South Yorkshire local Health Protection Memorandum of Understanding (June 2015)

This Memorandum of Understanding (MOU) describes the health protection roles and responsibilities for agencies in South Yorkshire relating to emergencies, incidents and outbreaks; specifically it aims to outline the public health roles and responsibilities of Directors of Public Health, Public Health England, NHS England and Clinical Commissioning Groups.

Governance of health protection

The Director of Public Health (DPH) has a responsibility for the strategic leadership of health protection in their local authority area. The NHS Emergency Preparedness, Resilience and Response (EPRR) is coordinated through the NHS England (NHSE) Accountable Emergency Officer (AEO) and the Public Health (PH) response via the lead DPH through the Local Health Resilience Partnership.

Overall principles / ways of working

- Collaboration is crucial between the partners, and should be based on this MOU.
- Positive relationship management is essential between both individuals and organisations, so that good will is not lost.
- Provider responsibilities are described as part of the commissioning responsibilities “to ensure”.
- Advice is based on science, i.e. is evidence based, not biased or prejudiced.
- Timely and accurate record keeping is required in all parts of the system.
- In the event of an incident of any type that is a potential or actual threat to local health of the public, the local Public Health England Centre (PHEC) will chair the Incident Control Team, with the DPH chairing if the incident is increasing in complexity, in size or challenges, requiring a wide scope in coordination and the mobilisation of resources outside PHEC, PH and Environmental Health (EH) departments locally and NHS mobilisation.
- In an incident mainstream systems should be used, i.e. do what you usually do.
- Learning should be shared e.g. from incidents of any magnitude.

Assumptions

- The relationships between the DsPHs and PHE, are set out in this MOU. This ensures the DsPHs and PHE can call on the resources of each other to manage health protection emergencies/incidents/outbreaks. The DsPHs can delegate responsibilities, by mutual agreement.
- In the national NHS mandate, contract and LA regulations there is a requirement on commissioners and providers to mobilise LA and NHS resources as well as PHE, DPH teams in public health incidents funded from baseline. “The provider must at the request of the coordinating commissioner,
provide whatever support and assistance may reasonably be required by the Commissioners and/or Public Health England in response to any national, regional or local public health emergency or incident.”

NHS national contract para 30.12

- Out of hours the PHE Centre for Yorkshire & the Humber will provide 1st on call cover with appropriate arrangements in place to access local authority expertise and resources for public health incidents. Implement the new processes as required.
- DsPH will have slightly different managerial responsibilities in their LA based on local agreement.
- IPC functions are the responsibility of the LA to support local commissioner.
- The DPH needs to be independent of political influence in declaring an incident.
- Strength of delivery in response to incidents has been based on public health services such as school nursing, health visiting. This needs to be retained by the commissioning arrangements.
- Screening and immunisation commissioning is the responsibility of NHS England, with public health advice and support from the Screening and Immunisation Team (SIT) who are employed by PHE but embedded in NHS England.

Some health protection responsibilities are defined nationally e.g. the architecture of ‘command and control’ for public health emergencies, the content of national NHS standard contracts in relation to health protection, the core functions and standards for PHE, and the public health regulations under which local authorities operate.

Issues

- The practical reality of mobilising staff at the request of the DPH, even if enshrined in contracts as the duty to “cooperate”, may be difficult. This will rely on close collaboration between NHS leads and the DsPH, not just the lead DPH in an LRF area. This is especially true for incidents that are of a “slow burn” nature or small, such as many PH events.
- Information governance to ensure links across all parts of the NHS, PHE and LA are required. This will include surveillance as well as other information.

Overall local roles

DPH role is a recognised leadership role. The DPH is:

- The principal adviser to the LA on all matters relating to health
- Responsible for the public health responsibilities of local authorities, including any conferred by regulation
- The chief officer charged with the health protection duty on behalf of the LA
- Of “chief officer” status in LA and appropriately qualified so appointed consistently with the Faculty of Public Health standards and best practice in local government recruitment.
• A statutory member of the health and wellbeing board, alongside the Director of Children Services and Director of Adult Services.

The SY DsPH will:

• Appoint a lead DPH to Co-chair the Local Health Resilience Partnership with an NHS England lead director. The lead DPH will coordinate the public health input into planning and testing for emergencies across the local authorities in the LRF area. The NHS lead director will represent the LHRP on the LRF

Public Health England Centre Director:

• Has a leadership role in effectively delivering PHE functions, including specialist advice and 24/7 response, to protect the health of the population in the area that the PHEC covers as well as mobilising PHE resources vertically. This role supports that of the DPH in giving expert advice, surveillance of communicable disease and other hazards.

This support includes:

• Attending the local Health Protection Committee, participating in the preparation and agreement of the local Health Protection Agreement. This details multi-agency roles and accountabilities.
• Providing the core functions of the PHEC in respect of health protection across the LA area in accordance with quality standards.
• Providing a named CCDC for each LA area, who can act as proper officer for local authority functions such as notification of communicable disease.
• Attending the LHRP, and the LRF
• Agreeing with the SY DsPH how this MOU will be implemented.

NHS England

• Directly commission primary medical care services and support CCGs in the co-commissioning of PMS at all levels.
• Can ask CCGs to carry out some commissioning functions in relation to primary medical care on its behalf.
• Commission some services on behalf of CCGs, where this is agreed by both parties.
• Commission defined national and regional specialised services, drawing on engagement with CCGs and LAs. NHS England will commission specialised services on behalf of organisations in Yorkshire and the Humber.
• Have responsibility for health services for those in prison or custody, high security psychiatric services and armed forces and their families.
• Emergency preparedness and response
  • Secretary of State can delegate powers of direction over NHS providers to the NHS England
Ensure that clear arrangements for emergency preparedness, resilience and response are in place, including arrangements for the mobilisation of the NHS in an incident 24/7.

Clinical Commissioning Groups (CCGs) including non-specialist acute and community services

- Commission health care services not commissioned by the NHS England including non-specialist acute services and community services etc.
- Work with EPRR functions of NHS England, LAs and PHE to ensure commissioned healthcare provision is resilient. Ensure representation on LHRP and maintain a 24/7 rota.
- Support NHS England in discharging its EPRR duties at a local level.

SY local authorities

- Commission healthcare services including school nursing services, substance misuse, alcohol and sexual health services.
- Employ the Director of Public Health and supporting PH team.
- Trading Standards Services have statutory public health functions and plans or programmes around animal health and zoonoses, food standards incidents and illicit alcohol.
- Ensure that clear arrangements for emergency preparedness, resilience and response are in place, including arrangements for the mobilisation of the NHS in an incident 24/7.

JSNA=Joint Strategic Needs Assessment
JHWS = Joint Health & Wellbeing Strategy