

**HEALTH AND WELL BEING BOARD
28 NOVEMBER 2019**

HEALTH PROTECTION ANNUAL REPORT

SUMMARY REPORT

Purpose of the Report

1. To consider the Annual Health Protection Report published by the Public Health England North East Health Protection Team (HPT), entitled 'Protecting the population of the North East from communicable disease and other hazards' (2018/19)

Recommendations

2. It is recommended that the Board:
 - (a) Notes the content of the Public Health England North East Health Protection Team (HPT), Annual report 2018/19 entitled 'Protecting the population of the North East from communicable disease and other hazards'.
 - (b) Recognises that health protection risks affect some individuals and communities disproportionately resulting in poorer health.

Reasons

3. The recommendations are supported by the following reasons:
 - (a) To inform the Board on the work of the Public Health England North East HPT, to deliver safe and effective health protection services.
 - (b) The report provides evidence to the Director of Public Health in support of their assurance role.

**Suzanne Joyner
Director of Children and Adults Services**

Background Papers

Report of the Public Health England North East HPT, entitled 'Protecting the population of the North East from communicable disease and other hazards' 2018/19.

S17 Crime and Disorder	There are no implications arising from this report.
Health and Well Being	The report has recommendations to improve the health and wellbeing of the whole population by protecting health.
Carbon Impact	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	Health protection risks affect some individuals and communities disproportionately resulting in poorer health.
Budget and Policy Framework	There are no implications arising from this report.
Key Decision	No
Urgent Decision	No
One Darlington: Perfectly Placed	Health protection covers all themes of One Darlington: Perfectly Placed
Efficiency	There are no implications arising from this report.
Impact on Looked After Children and Care Leavers	There are no issues contained within the report that will have implications on Looked After Children or Care Leavers.

MAIN REPORT

Information and Analysis

4. The Public Health England North East Health Protection Team (HPT) has produced its ninth annual report, entitled 'Protecting the population of the North East from communicable disease and other hazards'. The report summarises the activity of the various health protection functions of the HPT.
5. Successful health protection requires strong working relationships at the North East and local level.
6. There are four elements to the work of Public Health England (PHE) in protecting the health of the population, prevention, surveillance, control and communication.

Prevention

7. Immunisation remains one of the most effective public health interventions for protecting individuals and the community from serious diseases. NHS England is responsible for commissioning local immunisation programmes and accountable for ensuring local providers of services meet agreed population uptake and coverage levels.
 - (a) Screening and Immunisation Teams (SITs) employed by Public Health England centres and embedded within NHS England provide local leadership and support to providers in delivering improvements in quality and changes in the programmes. The SITs are also responsible for ensuring that accurate and timely data is available for monitoring vaccine uptake and coverage.
 - (b) Public Health England centres lead the response to outbreaks of vaccine-preventable disease and provide expert support and advice to the SITs.
 - (c) Local Authorities are responsible for providing independent scrutiny and challenging the arrangements of NHS England, PHE and providers.

Surveillance

8. Effective surveillance systems are essential to identify trends in, and outbreaks of, communicable diseases and to monitor the outcome of control actions. The HPT uses information from a wide variety of sources including local authorities. Appendix 1 in the Main Report provides a summary of the main communicable disease cases reported in the North East during 2018.
9. Health Protection Surveillance schemes include Healthcare Associated Infection (HCAI), Sexually Transmitted Infections (STIs) and Invasive Pneumococcal Disease (IPD).

Control

10. Control relates to actions taken to minimise the spread of disease following either a single case or an outbreak and includes actions taken to control an outbreak. Early reporting, early diagnosis and prompt treatment are essential. For some diseases the initial reporting is through local authority environmental health services. Chapter 4 in the Main Report provides detailed information about key infectious diseases in the North East.
11. Outbreaks of infectious diseases are relatively common and community-based outbreaks are managed through an agreed local operational response by the HPT, local authorities and the NHS. Considerable effort is also put into the prevention of outbreaks through the inspection role of environmental health officers, NHS and PHE roles in relation to immunisation and infection control and the monitoring actions of other bodies such as water companies.
12. The most common outbreaks are of vomiting / diarrhoea in care homes and outbreaks of food poisoning possibly associated with restaurants or catered events.
13. Public health action is taken to control the outbreak by any combination of controlling the source of the organism (e.g. better hygiene in a food premises),

ceasing exposure (e.g. withdrawing a food from sale, hygiene and cleanliness in care homes), breaking the chain transmission (e.g. by treatment of cases, isolation of cases in hospital) and reducing vulnerability (e.g. by immunisation or antibiotic prophylaxis).

Health protection in a prison setting

14. Prison settings are important for health protection due to the number of vulnerable prisoners held in close proximity which can allow infections to spread easily. Public Health in Prisons North East meetings provide a forum for the discussion and dissemination of relevant public health issues.
15. Within the North East, blood borne virus (hepatitis B and C and HIV) testing continues, a pilot of syphilis testing has been undertaken and a TB baseline audit completed.

Emergency preparedness, resilience and response (EPRR)

16. PHE North East has a system in place for emergency preparedness and responding to communicable disease and other hazards or threats. Multi-agency Local Resilience Forums (LRFs) operate at strategic and sub-group levels. In addition, PHE is actively involved in the work of the NE Local Health Resilience Partnership (LHRP) and the Health and Social Care Resilience Groups.
17. PHE North East maintains internal plans for response to a range of incidents. These are linked to national plans and supporting materials. The most likely incidents to have a public health impact and require a significant multi-agency response are a large fire, chemical release or major outbreak of a communicable disease.
18. The responsibility for the Science and Technical Advice Cell (STAC) plan, activation and management rests with PHE. The STAC Plan is in place and Directors of Public Health provide the STAC chair role through an on-call rota. Annual updates and exercises are available for Directors of Public Health.

Communication

19. The PHE North East communication team works closely with local authorities and NHS bodies via the Public Health communication network. The PHE communications team continues to support the communications around the management of outbreaks and incidents.
20. It has also supported local and national outbreaks of measles, norovirus and scarlet fever and prepared communication plans to address concerns and raise awareness. The team has also played an active role in helping to disseminate public health messages during emergency situations and has worked closely with its communication colleagues in local resilience forums to respond to incidents such as fires and floods.

Environmental issues

21. Public Health England supports stakeholders including members of the public in responding to acute and chronic non-infectious environmental public health issues

including fires, chemical contamination of the environment. The Public Health England Environmental Hazards and Emergencies (EHE) provides expert advice and support during chemical incidents that have the potential to threaten people's health.

22. Although air quality has improved over recent decades, air pollution has a significant impact on public health in England and is associated with worsening of asthma, decreased lung function, increased numbers of hospital admissions and reduced life-expectancy.
23. During 2018/19 in the North East, the HPT and EHE have provided support and responses to chemical incidents and enquiries including water contamination, fires at industrial premises and chemical exposures, delivered training and supported local authorities in developing business cases for work plans to improve air quality.