

Committee(s):	Date(s):
Health and Wellbeing Board	5 th September 2013
Subject:	Public
Health Protection Arrangements	
Report of:	For Information
Director of Community and Children's Services	

Summary

The purpose of this report is:

- to update members of the Health and Wellbeing Board on the new local Health Protection arrangements in the London Borough of Hackney and the City of London Corporation;
- to provide an overview of stakeholders' roles and responsibilities after the Public Health transition;
- to highlight the possible risks, and
- to provide the assurance required by the Local Authority as to the safety and functionality of the arrangements in place.

The local health protection system involves the delivery of specialist health protection functions by Public Health England, (PHE) often discharged through primary care, community pharmacies and acute and community services and Local Authorities (LAs), with their Director of Public Health (DPH), providing local leadership for health.

The City and Hackney Health Protection Forum is a well established multi-agency stakeholder forum that will provide support to the DPH in their role of planning, ensuring preparedness and leading the local response to health protection challenges.

Recommendation(s)

Members are asked to:

- acknowledge their roles and responsibilities in health protection and be assured that their represented organisations are aware of these and have appropriate plans and arrangements in place;
- support and ensure their respective organisations participate in the multi agency City and Hackney Health Protection Forum led by Public Health, its work and development to help fulfil the local health protection function;
- request clarification of the responsibilities and accountabilities for emergency response at a regional and national level where responsibility is divided among different parts of the health system for immunisation, screening, prescribing and emergency response;
- note the evolving role of the Health and Wellbeing Board with regards to

oversight of the local arrangements for emergency planning and response as the system develops over time.

Main Report

Introduction

1. Health protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemicals and radiation. It involves planning, surveillance and response to incidents and outbreaks and informs national immunisation programmes and the provision of health services to diagnose and treat infectious diseases.

New Health Protection Arrangements

2. Local Authorities along with their appointed DsPH have a critical role in protecting the health of their local population, both in terms of planning to prevent threats arising, and in ensuring appropriate and commensurate responses are in place.
3. The scope and scale of work by the local authority to prevent threats to health to emerge, or reduce their impact, will be driven by the health risks assessment in the area. Understanding and responding to those health risks will be informed by the Joint Strategic Needs Assessment (JSNA), the Joint Health and Wellbeing Strategy and the Health and Social Care Commissioning Plans based upon them.
4. NHS England, Public Health England (PHE) and City and Hackney Clinical Commissioning Group (CCG) have a duty to cooperate with London Borough of Hackney and the City of London Corporation in respect of Health Protection. In order to put this into practice the Department of Health (DoH) recommended the setting up of a Health Protection Forum or committee linked to the Health and Wellbeing Board,¹ with the aims to facilitate, review and instigate actions to protect the health of the local population.
5. Within this context, the City and Hackney Multi Agency Pandemic Influenza Planning Group, a well established forum which has proven to be effective during the H1N1 influenza pandemic and the Olympic responses, has provided the basis to develop the City and Hackney Health Protection Forum to support the DPH in their role of planning, ensuring preparedness and leading the response to Health Protection challenges. (Please see Draft Terms of Reference for City and Hackney Multi Agency Health Protection Forum and Health Protection Committee Briefing).
6. Under the Health and Social Care Act (2012) the Secretary of State now has the core duty to protect the health of the population. However, LAs have a critical role in ensuring that all the relevant local organisations are putting plans in place to protect the population against locally/ nationally identified threats and hazards. This will link to, but be different from, the LA's statutory responsibility for public health aspects of planning for emergencies.

¹ Department of Health (October 2012). Public Health in Local Government. The new Public Health role of Local Authorities. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127045/Public-health-role-of-local-authorities-factsheet.pdf.pdf

7. As the majority of health protection incidents are contained locally, the DPH, or their Deputy, with advice from PHE, should lead the initial response to public health incidents at the local level, in close collaboration with the NHS lead.
8. The NHS will determine, in the light of the impact on NHS resources and with advice from the DPH, at what point the lead role will transfer, if required, to the NHS. (Please see 6. Appendix Figures 1 and 2).

Roles and Responsibilities

Secretary of State

9. The secretary of state has the overarching duty to protect the health of the population, a duty which will generally be discharged to PHE. The Secretary of State's critical role to ensure all parties deliver their roles effectively for the protection of the local population is delegated to LAs² and they should provide information and reassurance to PHE.
10. If the Secretary of State considers that the local arrangements are inadequate, or that they are failing in practice, then LAs must take appropriate action to protect the health of the local population.

NHS England

11. NHS England has a duty to cooperate with LAs on health and wellbeing (NHS Act, 2006).
12. NHS England's Chief Operating Officer (COO) has the executive lead responsibility for Emergency Planning Resilience and Response (EPRR) and the NHS England Director of Operations and Delivery is responsible for the day-to-day leadership of NHS resilience matters on the COO's behalf.
13. NHS England is responsible for:
 - ensuring CCGs and providers of NHS services are prepared for emergencies;
 - providing the national link on EPRR matters between NHS England, DoH and PHE;
 - providing assurance to DoH of the capability of the NHS to respond to emergencies;
 - providing leadership and coordination of the NHS, including provision of information on the NHS position, during national emergencies;
 - participating in national multi-agency planning processes, including risk assessment, exercising and assurance;
 - providing a link with national NHS bodies, e.g. NHS Blood and Transplant and health care regulators;
 - supporting the response to incidents that affect more than one region.

Public Health England (PHE)

² 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) Regulation 2013. Department of Health, Public Health England, Local Government Association (May, 2013).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

14. Public Health England has a responsibility to deliver the specialist health protection response, including the response to incidents and outbreaks through the PHE centres which take on the functions of the former Health Protection Units.
15. Public Health England is responsible for:
- setting a risk-based national EPRR implementation strategy for PHE;
 - ensuring there is a comprehensive EPRR system that operates for public health at all levels and assures itself that the system is fit for purpose;
 - leading the mobilisation of PHE in the event of an emergency or incident;
 - working together with the NHS at all levels and where appropriate develops joint response plans;
 - delivering public health services e.g. surveillance and microbiology services to emergency responders, Government and the public during emergencies, at all levels;
 - participating in and providing specialist expert public health input to national, sub-national and Local Health Resilience Partnerships (LHRP) planning for emergencies;
 - undertaking at all levels, its responsibilities on behalf of Secretary of State for Health as a Category 1 responder.

Public Health England Centres

- support NHS England with local roll-out of LHRPs, coordinating with LAs' partners;
- ensure that PHE has plans for emergencies in place across the local area;
- where appropriate, develop joint emergency plans with the NHS and LAs, through the LHRP;
- provide assurance of the ability of PHE to respond in local emergencies;
- discharge the local PHE EPRR functions and duties, including maintaining capability to lead the PHE response at local level;
- provide a representative to the LHRP, as required, and to the LRF.

Local Authority

16. Local Authorities have the delegated duty from the Secretary of State "to provide information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the authority's area, with a view to ensuring the preparation of appropriate local health protection arrangements, or the participation in such arrangements, by that person or body".
17. Local authorities, with their Health and Wellbeing Boards (HWBs) and DsPH will require assurance that acute and longer term health protection responses and strategies delivered by PHE appropriately meet the health needs of the local population.
18. The roles and responsibilities of the LA are to:
- fulfil its responsibilities as Category 1 responder under the Civil Contingencies Act (CCA) 2004;
 - promote the preparation of appropriate local health protection arrangements;
 - provide a lead DPH to co-chair the LHRP;

- provide information and advice with a view to promote the preparation of health protection arrangements by key health and social care partners within the local area;
- provide public health advice on health protection to the local clinical commissioning groups (CCGs);
- promote preparation of effective health protection arrangements by local organisations;
- develop commissioning plans aimed at the prevention of infectious diseases;
- develop joint approaches for responding to incidents and outbreaks agreed locally with partners including PHE and the NHS;
- report to DoH against PH Outcomes framework indicator “Comprehensive agreed inter-agency plans for responding to public health incidents”.

Health and Wellbeing Board

19. The Health and Wellbeing Board has a responsibility to ensure leaders from health and social care systems, along with the public, work collectively to improve the health and wellbeing of their local population whilst tackling inequalities.
20. The Board had a duty to ensure public engagement and input into the Joint Strategic Needs Assessment (JSNA) and to health and wellbeing strategies.
21. The Board will also work to ensure that commissioners work collaboratively to meet the health and wellbeing needs of the local communities.
22. The DPH should be a statutory member of the Health and Wellbeing Board (HWB).

Director of Public Health

23. The DPH on behalf of the LA has a professional advisory role to provide advice, scrutiny and challenge, to ensure that plans are in place to protect the health of the local population and escalate any concerns or issues to the relevant organisation or to the LHRP as appropriate.
24. The LA’s leadership role in health protection planning rests on the personal capability and skills of the appointed DPH and their team; they, on behalf of the LA are responsible for identifying any issues and advising appropriately. This role is underpinned by legal duties of cooperation, contractual arrangements, and clear escalation routes³.
25. “The DPH has a duty to prepare for and lead the LA’s response to incidents that present a threat to the public’s health”.

The roles and responsibilities of the DPH are:

Leadership

- provide leadership for the public health system within their LA area:
 - leading on health protection;
 - ensuring that appropriate arrangements are in place;

³ 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) Regulation 2013. Department of Health, Public Health England, Local Government Association (May, 2013). https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

- establishing arrangements with PHE for mobilising resources to respond to incidents and outbreaks;
- escalating concerns and holding local partners to account.

Responsibility

- undertake the responsibility for the LA's contribution to health protection including the LA's roles in planning for, and responding to incidents that present a threat to the public's health:
 - ensure that the LA's functions that relate to planning for, and responding to, emergencies involving a risk to public health are exercised;⁴
 - prepare for and lead the LA's response to incidents that present a threat to the public's health;
 - provide public health input into the LA's emergency plans.

Scrutiny

- scrutinise and as necessary challenge performance:
 - provide strategic challenge to health protection plans/arrangements produced by partner organisations and if necessary, escalate any concerns to the LHRP;
 - contribute to the work of the LHRP, possibly as lead DPH for the area.

Communication

- maintain oversight of population health and ensure effective communication with local communities;
- receive information on all local health protection incidents and outbreaks and take any necessary action, working in concert with PHE and the NHS. This may include, for example, chairing an outbreak control committee, or chairing a look back exercise in response to a sudden untoward incident.

Clinical Commissioning Groups (CCGs)

26. CCGs have a duty to cooperate with LAs on health and wellbeing (NHS Act, 2006).
- ensure contracts with NHS funded provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements;
 - support NHS England in discharging its EPRR functions and duties;
 - provide a route of escalation to the LHRP should a provider fail to maintain necessary EPRR capacity and capability;
 - fulfil its responsibilities as a Category 2 responder under the CCA including maintaining business continuity plans for their own organisation;
 - be represented on the LHRP.

⁴ See new section 73A(1)(d) of the NHS Act 2006, as inserted by section 30 of the Health and Social Care Act 2012.

NHS Funded Provider Organisations

27. Their roles and responsibilities vary if they are Category 1 or 2 responders.

- fulfil relevant legal and contractual EPRR requirements and ensure a robust and sustainable 24/7 response to emergencies;
- provide the resilience to manage emergencies and incidents that affect only them, with escalation where necessary;
- identify an Accountable Emergency Officer (AEO) to take executive responsibility and leadership at service level;
- collaborate with local multi-agency partners to facilitate inclusive planning and response;
- ensure preparedness to maintain critical services in periods of disruption and facilitate NHS EPRR assurance, including business continuity.

Risks

Planning

Health Protection Plans:				
Providing information and advice, ensuring effective multi agency health protection plans are in place, tested and reviewed				
Providing information and advice to every responsible person and relevant body within, or which exercises functions in relation to, the LA's area, with a view to promoting the preparation of appropriate local health protection arrangements.				
Responsibility	Risk	Mitigation	Outcome	RAG
Promote the preparation of appropriate and effective local health protection arrangements by local organisations	Inability to respond to an incident or outbreak	Raise awareness of the importance of health protection within the LA and with other key partners and agencies	Develop key relationships through the Health Protection Forum and provide training	
			TB treatment completion	
	Risk to health and wellbeing of local population	Develop commissioning plans aimed at the prevention of infectious diseases Services commissioned to address:	TB screening (Active and LTBI)	
			Early HIV diagnosis	
			Chlamydia diagnosis	
Improve vaccination coverage				
Provide a lead DPH to co-chair the LHRP	Difficulties in recruiting to the permanent DPH post	Currently Interim DPH in place	Oversight from Interim DPH	
		Deputy DPH leads Health Protection Forum	Functional Health Protection Forum	
Provide information and advice with a view to promote the preparation of health protection arrangements by key health and social care partners within the local area	Lack of clarity around roles and responsibilities and lack of a communications strategy in an incident	Utilise the Health Protection Forum to establish communication protocols and test them	Provide training and establish communication pathways and protocols	
		Work with LBH and partner organisations Communications teams to develop a Comms	Local Communications Strategy agreed by all relevant partners	

		strategy		
Provide advice and leadership on Pandemic Influenza	Unclear how Public Health will lead on Pandemic Influenza for the locality within the LA	Work through a pandemic flu scenario with partner agencies through the Health Protection Forum	Review Multi Agency Pandemic Influenza Plan	
			Rehearse the plan with partners	
Provide information and advice to local health and social care providers and local community on Heat wave	Lack of clarity around mechanisms to communicate with the public and health and social care providers	Utilise the Health Protection Forum to establish communication protocols and test these	Review multi agency heat wave plan	
			Work with LA's Comms team	
Provide advice and leadership on planning for Outbreaks	Lack of clarity of DPH roles and responsibilities	Work with PHE and Health Protection Forum	Develop a Communicable Disease Outbreak Framework	
Support local partners with health protection planning	Partners have inadequate plans in place to respond to a health protection incident	Provide training and opportunities to test partners plans	Multi agency membership on Health Protection Forum	
Provide public health advice on health protection to the local clinical commissioning groups (CCGs)	Lack of understanding of the CCG of its role on the Health protection response	Interim DPH to meet with COO of the CCG to explaining their role in supporting the Health Protection response	CCG engagement on local Health Protection planning and response	
	Lack of engagement of the CCG in planning and coordinating a response	Interim DPH to request CCG to nominate representation to the Health Protection Forum	CCG participation on Health Protection Forum	
Assurance that partner organisations have appropriate plans in place	Partner organisations are unclear of their responsibilities and roles in health protection	NHS England due to meet with COO of CCGs	Develop MOU with CCG	
	Lack of engagement of partners on Health Protection planning and	Engage with partner organisation on the local Health Protection Forum	Working together towards developing Multi-agency Plan	

	response	Develop Multi-Agency plan for responding to Health Protection threats following the model of the Multi-Agency Pandemic Influenza Plan	Report to DoH against PH Outcomes framework indicator “Comprehensive agreed inter-agency plans for responding to public health incidents”	
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Response

Communicable Disease Management of Outbreaks/ Incidents				
Including other health protection incidents such as environmental hazards, meningococcal disease, vaccine preventable diseases, seasonal influenza, chemical, radiological and terrorist incidents.				
Responsibility	Risk	Mitigation	Outcome	RAG
Managing or maintaining an overview of incidents or hazards that will affect the health of the local population	Lack of clarity of new roles and responsibilities	Work with PHE and NHS England in clarifying roles and responsibilities	Develop MOU clarifying roles and responsibilities	
	Local/national risk or hazards not included in the local register or JSNA	Work to identify health risks in City and Hackney	Health risks assessment included in the revised JSNA	
		Review LBH and CoL local risk registers and ensure relevant public health issues are highlighted	Continued PH membership on HEPB and CELT	
Provide PH leadership in Communicable Disease Outbreaks	Lack of clarity around DPH roles and responsibilities	Work with PHE to develop a Communicable Disease Outbreak Framework	Communicable Disease outbreak framework agreed with PHE	
Develop joint approaches for responding to incidents and outbreaks agreed locally with partners including PHE and the NHS	Lack of coordination on the response from different partner organisations to a major incident	Work on table top scenarios at the Health Protection Forum to identify collaborative responses	Coordinated response to be included in Multi-Agency Plan	
		Update Multi-agency plan	Updated Multi-Agency Plan	
Ensure a coordinated response across providers,	Lack of clarity around roles and responsibilities and data	Learning from current measles outbreak. Working with NHS,	Develop MOU and protocol	

commissioners and other partners in response to incidents/ outbreaks		collection and sharing	PHE, Homerton and the CCG through Outbreak Control Team meeting		
Response to requests for the mobilisation of resources to support local outbreak response		Request is not appropriately met	Establish Local contingency for outbreak response	10 outbreak sessions already included in local Acute contract	
		Unclear how resources will be mobilised or who will pick up the cost	Discussions in place with NHS England to support Measles Outbreak	NHS England has an allocated budget for outbreak response, clarity how to access it	
		Unable to access contingency funds on a timely manner	DPH to discuss with Head of Health and Wellbeing Commissioning about allocating an emergency response reserved budget £50,000	DPH to agree with Assistant CEO ability to release funds as part of outbreak response	
Provide expert advice and guidance with support from PHE in an incident		Lack of clarity of respective roles and responsibilities of existing and new agencies	Work with PHE to develop MOU to clarify roles and responsibilities	Roles and responsibilities discussed at local Health Protection Forum	
Communicating with and providing briefings for	Partners	Barriers to sharing information across different organisations	Clarify reporting mechanisms and communications plan with new and existing agencies	MOU for data sharing protocols	
	The public	Change of NHS branding for PH services to LA Confusion for the public	Development of a pro active communications plan and understand how to sign off reactive communications	LBH Communications team to attend the Health Protection Forum and the Outbreak Control Team Meetings	
	Elected members	NHS staff with no exposure to working with councillors and elected members into working in a political environment	Understanding local government communications protocols in LBH and City of London Corporation	Induction for staff on protocols for communicating with councillors and elected members	
Ensure that the local Child Health Information System is suitably commissioned and fit for purpose		Lack of clarity of transfer of resources to support dedicated role based within Homerton	Identification of budget lines and discussion with NHS England	Work with NHS England to agree safe transfer of resources	
			Continuous employment of dedicated staff member to manage CHIS	NHS England to agree with HUH and HUH to recruit staff	

Co ordination of Vaccination programmes; ordering, availability, stockpiling etc	Support primary care in ordering and maintaining appropriate vaccine supplies	Working with NHS England Immunisations team on Seasonal Flu planning	Supporting pan-London community pharmacies to provide seasonal flu vaccine	
As responsibility for performance and monitoring of immunisation programmes for the local population moves to NHS England	Unclear how Public Health will maintain an overview of immunisation coverage across the local population and staff within local provider organisations.	Working with NHS England and PHE on MMR Catch up Campaign	Develop MOU to clarify roles and responsibilities	
		Finalise contract and agreement for information sharing with CEG	Ability to monitor immunisation provision using EMIS data	
		Deputy DPH to maintain access to ImmForm and monitor immunisations	Able to monitor campaigns reported on ImmForm	

33. Recommended Actions

- LBH and CoL to work with PHE to agree a Memorandum of Understanding (MoU) detailing the specialist health protection support, advice and services that PHE will provide (this agreement should build on existing arrangements between the NHS, LAs and the PHE centres);
- DPH to co-chair the LHRP ensuring his ability to scrutinise and be assured of the plans to respond to emergencies for the local community;
- Establish mechanisms for early and ongoing communication between PHE and the DPH regarding emerging health protection issues to discuss and agree the nature of response required and 'who does what in any specific situation';
- The LA supported by PHE to develop a MoU, detailing joint working and escalation protocols between key partners on response to outbreaks; this should include:
 - Clearly defined roles and responsibilities for key partners including operational arrangements for releasing clinical resources with contact details for a responsible officer and their 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 emergency response, including handover arrangements;
 - Information sharing arrangements to ensure that PHE, the DPH and the NHS emergency lead are informed of all incident and outbreaks;
 - Arrangements for exercising, testing and peer reviewing health protection plans;
 - Arrangements for stockpiling of essential medicines and supplies;
 - Escalation protocols and arrangements for setting up incident/ outbreak control teams;
 - Arrangements for annual review.

Appendices

Appendix 1: National Health Frameworks for planning for and responding to a Health Major Incident/ Emergency

Appendix 2: Acronyms

Appendix 3: References

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Appendix 1

Figure 1 National Health Framework for planning for a Health Major Incident/ Emergency

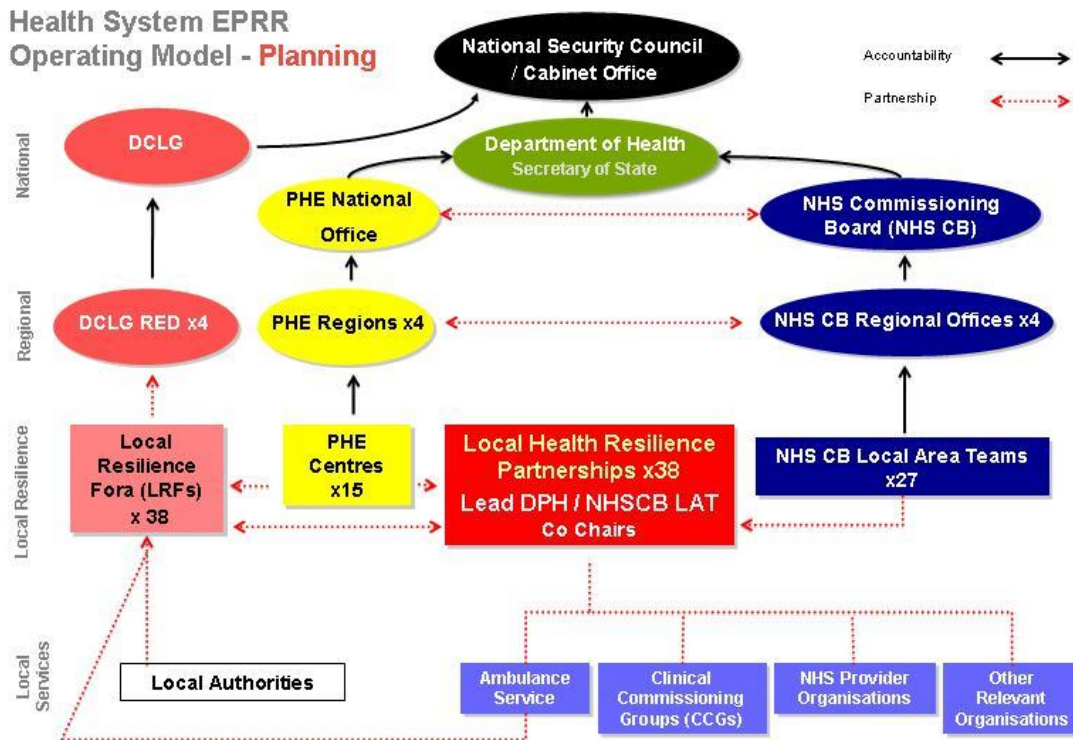
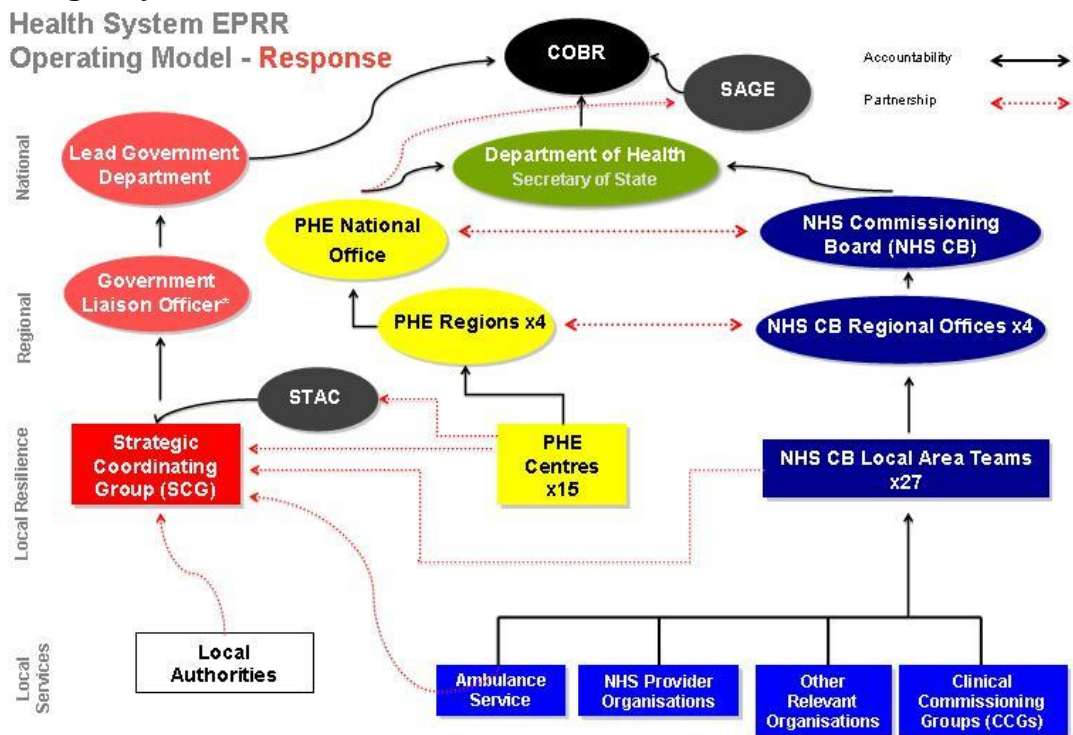


Figure 2 National Health Framework for Responding to a Health Major Incident/ Emergency



*Normally led by DCLG RED. But can vary depending on the type of emergency

Appendix 2: Acronyms

AEO	Accountable Emergency Officer
CCA	Civil Contingencies Act
CCG	Clinical Commissioning Group
CoL	City of London
COO	Chief Operating Officer
DoH	Department of Health
DPH	Director of Public Health
EPRR	Emergency Planning Resilience and Response
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LBH	London Borough of Hackney
LHRP	Local Health Resilience Partnership
JSNA	Joint Strategic Needs Assessment
MOU	Memorandum of Understanding
PHE	Public Health England
TOR	Terms of Reference

Appendix 3: References

- House of Commons, Communities and Local Government Committee. The role of local authorities in health issues. Eighth Report of Session 2012–13
<http://www.publications.parliament.uk/pa/cm201213/cmselect/cmcomloc/694/694.pdf>
- NHS Commissioning Board, Commissioning Fact Sheet for clinical commissioning Groups July 2012
<http://www.england.nhs.uk/wp-content/uploads/2012/07/fs-ccg-respon.pdf>
- Public Health in Local Government. The new Public Health role of Local Authorities. Department of Health (October 2012).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127045/Public-health-role-of-local-authorities-factsheet.pdf.pdf
- 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) Regulation 2013. Department of Health, Public Health England, Local Government Association (May, 2013).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf
- Health and Social Care Act 2012
<http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>
- Changes to Emergency Preparedness, Planning and Response published 3rd April 2012 (Gateway 17266)
www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133353
- LHRP Resource Pack 2012 published 26th July 2012 (Gateway 17820)
<http://www.dh.gov.uk/health/2012/07/resilience-partnerships/>
- Implementing the arrangements for emergency preparedness, resilience and response published 2nd August 2012 (Gateway 17933)
<http://www.dh.gov.uk/health/2012/08/epr-arrangements/>