

Delivery of Core Health Protection Functions in Somerset

A Memorandum of Understanding between Public Health England, NHS England South West, Somerset Clinical Commissioning Group, Somerset County Council, Sedgemoor District Council, Taunton Deane Borough Council, Mendip District Council, South Somerset District Council and West Somerset Council.

1. Introduction

- 1.1 On 1st April 2013 significant changes took place in the health and social care landscape following implementation of the new NHS and Social Care Act (2012). The activity previously carried out by the Health Protection Agency (HPA) under the Health Protection Agency Act 2004 is now the responsibility of the Secretary of State, under new statutory health protection functions. In practice that activity will be carried out by Public Health England (PHE) an executive agency of the Department of Health. Following the abolishment of Primary Care Trusts and Strategic Health Authorities from this time, NHS England, PHE (subsuming the functions of the Health Protection Agency) and Clinical Commissioning Groups (CCGs) were formed. In addition, the majority of former NHS Public Health responsibilities transferred into local authorities, including Director of Public Health (DPH) statutory responsibilities.
- 1.2 The aim of this new arrangement is for an integrated, streamlined system that delivers effective protection for the population from health threats base on: a clear line of sight from the top of government to the frontline; clear accountabilities; collaboration and coordination at every level of the system; and robust and locally sensitive arrangements for planning and response.
- 1.3 Risks relating to the new arrangements need to be recognised and mitigated against. Part of this risk mitigation is to agree local interoperability arrangements and clarify organisational roles and responsibilities for ensuring an effective health protection system with regards to: prevention and control of infectious diseases and incidents that pose a risk to the public's health and immunisation and screening programmes.
- 1.4 The successful management of public health incidents will be in facilitating mutually supportive ways of working between the NHS England South West, PHE Centre, CCGs and DPH (or their designate) in Local Authorities.

This Memorandum of Understanding seeks to clarify key roles and responsibilities including funding health protection responses to incidents and local on-call arrangements and has been informed by the following:

- Public health in local government fact sheets (Department of Health, December 2011);
- Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) regulations 2013 (DH/PHE/LGA, May 2013);
- NHS Commissioning Board Emergency Preparedness Framework 2013 (NHS England, 21 March 2013);
- Commissioning Fact sheet for clinical commissioning groups (NHS Commissioning Board, October 2012);
- Who pays? Determining responsibility for payments to providers (NHS England, December 2012).
- Emergency Preparedness and Service Delivery in the event of a Public Health Incident or Outbreak in Shropshire LHRP Area - Memorandum of Understanding for the Mobilisation of NHS Resources in the event of a significant Public Health Incident or Outbreak - 1 April 2013
- Avon and Somerset LRF Communicable Disease Control Incident and Outbreak Response Framework

2. Primary organisational roles and responsibilities in the prevention and control of infectious disease outbreaks or health protection incidents

Organisation	Primary role	Responsible for
PHE Centre	<p>The local Director of the Health Protection team (Deputy Director of Health Protection (DDHP)) will ensure that the PHE Centre will lead the epidemiological investigation and the specialist health protection response to public health outbreaks / incidents and has responsibility to declare a health protection incident, major or otherwise.</p>	<p><u>Preparation:</u></p> <ul style="list-style-type: none"> - providing advice (through the Local Health Resilience Partnership) to local NHS providers and commissioners regarding any preparation that they might need to undertake to ensure an effective and timely response when a public health outbreak / incident occurs; - supporting local authorities to understand and respond to potential threats; - collection, analysis, interpretation of surveillance data; - providing expert advice on hazards that pose a risk to the public's health and effective interventions to prevent and respond accordingly; - coordinating an out of hours rota for the delivery of specialist health protection advice by qualified personnel (see Appendix 2); - participating in arrangements for exercising and testing plans to respond to outbreaks / incidents; - providing access to regional and national PHE expertise as required; - advising on the requirement for and sourcing of prophylactic treatment and immunisation for all health protection incidents; - keeping the DPH informed about significant health protection issues and actions being taken to overcome them; - providing the local authority with information to support the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies as required; - supporting local authorities to develop a trained and knowledgeable workforce in the area of health protection. <p><u>Response:</u></p> <ul style="list-style-type: none"> - leading the Public Health response to declared Major Incidents. The Local Resilience Forum Major Incident Plan states that all responding organisations,

		<p>including the PHE should provide support to major incidents declared by one or more authorities.</p> <ul style="list-style-type: none"> - receiving and investigating notifications (with partners as appropriate); - initiating immediate control measures when required; - providing expert epidemiological advice through field epidemiology teams to support incident / outbreak investigation (both in the response and recovery phases); - sharing information concerning incidents / outbreaks with the local authority through the Director of Public Health; - chairing the 'Outbreak/Incident Management Team' and keeping health protection risks under review throughout the incident; - communicating to partners when an Outbreak/Incident Management Team is established; and providing updates until the outbreak/incident is declared over; - coordinating public communications / media response in collaboration with the local authority, CCG and NHS England;
<p>NHS England South West</p>	<p>Has responsibility for managing/overseeing the NHS response to the incident, ensuring that relevant NHS resources are mobilised and commanding / directing NHS resources as necessary. Additionally NHS England South West is responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health.</p>	<p><u>Preparation:</u></p> <ul style="list-style-type: none"> - planning and securing the health services needed to protect the public's health; - with regards to planning and preparedness, obtaining appropriate advice including from persons with a broad range of professional expertise in the protection or improvement of public health. - participating in arrangements for exercising and testing plans to respond to outbreaks / incidents; <p><u>Response:</u></p> <ul style="list-style-type: none"> - mobilising NHS resources in response to incidents and outbreaks; - participating (as required) in Outbreak/Incident Management Teams to help inform decision about the appropriate level of NHS response from providers and working alongside the CCG to agree the resources needed to be released; - co-ordinating the primary care response to the incident with the Area Team

		<p>Pharmacy Advisor (as required);</p> <ul style="list-style-type: none"> - supporting CCGs to coordinate any response required by Community Trusts and/or Acute Trusts;
CCG	<p>The primary role of the CCG is to ensure through contractual arrangements with provider organisations that healthcare resources are made available to respond to health protection incidents or outbreaks (including screening/diagnostic and treatment services).</p>	<p><u>Preparation:</u></p> <ul style="list-style-type: none"> - ensuring provider organisations are commissioned to respond adequately to health protection incidents / outbreaks where screening, diagnosis or treatment might be required; - disseminating information as required by PHE or the local authority regarding the prevention of / response to, health protection incidents/ outbreaks across the local system of health care; - provide, where required, specialist infection control advice; - with regards to planning and preparedness, obtain appropriate advice from persons with the professional expertise in the protection or improvement of public health; - participating in arrangements for exercising and testing plans to respond to outbreaks / incidents; <p><u>Response:</u></p> <ul style="list-style-type: none"> - participating (as required) in Outbreak/Incident Management Teams to help inform decision about the appropriate level of NHS response from providers and any CCG resources needed to be released; - providing (if requested by the NHS England South West), clinical support for the prescribing and administration of medication;
Upper Tier Local Authority	<p>Through the Director of Public Health, the Local Authority has overall responsibility for the strategic oversight of an incident / outbreak impacting on their population's health. They should ensure that an</p>	<p><u>The Local Authority through the DPH or their designate is responsible for:</u></p> <p><u>Preparation:</u></p> <ul style="list-style-type: none"> - providing information, advice, challenge and advocacy in order to promote the

	<p>appropriate response is put in place by NHS England South West and PHE supported by the CCG. In addition, they must be assured that the local health protection system is robust enough to respond appropriately in order to protect the local population's health and that risks have been identified, are mitigated against and adequately controlled.</p>	<p>preparation of health protection arrangements by relevant organisations operating in their local authority area;</p> <ul style="list-style-type: none"> - preparing for and leading the local authority's response to incidents that present a threat to the public's health; - coordinating the Joint Strategic Needs Assessment to support the understanding of local health protection risks; - escalating health protection risks to the Health and Wellbeing Board; - establishing and participating in the Health Protection Forum to ensure that the health protection system is meeting the needs of its local authority population and that risks identified are adequately mitigated against and control arrangements are in place; - reporting local health protection arrangements to the Health and Wellbeing Board; - Ensuring that relevant commissioned services (including providers of sexual health services, drug and alcohol services and school health services) can provide an appropriate response to any incident that threatens the public's health and that business continuity plans are in place. - participating in arrangements for exercising and testing plans to respond to outbreaks / incidents; <p><u>Response:</u></p> <ul style="list-style-type: none"> - participating (as required) in Outbreak/Incident Management Teams, to help inform decision about the appropriate level of NHS response from providers and working alongside PHE and the CCG to agree the resources needed to be released - briefing Local Authority colleagues and elected members regarding health protection incidents/outbreaks; - mobilising local authority resources required to support an incident (eg, Scientific Services, Animal Health and Welfare & Trading Standards);
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<p>Lower Tier Local Authority (Environmental Health)</p>	<p>Lower tier local authorities have defined health protection functions and statutory powers in respect of environmental health and health and safety.</p>	<p><u>Preparation:</u></p> <ul style="list-style-type: none"> - ensure that relevant services and providers have effective health protection and business continuity arrangements in place to guarantee an appropriate response to any incident that threatens the public's health; - exercising powers under the health protection regulations to prevent or limit the spread of an infectious disease; - prosecuting environmental and public health offences; - informing the Drinking Water Inspectorate of an outbreak of illness associated with, or suspected to be associated with, a private water supply; - participating in arrangements for exercising and testing plans to respond to outbreaks / incidents; <p><u>Response:</u></p> <ul style="list-style-type: none"> - with the Public Health England Centre, providing local leadership in responding to communicable disease incidents and outbreaks; - inform Director of Public Health of any emerging outbreaks/incidents; - with the Public Health England Centre, investigating clusters and outbreaks of foodborne infectious diseases; - participating (as required) in Outbreak/Incident Management Teams to help inform decision about the appropriate level of Environmental Health (specialist and administrative) resources required to support the incident response; - provide specialist help and advice on the environmental aspects of the outbreak; - when required, undertake inspections, collection of specimens and investigations of implicated premises; - as an H&S enforcement authority, execute the statutory duty to investigate infectious disease linked to workplace settings, undertake inspections, regulate workplace risk assessment processes and exercise powers under the Health and Safety at Work etc. Act 1974. Health and Safety Executive are also an enforcement authority for some premises.
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Appendix 1: Funding arrangements for resources deployed in response to an outbreak / incident

- 1.1 Health protection incidents and outbreaks are not a rare occurrence and often require the deployment of significant resources to deliver investigations and interventions to control them.
- 1.2 The funding at a local level of clinical interventions whether investigative or curative, is a responsibility of the NHS. NHS England South West and CCG finance officers will agree an appropriate methodology for sharing costs on a case by case basis from within budget allocations, to support the locally agreed clinical responses. The sharing of more significant costs will be agreed as appropriate, with NHS England Regional and National Finance Directors.
- 1.3 Upper tier local authorities have a set of emergency-related and health protection functions as outlined in this Memorandum of Understanding. The relevant new function is to advise on local health protection arrangements. In principle, the funding transferred to local authorities should at a minimum be sufficient to enable any relevant local authority to deliver this function (but not necessarily any more).
- 1.4 An outbreak / incident will normally be declared if an initial risk assessment undertaken by PHE identifies that coordination or sharing of information across agencies is necessary for investigation and control. Significant resources from the health and social care system may need to be deployed as part of the response. In the event that a complex multi-agency response is required, relevant organisations will be required to participate in an Outbreak/Incident Management Team. The Outbreak/Incident Management Team will enable PHE and NHS England South West to effectively coordinate and command the provision of necessary staff and supplies to enable a swift and timely response to the incident, whilst enabling the DPH (or their designate) to have appropriate strategic oversight. A request for participation in the Outbreak/Incident Management Team can be made at any time and providers of health (NHS) services have a duty to respond accordingly in line with the requirements of the NHS Standard Contract.
- 1.5 The over-arching principle agreed by signatories of this Memorandum of Understanding is that clarification of organisational responsibilities for funding a local response is not used to delay the response. As part of local assurance, organisations are to consider the proportionate delegation of financial authorisation to enable a culture of 'respond first, clarify invoicing later' within the enduring need to ensure best value for public money. Through its Chair, members of the Outbreak / Incident Management Team will have delegated authority to make decisions regarding the deployment of resources to respond to a declared outbreak / incident.
- 1.6 This principle will support a rapid health protection response. Local arbitration of any invoicing issues must be addressed as part of a recovery phase and should involve the DPH, PHE Centre Director, NHS England South West Director and Clinical Commissioning Group lead(s).

Should resolution not be possible then the route is to escalate the issue for regional arbitration by the PHE Regional Director and NHS England Regional Director who will consult with the appropriate Local Authority and Local Government Association representatives.

- 1.7 Dependent on the type/ size of the incident, it is important to note that the required response may exceed that which has been contracted / planned for as part of normal business and could impact on the activity performance of the service provider, based on the following factors:
 - 1.7.1 The number of operational staff required to support the incident
 - 1.7.2 Cost of investigation and treatment of patients and,
 - 1.7.3 The time period covered.
- 1.8 In this situation, any impact on normal service delivery should be recognised and agreed how activity monitoring should be treated as part of CCG, NHS England and/or Local Authority contract monitoring to ensure that a provider is not penalised as a result of the outbreak / incident that has occurred.
- 1.9 Upon agreement of the required response to an incident by the Outbreak/Incident Management Team, should the response (in terms of staff/ resource commitment) exceed that detailed in existing contractual arrangements or relevant surge plans, providers will quantify the cost of extra pay and non-pay resources utilised as a result of the enhanced response. Costs will be presented to the CCG, Local Authority(s) or NHS England South West with evidence.
- 1.10 Payments to final invoices will be implemented only on the express agreement of all relevant parties involved in the Outbreak/Incident Management Team. Discussions of this nature need to take place with the Directors of Finance (or equivalent) from the respective organisations.
- 1.11 Additional costs in response to an incident / outbreak should be recorded in a database by PHE and be included in the outbreak / incident report overseen by the PHE Centre Director of Health Protection (not removing responsibility from individual responding organisations to record costs incurred from supporting the response).

Appendix 2: Out of Hours On-Call Arrangements

Public Health England

The Devon, Cornwall and Somerset PHE on-call rota ensures that there is a public health professional contactable out of normal office hours to advise and respond to any incidents/outbreaks. Local Authority Public Health consultants and specialists support this rota.

NHS England South West

NHS England South West has a single point of contact available 24/7.

Somerset Clinical Commissioning Group

Somerset Clinical Commissioning Group have an on-call Director that can be contacted 24/7.

Upper Tier Local Authority

The Somerset Local Authorities' Civil Contingencies Unit provides an out of hours service for all six Somerset local authorities in the event of an emergency. Public Health advice/support would be sourced using the PHE on-call contact or through internal contact arrangements.

Lower Tier Local Authority

- Mendip District Council – 24/7 Environmental Health Duty Officer available
- Sedgemoor District Council – 24/7 Environmental Health Duty Officer available
- South Somerset District Council - 24/7 Duty Officer available
- Taunton Deane Borough Council – 24/7 Duty Officer available via Deane Helpline at Kilkeny. There is a list of officers that are willing to be contacted in the event of an emergency situation
- West Somerset Council – 24/7 Duty Officer available via Deane Helpline at Kilkeny. There is a list of officers that are willing to be contacted in the event of an emergency situation


Appendix 3: Response to an off-site emergency at Hinkley Point


Refer to the Hinkley Point Essential Services Off-Site Emergency Plan for details of the response to an incident including the distribution of Potassium Iodate tablets if this is necessary.

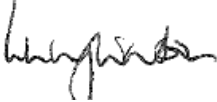
Appendix 4: Health Protection Contact for each Organisation

	Name & Job Title	Tel Number	Out of Hours	Email Address
Public Health England	Sarah Harrison - Deputy Director of Health Protection	0344 225 3557	01823 333444 -Musgrove Park Hospital OR 01935 422217 - Yeovil District Hospital	sarah.harrison@phe.gov.uk
NH England South West	Kate Bradley - Operations and Delivery Manager	0113 82 55104	0303 033 8833	Kate.Bradley1@nhs.net
Somerset Clinical Commissioning Group	Lucy Watson – Director of Quality, Safety and Governance, and Caldicott Guardian.	01935 385023	0303 033 9944	Lucy.watson@somersetccg.nhs.uk
Somerset County Council	Jessica Bishop – Health Protection Manager	01823 359663	CCU Duty Officer 01392 872225	jfbishop@somerset.gov.uk
Mendip District Council	Claire Malcolmson –Team Manager Compliance	01749 341350	0300 303 8588	Claire.Malcolmson@mendip.gov.uk
Sedgemoor District Council	Sarah Dowden - Food Safety and Civil Contingencies Manager	01278 435748	01278 435209	Sarah.dowden@sedgemoor.gov.uk
South Somerset District Council	Alasdair Bell – Environmental Health Manager Nigel O’Grady	07971111998 01935 462057 07971 111893 01935 462436	01935 462462	alasdair.bell@southsomerset.gov.uk nigel.O’grady@southsomerset.gov.uk
Taunton Deane Borough Council/ West Somerset Council	Erica Lake – Environmental Health Manager	01823 358405 Taunton 01984 635242 Williton	01823 351411	ellake@westsomerset.gov.uk

Signatures to the MOU

Signed: 
Name: Dr Sarah Harrison
Designation: Deputy Director Health Protection – Devon, Cornwall and Somerset PHE Centre
Date: 18th November 2014

Signed: 
Name: Laura Nicholas
Designation: Director of Operations and Assurance - NHS England South West
Date: 14th April 2015

Signed: 
Name: Lucy Watson
Designation: Director of Quality Governance & Patient Safety and Quality Team Co-ordinator - Somerset Clinical Commissioning Group
Date: 16th December 2014

Signed:



Name:

Trudi Grant

Designation:

Director of Public Health – Somerset County Council

Date:

27th November 2014

Signed:



Name:

Stuart Cave

Designation:

Corporate Manager, Regulatory Services - Mendip District Council

Date:

3rd December 2014

Signed:



Name:


Chris Hall


Designation:


Taunton Deane Borough Council

Date:

20th January 2015

Signed: 
Name: Sarah Dowden
Designation: Public Health and Civil Contingencies Manager - Sedgemoor District Council
Date: 15th January 2015

Signed: 
Name: Alasdair Bell
Designation: Environmental Health Manager - South Somerset District Council
Date: 8th January 2015

Signed: 
Name: Chris Hall
Designation: West Somerset Council
Date: 20th January 2015