropriate; liaise with PHE on media requests received by SBC | |

TABLE 2: LOCAL PRIORITIES

| Outcome | Proposed actions | Agencies involved | Timescale |
|---|--|---------------------------------|-----------|
| Agreed multi-agency arrangements for immunisation, screening and emergency planning | | SBC/PHE/NHS England/LRF/LHRP | |
| Increase childhood immunisation uptake rates | | SBC/PHE/NHS England | |
| Increase Flu vaccines uptake rates | Multi-agency work through NHS Area Team meetings to produce plans to increase uptake locally | SBC/PHE/NHS England | |
| Increase screening uptake rates | | SBC/PHE | |
| Improve food safety | Inspection, sampling, complaint investigation, publicity and training | SBC/PHE/FSA | |
| Improve TB services | Link to COPD case finding through Missing Thousands programme; consider improving commissioning of TB services | SBC/STHFT/PHE | |
| Reduce rates of sexually transmitted diseases, particularly focussing on the highest risk groups (see <i>Appendix 4</i> for example data) | Map current outreach provision, producing any recommendations to ensure targeted provision for high-risk groups Implement recommendations of the Tees-wide sexual health needs assessment | SBC/Assura/PHE | |
| Maintain effective surveillance and response to controlling | ID investigation and outbreak control | SBC/PHE/STHFT | |

| | | | |
|-----------------------------------|-----|---|-------------|
| outbreaks of communicable disease | | | |
| Reduce occupational health | ill | Inspection, sampling, complaint investigation, publicity and training | SBC/PHE/HSE |
| Improved Environmental Protection | | Monitoring, Incident investigation and preventative action | SBC/PHE/EA |

SECTION 3: REVIEW

9. Review of Health Protection Plan 2013-2016

- 9.1 A review document of the plan will be produced at the end of 2014. The review will cover:
- Progress against national and local priorities
 - Significant incidents that occurred in 2013-14 and any identified learning outcomes
- 9.2 The Health Protection Plan will be reviewed on an annual basis.

10. Review of Health Protection Standard Operating Procedures, Protocols and Plans

- 10.1 Stockton-on-Tees Borough Council and partners have a number of standard operating procedures and policies relating to a variety of health protection issues. Reviewing these will be lead by the LRF and LHRP for emergency planning; Public Health England for immunisation and screening programmes; and Tees Valley Environmental Health Working Group for environmental health.
- 10.2 Each policy has a scheduled date of review.
- 10.3 The LRF and LHRP provide an opportunity for member organisations to highlight policies that may require revision in light of new evidence or legislation.

SECTION 4: CASE STUDIES

Box 1: Case of infectious TB in a school

An Incident Control Team (ICT) would be convened, usually chaired by Public Health England and comprising the Director of Public Health, the Tees Valley Public Health Shared Service, a TB specialist and communications. The ICT would work to ascertain the possible source; assess the risk to those having contact with the individual; ensure exclusion from school and treatment; provide surveillance data and advise on measures to be taken to control any spread. The DPH would work with SBC education colleagues and schools, elected members and help manage the media response. The ICT would agree a media spokesperson. Expert communications advice is provided by PHE, based on clinical advice and detailed data and liaising closely with SBC communications teams. Should screening be needed for those in contact with the infected individual, PHE, the DPH and TB services would work closely and with the school and the school nursing service on behalf of the ICT to manage the rollout of the screening test. The Local Authority is responsible for commissioning school nursing services.

Box 2: An outbreak of non-viral gastro-intestinal illness in a care home

An Incident Control Team (ICT) would be convened, chaired by Public Health England and comprising the Director of Public Health, the Tees Valley Public Health Shared Service, a Health Protection nurse, Environmental Health Officers and communications. PHE would work with EHOs to ascertain the possible source and advise on control measures e.g. exclusion of infected staff from work and implementation of infection control measures. PHE link with local health services and labs to provide surveillance data on further cases of infection. The DPH would keep Local Authority colleagues informed as commissioners of care home provision; keep elected members appraised; and help manage any media response. Local Authority communications link with PHE communications to prepare for any media interest. EHOs work with the home should a food source be identified, to remedy the potential cause of the illness and will take enforcement action where needed.

Box 3: A release of a liquid from a tanker on a road in Stockton

A multi-agency response would be required – this example assumes that major incident plans are not evoked. The Police / Fire Service would be first responders on the scene, to cordon off the area, limit further exposure and alert local health services in the event of any casualties. PHE would work to identify the substance. The Local Authority work with Police to handle road closures. The Environment Agency and PHE would consider wider environmental / health impact e.g. run-off / vapours. Should major disruption to roads and services result, PHE and the DPH would link to local health and social care services commissioners and providers, which may be required to support the response e.g. by ensuring prescription medication is available to those who cannot access their homes or local clinics. PHE would lead the communications response, in liaison with partners. The multi-agency team would carry out a review of lessons learned as part of its report, as in all case studies described.

APPENDIX 1: LIST OF JOINT HEALTH PROTECTION PLANS

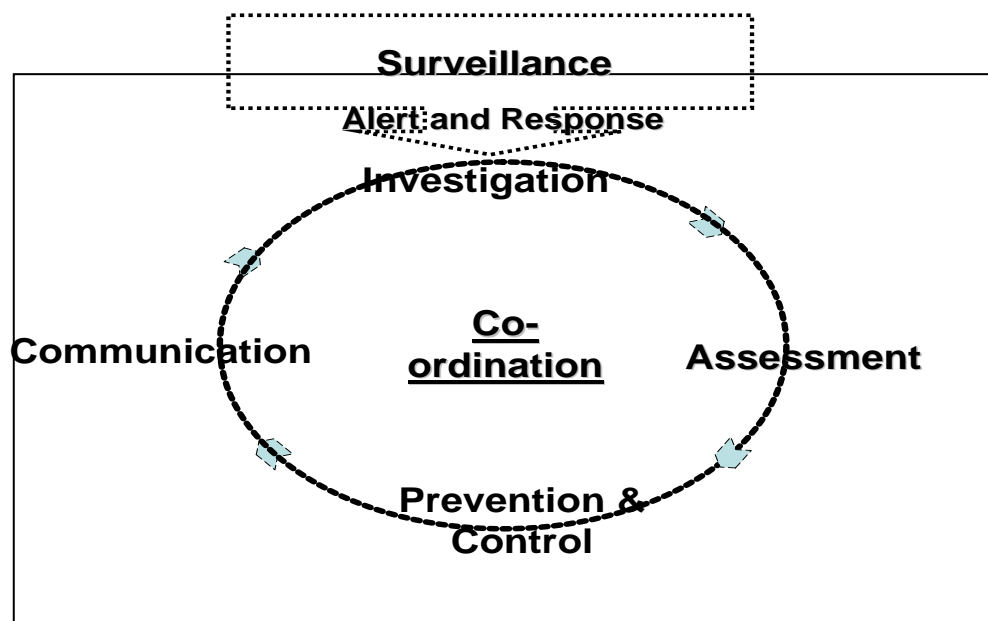
| Title | Protocol / Procedure / Plans | Lead Organisation for Protocol / Plans |
|---|--|---|
| Investigation of enteric disease | Local | PHE/SBC |
| Investigation of foodborne and waterborne diseases | Local | SBC |
| Protocols for failures of prescribed concentrations and serious gross contamination of Private Water Supplies | Local | PHE/SBC |
| Lead in Water Supplies | Local | DWI |
| Care Homes (outbreaks of illness) | Local | SBC/PHE |
| Pre-school – infection control | National | PHE |
| Legionella | National | PHE |
| VTEC (including <i>E. coli</i> 0157) | Local | SBC |
| SBC Generic Animal Disease Plan | Local | SBC |
| Pandemic Influenza | Local | PHE |
| Rabies Contingency Plan | National guidance and local procedures | PHE |
| Smallpox | National | PHE |
| Waterborne Hazard Plan | National | |
| Wastewater Pollution Incidents Plan | National | |
| Environmental Health Service Plan 2013-14 | Local | SBC |
| Draft Stockton Seasonal Health and Wellbeing Strategy | Local | SBC |
| Contaminated Land Strategy | Local | SBC |

APPENDIX 2: SUPPORTING INFORMATION

1 Health Protection Definition

- 1.1 Health protection is the branch of public health which seeks to protect the public from being exposed to hazards which damage their health and to limit any impact on health when such exposures cannot be avoided. The hazards are categorised as biological (bacteria, viruses), chemical and radiological. Historically, health protection is concerned with Communicable Disease and Environmental Hazards.

Health Protection services carry out a range of functions as indicated in the figure below:



Implementing all stages as consistently as possible across geographical boundaries is important to the success of health protection programmes. Surveillance is the collection of data and analysis of trends across time and geography regarding e.g. the spread of an infectious disease. It can help identify the source and assist in preventing the spread of infection and in helping guard against future similar incidents. Thorough investigation and risk assessment (level of threat, likelihood of spread, number affected etc.) are important to ensuring an appropriate and proportionate response to prevention and control. Consistent communication based on expert knowledge and interpretation is important in giving clear direction and advice to professionals and the public.

- 1.3 **Environmental Health** is the branch of Public Health that is concerned with all aspects of the natural and built environment that may affect human health. This remit is delivered within local authorities.

The Environmental Health Service has a lead role in health protection through its regulatory core functions of Food Safety, Health and Safety at Work, Communicable Disease control, drinking and bathing water quality, Contaminated Land, Air Quality, Noise control, Nuisance abatement, Smoking Enforcement, petroleum licensing and prevention and control of Zoonotic diseases (transmitted from animals to man, sometimes through a carrier e.g. rabies). Stockton Borough Council Environmental Health department has a certified ISO 9001 quality assurance system in place to help effectively manage its activities.

1.4 The Trading Standards and Licensing Service Service performs the Council's Consumer protection function, which includes tobacco control; product and consumer safety; licensing of persons and explosives; feeding stuffs and fertilisers; age related sales and weights and measures.

2. Overview of Stockton-on-Tees Borough Council, Partners and Health Protection Partnership Groups

2.1 The Civil Contingencies Act 2004

The Act establishes a coherent framework for emergency planning and response ranging from local to national level. It defines the obligations of certain organisations to prepare for various types of emergencies and local arrangements for civil protection. It divides organisations into two categories:

Category 1 Responders:

Assess the risk of, plan, and exercise for emergencies, as well as undertaking Business Continuity Management. They are also responsible for warning and informing the public in relation to emergencies and include:

- Local Authorities
- Emergency Services
- NHS England
- NHS Foundation Trusts
- Public Health England

Category 2 Responders:

Key co-operating responders that act in support of the Category 1 responders and include:

- Clinical Commissioning Groups
- Utility Companies
- Transport Organisations

2.2 Stockton-on-Tees Borough Council

Local authorities commission care and support services and have a new responsibility to protect and improve health and wellbeing. Working together

with health and care providers, community groups and other agencies, they prevent ill health by supporting people to live healthier lives. Public Health teams in Local Authorities commission some services which deliver direct Health Protection interventions e.g. school nursing services which deliver vaccination programmes.

The Director of Public Health, acting on behalf of the Local Authority, has a critical role in protecting the health of their population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when they do. Under the Health and Social Care Act (2012), the Director of Public Health has a duty to ensure robust plans are in place to protect the health of the local population; and can scrutinise and challenge the plans of partner organisations.

The Cleveland Emergency Planning Unit, part funded by SBC, provides an emergency planning and response role for the council, in particular around the Control of Major Accident and Hazards (COMAH) sites and hazardous material. The COMAH Regulations (1999 amended 2005. and the Pipeline Safety Regulations, 1996) ensure that businesses take all necessary measures to prevent major accidents involving dangerous substances and limit the consequences to people and the environment of any major accidents which do occur.

2.3 The NHS in Stockton Borough

The commissioning of NHS services in Stockton Borough area happens largely across Stockton-on-Tees Borough Council and Hartlepool Borough Councils.

The NHS is a key partner in planning and securing the health services needed to protect health and in mobilising NHS resources in response to incidents and outbreaks. Clinical Commissioning Groups and NHS England lead on this.

Hartlepool and Stockton-on-Tees CCG is made up of doctors, nurses and other professionals who use their knowledge of local health needs to plan and buy services for their local community from any service provider that meets NHS standards and costs. These could be NHS hospitals, social enterprises, voluntary organisations or private sector providers. This means better care for patients, designed with knowledge of local services and commissioned in response to their needs.

Clinical Commissioning Groups, in emergency planning, are referred to as 'co-operating bodies' as they are less likely to be involved in the heart of the planning. They will be heavily involved in incidents that affect the area through cooperating in response and the sharing of information.

NHS England supports NHS services nationally and locally and ensures that money spent on NHS services provides the best possible care for patients. It commissions many of the primary care services (GPs, Pharmacists, Dentists

and Opticians). It funds local CCGs to commission services for their communities and ensures that they do this effectively.

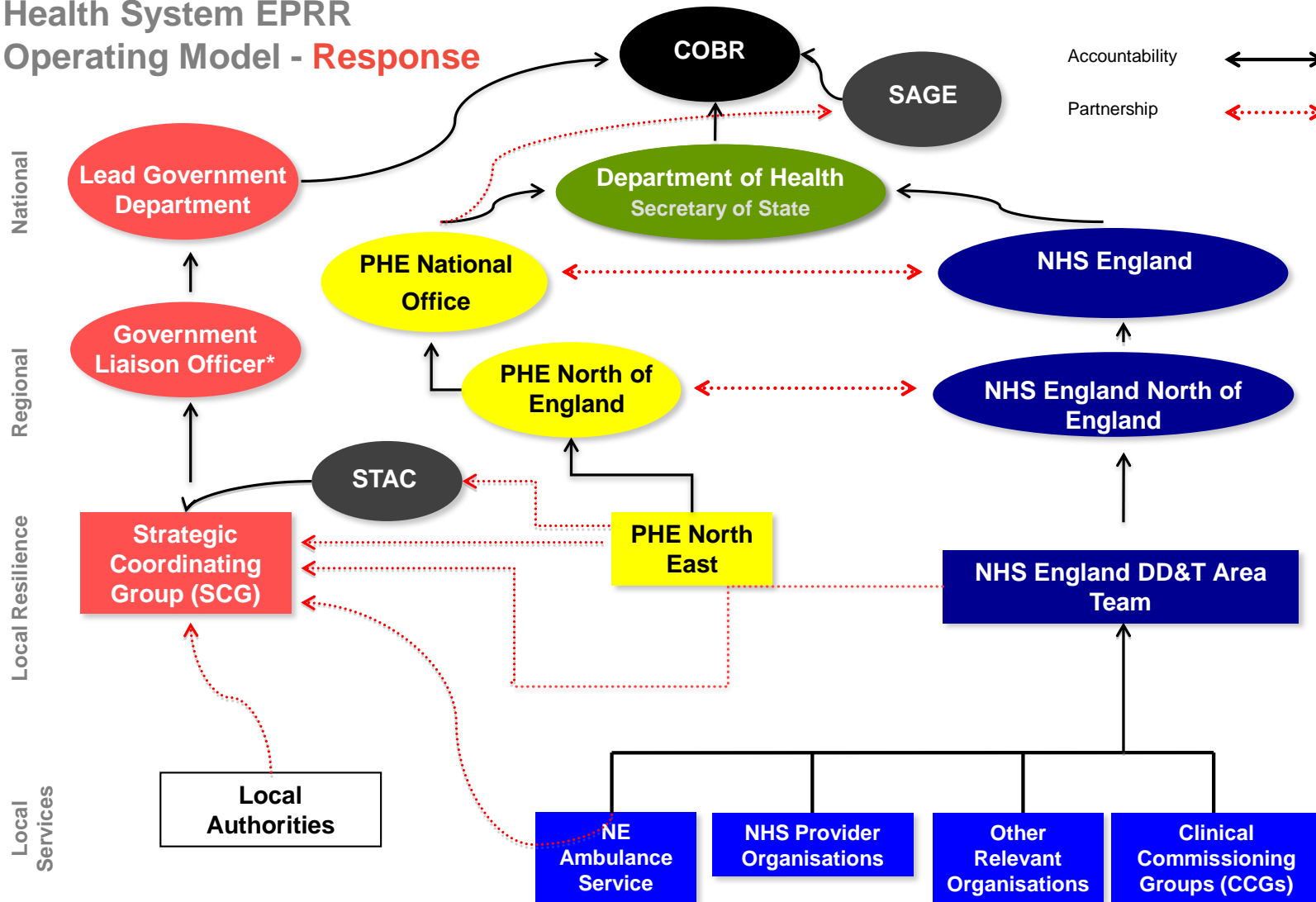
The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident. The Civil Contingencies Act (2004) requires NHS organisations, and providers of NHS-funded care, to show that they can deal with such incidents while maintaining services.

This programme of work is referred to as emergency preparedness, resilience and response (EPRR), and NHS England heads up this work. Local health resilience partnerships (LHRPs) are the forum for coordination, joint working and planning for EPRR across all relevant health bodies. This is summarized in the figure below (a glossary is on page 27 of this plan).

NHS England, working with CCGs, also ensures that primary care services have plans in place for dealing with emergencies. NHS England has local offices – the Durham, Darlington and Tees NHS Area Team – in which a specialist screening and immunizations team is based, seconded from Public Health England.

DRAFT

Health System EPRR Operating Model - Response



*Normally led by DCLG RED. But can vary depending on the type of emergency

North Tees and Hartlepool NHS Foundation Trust is an NHS hospital trust (also known as an acute trust) provides hospital and community health services within Stockton Borough and Hartlepool. Hospital Trusts are commissioned by CCGs to provide most of these services. In a larger incident or one affecting a broader area, other hospital trusts may be required to support the response e.g. South Tees Hospitals NHS Foundation Trust.

Works with other agencies to assess risks, develop and maintain plans, share information and co-operate on civil contingency response, and manage incidents and events while maintaining services to patients. Provides community services, some of which will be required to respond in an incident.

Tees, Esk and Wear Valleys NHS Foundation Trust is an NHS Mental Health Trust provides health and social care services for people with mental health problems. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) provides a range of mental health, learning disability, eating disorders and substance misuses services.

Work with other agencies to assess risks, develop and maintain plans, share information and co-operate on civil contingency response, and manage incidents and events while maintaining services to patients. Provides community services, some of which may be required to respond in an incident.

Public Health England provide national leadership and expert services to support public health and works with local government, the NHS and other key partners to respond to health protection emergencies.

PHE, with its expertise and local health protection teams, has a critical role to play in responding directly to incidents and outbreaks, and in supporting local authorities in their responsibilities to understand and respond to potential threats.

2.4 Health Protection Partnerships

Emergency preparedness resilience and response (EPRR) is critically dependent on effective multi-agency working. There is a national mandate for joint working across organisations, by ensuring that single databases and websites for EPRR planning and incident response functions are joined-up, that strong working relationships are fostered between delivery partners and that new structures and ways of working are embedded.

Cleveland Local Resilience Forum (LRF)

The Civil Contingencies Act (CCA) 2004 and the regulations provide that responders, through Local Resilience Forums (LRFs) have a collective responsibility to plan, prepare and communicate emergency response activities in a multi-agency environment. LRFs serve communities defined by

the boundaries of Police Areas and for Stockton Borough, it is the Cleveland LRF.

Durham, Darlington and Tees Local Health Resilience Partnership (LHRP) brings together NHS England Durham, Darlington and Tees DT Area Team with other local partners, including Public Health, to provide on-going surveillance and a co-ordinated multi-agency response.

Durham, Darlington and Tees Health and Social Care Resilience Group (H&SCRG) is a practitioner level group which is responsible for co-ordinating the development of health and health related social care resilience arrangements, capability and capacity to respond to emergencies and major incidents as part of a multi agency response.

Other local arrangements may be required depending on the incident. For example multi-agency incident control teams may be set up (usually lead by Public Health England) to coordinate the local response to an outbreak of communicable disease or manage a local incident.

3. Resources and Operational Arrangements for Health Protection

The human resources available for delivering health protection services across Stockton Borough are outlined in the table below.

| 3.1 | Stockton-on-Tees Borough Council |
|--|--|
| Job Title | Role and Responsibility |
| Director of Public Health | Provides, on behalf of SBC, strategic leadership in protecting the health of the population. Has a duty to ensure plans are in place to protect the health of the population, including plans produced by partner organisations. |
| Consultant in Public Health | Supports the Director of Public Health in producing plans and assurance on health protection issues and representing SBC at multi-agency meetings on health protection |
| Environmental Health Manager | Management and delivery of the environmental health services. Delivery of effective health protection interventions. Lead and support the development of staff. Effective management of resources. |
| Principal Environmental Health Officer (Commercial) | Provide specialist food safety and occupational health advice and expertise within SBC. Provides specific advice and supports the development of protocols, service plans and ensure that they are in line with current legislation. |
| Principal Environmental Health Officer (Environmental) | Provide specialist Environmental Protection advice and expertise within SBC. Provides specific advice and supports the development of protocols, service plans and ensure that they are in line with current legislation. |

| | |
|--|---|
| Protection) | |
| Principal Environmental Health Officer (Animal Health and Welfare/ Pest Control) | Provide specialist environmental health advice and expertise within SBC. Manages the delivery of pest control, animal health and welfare officers to undertake programmed visits and investigate cases of notifiable animal disease including zoonotic diseases.. |
| Environmental Health Officers/ Technical Officers | Full range of environmental health duties including public nuisance, food safety, environmental protection and health and safety. |
| Environmental Protection Officers / Contaminated Land Officers | Carrying out the Council's statutory duty to investigate contaminated land, local air quality and noise issues. |
| Animal Health/Animal Welfare/ Pest Control Officers | The delivery of pest control, animal health and welfare services and undertaking programmed visits and investigations to reduce the likelihood of cases of notifiable animal disease or transmission of zoonotic diseases. |
| | |
| Chief Emergency Planning Officer | Strategic lead for emergency planning |
| Senior Emergency Planning Officer | Operational lead for emergency planning |
| Trading Standards & Licensing Manager | Manage, co-ordinate, lead and support activities surrounding Trading Standards and Licensing. Develop protocols, service plans in line with current legislation. |
| Trading Standards and Licensing Officers | Carry out Trading Standards and Licensing interventions in accordance with current plans, protocols and legislation |

3.2 Public Health England Team

| Job Title | Role and Responsibility |
|--|---|
| Director North East Public Health England Centre | Provides a single point of access to the full range of Public Health England's specialist skills and Knowledge in the North of England |
| Local Director of Health Protection. | Has day to day responsibility for management of Health Protection team and services |
| Consultant in Health Protection | Provide leadership for health protection development and implementation in the Tees Valley Coordinates the provision of an effective service for the control of communicable disease, and environmental health hazards 24/7. |

| | |
|------------------------------------|---|
| Health Protection Nurse Specialist | Coordinate, lead and support activities surrounding the prevention, investigation and control of communicable disease. |
| Field Epidemiology Service | Lead responsibility for disease surveillance projects, records and reports. Support for outbreak investigation and epidemiological studies. |
| Administration | Provision of administrative support on health protection issues. |

| 3.3 NHS England | |
|---|---|
| Job Title | Role and Responsibility |
| Director of Operations | Director lead on emergency planning |
| Head of Emergency Planning | Provides strategic leadership on Emergency Planning Response and Resilience and chairs the Local Health Resilience, and Health and Social Care Group Partnerships |
| Emergency Planning Manager | Operational leadership on emergency planning response and resilience |
| Consultant in Public Health | Professional expertise and leadership regarding screening and immunisations. Seconded from Public Health England |
| Screening and Immunisations Lead | |
| Screening and Immunisations Manager | |
| Screening and Immunisations Coordinator | |

| 3.4 North Tees and Hartlepool NHS Foundation Trust | |
|---|---|
| Job Title | Role and Responsibility |
| Director Lead | Director lead on emergency planning |
| Head of Emergency Planning | Provides strategic leadership on emergency planning response and resilience |
| Emergency Planning Manager | Operational leadership on emergency planning response and resilience |
| Infection Control Manager | Lead responsibility for infection control |
| Infection Control Nurses | Coordinate, lead and support infection control activities in hospital and community |
| TB Liaison Nurse | Co-ordinate the contact tracing for TB cases/contacts |

| 3.5 Tees, Esk and Wear Valleys NHS Foundation Trust | |
|--|---|
| Job Title | Role and Responsibility |
| Director Lead | Director lead on emergency planning |
| Head of Emergency Planning | Provides strategic leadership on emergency planning response and resilience |
| Emergency Planning Manager | Operational leadership on emergency planning response and resilience |

3.6 Laboratory Services

There are agreed arrangements to access laboratory facilities. Some Health Protection laboratory services tend to be provided by laboratories located in Newcastle for logistical and practical convenience. Further specialist analysis is provided by laboratories in Colindale. Further details on laboratory services are detailed below.

| Sample type | Location of Laboratory |
|--|---|
| Public Analyst services including food examination | Public Health England (Health Protection Agency), Colindale |
| Environmental monitoring including drinking water analysis | Public Health England (Health Protection Agency), Colindale |
| Faeces and blood samples etc | Public Health England (Health Protection Agency), Colindale |
| Chemical and Biological Toxins e.g. anthrax | Public Health England (Health Protection Agency), Porton Down |
| Blood-borne viruses | |
| Cervical smears | |
| Other sexual health samples? | |

4. Information, Communication Technology

- 4.1 Stockton-on-Tees Borough Council and local partners have access to a wide range of ICT hardware. In the event of an emergency, the agencies have demonstrated the capacity to source extra equipment. Video conferencing and tele-conferencing is widely used for communication across the area.
- 4.2 Public Health England is responsible for disease surveillance. Information collected is entered into a database to allow for further analysis of trends. Routinely collected data and reports are fed back to

relevant partners. Databases can be adapted to suit the needs of individual outbreaks.

- 4.3 Electronic arrangements are in place within partner agencies for the reporting and recording of work. Work is ongoing to improve and update these systems e.g. the Child Health Information System (lead by the NHS Area Team) to facilitate data recording, reporting and information sharing.

5. Emergency Planning and Service Continuity

- 5.1 The Cleveland LRF convenes as a strategic forum to shape and inform the emergency planning and business continuity agenda. The Group meets three times a year and the work programme consists of reviewing and updating all Major Incident Plans. It also seeks assurance from partner agencies that Business Continuity Plans are in place and exercised regularly and updated appropriately. It oversees a programme of training and exercising, and ensures arrangements are in place to warn and inform the public.
- 5.2 The LRF links with the work carried out by the Emergency Planning Groups within each partner agency and the Durham Darlington and Tees LHRP, ensuring a co-ordinated and integrated response to any emergency or crisis that might arise.

6. Inter-organisational collaboration

- 6.1 Feedback on disease surveillance collected as part of routine and statutory monitoring is given from PHE to relevant partners.
- 6.2 The Tees Valley Public Protection Heads of Service Group provides an opportunity to evaluate the management of significant incidents (e.g. food, water). Lessons learnt are shared and disseminated within each partner agency.

7. Mutual Aid

- 7.1 Collaborative working across organisations in the Tees Valley, is supported by mutual aid arrangements. In particular, there are specific arrangements written into the Emergency Plans which states that each will assist any of the others which have pressures it cannot meet on its own, for example, in a large outbreak or incident.
- 7.2 In addition, depending on the extent and volume of casualties, designated receiving hospitals would be nominated within NHS North of England area for the reception of casualties.

8. Out-of-hours arrangements

| Organisation | Contact |
|---|--|
| Stockton-on-Tees Borough Council | Cleveland Emergency Planning Unit Duty Officer for major incidents |
| Public Health England | |
| NHS England, Durham Darlington and Tees Area Team | Via North East Ambulance Service 0191 4302453 |
| North Tees and Hartlepool NHS Foundation Trust | |
| Tees, Esk, Wear and Valleys NHS Foundation Trust | |

9. Maintenance of Competencies for Health Protection Staff

- 9.1 All staff involved in health protection services should undergo an annual appraisal to ensure that their knowledge and skills remain up to date. Staff are encouraged to identify their own learning needs and attend external conferences and meetings as part of continuing professional development (CPD) activities. All health protection staff should meet the requirements of their professional bodies and maintain their professional registration. Health Protection professionals include the Director of Public Health, the Consultant in Public Health and Environmental Health Officers in SBC; and Public Health England staff.
- 9.2 Staff also gain training and experience by participating in table top exercises.

10. Public Feedback

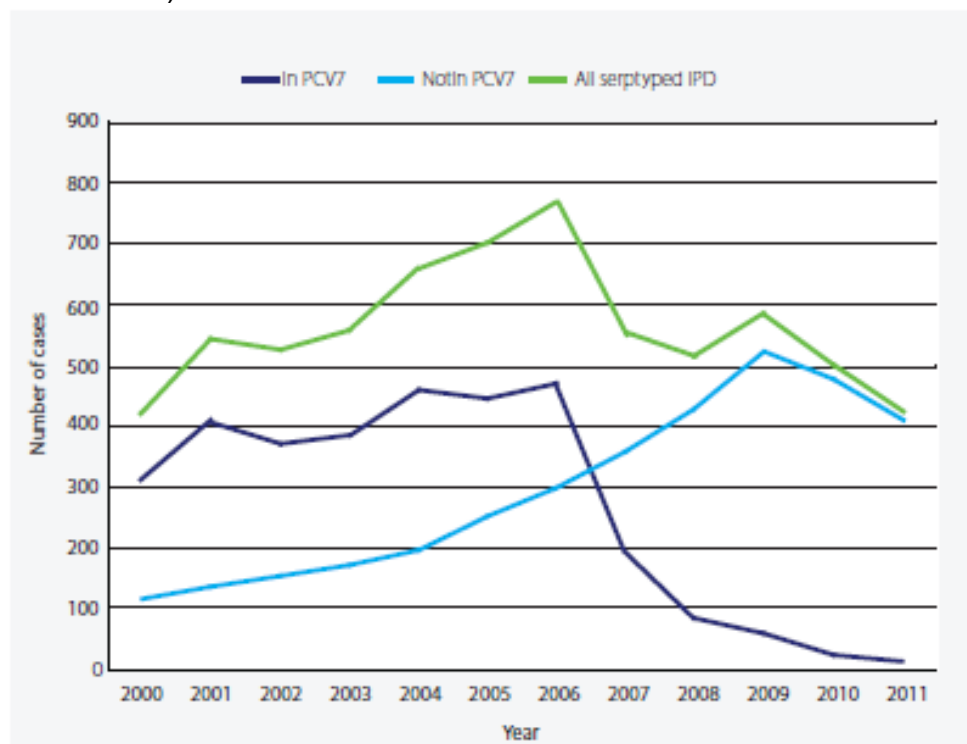
- 10.1 Information is provided to the public through the use of local media and the partners' website along with written information where required. Each organisation has formal processes for obtaining feedback from the public.
- 10.2 Customer and business surveys are regularly undertaken as part of public engagement strategy. Whilst not specific to health protection, these surveys provide useful information about the service provided and are used to inform improvements and developments.

APPENDIX 3: NATIONAL DATA

New technologies: Pneumococcal vaccines

In 2006, the PCV was introduced in children, based upon extensive work and surveillance by the Health Protection Agency, including serotyping of strains causing invasive pneumococcal infection, to determine the preventable burden of infection. Subsequent surveillance showed a dramatic reduction in seven serotypes in the initial vaccine (with impact in vaccinated children and in adults in the UK) (*Figure 1*), demonstrating effective herd immunity. However, serotypes not in the vaccine continued to increase, resulting in the decision to introduce a 13-valent vaccine from 2010.

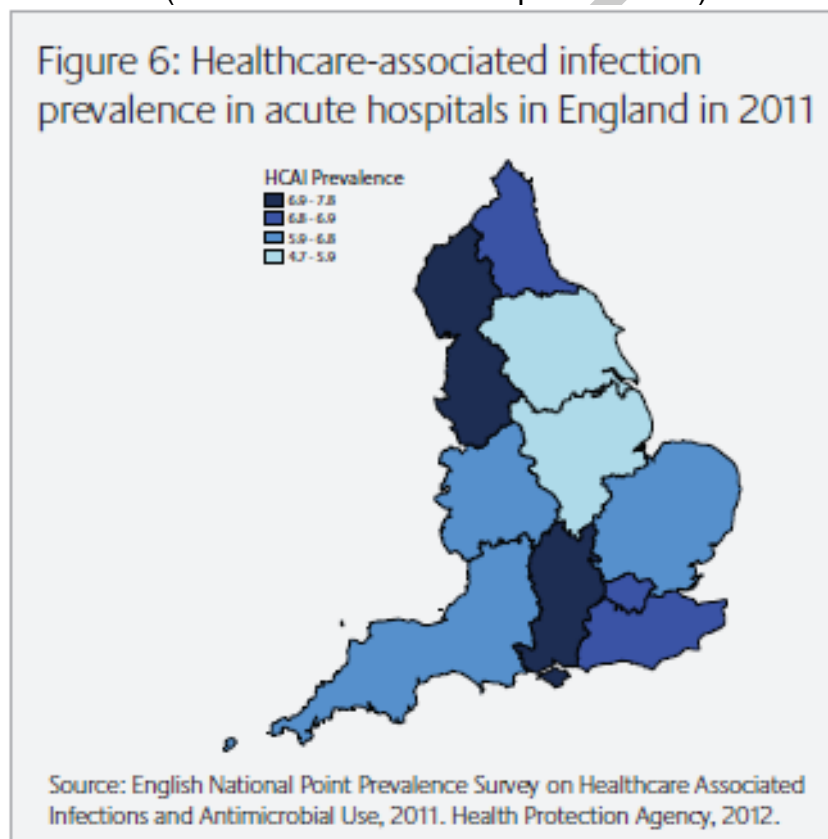
Figure 1: Cases of invasive pneumococcal disease (IPD) by serotype in children under 15 years in England and Wales (Source: HPA Annual Report 2012/13)



Healthcare-associated infections (HCAs)

Infections following healthcare interventions in hospital and community settings represent a significant burden of disease. Despite major improvements to infection control, protecting people from HCAs remains a challenge; exacerbated by an increase in antibiotic resistance. Infections due to methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridium difficile* have decreased in recent years due to improved prevention and control. However, infection due to Gram-negative bacteria has increased, for example *Enterobacter* and *Pseudomonas*. *Escherichia coli* has become the most common cause of bloodstream infections. The North East has lower prevalence of HCAs than the North West but higher prevalence than many other areas of the country (Figure 2).

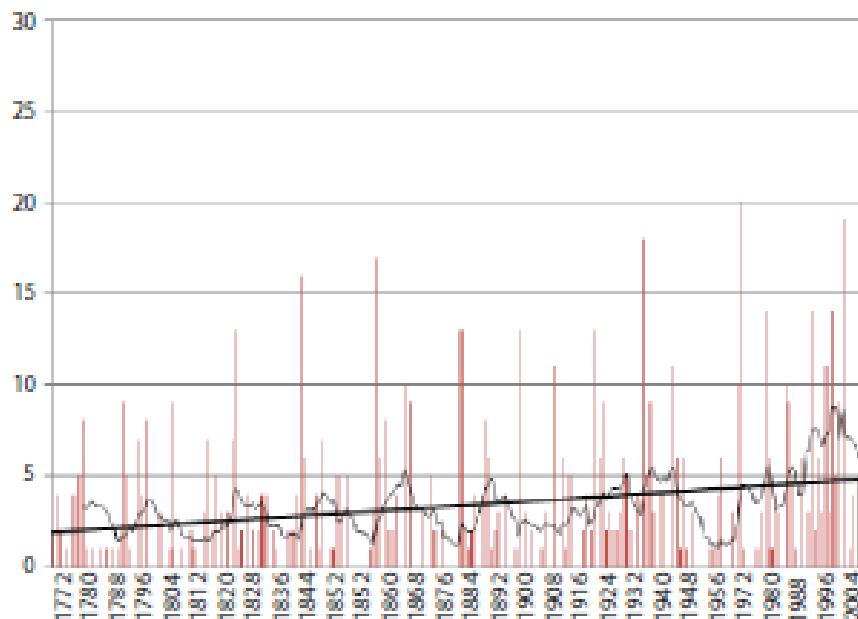
Figure 2: Healthcare-associated infection prevalence in acute hospitals in England in 2011 (Source: HPA Annual Report 2012/13)



Climate change and extreme events

The Health Protection Agency produced a report in 2012 (*Health Effects of Climate Change in the UK 2012*) to project the health effects and challenges posed by climate change and recommending research and policy responses (Figure 3). Climate change is an emerging research field and further work and ongoing surveillance is required. The draft Stockton Seasonal Health and Wellbeing Strategy will help manage the impacts of seasonal factors on health.

Figure 3: Number of hot days (with mean temperature over 20 degrees centigrade) per year from daily mean Central England Temperature
(Source: HPA Annual Report 2012/13)

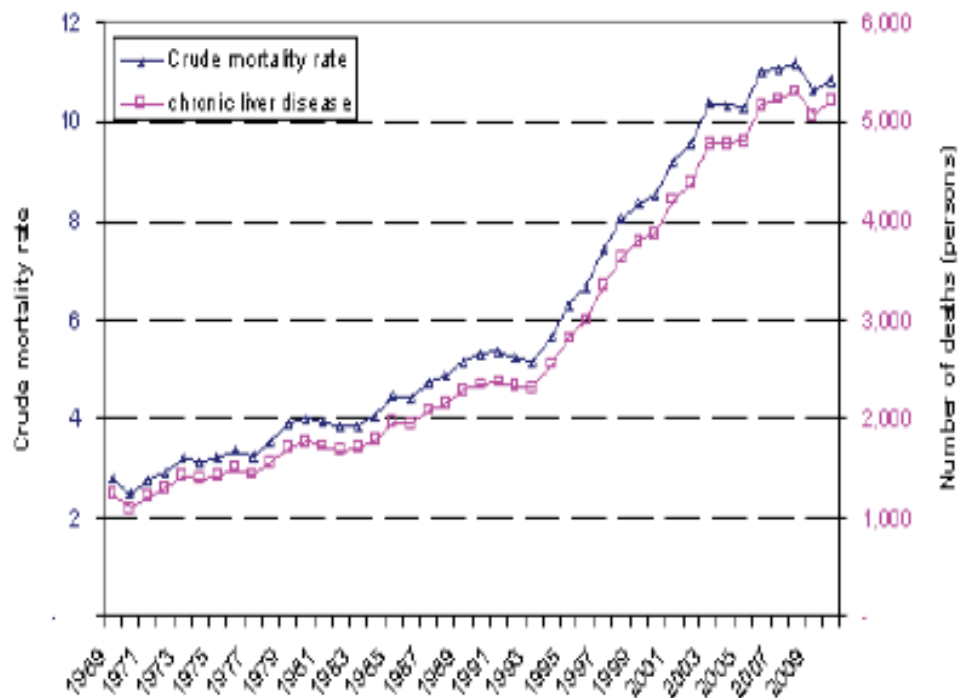


NB: The straight black line shows the linear trend and the other black line shows the 10-year moving average.

Blood-borne viruses

Hospital admissions and deaths from chronic liver disease caused by hepatitis B and C continue to rise in the UK (*Figure 4*). Despite considerable work to tackle blood-borne viruses in the past 10 years, further work is needed.

Figure 4: Crude mortality rate and chronic liver disease deaths in England (Source: HPA Annual Report 2012/13)



APPENDIX 4: LOCAL EXAMPLE DATA

Local priorities on communicable disease are informed by surveillance data showing trends, as well as emerging priorities as a result of outbreaks or incidents. For example, Public Health England data (North East Quarterly Sexual Health Bulletin, Q4 2012) shows gonorrhoea to be an increasing issue in the North East (*Figure 3*). Current rates in Stockton are low but surrounding areas are higher, with the potential for mixing and spread; there will also be pockets of higher than average prevalence within the Borough (*Figure 4*).

Figure 3: Number of North East Gonorrhoea cases by gender and quarter (PHE: North East Quarterly Sexual Health Bulletin, Q4 2012)

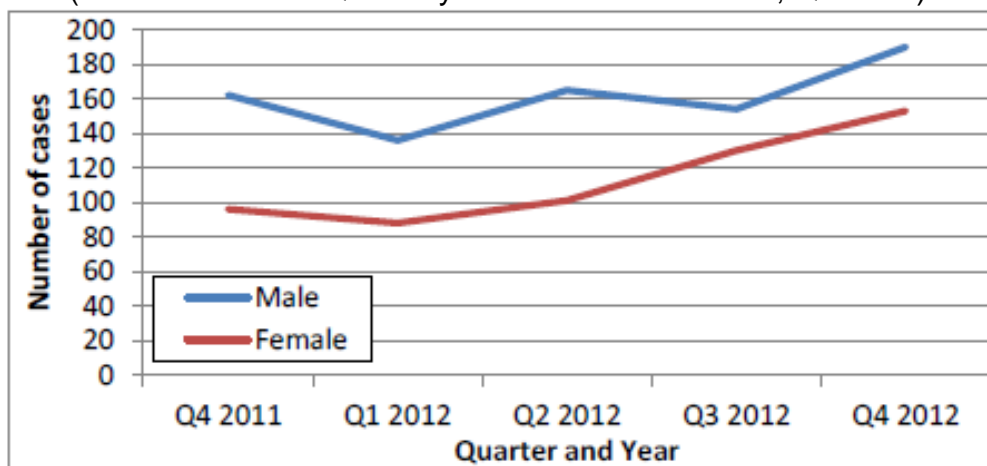
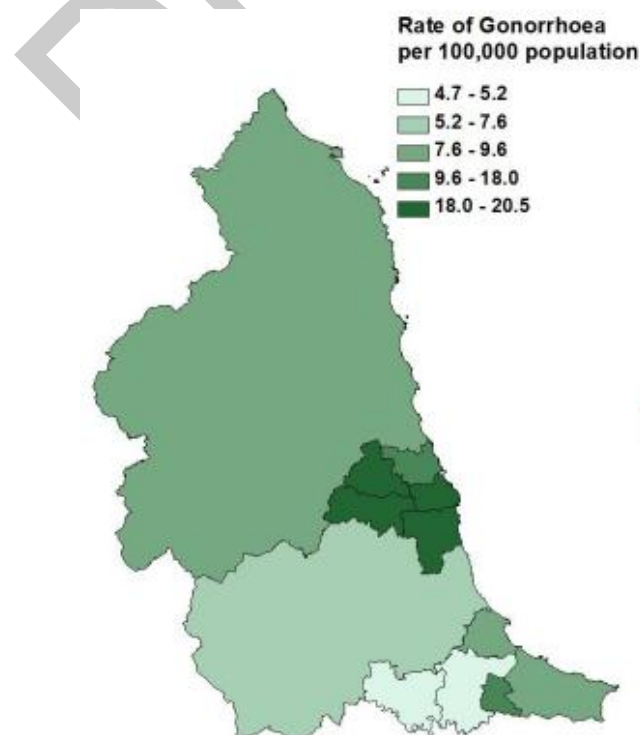


Figure 4: Map of the distribution of Gonorrhoea cases by PCT of residence for Q4 2012 (PHE: North East Quarterly Sexual Health Bulletin, Q4 2012)



The number of Chlamydia cases in the North East in Q4 2012 was lower than the previous quarter last year, but higher than Q3 in 2012 (*Figure 5*). Such data needs careful monitoring over time to effectively target prevention work. Stockton rates are not the highest in the North East (*Figure 6*) but again there is potential for mixing and spread with neighbouring areas and there will be pockets where rates are higher within Stockton Borough.

Figure 5: Number of North East Chlamydia cases by gender and quarter (PHE: North East Quarterly Sexual Health Bulletin, Q4 2012)

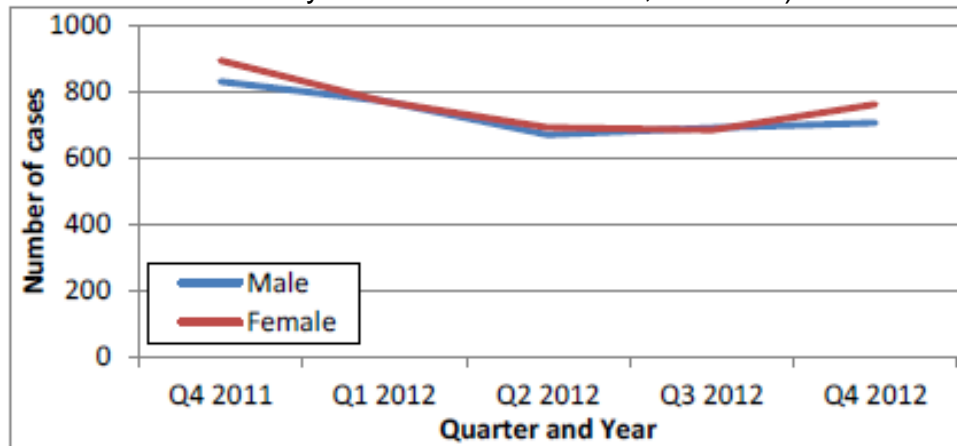
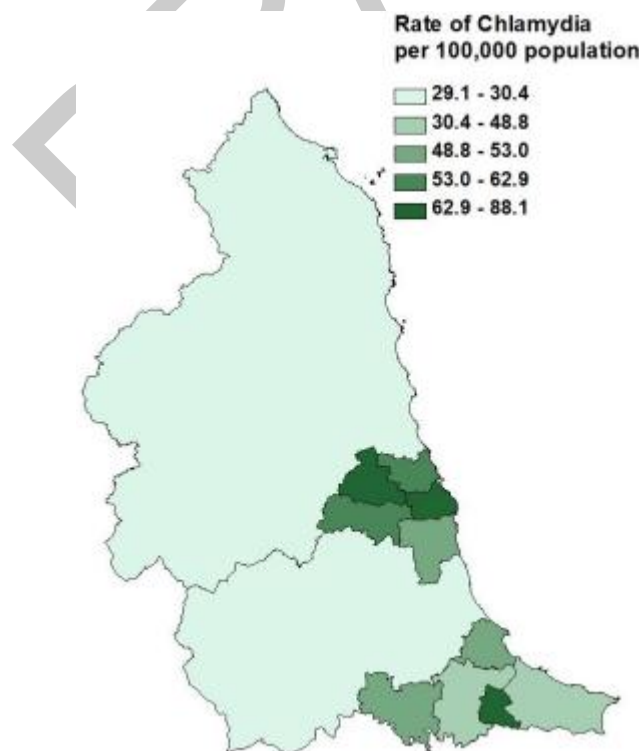


Figure 6: Map of the distribution of Chlamydia cases by PCT of residence for Q4 2012 (PHE: North East Quarterly Sexual Health Bulletin, Q4 2012)



GLOSSARY OF TERMS

| | |
|---------------------|--|
| Assura | Sexual Health Provider in Tees |
| CCA | Civil Contingencies Act |
| CCG | Clinical Commissioning Group |
| COBR | Cabinet Office Briefing Room |
| COMAH | Control of Major Accident and Hazards |
| EPRR | Emergency Planning Response and |
| Resilience | |
| HSCRG | Health and Social Care Resilience Group |
| LRF | Local Resilience Forum |
| LHRP | Local Health Resilience Partnership |
| NHS England DD&T AT | Durham, Darlington & Tees Area Team |
| PHE | Public Health England |
| SBC | Stockton-on-Tees Borough Council |
| SAGE | Scientific Advisory Group for Emergencies |
| STAC | Science and Technical Advice Cell |
| NTHFT | North Tees and Hartlepool NHS Foundation Trust |
| TEWV | Tees, Esk and Wear Valleys NHS Foundation Trust |

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