



Department of  
**Health, Social Services  
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta  
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin  
an Fowk Siccar**

## **Health and Social Care Reform**

**DHSSPS**

**Modernisation and Improvement Programme**

**Board (MIPB)**

**Health Protection**

**November 2008**

**MIPB 159/08**

## Introduction

This paper has been developed by the **Health Protection workstream** of the Regional Agency for Public Health and Social Wellbeing (the Agency) project and will form a section of its operational framework. It has been developed in liaison with a wide range of stakeholders and has been endorsed by the Agency Project Board. It has been approved by the Modernisation and Improvement Programme Board and is now free for circulation to HSC staff and other relevant stakeholders. A copy of the paper will be placed on the Health and Social Care Reform section of the departmental website -

[www.dhsspsni.gov.uk/index/hss/rpa-home.htm](http://www.dhsspsni.gov.uk/index/hss/rpa-home.htm)

This paper describes the configuration of a regional Health Protection Service for Northern Ireland in the context of establishing the Agency. It outlines the health protection roles and responsibilities of the Agency and other organisations and proposes a business model to ensure a safe, effective, efficient and resilient service encompassing all aspects of health protection in Northern Ireland.

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## **1. Background**

1.1 Health Protection (HP) involves protecting the health of the population from exposure to hazards which might have a damaging or detrimental effect on their health. Health Protection also involves working to limit the effects on health when exposure to such hazards cannot be avoided. Health Protection can be divided into three distinct areas of service provision – communicable disease control, environmental public health and emergency preparedness.

1.2 The first service area within HP (communicable disease control) is well established in Northern Ireland with a Consultant in Communicable Disease Control (CCDC) located in each of the four Health & Social Services Board areas. Currently the CCDC in each area is part of a general public health team and is supported by appropriate nursing, information and clerical staff. The latter two service areas within HP (environmental public health and emergency preparedness) have not been as well developed in NI. Arrangements for provision of these services in each of the Health & Social Services Board areas differ, as do the requirements/demands for providing these services.

1.3 This paper describes the formation of a regional Health Protection Service for Northern Ireland in the context of establishing the Regional Agency for Public Health & Social Well-being (RAPHSW). Under RPA reforms, the Minister Michael McGimpsey announced that the RAPHSW would provide the health protection functions currently provided by the four Health and Social Services Boards, the Communicable Disease Surveillance Centre (NI), and the Healthcare Infection Surveillance Centre.

1.4 Development of a regional Health Protection Service will provide a significant opportunity to enhance the protection of the health of the population in Northern Ireland. A regional HP Service will provide a clear, strong focus for all areas of health protection and will promote delivery of an effective, efficient, high-quality service. A regional HP Service will provide resilience and sustainability. A critical mass of specialist HP service practitioners will work together, thus enhancing cross-cover and surge capacity arrangements, while maintaining local linkages with colleagues both within and out-with the RAPHSW. Opportunities for

development of specialist HP expertise and contribution to national/international HP work will also be enhanced. Restructuring will facilitate further definition and development of appropriate career pathways for non-medical staff working in the HP service.

1.5 Development of a regional Health Protection Service within RAPHSW will enhance current partnership working with Local Government/Councils. The regional HP service will build on existing links between CsCDC and environmental health colleagues in Local Councils (who participate in the investigation and management of food and water-borne disease and outbreaks/incidents). Emergency preparedness staff in the RAPHSW HP service will establish links and work in partnership with colleagues in Local Councils (who are currently undertaking expanded emergency preparedness roles). The regional HP service will plan to include additional part-time/sessional input from environmental health officers to further develop aspects of HP. The HP service will plan to develop a new technical role to assist with reviewing and managing integrated pollution prevention and control (IPPC) applications. This new role may be filled by an appropriately skilled environmental health officer from Local Government. Enhanced partnership working between the regional HP service and Local Government will further protect the health of the population across Northern Ireland.

1.6 This paper has been produced by the Health Protection workstream of RAPHSW. To date, the workstream has met on four occasions and has also held a discussion workshop with the larger family of public health professionals currently providing HP services in NI. Content of this paper should be read in conjunction with that of papers prepared by the other RAPHSW workstreams (health improvement, commissioning, screening and establishment).

## **2. Health Protection Functions within RAPHSW**

### **2.1 Health Protection functions within RAPHSW**

- Statutory health protection functions – the Regional Director of Public Health (RDPH) will be responsible for statutory health protection functions, including receipt of statutory notifications of infectious diseases, Port Medical Officer duties, International Health Regulation obligations.
- Leading co-ordination of HSC action to implement Ministerial health protection policies.
- Informing and influencing DHSSPS regional health protection policies and targets.
- Provision of specialist health protection advice to Minister, DHSSPS, RHSCB, HSC Trusts, RQIA, HSC system and outside the HSC system e.g. Local Government.
- Coordinating and providing communicable disease prevention and control (including healthcare associated infection, regional and local surveillance) ensuring a 24/7 response. This also includes leading the investigation and management of outbreaks.
- Emergency preparedness (including development of Public Health emergency plans: training/exercising of players across the HSC system & DHSSPS; participation as required in partnership emergency planning & response as set out within the Civil Contingencies Framework; participation in quality assurance of Trust Major Incident/Emergency Plans, ensuring the availability of an appropriately equipped and staffed Emergency Operations Centre).
- Emergency Public Health response (risk assessment and risk management) and support to Trusts/other HSC and non-HSC organisations as required (including 24/7 capability and response; CBRN responses/counter measures; establishing/running and contributing to Scientific and Technical Advice Cell (STAC)).
- Surveillance of communicable disease and potential health effects, both acute and chronic, of chemical/environmental hazards (including: support to front line HP colleagues; leading regional surveillance; and input to national/EU/WHO surveillance systems). This will require “All Hazards” Identification and Risk Assessment.
- Environmental public health (including: responding to Integrated Pollution Prevention and Control (IPPC) requirements; advice & action regarding public health implications of environmental hazards including contaminated land and planning legislation).

- Monitoring and promotion of uptake of existing immunisation programmes and leading implementation of new programmes in conjunction with Commissioning, Health Improvement and Family Practitioner Services colleagues.
- Provision and facilitation of training in Health Protection (to general PH colleagues, Family Practitioner Services, Trust colleagues, colleagues in other HSC organisations, undergraduate and postgraduate education, environmental health colleagues in Councils/Local Government).
- Medium to long-term epidemiological follow-up of the effects of incidents/events on the health of the population and on emergency incident response staff.
- Commissioning of health protection services from the UK Health Protection Agency (including: access to national disease/topic-specific expertise both clinical, laboratory and epidemiological; access to NI laboratory reporting exceedance analyses; access to internal HPA professional guidance documents including on-call packs; access to and representation on appropriate Programme Boards/ professional groupings; access to and inclusion in the HPA Briefing and IRIS/IHR alert systems; and access to appropriate training resources/developments. Specialist/reference laboratory services, and advice/support in the areas of chemical hazards and environmental threats, poisons and radiological protection should also be commissioned from the UK HPA.
- Providing the Northern Ireland focal point - a 24/7 capacity to receive and respond to International Health Regulation (IHR) alerts.
- The HP Programme Team(s) would report to the RAPHSW senior management team through the HP lead/RDPH as appropriate on progress with issues being referred, as necessary, to any joint working arrangements of the senior management teams of the RAPHSW and RHSCB.

## **2.2 Health Protection input to HSC Health Improvement & Commissioning**

- Staff from the Health Protection Service will work closely with RAPHSW health improvement staff for specific areas of work relating to health protection e.g. to promote

uptake of existing and new immunisation programmes (regional and local campaigns required) and addressing health inequalities regarding immunisation uptake.

- HP staff will liaise closely with RAPHSW and RHSCB staff involved in commissioning to ensure that health protection issues are included in the commissioning plan.

### **2.3. Health Protection advice/skills/intelligence to other organisations**

- HP staff will be required to provide specialist advice, skills, knowledge, and support to a range of organisations both within and outwith the HSC family – these are likely to include RHSCB & LCGs, RSSO, HSC Trusts, PCC, DHSSPS, RQIA, Local Government, Resilience Fora, Educational Sector, and other departments/organisations as required.
- Health Protection staff, as required, will contribute to the development of local government community plans, thus further developing linkages with colleagues in Local Government/Councils.

### **2.4. Working with Environmental Health Colleagues**

The regional HP service will maintain and build upon existing strong linkages with Local Government environmental health departments in respect of health protection issues. Specifically this function will be undertaken to:

- Maintain communication in respect of food-borne illness/ outbreaks and in cases of food-borne disease where the statutory responsibility for food control matters lies with the Environmental Health Service;
- Commission services for investigation into cases and outbreaks of food poisoning and for cases of food-borne disease where statutory responsibility for such investigation rests with the RAPHSW/RDPH;
- Authorise individual officers to carry out such investigations on evidence of need and of competence (*legislative and launch critical issues*);
- Provide such information as may be appropriate to assist the health protection functions of the Environmental Health Service;
- Share information on plans and policies that may inform the development of local community plans, sub-regional community plans and any local area agreements that may result;

- Maintain liaison and communication in respect of Port Health matters;
- Maintain communication and liaison in respect of emergency planning and response, especially where these may become shared responsibilities under relevant legislation;
- Work towards mutual aid agreements or other such arrangements for emergency planning and response as may be appropriate and agreed via Local Resilience Fora or under transitional arrangements;
- Work together, where appropriate, to research needs and to develop policies and procedures that address the mutual responsibilities of the RAPHSW and of the Environmental Health Service for health protection.

## **2.5 Cross Border Working**

Liaison between HP staff in the RAPHSW and Public Health colleagues in the Health Service Executive in ROI will be required as follows:

- Health protection staff will be required to input to local cross-border health protection incident risk assessment and management, and planning for same;
- Health protection staff in CDSC NI and HISC will be required to continue to liaise closely with colleagues in the Health Protection Surveillance Centre in ROI.
- The interim NI outbreak plan will have a specific section on cross border working/communication including liaison between the two Health Departments.

## **2.6. Port Health**

- RAPHSW will be responsible for coordinating the port health function in Northern Ireland.
- RAPHSW will be required to appoint Port Medical Officers (*a launch critical issue which may have legislative implications*).
- DHSSPS will be required, under legislation, to continue to appoint Medical Inspectors for immigration purposes (see DHSSPS roles/responsibilities).
- Transitional/restructuring issues to be addressed during RAPHSW establishment include: recommendations arising from the report of the Port Health Review Group; arrangements for operationalising requirements under the International Health Regulations (IHR); and arrangements for clinical cover to some ports in NI.

## **2. 7. Specialist Infection Control Advice (Nursing & Residential Homes, GPs and Dental Sector)**

Currently there is a mix of practice across NI regarding provision of infection control advice and support to this sector. Some infection control advice is supplied by staff working in Boards and some is provided by staff working in HSC Trusts. The following roles are recommended:

- Advice to General Medical Practitioners (GMP) and General Dental Practices (GDP) should be retained by the HP service in the RAPHSW (this is a distinct function and different to infection prevention and control service provided to the nursing and residential care home sector). Location of the GMP & GDP infection control advice service within the RAPHSW would facilitate close liaison with Family Practitioner Service and dental commissioning colleagues within the RHSCB (this interface and close liaison being an essential component of the provision of an effective infection control service for this sector). Infection control nurses delivering this function would develop strong professional links with HSC Trust infection control nursing colleagues to avoid potential professional isolation.
- Infection prevention and control advice and support to nursing and residential care homes (including issues relating to training/professional development) should be commissioned from HSC Trusts. Infection control nurses, currently delivering this function from within some Departments of Public Health, should be located in and work from HSC Trusts. Location of this service in Trusts will facilitate closer liaison between acute services and the nursing and residential care home sector (this is an essential component of an effective infection control service for this sector). Infection control nurses delivering this function would develop strong professional links with GMP & GDP infection control nursing colleagues located within the HP Service in RAPHSW.
- Commissioning of infection prevention and control services to the nursing and residential care home sector from HSC Trusts in NI will require further work to accurately define costs/resources required. This Trust service and the GMP & GDP infection control service (to be retained in the HP service) will potentially require the provision of additional resources to ensure they are effectively and efficiently delivered

to provide regional coverage. This is an example of an issue which would be taken forward through a HP Programme Team engaging with Trusts.

### **3. Health Protection Roles & Responsibilities – Other Organisations**

#### **3.1 Health Protection functions within the RHSCB**

##### **3.1.1 Commissioning**

- RHSCB staff will be members of relevant Programme Teams for health protection and will support the RAPHWS in designing and commissioning health protection services from Trusts. Further discussion of these arrangements is closely linked with work of the RAPHWS Commissioning workstream and the relevant RHSCB workstream.

##### **3.1.2 Performance Management**

- For elements of health protection services/programmes that are PfA targets, RAPHWS staff from the relevant health protection Programme Teams will support the Performance Management and Service Improvement Directorate of the RHSCB in formal performance monitoring meetings. Escalation plans will be agreed and RAPHWS health protection staff will ensure that appropriate action is taken until performance returns to satisfactory levels.

##### **3.1.3 Resource Management**

- The RHSCB will work with DHSSPS and the RAPHWS to secure funding and resources required to deliver health protection services to required standards.

##### **3.1.4 Family Practitioner Services (commissioning, performance management)**

- Primary care commissioning will be informed by specialist advice from the HP service (e.g. immunisation programmes, HCAI control advice, migrant screening, services to injecting drug users, LES/DES schemes);
- Appropriate arrangements will be agreed with RHSCB to ensure HP specialist advice is embedded in commissioning of services through Family Practitioner Services in RHSCB.

### **3.2 Health Protection roles/functions within DHSSPS**

- Support to Minister on health protection matters.
- Policy and strategy development on health protection with input from RAPHSW and RHSCB.
- Introduce necessary legislation
- Setting targets for health protection issues.
- Allocating funding for health protection services.
- Holding the RAPHSW and RHSCB accountable for achievement of health protection outcomes.
- Leading co-ordination of the HSC response to emergency incidents that require cross-government and cross-department work.
- Liaison with other Devolved administrations, Republic of Ireland, and other international liaison as required on health protection matters.
- Appointing Medical Inspectors as required under immigration legislation.

### **3.3 Health Protection roles/functions within RSSO**

#### **3.3.1 Information Technology/IT systems**

RAPHSW and specifically the HP Service will require dedicated HP intelligence services/functions (including dedicated secure and non-secure information and IT systems). The HP service will specify its future IT system requirements (what will be required and what systems will this involve). The following general principles should apply:

- All relevant Health Protection data/information should come into the Regional HP Service central location (the regional HP Unit):-  
Rationale - cleaning, validation, analysis and interpretation of data needs to be done by specialist Health Protection staff. The Regional HP Service is (and should be) the only user of the raw data which may contain personal identifying information to enable timely public health action. This work often involves complex reconciliation of multiple sources of data. Some data (such as routine laboratory reports) are reported using manual input at

source with encryption and subsequent un-encryption on receipt and are therefore not suitable for automatic data extraction techniques. HP Service staff will require real-time access to all relevant databases on an ongoing basis to undertake their day-to-day work.

- The IT infrastructure for the new organisations should support outworking: -  
Rationale - staff in the HP Service will work through both their central base and local sites. Staff will need access to network files, internet, intranet and email while working outside the regional HP Unit.
- The regional PH Service requires dedicated information and IT/IT system application staff located within the HP service -  
Rationale - Information staff working in the HP Service need to have specialist knowledge of their subject area, which is out-with the knowledge/capacity of general information staff (this work involves close liaison with other HP specialists and timeliness is often at a premium); HP Service staff will be required to support existing specialist software programmes (COSURV, NI Child Health System, MR tables, web based surveillance programmes) and proposed new developments (HP Zone, IRIS, ECDC reporting systems/requirements), and potentially a web based incident data repository to aid management of data flows during a major incident; Timely access to hardware and operating system support is required.

### **3.3.2 Legal services**

- The HP Service will require access to legal services (advice/support/guidance) and this should ultimately be provided through a named individual(s) with a view to establishing access to specialist legal support services for health protection issues in NI.

### **3.4 Health Protection functions within HSC Trusts**

- Lead responsibility for infection surveillance, prevention and control in own Trust facilities.

- Provision of specialist services – microbiology, virology, professional and clinical advice, isolation facilities, radiological protection, poisons service<sup>1</sup>.
- Supporting control of communicable disease and HP incidents – incidents both within/out-with own facilities in Trust’s geographic area.
- Providing access for the HP service to facilities/resources during management of incidents and outbreaks – e.g. outbreaks in schools or residential/care homes, management of meningococcal clusters in schools/universities.
- Providing access to facilities/resources to provide surge capacity during significant HP events/incidents.
- Provision of detailed/specialised technical advice to RAPHSW, DHSSPS, RBHSC & LCGs, other organisations as required.
- Leading co-ordination of response to emergency events/incidents occurring within own Trust area.
- Participation in co-ordination of response to emergency events occurring within and without the Trust.
- Provision of infection control support to the independent nursing and residential care home sector (see item 2.7).
- Meeting health protection commissioning requirements and Ministerial priorities.

### **3.5 Health Protection functions within the Patient and Client Council**

- Informing policy and strategy development.
- Informing priority and target setting.
- Receiving reports from Trusts and the RAPHSW regarding health protection e.g. rates of HCAI infection, immunisation uptake rates.
- Assisting with education and awareness programmes (including patient/public information leaflets e.g. food poisoning, HCAI, travel health).

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<sup>1</sup> Currently the poisons service in NI has three elements – (i) in hours service provided by RVH – Belfast Trust, (ii) out-of-hours service commissioned from UK HPA national service, and (iii) access to Toxbase on-line database to supplement parts (i) and (ii) of the service – part of the service commissioned from UK HPA will need to be factored into the overall contract specification agreed with UK Health Protection Agency).

- Assisting with/undertaking user surveys e.g. attitudes to childhood vaccination; hospital cleanliness.
- Assisting in informing the public in relation to emergencies including pandemic influenza.

## **4. Business Model for Health Protection Service**

### **4.1 Multidisciplinary staff**

4.1.1 The regional Health Protection Service will be a high quality, safe, effective, efficient and resilient service encompassing all aspects of health protection in Northern Ireland.

4.1.2 The HP service will report to the Regional Director of Public Health (who has responsibility for statutory health protection functions) through a designated lead for the Health Protection Service in NI. A regional HP service will facilitate appropriate use of skill-mix across the service, development of higher specialism through regional functional lead roles and appropriate professional development (for medical, nursing, information/scientific and IT support staff) increased capacity and cross-cover arrangements with HP colleagues, development of risk management procedures/protocols and opportunities for shared learning, in the context of a service based on high-quality systems and processes.

4.1.3 The service will be a consultant-led, multidisciplinary service which will include the following disciplines: communicable disease control, communicable and non communicable disease epidemiology, emergency preparedness/planning and environmental public health. This will be undertaken by consultant staff supported by health protection nurses, emergency planners, environmental planning/technical officers, specialist scientific, information, communications and IT staff. The service will be supported by appropriate administrative and clerical staff. It should also include input from environmental health officers, veterinary officers to assist with zoonotic infection and pharmacists who have an increasingly important role in emergency planning and initiatives to monitor and control antimicrobial resistance. It will access certain shared services from the RSSO and this would include legal services.

4.1.4 Consultants working in the regional HP service will include those who exclusively work in HP and others who spend a significant amount of their time working in health protection. It is recognised that there will be a transition phase required to achieve this overall goal. Consultants will have lead regional/functional roles (e.g. training/audit/governance; emergency preparedness; environmental public health; TB; immunization and port health)

within the HP service. While assuming lead regional/functional roles, which would include chairing relevant Programme Teams, consultants will have the opportunity to develop further specialist knowledge, to provide input to policy development, to take lead roles in service development, and to participate in national/international work for their given areas.

4.1.5 In addition to functional/lead roles, Consultants in Communicable Disease Control (CsCDC) will be responsible for a geographical patch (preferably coterminous with a Trust) within the regional HP service. The regional HP service will facilitate strong local working. These and other arrangements for a local presence, which could be in a LCG/local support Unit, will be further specified through agreement of individual consultant job plans and would enable access to admin and clerical support in their local area to respond to urgent matters. However, all information and main administration support will be provided centrally by the regional HP service. CsCDC will be responsible for working with local stakeholders, developing, maintaining and strengthening local networks and for dealing with/managing incidents in their local geographical area. Consultants will work with commissioning and health improvement colleagues at both local and regional level in the delivery of health protection services.

4.1.6 Health protection nurses will also have an opportunity to assume lead regional/functional roles within the regional HP Service. They will also be allocated responsibility for a local geographical area while functioning as part of the regional HP service. They will work in close partnership with CsCDC for their given locality. Health protection nurses would be professionally accountable to the RAPHSW Director of Nursing but report to a designated consultant for that geographical locality. A goal of the HP Service will be to develop a career pathway for Health Protection nurses and ultimately appoint Nurse Consultants in Health Protection who could undertake strategic roles/responsibilities. It is recognised that there will be a transition phase required to achieve this overall goal. It is anticipated that health protection nurses would also contribute to and be members of appropriate HP Programme Teams.

4.1.7 The areas of emergency planning and environmental public health will be enhanced through regional working arrangements and further development of consultant lead roles supported by emergency planning and environmental health technical officers. The work of emergency planning officers would be enabled through joint working/funding with Trusts. Environmental health technical officers would support medical staff in processing Integrated Pollution and Prevention Control (IPPC) applications.

4.1.8 The functions of the Communicable Disease Surveillance Centre (CDSC NI) and the Healthcare Associated Infection Surveillance Centre (HISC) will be incorporated into the regional HP service as service re-design progresses. However, as these are currently physically discrete functional units, the physical co-location of these is not launch critical for 1 April 09. However, the HP lead will ensure coordination of regional and local surveillance, underpinned by appropriate information flows to avoid unnecessary duplication.

4.1.9. The creation of a HP service operating from a central location will enable better utilisation of specialist and support staff. However, it should be noted that some areas of HP are less well developed than others. Resources supporting health protection will need to be sufficient across all areas of work to ensure that health protection delivery in Northern Ireland is consistent with best practice standards elsewhere. HP will be a critical frontline responsibility of the RAPHSW and arrangements must be robust to deliver a 24/7 service.

## **4.2 Health protection programme/project teams**

4.2.1 The HP lead will ensure the creation and appropriate leadership of a number of teams to take forward programmes or projects within the HP agenda. These Teams would include staff from the HP service, other colleagues within the RAPHSW, and staff from the RHSCB, including those working within LCGs and local support units as appropriate. Some Teams will be time-limited e.g. overseeing the introduction of a new vaccine, while others would be longer term e.g. reducing healthcare associated infections.

4.2.2 Each team would work with and support Trusts to drive improvement in its specified area of responsibility, drawing on national and international best practice, the evidence base, recommendations from independent reviews, needs assessment etc. They would determine any resource allocation required and ensure that any investment plans are considered during development of the overall commissioning plan. Each team would also assure itself that providers are delivering services to the required outcomes and standards and would ensure that the provider takes appropriate action should performance fall below satisfactory levels. In respect of health protection-related PFA targets, staff from the relevant health protection Team would support the Performance Management and Service Improvement Directorate of the RHSCB in their formal performance management meetings with providers. Escalation plans would be agreed and additional support would be provided until performance returns to satisfactory levels.

### **4.3 Information**

4.3.1 All information coming to the regional HP Service will be directed through a regional HP Unit which will be the main focus of the regional service (see diagram overleaf). This information is different quantitatively and qualitatively from other public health or HSC activity datasets. Detailed knowledge of microbiological and epidemiological concepts is required to clean and validate this data, and to translate it into relevant HP information. It involves extensive liaison with clinicians and microbiology colleagues. Increasingly novel methods of data capture and bespoke HP software are often used. These tools are also increasingly used for national/international working and data exchange. It is for these reasons that the HP service should receive the raw HP data which will then be scrutinised and manipulated by the HP service's own specialist information/scientific staff who would provide the HP information to other stakeholders. A robust triage and information management/action system will be required to underpin the functioning of this unit in order that alerts from clinical colleagues/data exceedances are promptly assessed and risk managed. Efficient and effective functioning of the HP unit will be supported by a strong IT infrastructure.

### **4.4 Reactive/Out-of-Hours Service**

4.4.1 Arrangements for reactive service provision to cover both in-hours and out-of-hours (a 24/7 service) will be agreed in order to receive, triage and appropriately manage/action all information coming into the HP service. The overall goal of the HP service will be to provide specialist consultant cover on a 24-hour basis. It is recognised that there will be a transition phase required to achieve this overall goal. A workstream sub group has been established to develop proposals in order robust arrangements are in place during the transition period before and after 1 April 09.

#### **4.5 Surge Capacity**

4.5.1 Initial surge capacity will be provided within the HP service. When/if required, additional surge capacity will be accessed through general public health colleagues, who will be offered participation in regular training/update CPD programmes to maintain HP skills and this will be reflected in annual job plans. Should there be a major incident that requires surge capacity out-with the regional HP service, general public health colleagues in the RAPHSW would be briefed on an incident by incident basis. Commissioning plans should specify that Trusts would also provide surge capacity (staff, facilities, etc) as appropriate for public health emergencies (e.g. look back incidents, Trust response to MDR TB).

#### **4.6 Communications/PR Management**

4.6.1 The HP service will require access to communication/PR support from within the RAPHSW. This should be primarily through a named individual(s) with knowledge/experience of health protection.

#### **4.7 Location**

4.7.1 Any central base identified as a potential location for the regional HP Unit should be accessible and convenient to main centres of population, capable of 7/7 and 24/7 operations, have appropriate car parking and video/teleconference facilities, and be co-located with other RAPHSW Public Health colleagues. One option would be for the regional HP unit to be based in the same location as an LCG/local support unit. The regional HP unit does not necessarily have to be based at the RAPHSW head-quarters – rather, the regional HP unit requires co-location with other public health staff. Co-location with other public health colleagues will

facilitate interface with those engaged in commissioning and health improvement and working together in HP Programme Teams.

#### **4.8 Workforce Planning**

4.8.1 The age profile of medical consultants currently providing HP services in NI indicates that a number are aged over 50 years old. At least two CCDC retirements are expected over the next 5 years. A number of other medical consultants currently providing HP services are also expected to retire during the next 5 years. The need for an appropriate trained multidisciplinary HP workforce has been referred to earlier. Workforce planning to deliver the new HP service must address the multidisciplinary nature of health protection and facilitate the recruitment and specialist training of, for example: non medical epidemiologists, health protection nurses, pharmacists, information analysts, emergency planners and IT application systems staff. This will facilitate a more appropriate use of skill mix across the HP service. Workforce planning must also include arrangements for succession planning as experienced staff retire from the service. Urgent consideration is required to plan for expected medical consultant retirements over the next five years.

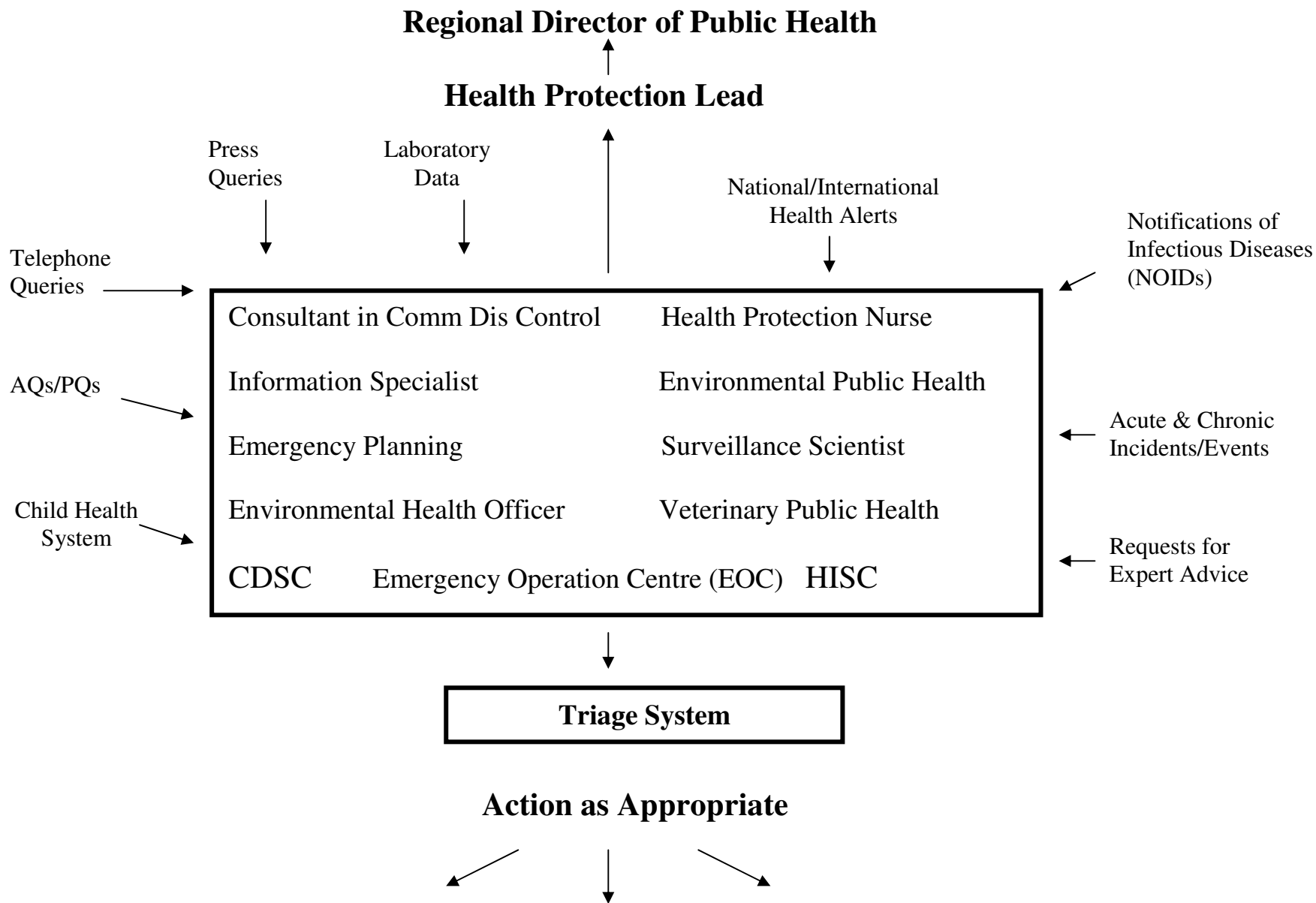
#### **4.9 UK HPA**

4.9.1 A service agreement will be developed between the RPHASW and the Health Protection Agency for specified services which would include: radiological protection; chemical hazards and poisons; reference laboratory services; expert epidemiological advice on communicable and non communicable disease issues; professional development; access to professional/benchmarking standards in HP.

#### **4.10 Transitional arrangements**

4.10.1 It is recognised that transitional plans will be required in the first instance to facilitate establishment of the regional HP service for 1<sup>st</sup> April 2009 and subsequently to enable the regional HP service to move towards its overall vision/service model. It is recognised that flexibility will be required particularly following establishment of the service to ensure the service is high-quality, safe and resilient. Some of these are “launch critical” and need to be in place for 1 April 09 or even before. This would include ensuring the resilience of out of hours

rotas and determining information flows of notifications of infectious disease/laboratory reports to CsCDC to enable a timely public health response. An initial list of “launch critical” issues and urgent personal/professional development needs is listed in the appendix.



## **5. Health protection Service Governance Arrangements & Accountability**

### **5.1 Accountability for the Health Protection Function**

5.1.1 The DHSSPS will hold the RAPHSW to account for its lead role in the delivery of its health protection functions and will hold the RHSCB to account for the support it gives to the RAPHSW in health protection. Within the RAPHSW, the RDPH will have lead responsibility for health protection, including statutory functions. This responsibility will be discharged through a designated lead for the regional Health Protection Service who will report to the Regional Director of Public Health. All members of the regional HP service will be accountable to the Health Protection Service Lead. The HP lead will ensure that HP practice meets recognised national/international standards and evidence-based good practice/professional guidelines. They would also be responsible for ensuring that relevant issues are brought to the RDPH and senior management team for discussion and agreement on action.

### **5.2 Accountability for Management of Outbreaks**

5.2.1 The HP service will lead the investigation, management, prevention and control of incidents and outbreaks occurring in the community (as is current practice in geographic areas covered by Health & Social Services Boards). The HP service will provide strategic leadership and co-ordination of multi-agency action on communicable disease control and other health protection programmes.

5.2.2 For incidents occurring in HSC Trust facilities, where an outbreak is suspected or there is an increase in cases from that usually expected, a joint risk assessment should be undertaken by the HP Consultant/CCDC for the Trust area and the Medical Director/Lead for Infection Prevention & Control in the Trust. The designated CCDC for that Trust will ensure appropriate communications are in place to ensure that he/she will be informed without delay of such incidents. This assessment should include: agreement on who leads on incident/outbreak investigation and management; who provides a supporting role; and reporting/communication channels. This risk assessment (content and outcome) should be documented, and

the agreed arrangements should be advised as soon as practicably possible to both the HP Service Lead and the Trust Chief Executive.

5.2.3 It is likely that the HP Consultant/CCDC will take a lead for those incidents involving the investigation or management of a disease/infection in a Trust facility which is notifiable (e.g. suspect food or water-borne outbreak/incident<sup>2</sup>) and/or when there are significant community implications. If the incident/outbreak is likely to have significant implications for service delivery within the Trust (e.g. large *C. difficile* or *Norovirus* outbreak) the HP Consultant/CCDC will take a lead role in the epidemiological investigation and analysis of the incident, while the Trust assumes overall responsibility for management and control of the incident/outbreak. The HP service will provide the Trust with the necessary specialist expertise to support HP functions within the Trust.

5.2.4 The incident/outbreak team will require appropriate logistical support. This includes appropriate administrative and clerical support. This may require discussion and agreement between the HP service and Trusts/other partners involved in the incident/outbreak. The HP service must be capable of mobilising, staffing and running an Emergency Operations Centre (7/7) within an agreed timeframe. This will require an operational procedure drawing upon the resources initially from within the HP service and, on occasions, subsequently from Public Health colleagues within RAPHSW.

### **5.3 Accountability for Management of Emergency Incidents**

5.3.1 A key function in the management of major incidents is the co-ordination of HSC responses mounted in response to the incident<sup>3</sup>. A key principle is that one organisation should lead the response to an incident.

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<sup>2</sup> Current NI guidance relating to the investigation and management of food and/or water borne illness is being redrafted by the Food Standards Agency (FSA). Re-drafted guidance will be interim in nature and will last until 31<sup>st</sup> March 2009. Guidance will be reviewed again following 1<sup>st</sup> April 2009.

<sup>3</sup> Three key functional responses may be required during the management of a major incident. These are (i) an HSC provider response (includes Ambulance Service, HSC Trusts, Social Services, Public Health), (ii) a Public Health advice response (24/7 access to public health advice during a major incident response, and establishment and/or chairing of a Scientific & Technical Advice Cell, STAC), and (iii) co-ordination of the HSC response to the major incident.

- When an incident is confined to one Trust, that Trust should lead the incident response, drawing on support from the RAPHSW and RHSCB as required. As a minimum, the Trust should keep the RAPHSW informed.
- When an incident involves more than one Trust, but does not require cross-department or cross-government co-ordination, the RAPHSW should lead the co-ordination of the HSC response with support from the RHSCB. The RAPHSW should keep DHSSPS closely informed to enable up-to-date briefing of Minister and the Local Assembly regarding incident management.
- When an incident requires a cross-department or cross-government response, DHSSPS should lead coordination of the HSC response, supported by the RAPHSW.

Further work will define triggers for escalation of major incident responses.

## **Appendix 1**

### **Launch critical issues for HP Service**

The following is a list of RAPHSW 'launch critical' issues for the Health Protection Service identified during meetings of the HP workstream working group and the HP workshop held on 30<sup>th</sup> Sept;

1. Clarity of organisational, departmental and individual role/function in HP Service
  - a. Someone must be in charge.
  - b. Who will be doing what?
  - c. Service providers in each part of the HP service advised and clear regarding own role(s) in new service
  - d. What will be expected of people in new/changed roles?
  - e. Agreed job plans (for transition phase) and beyond
  - f. What are line manager arrangements/reporting lines?
  - g. Who is accountable to whom for each part/element of the HP service
2. Agreed transitional plan
  - a. Needs to commence transition planning immediately – cannot leave until 31<sup>st</sup> March
  - b. Should not 'switch off' one part of current service until equivalent part in new service is functioning safely
  - c. Phased transition required for some parts of the HP service
  - d. Plan needs to be set out and shared with all stakeholders
3. Logistical arrangements (practical arrangements)
  - a. Where will HP service be located?
  - b. Regional unit must be capable of working 24/7 and have dedicated emergency operating centre
  - c. IT/supporting electronic infrastructure (phones, blackberries, fax, web space/support – secure and non-secure) is critical to establishing the service – should be done in planned way – cannot be left to 1<sup>st</sup> April
  - d. Must have fully equipped emergency operating centre (EOC) – staff, training, communications, testing

- e. Where will people phone, who will answer phones – routine day-to-day business?
  - f. How will incoming info be handled, triaged and actioned? Development of robust triage system (staff, training, testing, communication)
  - g. What training is required in advance of 1<sup>st</sup> April to enable transition?
  - h. How will partner's out-with HP service be advised of changes?
4. Agreement on nature of reactive service – both in-hours and out-of –hours
- a. Consultant/team on reactive duty
  - b. Over a period of days/one week
  - c. Interface with rest of HP service & out-of-hours service
  - d. Arrangements for out-of-hours (as below)
5. Links and service agreements with UK HPA
- a. Nature of service linkages with HPA
  - b. Agreed service contracts (content and type of specialist and other services to be provided by HPA)
6. Legislative Requirements
- a. Statutory responsibility for health of the population
  - b. Port health issues
  - c. Other issues as identified
7. Out-of-hours on-call rota arrangements
- a. Safe out-of-hours system 24/7
  - b. Arrangements agreed
  - c. Training/support accessed and provided if required
  - d. All relevant partners advised
8. HR Issues
- a. Changing roles/functions
  - b. Location/geography
  - c. Out-of-hours on-call
9. Communications plan
- a. To support transitional plan
  - b. For HP service providers
  - c. For rest of HSC services
  - d. For partners out-with HP and HSC services
10. Emergency Command & Control Arrangements

- a. Arrangements agreed for management of incidents/events involving more than one Trust
- b. Clarity regarding agreed arrangements
- c. Communications plan for arrangements agreed
- d. ? testing of agreed arrangements

#### 11. Mapping Exercise

- a. May be useful to map current roles/fns and how they read across into new regional service
- b. Communication with all relevant stakeholders

#### 12. Training

- a. Triage & information handling, IT/supporting infrastructure required to underpin regional service which has local out-working, arrangements for reactive service (in-hours and out-of-hours) – key areas to be addressed as priority
- b. As identified through out sections above – training will be required to underpin most/all launch critical issues for HP service

## **Appendix 2**

### **Professional Development Issues for HP Service**

The following is a list of issues/concepts regarding professional development and restructuring of existing services into the regional Health Protection Service. These were identified during discussion at the HP workshop held on 30<sup>th</sup> Sept.

1. Restructuring and establishment of the regional HP service must be supported by appropriate professional development/support opportunities for existing members of the service involved in the transition
2. Professional development requirements should be examined in two distinct ways – organisational development issues/requirements and individual service provider development issues/requirements
3. Organisational development requirements will become more obvious and be more readily defined as the structure of the new HP service is agreed – when HP service structure is agreed, its core functions will be defined and prioritised, and development requirements can then be addressed
4. Core professional skills areas should be defined for each element of the HP service – do all HP service providers need to have these core skills/knowledge – what are the professional development requirements for all/most staff to attain these core skills/knowledge?
5. Personal development requirements will become more obvious/more easily defined when individuals know their specific roles in the restructured HP service – training/developments gap/needs analysis should then be undertaken with training/development plans subsequently agreed for individual staff members
6. Professional development opportunities for non-medical staff working in the regional HP service should be strengthened – this will assist with further development and defining career pathways/structures for non-medical HP staff
7. The potential negative impact of change/transition on individuals should be recognised and service providers should have access to

support/development/training opportunities they may require (e.g. interview skills, change management, dealing with adversity etc)

8. Development/training opportunities must recognise that individuals within the HP service may assume additional roles, or new/different roles – and they will require appropriate training
9. Appropriate support must be provided for professional development – including access, time, resources, and supervision/support
10. Mechanisms to support professional development include agreement of exchange/twinning/shadowing arrangements, development of secondment opportunities, participation in existing training/teaching opportunities (HPA modules, MSc programme in QUB, Dip in Infection Control etc).

**Abbreviations**

Regional Agency for Public Health & Social Wellbeing (RAPHSW)

Regional Health & Social Care Board (RHSCB)

Local Commissioning Groups (LCGs)

Department of Health, Social Services & Public Safety (DHSSPS)

Regional Shared Services Organisation (RSSO)

Health & Social Care Trusts (Trusts)

Patient and Client Council

Communicable Disease Surveillance Centre (CDSC NI)

Healthcare Associated Infection Surveillance Centre (HISC)

**Document History:**

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<b>Client:</b>	Modernisation and Improvement Programme Board (MIPB)

**This document required the following approvals**

<b>Title</b>	<b>Name</b>	<b>Date of Approval</b>	<b>Version</b>
Modernisation and Improvement Programme Senior Responsible Owner (SRO) and Modernisation and Improvement Programme Board (MIPB) members	Dr Andrew McCormick, Permanent Secretary Linda Devlin Julie Thompson Sean Donaghy Michael McBride, David Bingham Hugh Mullen Linda Brown Sean Holland Colm Donaghy Karen Meehan Tom Creighton, Philip Robinson Ken Jarrold, Bernard Mitchell George O'Neill	20 <sup>th</sup> November 2008	1.0

**This document has been distributed to:**

<b>Title</b>	<b>Name</b>	<b>Date of Issue</b>	<b>Version</b>
Chief Executives of HSC Boards, Trusts and Agencies.		24 <sup>th</sup> November 2008	1.0
Chairs of Boards & LCG Chairs, Trusts and Agencies		24 <sup>th</sup> November 2008	1.0
Departmental Board		24 <sup>th</sup> November 2008	1.0
MIP Project SRO's		24 <sup>th</sup> November 2008	1.0
MIP Project Directors		24 <sup>th</sup> November 2008	1.0
DHSSPS Website and Intranet		24 <sup>th</sup> November 2008	1.0