

Joint Health Protection Plan

Northamptonshire

2022 - 2024

Author: Chloe Gay

On behalf of the Public Health Team

Contribution from	Dr Annapurna Sen Environmental Health CGL, Drug and Alcohol service provider NHS Northamptonshire
In consultation with	Regional Partnership Teams (RPTs) led by UKHSA Office for Health Improvement and Disparities (OHID), DHSC Northampton and Kettering Hospital NHS Trusts Northamptonshire Community NHS Trusts NHS England (Midland and East) Environmental Health North and West Northamptonshire Councils Northamptonshire Health Resilience partnership Northamptonshire Local Resilience Forum

1. Glossary

Vaccines	Diseases protected against
DTaP/IPV/Hib/HepB	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B
MenB	Meningococcal group B (MenB)
Rotavirus Rotarix	Rotavirus gastroenteritis
PCV	Pneumococcal (13 serotypes)
Hib/MenC	Hib and Meningitis C
MMR	Measles, mumps and rubella (German measles)
dTaP/IPV	Diphtheria, tetanus, pertussis and polio
HPV	Cancers and genital warts caused by specific human papillomavirus
Td/IPV	Tetanus, diphtheria and polio
MenACWY	Meningococcal groups A, C, W and Y
PPV	Pneumococcal (23 serotypes)

2. Introduction

2.1 Background

Health protection involves planning, surveillance and response to outbreaks and incidents; it prevents and reduces the harm caused by communicable diseases and mitigates the impact on health from environmental hazards such as chemicals and radiation. Health protection also involves the delivery of major programmes such as national immunisation programmes and the provision of health services to diagnose and treat infectious diseases.

The Local Authorities Regulations (2013) states that the Director of Public Health (DPH) is responsible for the local authority's contribution to health protection matters, including its role in planning for, and responding to, incidents that present a threat to the health of the public. UK Health Security Agency (UKHSA) has the responsibility to deliver a specialist health protection response, including the response to incidents and outbreaks. These roles are complementary and both are required to ensure an effective response. In practice, local authorities and UKHSA will work closely together as a single public health system through joint working, with clarity on roles and responsibilities, which is crucial for the safe delivery of health protection. The DsPH will work with local partners to ensure that threats to health are understood and appropriately addressed.

The NHS will continue to be an important partner in planning and securing the health services required to protect health, and in mobilising NHS resources needed in the response to incidents and outbreaks. NHS England (NHSE) and the Clinical Commissioning Group (CCG) (which will be replaced by then Integrated Care Board from 1 July 2022) have a duty to cooperate with local authorities under the NHS Act (2006). Effective planning is essential in order to limit the impact on health when hazards cannot be prevented (NHS Act 2006), and the DsPH, on behalf of the local authorities, should be assured that the arrangements to

protect the health of the community it serves are robust and implemented appropriately so as to meet local needs. The DsPH also have the opportunity to escalate concerns, as necessary, and should expect a highly responsive service from UKHSA, NHS England and other partners in this respect.

The local authority has a local leadership function and relies on the skills of the DsPH and the Public Health teams working across Northamptonshire. The local leadership of the DsPH is critical in ensuring that the local authorities and their partners are implementing preventative strategies to tackle the key threats identified locally. To deliver effective planning and response arrangements at the local level, there needs to be constructive and collaborative working relationships between the partner agencies. There should also be a shared understanding regarding communications about health protection concerns. UKHSA will keep the DsPH informed about health protection issues and the actions being taken to resolve them; it will provide local authorities with information, evidence and examples of best practice via the DsPH, who should have a clear plan of engagement at the local level.

The local authorities should have effective health protection arrangements with local organisations; this includes producing plans to prevent infectious diseases, as well as joint approaches for responding to incidents and outbreaks, agreed locally with partners (including UKHSA and NHS England). Local arrangements should be revised and updated for the new system, as per regulation 8(7) of section 6C, which has been set out to include:

- Clearly defined roles and responsibilities of partners, including operational arrangements for releasing clinical resources, with contact details of a responsible officer and deputy for each organisation
- Local agreement on arrangements for a 24/7 on-call rota of qualified personnel to discharge the functions of each organisation
- Clear responsibilities in an outbreak or incident
- Information sharing arrangements to ensure that the DPH, PHE and the NHS emergency leads are informed of all outbreaks and incidents
- Arrangements for managing cross-border outbreaks and incidents
- Arrangements for exercising, testing and peer review
- Arrangements for the stockpiling of essential medicines and supplies, as appropriate
- Escalation procedures and arrangements for setting up an Outbreak Control Team (OCT)
- Schedules for the regular (annual/biennial) review of arrangements

2.2 Purpose

This document has been produced for Northamptonshire in collaboration with local health organisations and the North and West Northamptonshire Councils.

It has been written with the aim of supporting the new arrangements for an integrated system that delivers effective protection for the population based on:

- A clear line of sight from the top to the frontline
- Clear accountabilities
- Collaboration and coordination at every level of the system
- Robust, locally sensitive arrangements for planning and response

Please note that this document is not intended as an exhaustive guide to infectious diseases and emergency preparedness and response and should be read in conjunction with the relevant plans and procedures.

2.3 Document Maintenance

This document will be reviewed annually and refreshed every two years by the Public Health Teams in Northamptonshire, in consultation with regional and local partner organisations.

3 Health Protection Strategic Priorities

3.1 Strategic Priorities 2022-24

The strategic health protection priorities for the Health Protection Committee area (Northamptonshire) for the period 1 April 2022 until 31 March 2024 are outlined as follows:

- **Strategic Priority 1: Immunisation**
Ensure the delivery of childhood and adult immunisation programmes in accordance with national and local targets.
- **Strategic Priority 2: Screening**
Ensure the delivery of cancer and non-cancer screenings in accordance with national and local targets.
- **Strategic Priority 3: Infection Prevention and Control**
Ensure infection prevention and control arrangements within organisations delivering health and social care services, and other high-risk settings, to support a reduction in the number of healthcare acquired infections and other Notifiable infections, including COVID-19.
- **Strategic Priority 4: Tuberculosis**
Ensure the local implementation of the recommendations of the national TB Strategy and NICE 2016.
- **Strategic Priority 5: Blood Borne Virus**
Ensure that local service provision is in line with the national strategies for HIV, Hepatitis B and Hepatitis C.

- **Strategic Priority 6: Outbreak Management**
Ensure effective outbreak planning and response arrangements are in place within NHS and non-NHS partner organisations including Environmental Health teams.
To ensure the coordinated delivery of the COVID-19 outbreak plan and pandemic response and recovery phase.
- **Strategic Priority 7: Environmental Health**
Ensure measures are in place to identify, manage and mitigate environmental health hazards including elevated levels of air pollution and environmental noise.
- **Strategic Priority 8: Training and Campaigns**
Ensure appropriate training and learning opportunities are available to educate professionals and the public in relation to health protection priorities.
- **Strategic Priority 9: Addressing Health Inequalities**
Ensure that in each of the Health Protection priorities health inequalities and inequities are understood and plans are developed to address them, engaging with communities to understand their needs and coproduce solutions.

3.2 Work Delivery

The strategic priorities for health protection will be delivered by the relevant organisations (as outlined in Table 1 below), and assurance will be sought by the Health Protection Committee that appropriate arrangements are in place to protect population health.

For further information on the Health Protection Committee, see the Terms of Reference in Appendix 1.

Table 1: Health Protection Work Delivery Programme (2022-24)

Strategic Priority	Activity	Outcome	Lead Organisation(s)
Strategic Priority 1 – Immunisation			
SP1 (1)	Provision of support to organisations to ensure uptake of all childhood immunisations is maintained	National aspiration/targets are met/improvement in uptake achieved	NHSE NHFT child Health service provider Northamptonshire CCG
SP1 (2)	Improve uptake of MMR vaccinations Provision of support to implement UK Measles and Rubella elimination strategy 2019	Improved uptake MMR to reach the national aspirational target of 95%	NHSE NHFT School Health service provider Primary care
SP1 (3)	Improve seasonal flu vaccination uptake in: <ul style="list-style-type: none">• At Risk people aged below 65• Improve uptake in carers• Pregnant women	Improved flu vaccination uptake to meet national target of 75% Improved flu vaccination uptake to meet national target of 75%	NHS England Primary Care NNC and WNC Adult Social Care
SP1 (4)	Maintain adolescence vaccine uptake, which includes HPV and MenACWY	Adolescence vaccine uptake is maintained as per the national aspiration	NHS England NHFT School Health service provider
SP1 (5)	Increase uptake of the flu vaccination in preschool and school aged children (2 – 11-year-olds) and continuing to raise awareness of the flu vaccine to parents of children	Achieve expected target, as specified in the national flu plan	NHS England NHFT School Health service provider
SP (6)	Improve adult pneumococcal vaccination uptake specially in 65 and above	Achieve maximum expected average of 75% (Range 65-75%)	Northamptonshire CCG and Primary Care Providers
SP (7)	Improve Shingles vaccination in cohort of age 70 years	Achieve minimum expected average of 50% (national aspiration -50%-60%)	Northamptonshire CCG Primary Care Providers NHS England

SP (8)	Improve update of preschool boosters and address inequalities in uptake	Achieve expected target	NHSE NHFT child Health service provider Northamptonshire CCG Primary Care
SP (9)	Improve the uptake of the COVID vaccination programme across all groups	Achieve maximum expected targets for all groups	Northamptonshire CCG Primary Care Providers Pharmacy Providers Public Health Teams
SP (10)	Ensure that inequities in vaccination uptake is investigated and actions put in place to address these	Reduce inequities in uptake of vaccinations	Northamptonshire CCG Primary Care Providers Pharmacy Providers NHFT school service NHSE NHFT child Health service provider Public Health Teams

Strategic Priority	Activity	Outcome	Lead Organisation(s)
Strategic Priority 2 – Screening			
SP2 (1)	Maintain coverage of Ante natal and new-born screening programme	Both hospital providers and both CCGs to ensure that coverage meets national target in all screening indicators	NHS England Local Screening Programme Board Primary Care NGH and KGH maternity and Hepatology, child health and audiology services
SP2 (2)	Increase cervical cancer screening uptake for those aged 25-49 and 50-64 years old	Increased cervical cancer screening uptake to meet the national target of 80%	NHS England Local Screening Programme Board

			Primary Care
SP2 (3)	Maintain coverage of bowel cancer screening	Consistent bowel cancer screening uptake to meet the target of 52% in all GP Practices	NHS England Local Screening Programme Board Primary Care
SP2 (4)	Address breast cancer screening coverage in order to meet the national aspirational target of 70% in all GP Practices	All GP Practices to meet the national aspirational 70%target	NHS England Local Screening Programme Board
SP2 (5)	Increase annual abdominal aortic aneurysm (AAA) screening coverage	Increase AAA screening coverage to meet the target of 100%	NHS England Local Screening Programme Board
SP2 (5)	Increase Diabetic Eye screening coverage and address practice variation in uptake	Increase consistent DES screening coverage to meet the target of 70%	NHS England Local Screening Programme Board
SP2 (6)	Supporting the health system to reduce inequalities in screening and implement PHE Screening inequalities strategy	Maintain consistent uptake of screenings in all quintiles of deprivation	NHS England Northamptonshire Health Inequalities Group Northamptonshire CCG Public Health Teams

Strategic Priority	Activity	Outcome	Lead Organisation(s)
Strategic Priority 3 - Infection Prevention and Control			
SP3 (1)	Local health and social care providers (NHS and non-NHS organisations) to ensure that appropriate action is taken to maintain the given trajectory ceilings for C.Dif.	Given trajectory ceilings for C.Dif maintained by providers	Northamptonshire Whole Health Economy Group NGH and KGH Acute Trusts Northamptonshire CCG WNC and NNC Adult Social Care Community Service Providers
SP3 (2)	Maintain MRSA zero tolerance in health and social care settings	Zero tolerance and reduced infection rates of MRSA in health and social care settings	Northamptonshire Whole Health Economy Group Northamptonshire CCG NGH and KGH Acute Trusts WNC and NNC Adult Social Care Community Service Providers
SP3 (3)	Ensure processes are in place to reduce MSSA and E.coli in health and social care settings	Reduced number of MSSA and E.coli in health and social care settings than in previous years	Northamptonshire Whole Health Economy Group Northamptonshire CCG CCG Medicine Management Teams NGH and KGH Acute Trusts NNC and WNC Adult Social Care Community Service Providers
SP3 (4)	Antimicrobial resistance and antibiotic prescribing	i) Reduce number of antibiotic prescription in primary care ii) Reduce proportion of e coli samples resistant to various antibiotics (AMR local indicators antimicrobial resistance)	Northamptonshire Whole Health Economy Group Primary Care CCG Medicines Management

		iii) Improve number of antimicrobial guardians	
SP3 (5)	Local health and social care providers (NHS and non-NHS organisations) to ensure that appropriate action is taken to manage and reduce COVID-19 infections	Reduction in COVID-19 infections.	Northamptonshire Whole Health Economy Group NGH and KGH Acute Trusts Northamptonshire CCG NNC and WNC Adult Social Care Community Service Providers
SP3 (6)	Proactive work with food businesses to reduce risk of infection through good food hygiene practice and effective investigation of any outbreaks that occur	To reduce cases of foodborne infection	Environmental Health teams

Strategic Priority	Activity	Outcome	Lead Organisation(s)
Strategic Priority 4 – Tuberculosis			
SP4 (1)	Appraise options of delivery of Latent TB infection screening programme through alternate model of delivery	Implementation of Latent TB screening programme (retrospective) through two hubs across the county	UKSHA EM Northamptonshire CCG Northamptonshire TB Services (NHFT) NGH and KGH
SP4 (2)	Review of local TB service provision and Contractual arrangements with CCG to ensure the implementation of the recommendations from the national TB Strategy 2021	Local implementation of the recommendations from the national TB Strategy updated in 2021	UKSHA (East Midland Centre) Northamptonshire CCG Northamptonshire TB Services (NHFT)

Strategic Priority	Activity	Outcome	Lead Organisation(s)
Strategic Priority 5 - Blood Borne Virus (BBV)			
SP5 (1)	Ensure local service provisions of Hepatitis B and C have more coordinated pathways of care from initial diagnosis to specialist care and treatment, and maintain coordinated pathway of care of HIV for high-risk homeless population	A coordinated pathway of care for people with Hepatitis B and C resulting in better management of complications and a gradual reduction in the number of new cases in Homeless population	NHS Hepatitis C ODN Sexual Health Services CGL Drug and Alcohol Service NGH/KGH Hepatology Public Health Teams UKHSA
SP5 (2)	Implement BBV screening in new registrants in Northamptonshire in high-risk population aimed at reducing incidences of Hepatitis C	Provision of routine BBV testing for new registrants in Northamptonshire	Hepatitis C ODN CGL Drug and Alcohol Service Sexual Health Services Hepatology services-NGH/KGH Public Health Teams
SP5 (3)	Develop a strategy to address the late diagnosis for HIV rate, including increasing access to HIV testing.	Improved care pathway with early diagnosis and treatment	Sexual Health Services CGL Drug and Alcohol Services Acutes Primary Care Public Health Teams
SP5 (4)	Ensure adequate training for healthcare workers and other key workers, and the development of a robust data system to improve the quality of services	Provision of training to healthcare workers and other key workers to ensure core competencies in relation to blood borne viruses, and the implementation of a robust data system to improve the quality of services	Hepatitis C ODN UKHSA

SP5 (5)	Ensure that health inequalities are understood and plans are developed address any inequities in access or outcomes.	Reduced inequalities in access, uptake and outcomes.	Sexual Health Services CGL Drug and Alcohol Services Acutes Primary Care Public Health Teams
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Strategic Priority	Activity	Outcome	Lead Organisation(s)
Strategic Priority 6 - Outbreak Management			
SP6 (1)	Deliver outbreak management roles and responsibilities formalised in a MoU and agreed by all organisations with a role in outbreak management	Delivery of Outbreak Management MoU to ensure a clear and coordinated multi-agency approach to outbreak management within Northamptonshire	UKHSA Public Health Teams Emergency Planning LHRP Environmental Health Teams
SP6 (2)	Ensure effective plans, procedures and policies in relation to outbreak management are in place and maintained	Effective and efficient response to an outbreak by individual organisations with a role in outbreak management	All HPC members All LHRP partners
SP6 (3)	Implementation of learnings from lessons or issues identified from any simulated or actual outbreak or health incident	Continued improvement to outbreak response	All HPC members Head of Emergency Planning and Resilience CCG on behalf of LHRP members
SP6(4)	Ensure effective plans, procedures and policies in relation to managing emergencies impacting health are in place and maintained	Effective and efficient response to an emergency by individual organisations through their role in emergency and resilience forum membership	All members of LHRP Head of Emergency Planning and Resilience LRF (if involved)

SP6 (5)	<p>Delivery of COVID-19 outbreak management and recovery plan</p> <ul style="list-style-type: none"> • Outbreak response and incident management: Preparedness for a surge response with testing/tracing/IPC and vaccination • Local surveillance of infection rate/vaccination/testing/hospital admission and mortality • Infection prevention and control measures at health & social care and other settings including educational and businesses • Delivery of spring and autumn Covid vaccination programme- addressing inequality in vaccine uptake • Carry out Covid impact Assessment to inform recovery plan. • Communication and Engagement- to educate and promote benefits of infection prevention measures and Covid vaccination 	<p>Effective and efficient response to COVID-19 by individual organisations through their role in emergency and resilience forum membership</p> <p>Health protection team providing specialist advice on IPC to all settings and deliver IPC training.</p> <p>Monitor local Covid status and seek assurance from partners</p> <p>Evaluate vaccination uptake and recommend actions to improve uptake</p> <p>Working with community leaders and engage with communities and vulnerable groups with high risk of infection and low vaccination uptake</p>	<p>Public Health Northamptonshire All members of LHRP LA Emergency and Resilience LRF partners UKHSA EMand NHSEI midland</p>
SP6 (6)	<p>Ensure that the public are supported to build resilience and develop plans so that communities are able to respond to a local incidents</p>	<p>Effective and efficient response to an emergency by individuals and communities</p>	<p>All members of LHRP Head of Emergency Planning and Resilience LRF (if involved)</p>

Strategic Priority	Activity	Outcome	Lead Organisation(s)
Strategic Priority 7 - Environmental Health			
SP7 (1)	Ensure measures are in place to manage and mitigate environmental health hazards due to poor air quality	Effective management of Air quality of Northamptonshire and reduced health impact Reduction in mortality attributable to air pollution	WNC and NNC Environmental Health Teams WNC and NNC Planning Teams Highways/ Highways England DEFRA Public Health Teams
SP7 (2)	Ensure issues are raised and addressed in relation to known or emerging environmental health hazards (food/land/water/contamination)	Effective management of environmental health hazards	WNC and NNC Environmental Health Teams WNC and NNC Planning Teams Public Health Teams DEFRA Environment Agency Food Standards Agency Trading Standards
SP7 (3)	Ensure that health inequalities in the impacts of environmental health issues, including air quality, are understood and action plans developed to address any inequalities	Reduction in inequalities in outcomes	WNC and NNC Environmental Health Teams WNC and NNC Planning Teams Highways/ Highways England DEFRA Public Health Teams
SP7 (4)	Establish more representative datasets to Environmental Health –	Improved understanding of environmental health	WNC and NNC Environmental Health Teams

Strategic Priority	Activity	Outcome	Lead Organisation(s)
Strategic Priority 8 - Training and Campaigns			
SP8 (1)	Deliver Infection Prevention and Control training to frontline health and social care professionals as per community infection prevention and control responsibilities (Green Book) and professional codes of conduct (GMC and LMC and HSC ACT)	Delivery of Infection Prevention and Control training to frontline health and social care workforce to maintain competencies	Northamptonshire CCG Public Health Teams NGH and KGH Acute Trusts NHFT CGL Drug and Alcohol Service North and West Northants Adults Services Children's Trust
SP8 (2)	Deliver Immunisation/Anaphylaxis training to frontline healthcare professionals as per the mandatory requirement	Delivery of Immunisation/Anaphylaxis training to frontline healthcare professionals to ensure competencies are maintained	Northamptonshire CCG NGH and KGH Acute Trusts NHFT CGL Drug and Alcohol Service WNC and NNC Adults and Children Services
SP8 (3)	Delivery of professional updates to clinicians and healthcare professionals: <ul style="list-style-type: none">• TB update• BBV update• Immunisation programme update• Winter preparedness and outbreak management update	Delivery of professional updates to maintain the competencies of clinicians and healthcare professionals	Northamptonshire CCG NGH and KGH Acute Trusts NHFT CGL Drug and Alcohol Service

SP8 (4)	<p>Deliver planned health protection campaigns for 2022/23, suggested campaigns could include:</p> <ul style="list-style-type: none"> • Seasonal flu • Focus on immunisation (Childhood Immunisation) • Breast cancer awareness month • Bowel cancer awareness month • Cervical cancer prevention • World TB Day • HIV week and world AIDS day • World Hepatitis Day 	<p>Timely delivery of planned health protection campaigns contributing to increased awareness of health protection priorities and supporting the prevention and detection of diseases</p>	<p>Public Health Teams UKHSA Local programme boards and providers</p>
SP8 (5)	<p>Ensure that campaigns are targeted to key groups and coproduced and delivered with the community where possible to ensure that they reach all target audiences.</p>	<p>Increased reach and awareness of health protection campaigns</p>	<p>Public Health Teams UKHSA Local programme boards and providers</p>

4. Outbreak and Incident Management

4.1 Emergency Preparedness, Resilience and Response (EPRR)

Under the Health and Social Care Act (2012), and its associated changes to other legislation, Public Health and the local healthcare system must provide a coordinated and effective response to incidents, including but not restricted to, natural hazards, accidents, pandemics and acts of terrorism. This is achieved through a robust and integrated system which allows health organisations to work collaboratively with each other, and the wider resilience community, to ensure that arrangements are in place to provide a coordinated multi-agency response, with the aim of protecting the health and wellbeing of the local population.

In respect to multi-agency health emergency preparedness, within Northamptonshire this is undertaken through the existing local resilience forum (LRF) structure, with strategic (Local Health Resilience Partnership (LHRP)) and operational (LHRP Support Group) health resilience groups having been established and added to the LRF.

As the Co-Chairs of the LHRP, the Directors of Public Health and NHS England determine and lead the strategic agenda for local health emergency planning. The LHRP Support Group, led by NHS Northamptonshire CCG, and with representation from local health organisations (including public health), is responsible for ensuring the timely delivery of the strategic priorities of the LHRP.

The response to an incident will be managed in accordance with the Northamptonshire LRF command and control structure (for further information, refer to the NLRF Command and Control Plan).

In order to ensure a coordinated health response to an incident, a Health Economy Tactical Coordination Group (HETCG) may be convened (dependent on the incident) to manage and coordinate the NHS and public health response. Health representation will also be sought for the Tactical Coordinating Group (TCG) and Strategic Coordinating Group (SCG), in situations where the scale of the incident is such that these groups are activated.

In the event of a chemical, biological, radiological or nuclear (CBRN) incident, a Scientific and Technical Advice Cell (STAC) may be convened to provide scientific and technical advice to the SCG. UKHSA will provide the STAC resource, at the request of the SCG, and will require representation from public health and environmental health to provide expert advice on their respective areas.

4.2 Outbreak Management

An outbreak of infectious disease is not a rare event and can regularly occur in the community in care homes and schools, and in closed settings such as prisons and detention centres. The response to outbreaks often requires the deployment of significant NHS resources in order to deliver the investigations and interventions necessary to control them. As such, it is imperative that local health and social care organisations have an agreed

approach to outbreak management, ensuring a collaborative approach and clear accountabilities of all organisations involved.

Locally, UKHSA will lead the response to an outbreak of infectious disease affecting Northamptonshire, with support from local health organisations to bring the outbreak to an end.

The responsibilities and key contact arrangements for the response to, and management of, common outbreak situations can be found in the Northamptonshire Infection, Prevention and Control Handbook.

Where an outbreak, such as that of Covid-19 or influenza, escalates to pandemic level, the response to this will be managed by a Strategic Co-ordinating Group, convened through the Local Resilience Forum in accordance with the command-and-control structure and the NLRF Pandemic Plan.

