Public Health England

Protecting and improving the nation's health

Public Health England

Pete Smith
Andy Netherton

PHE?

Who are we?

Responsibilities?

Who are we?

- We are an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific expertise and support.
- We employ 5,500 staff (full-time equivalent), mostly scientists, researchers and public health professionals.
- We have 8 local centres, plus an integrated region and centre for London, and 4 regions (north of England, south of England, Midlands and east of England, and London).
- We work closely with public health professionals in Wales, Scotland and Northern Ireland, and internationally.
- Public Health England was established on 1 April 2013 to bring together public health specialists from more than 70 organisations into a single public health service.

Responsibilities

- Population Health, reduce inequalities, advising government and supporting action by local government, NHS and public
- Protecting the nation from public health hazards
- Preparing for and responding to public health emergencies
- Improving health by sharing our information/expertise, and identifying/preparing for future public health challenges
- Supporting local authorities & NHS to plan and provide health and social care services e.g. imms and screening programmes, and to develop the public health system and its specialist workforce
- Researching, collecting & analysing data to improve our understanding of public health challenges, and come up with answers to public health problems

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What's on the horizon

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Integrated Care Systems

How will this happen?

The NHS Long Term Plan (January 2019):

- Integrated Care Systems over the whole country by April 2021
- Child of STPs and new name for Accountable Care Organisations

- Bring together local organisations to redesign care and improve population health, creating shared leadership and action - key role in working with LAs at ‘place’ level

- They should deliver the integration of:
  - Primary and specialist care
  - Physical and mental health services
  - Health with social care

Prevention Green Paper

The Secretary of State's Prevention Vision said that the Government will publish a **Green Paper on Prevention**;

- setting out government plans in more detail,
- considering the best available evidence of what a **'health in all policies'** approach could look like, and
- seeking views on what action is most needed.

- Air pollution
- Nutrition
- Weight management
- Physical activity
- smoking

- Alcohol
- Mental health
- Early years
- Homes, communities and neighbourhoods
- Work, welfare and Volunteering

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PHE Environmental Public Health Strategy

PHE Strategic Plan

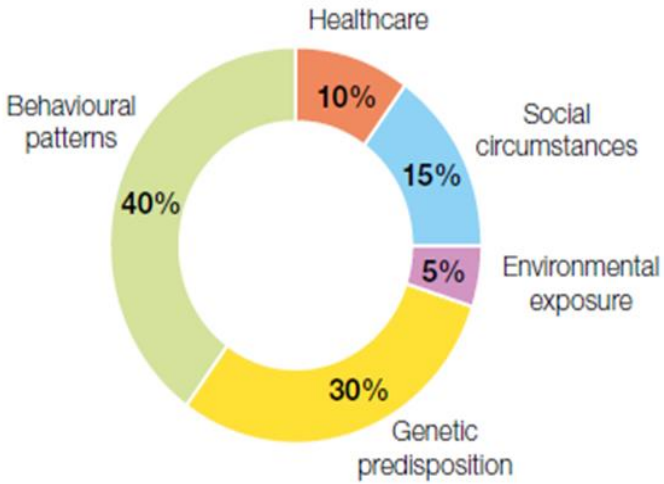
Why an environmental public health strategy?

Health is determined to a large extent by our environment including hazards of natural and human origin

- DEFRA published a 25 year Plan for Improving the Environment
- 2017 Chief Medical Officer (CMO) Report
- WHO inclusion of urban air pollution in UK
- United Nations Sustainable Development Goals to reduce death and illness from chemicals and pollution by 2030
- 2nd National Adaptation Programme 2018
- Environment can be a positive lever in reducing improving health and wellbeing, and reducing the global burden of disease.

Many factors contribute to the prevention of premature deaths

International studies suggest that our behavioural patterns contribute 40%, while healthcare has a much smaller role, at just 10%



PHE - Strategic priorities (work in progress)

Major contributors to the global burden of disease:
these priorities seek to address the major causes of morbidity and / or premature mortality

- **Smoke-free** programme
- Upgraded **obesity** programme AND **healthy diet** - and food policy programme
- Upgraded **air pollution** programme
- Upgraded approach to **mental health**

System strengthening and capability building:
these priorities address systemic, cross-cutting issues affecting public health and the wider health system

- **Predictive prevention** (as part of a wider programme of work on digital preventative platforms)
- Upgraded and strengthened approach to cross-PHE **surveillance** AND upgraded **data systems and infrastructure** to streamline access to data from disparate sources
- Delivery of **PHE Harlow**

Mitigating major risks:
these priorities ensure that we are consistently and effectively mitigating the major risks to public health, including those on the National Risk Register

- Rapid and effective response to **major incidents**, including pandemic influenza AND strengthening the **Health Protection system**
- Take a strategic approach to **antimicrobial resistance**

The wider determinants of health:
these priorities seek to address the wider determinants of our health, for example those outlined in the Marmot Review.

- Expanded programme on **best start in life** / early years

[*Some of the priorities in other boxes are also relevant here – e.g. air pollution*]

…Plus some important areas which, while not strategic priorities, will need some ongoing attention and development:

- Cardiovascular disease (CVD)
- Alcohol
- Musculoskeletal health
- Healthy places, communities and the built environment
- Homeless health
- Genomics
- Physical activity

EH / PH overlap

Housing / Homelessness

Air Quality

Contaminated land

Healthy weight environments

Development control / NSIPs

Healthy new towns/ garden towns/ developers / GRIP

Transport – active travel

Natural environment (25 Yr Plan)

LA link to H&WB boards, STPs, ICS

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Health Protection Update

Topics

- Workforce
- MoU
- 1 ARC
- Business Plan

Novichock

Red – Transfer to ARC Manager for allocation	**Amber – Add as case liaise with HPP-LI**	**Green – add as case and close**
Anthrax Avian Influenza Botulism Diphtheria *Escherichia coli STEC* *Haemophilus influenza* type B (HiB) Hepatitis A - Acute Hepatitis B - Acute IGAS (Invasive Group A strep) – *Legionella spp* Measles Meningitis Mers-Cov PVL Pneumonia Rabies *Shigella spp., dysenteriae, flexneri or boydii* Typhoid/Paratyphoid fever SARS *Vibrio cholerae* (Cholera) Viral Haemorrhagic Fever	*Brucella spp* *Chikungunya Virus* Tetanus Q Fever *Escherichia coli* STEC- PCR +ve *Entamoeba histolytica* *Hepatitis B* (chronic) Leptospirosis Listeria *Staphylococcus aureus (PVL)*	*Bacillus cereus* (Food Poisoning) Whooping Cough Lyme Disease Psittacosis *Hepatitis C* Shingles *Influenza virus* *Mumps virus* *Norovirus* *Rabies exposure (possible)* *Shigella sonnei* Scarlet Fever *Tuberculosis* Chickenpox *Hepatitis E* - Acute *Campylobacter spp* *Cryptosporidium spp* *Entamoeba coli* *Giardia lamblia* *Salmonella spp*

Business Plan

TB

AMR

Acute response

Integrated Infection Management Strategy

- narrative incl economic impact
- toolkit for ICSs

Air Quality

- Outputs from regional conference
- Guidance for JSNAs
- Scope support needed by LAs (DPHs)

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Novichock

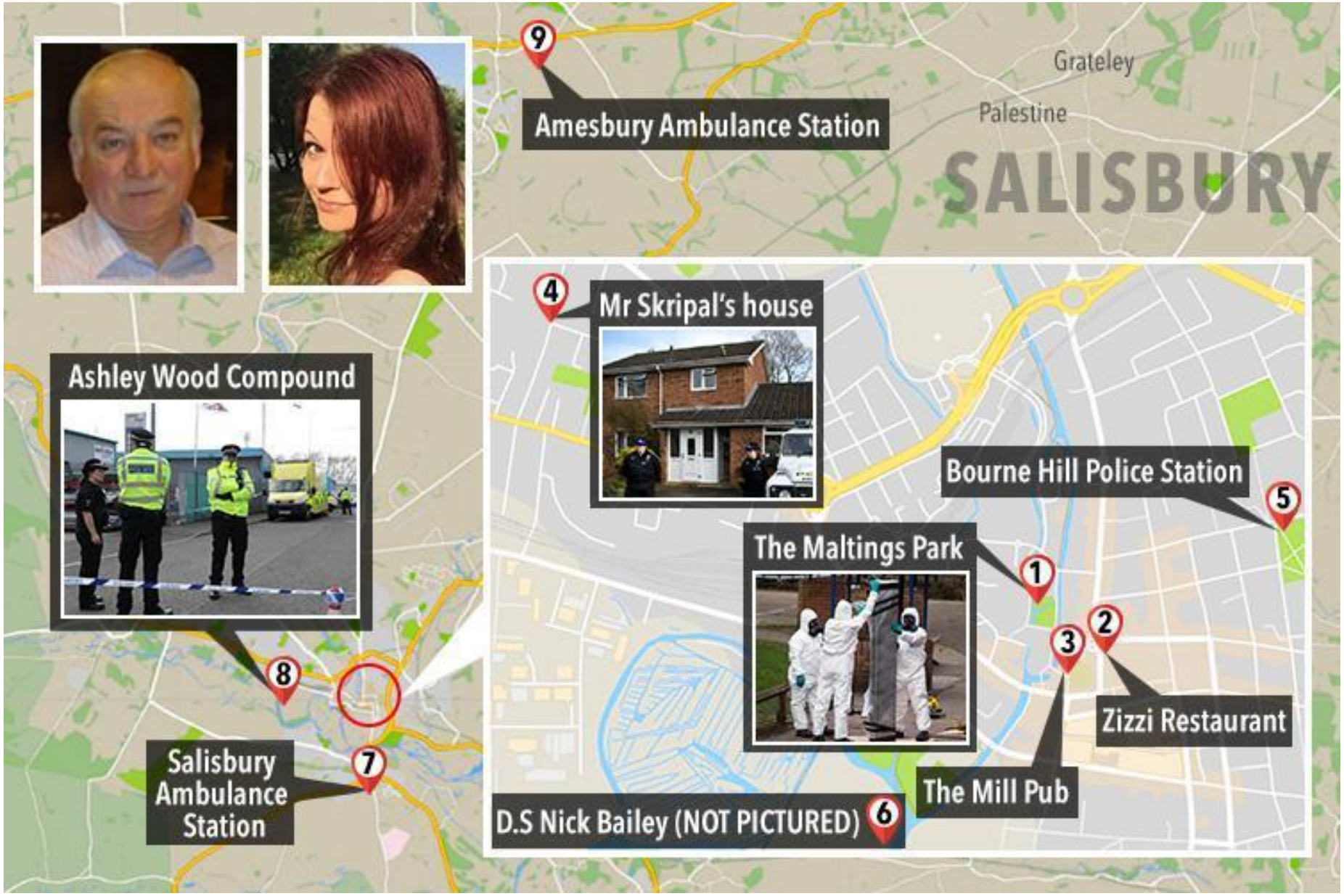
Novichock - Overview

- Sunday 4th March, two Russian nationals found in an ‘extremely serious condition’ on a bench in Salisbury and taken to hospital
  - Coma but both recovered and discharged
  - Additional police officer admitted but recovered

- Saturday 30 June 2018, female then male admitted to SDH critically ill, initially thought to be drug related
  - Female passed away
  - Male recovered and discharged

- Military grade nerve agent identified on casualties, various locations, multiple items of kit and emergency responders
- SCGs with STAC set up for most of March, most of July and still issues ongoing

SALISBURY
A36
A36
1
SERGEI SKRIPAL'S HOME
2
ZIZZI RESTUARANT
03-04-20
3
MALTING SHOPPING CENTRE bench where Skripal and woman were found
MARKET WALK
THE MILL
4
SALISBURY DISTRICT HOSPITAL where pair are being treated


9
Amesbury Ambulance Station
Grateley
Palestine
SALISBURY
4
Mr Skripal's house
Ashley Wood Compound
Bourne Hill Police Station
5
The Maltings Park
1
2
3
Zizzi Restaurant
8
Salisbury Ambulance Station
7
The Mill Pub
D.S Nick Bailey (NOT PICTURED)
6

Areas cordoned off
Boots Pharmacy
A303
A303
Baptist Centre
Amesbury
Muggleton Road
Porton Down government research laboratory
Salisbury
John Baker House
Queen Elizabeth Gardens
2km
1 mile
Google

Security restrictions - lockdown of STAC IT

- From 7/3/2018, no access to BAU systems including internet (HPZone), email or mobile phones
- From 10/3/2018 – access to HPZone agreed to facilitate contact tracing, but email only via internal systems e.g. PHE – PHE
- 11/3/2018 - email between organisations using 'Official Sensitive' header

- No use of white boards, no printer, no private phone and only <u>one</u> analogue phone in room for all STAC members to use
- Room had to be cleared daily, not guarded overnight and no secure place to hold information until 12/3/2018
- Tacit phone calls to home office X 2 a day in a secure room away from STAC
- No loggists allowed in SCG or TCG meetings / no deputy to attend meetings for chair if not security cleared, no runners, no info to be taken out of SCG
- Very hard to keep STAC members updated or tasked

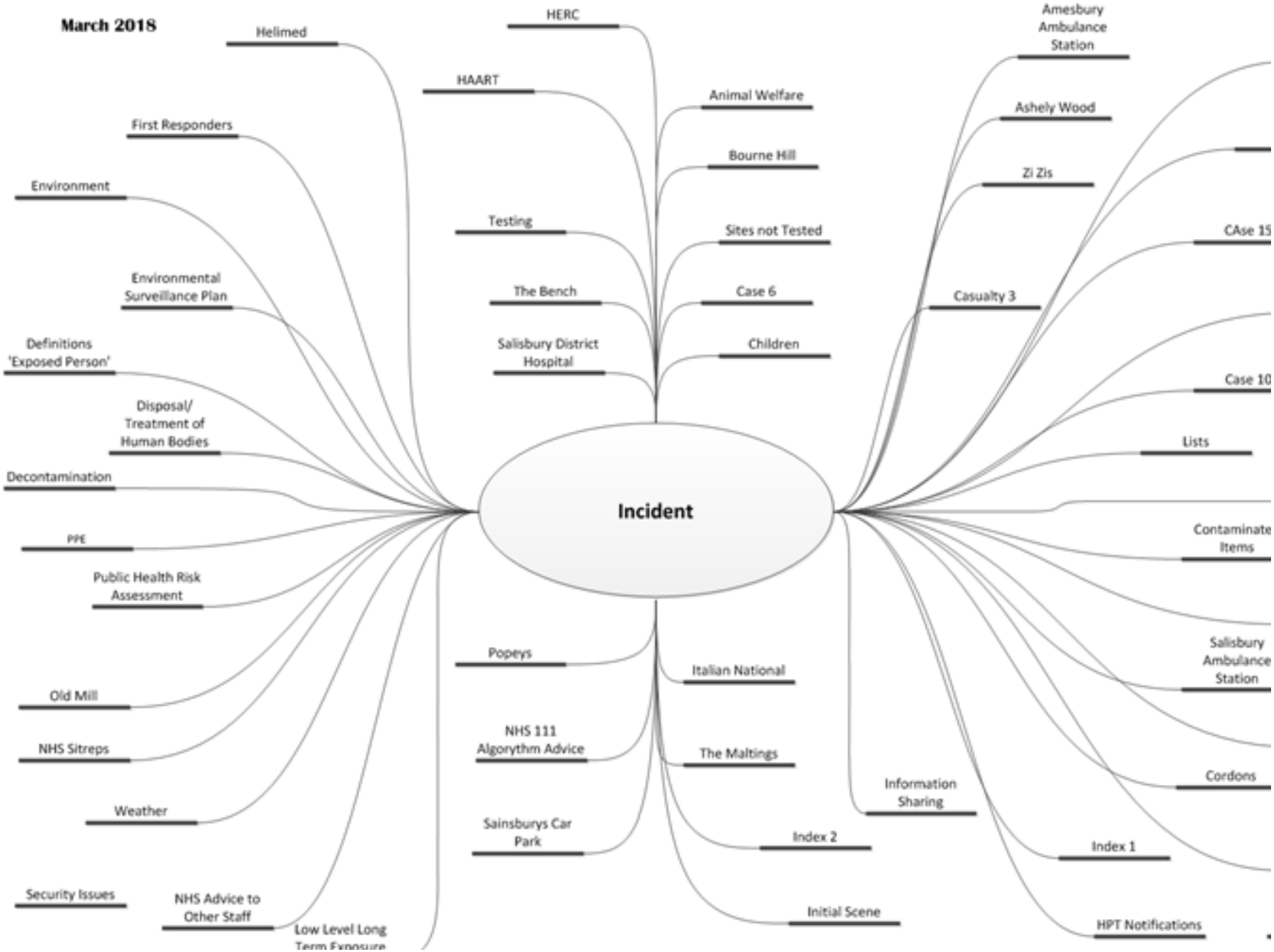
Security - learning

- Need a cadre of local staff with necessary (SC / DV clearance)
- Local issues not always the same priority for national response

- Need an up-front description and process for the Contact Tracing Cell to include:
  - script with agreed code word, rationale, PH messages*
  - an expectation of which agencies would be in/out
  - an agreement for data sharing
  - a solution to enable use of IT agreed in advance

Scale of the incident locally

- Strategic Co-ordinating group had 26 agencies
- STAC assessment and decision was requested for **55** themes with 225 sub-themes
- Multiple & lengthy meetings for the Chair outside of STAC and very frequent changes to battle rhythm
- Input from PHE Centre and LA PHE teams was required over a protracted period – in STAC, organising STAC rota and covering the day job



Issues for the report

IN LOVING MEMORY
OF
JEAN BROWN
AGED 75 YEARS
IN LOVING MEMORY
OF
BARBARA DUFFIELD
LOVING WIFE, MUM AND NAN
PETER JAMES DUFFIELD

Sainsbury's

EMERGENCY AMBULANCE
South Western Ambulance Service

VX62 KW

Sainsbury's
ADDITIONAL PARKING
1st FLOOR
MAX. HEIGHT 1.9m

Tychem
F

POLICE

CCTV
187

Living with an incident – the reality

Community Engagement: reflections …

- Do we do this enough?
- How do we embed in context of EPRR?
- Who is the community?
- Community leaders
- Human contact / relationship building
- Action taken during Salisbury
- Whose responsibility?
- The Wiltshire DPH is STILL visiting the communities in Salisbury

Messages to Public - Learning

- ‘Too slow’ whilst waiting for certainty versus accusations of ‘scare mongering’ or ‘lack of grip’ when messages change
- Risk assessments need to be dynamic in response to new information
- Information becomes available over time, i.e. the agent, the movement of key people, the levels of contamination on various sites
- Public/staff can be confused by changes in message and distinctions - strive for consistency where possible
- Local communications limited due to security restrictions

What did we do differently 2nd time around?

- BAU systems from outset
- Casualty bureau / helpline
- Contact tracing cell set up alongside helpline on site
- Protocols
- Tactical Lead role established to link to STAC
- Local / national (HERC) link in STAC (PHE)
- NHSE / CCG involved from outset
- Earlier community engagement

But….still issues with timelines, contaminated vehicles, contact tracing

Learning for STAC

- Impact of security restrictions - clearance and CTC
- Scale of the incidents – extended periods, complexity of intelligence and record keeping
- HERC/STAC and different perspectives and information
- Skill set for a STAC chair
- Continuity
- Messages to the public
- Response to Recovery