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Appendix 4

NHS England North Midlands Nottinghamshire LHRP

HEALTH PROTECTION RESPONSE MOU

Version 2.1
August 2018

NHS England North Midlands Nottinghamshire Local Health Resilience Partnership

Health Protection Response Memorandum of Understanding

Date	August 2018
Audience	• NHS England - North Midlands • NHS England Midlands & East (Regional) • NHS Providers - North Midlands • West & East Midlands Ambulance Service • Clinical Commissioning Groups - North Midlands • Public Health England - West & East Midlands • Local Authority Public Health Teams - North Midlands
Copy to	• Members of Staffordshire/Derbyshire/Nottinghamshire and Shropshire Local Health Resilience Partnership (LHRP) • NHS England Heads of EPRR Midlands & East (Region) • LRF Secretariats, Staffordshire, Shropshire, Derbyshire and Nottinghamshire
Description	This is an operational response plan, please read in the context of: • Civil Contingencies Act 2004 • Health & Social Care Act 2012 • NHS Act 2006 • Public Health (Control of Diseases) Act 1984 as updated by the Health & Social Care Act 2008 and 2012 • NHS England EPRR Framework 2015 • PHE Concept of Operations • Agreeing local roles for responding to Health Protection Incidents (PHE Gateway Number: 2013-357) • PHE Local health protection audit - Results from local health protection audit December 2017 • NHS Standard Contract 2018/19 • East Midlands Communicable Outbreak Management Plan and Derbyshire Action card (Addendum 1) • NHS England 2015 - Who Pays? Determining responsibility for payments to providers
Cross reference and links	http://www.england.nhs.uk/ourwork/gov/eprr/

Action required	This Memorandum of Understanding (MOU) has been developed as a high level document to ensure that there is a process in place for responding to health protection incidents. It is important that all relevant staff understand this MOU and is aware of their role and responsibilities.
Timing	To provide a timely response to outbreaks and health protection incidents as outlined in legislation and guidance.
Contact details	NHS England EPRR Team, Anglesey House, Rugeley, WS15 1UL england.northmids-eprr@nhs.net

Document control				
Version:	**Date:**	**Revision:**	**Author:**	**Approved by:**
1.0	10.04.2018	Construction	Marcel Comer	-
2.0	12.06.2018	Comments	HPRG	-
2.1	16.07.2018	Comments	LHRP	LHRP

Contents TBC

1. BACKGROUND

Outbreaks and health protection (HP) incidents are not rare occurrences and often require the deployment of NHS resources. The overarching goal is to bring together appropriate resources to protect the public's health by reducing harm, identifying a source and preventing the further spread or recurrence.

On 1st April 2013, a change took place across the health and social care landscape with a new Health and Social Care Act 2012. This established NHS England (NHSE), Public Health England (PHE), and Clinical Commissioning Groups (CCG) and transferred the majority of Public Health (PH) responsibilities into each Local Authority (LA), under the auspices of each Director(s) of Public Health (DPH).

At this time, Local Health Resilience Partnerships (LHRP) were established to bring together NHS Directors who manage resilience at local level.

On the 15th September 2017, LHRP's were asked to submit a self-assessment of their health protection capabilities. This review was designed to appraise roles, responsibilities and working arrangements for responding to outbreaks and HP incidents.

Following self-assessment, each of the LHRP's across the North Midlands established a Health Protection Response Groups (HPRG) and it was agreed that the following risks / scenarios would be used to inform the agenda: Avian Flu, Blood Born Viruses, E Coli O157, Gastroenteritis, Hepatitis A, B, Influenza (in and out of season), Invasive Group A Streptococcal Disease, Measles, Meningitis, Mumps, Norovirus, Pneumococcal and other bacterial, Scabies and Tuberculosis,

It has been agreed that the planning for Emerging Infectious Diseases, Environmental Testing, Legionella, Water Borne Contamination and Zoonotic would enlist support from both LHRP and Local Resilience Forum (LRF) colleagues.

The Association of DPH, Department of Health (DH), Faculty of Public Health, Local Government Association, NHSE and PHE all believe that flexibility and prompt action is key to planning and responding to the above risks / scenarios.

2. AIM

The aim of this Memorandum of Understanding (MOU) is to provide 'high level' guidance for supporting a timely response to an outbreak or HP incident, thus preventing unnecessary spread of disease, harm or suffering to individuals. This MOU is a framework for promoting mutually supportive working between multi-agency partner when planning and responding. The MOU will provide principles of good practice and local resolution of any issues. It is expected that this document will highlight where NHS system led improvement is required and a mechanism for escalating outbreaks, HP incidents and any issues for further regional and/or national escalation / consideration.

3. OBJECTIVES

- Provides ‘high level’ principles for responding to outbreaks and HP incidents as per legislation and guidance
- Advises on the commissioning of services specifications for different risks / scenarios with full multi-agency sign off
- Provides clarity on organisational and individual leadership, roles, responsibilities during both planning and response
- Demystifies funding arrangements and highlights the right to challenge and options for resolution where necessary
- Provides an approach that begins following identification of a single communicable case to either multiple county response and/or interfacing with the NHS England Concept of Operations for Pandemic Flu
- Provide a process for learning, ensuring debriefs are undertaken as required and reports are produced

4. SCOPE

This MOU has been designed for outbreaks and HP incidents that occur on a single county footprint and may or may not require the mobilisation and intervention of a Health Protection Response Team (HPRT). It needs to be stated that this MOU will not be coterminous with some NHS and non-NHS agencies / organisations and variations with boarders and terminology should be expected.

A communicable disease has been defined as; “an incident involving communicable or infectious disease which presents a potential or real risk to the health of the public requiring urgent interventions and management”.

An outbreak has been defined as; “two or more persons with the same disease, symptoms or organism isolated from a diagnostic sample, which are linked through common exposure, personal characteristics, time or location or at a greater than expected rate of infection compared with the usual background rate for a particular population and period”.

LHRP’s have determined that this MOU will only be used for those risks / scenarios which sit below the level of major incident.

5. PLANNINGAND ASSURANCE

Each LHRP has established a HPRG who will oversee the implementation and review for this MOU at all levels. Nottinghamshire LHRP’s will be responsible for the development and version control of this MOU which will act as part of local assurance.

Providers of NHS funded care will be subject to an annual review of their outbreak and HP incident response arrangements as part of NHSE Core Standards for Emergency Preparedness, Resilience and Response (EPRR). This process will be coordinated by both NHSE and by CCG’s as part of contracting and monitoring arrangements.

6. RESPONSIBILITIES

Under section 2A of the NHS Act 2006 (as inserted by Section 11 of the Health and Social Care Act 2012), the Secretary of State for Health has a duty to take such steps as considered appropriate for the purpose of protecting the public in England from disease or other dangers to health. In practice, PHE carries out much of the health protection duty on behalf of the Secretary of State.

NHSE, LA and PHE (exercising the Secretary of State's responsibilities) have been identified as Category 1 responders, under the Civil Contingencies Act 2004 (CCA 2004), which requires them to cooperate in the planning, preparedness and response for all types of civil emergencies. CCG's are Category 2 responders, under the CCA 2004, which means that they also have a duty to cooperate with other Category 1 and Category 2 responders.

LA's have an additional responsibility for exercising the authority of any of its functions relating to planning for and responding to those emergencies involving any risks to the public's health. Funding was transferred to LA's in 2013 which is believed to be sufficient to enable the delivery of this function until 2020.

6.1. NHS Standard Contract

Subject to funding arrangements set out in Section 6.6, providers can be asked to support the CCG, NHSE and/or PHE in a response to an outbreak or HP incident. A provider may be asked by the respective coordinating CCG to mount a response, in terms of any personnel, equipment, logistics and infrastructure required for an outbreak or HP incident.

6.2. Director of Public Health

The DPH provides leadership within their local authority area, in conjunction with PHE, for the public health response to the outbreak or HP incident. This may include chairing/attending relevant strategic/tactical groups, mobilising local authority resources and acting as a figurehead for councillors / media. The DPH also contributes more widely to multi-agency plans, given the range of responsibilities that local authorities have, which include social care and children's services, and their community leadership role.

6.3. NHS Community Provider

Local community services providers will deploy and coordinate relevant and available community resources as available at the time to support an NHS response, including clinical and administrative staff to enable clinical advice and investigations, and prescribing and administration of medications, where necessary.

6.4. Out of Hours General Practitioner

Out of hours, GP provider's will deploy and coordinate relevant and available community NHS resources as determined by the HPRT to support a community NHS response including as necessary: clinical and administrative staff to enable clinical advice and investigations, and prescribing and administration of medications, where aplicable.

6.5. Service Specification

Where required, the Nottinghamshire CCG's will be responsible for writing service specifications when there is a requirement for a commissioned service to meet all the reasonable response requirements of the registered population (who covers unregistered), with the exception of certain services that may be directly commissioned.

Service specifications will be agreed by HPRG, signed-off by LHRP's, respectively, and approved by the CCG's. Although every effort will be made to ensure that service specifications are adaptable to most scenarios, variations may be required for scenarios that sit outside of the generic response mechanism. It will be the responsibility of each CCG to determine how the information contained within each service specification is operationalised.

6.6. Funding

NHS funding streams for outbreaks and HP incidents are allocated to commissioners. The NHS is responsible for funding all of the clinical services required to respond effectively to an outbreak or HP incident, for example: diagnostic tests, vaccinations and prophylactic treatment. Funded contracts with NHS providers should ensure that the NHS is able to deliver its part of any outbreak or HP incident response. Payment responsibilities are allocated to CCG's and, in principle the responsible CCG is where a patient is registered with a GP or a resident in that area.

The Nottinghamshire CCG will finance the support of minor breakouts, on the understanding that national breakouts will be financed via NHSE. CCG's will agree funding 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/or National Finance Directors.

LA public health funding streams are allocated and ring-fenced in accordance with each financial year, which allows them to deliver their part of any outbreak or HP incident. It is vital that LA public health funding streams are reviewed in the run up to 2020 in anticipation of the removal of the ring-fenced grant.

It is vital that decisions are made around the most appropriate response and based on the best evidence and not on the most willing provider paying at the time!

It is expected that a CCG Director will be available at the time of an outbreak of HP incident to resolve any funding issues, e.g. for testing a larger than anticipated numbers of contacts.

All agencies / organisations will retain the right to challenge any costs during the planning and preparation for, response to or recovery from an outbreak of HP incident.

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:

- Number of operational staff required to support the incident
- Cost of investigation and treatment of patients
- Time period covered

The safety and well-being of patients is paramount. The underlying principle is that systems must ensure that there are no gaps in responsibility and no treatment should be refused or delayed due to uncertainty or ambiguity as to who is responsible for funding the provision of an individual(s) healthcare.

Since it is not possible for this MOU to cover every risk / scenario, all signatories will be held responsible to mobilise where necessary acting in the best interests of the public and the local community, working together in a multi-agency spirit / culture of 'respond first, clarify invoicing later'.

Where responsibility is not obvious, NHSE expects that all disputes will be resolved locally, arriving at a pragmatic arrangement. In cases where disputes cannot be resolved, the respective NHSE North Midlands Locality Director will be contacted to arbitrate.

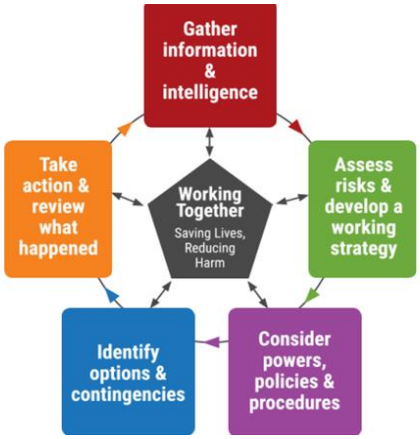
7. RISK ASSESSMENT / DIAGNOSIS

A 2-way channel of communication will be maintained between each LHRP and LRF. Where relevant, it is important to ensure that there is identification of relevant risks within each communities risk register. It is important that risks that sit outside of a normal risk assessment process are identified following a response and presented to the LHRP for consideration.

A clinical / risk assessment must be carried out by PHE and re-assessment of the risk at select times during an outbreak or HP incident. This is to ensure that timely prevention and control measures are implemented in accordance with commissioned service specification(s).

Initial consideration should be taken by PHE in line with national health protection policies and guidelines. The level of organisational input required for responding to an outbreak or HP incident should be determined through using the JESIP (Joint Emergency Services Interoperability Principles) that promote Dynamic Risk Assessment and Joint Decision Model (JDM). The JDM is not exhaustive but indicative of considerations when determining both the appropriate level of response and any subsequent resource requirements. Any decisions regarding the commitment of resources or the delivery of health protection interventions will be assessed against the need to protect the public's health whilst also ensuring the best value for public money.

Diagram 1. Joint Decision Model



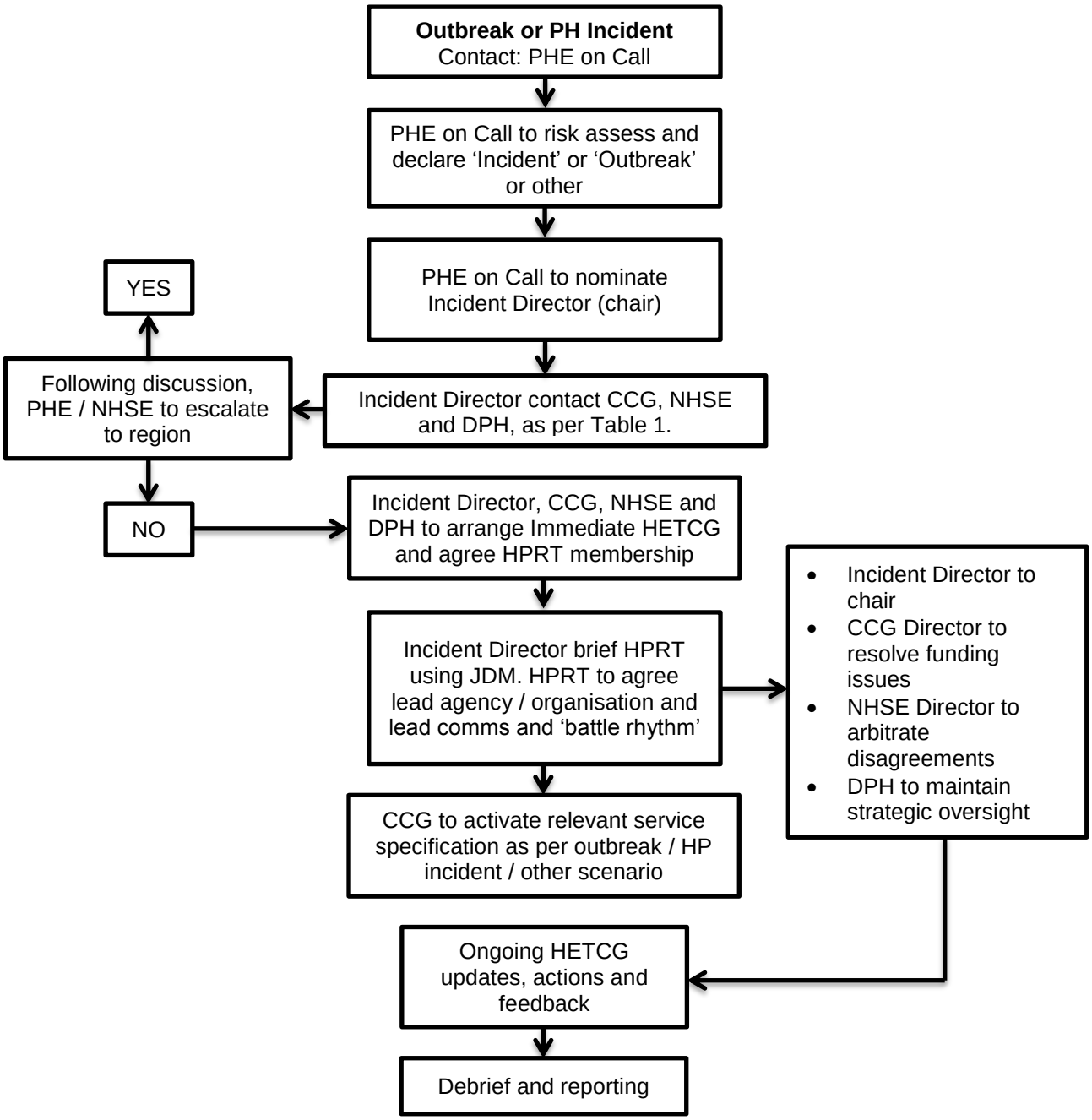
Any interventions as indicated through risk assessment will be communicated to the respective HPRT, including a consideration of the feasibility of providing these through alternative arrangements, e.g. local GP's.

The risk assessment will be made by either PHE (Consultant in Communicable Disease Control (CCDC) or Health Protection Consultant) from PHE and requests for NHS support will be initiated as per the PHE Incident Response Plan (IRP).

7.1. Activation

Where risk assessment identifies that NHS resources are need, PHE will declare an 'Incident' or 'Outbreak' (see scope in Section 4) and will contact the DPH, rspectively, and CCG and NHSE on call staff to discuss the risk, potential response and/or requirements for establishing a HPRT. The lead organisation will also be determined at this stage.

Diagram 2. Activation Flowchart



8. COMMUNICATION

It is imperative that PHE are notified as early as possible during an outbreak or HP incident. PHE will provide both the specialist health protection intelligence and advice to both planners and responders. PHE (chair) will be responsible for declaring any outbreak or PH incident, control measures and incident / communicates leadership through convening a virtual (in the first instance) or physical HPRT. Where necessary, this will need to be carried out in collaboration with the relevant CCG Director on Call and DPH oversight.

Communications and media should be considered from the outset and a strategy to manage public and key stakeholder communications should be robust. Individual agency and organisations communications teams will ensure that messages are coordinated and consistent in-line with agreed leadership and strategy. It may be necessary to keep the public fully informed via press / media, especially if there is a wider public health risk.

All agencies / organisations will be contact at the time (in or out of hours) via established call arrangements. NHSE maintain an extensive and up-to-date contacts directory of all contact details for both NHS and non-NHS partners across the North Midlands. This can be obtained through the NHSE Senior Managere on Call.

Table 1. On Call Numbers

Agency / Organisation	On call Number
PHE Staffordshire & Shropshire	IH: 0344 2253560 Option 2, Option 3 OOH: 01384 679031 ask for West Midlands North Health Protection
PHE Nottinghamshire & Derbyshire	0344 2254524 Option 1
NHS England North Midlands	07623 503853 via Page One
Stafordshire CCG	01384 679035 ask for Silver or Gold on Call
Shropshire CCG	01743 261000 ask for CCG Senior Manager on Call
Nottinghamshire CCG	03004 564957 ask for North or South on Call
Derbyshire CCG	01246 277271
Staffordshire County Council	08451 213322 via CCU Duty Officer
Stoke City Council	01782 235 186 ask for Director on Call
Shropshire Council	01743 260290 ask for Shropshire Council Emergency Planning Duty Officer pager X002
Telford & Wrekin Council	01743 260290 ask for Telford & Wrekin Emergency Planning Duty Manager to be paged
Nottinghamshire County Council	IH: 01159 773471 OOH: 01159 773674
Nottingham City Council	IH: 01158 762987 OOH: 01159 151640
Derbyshire County Council	IH: 01629 538364 OOH: Duty Officer 07074 737451 or 07074 737452
Derby City Council	IH: via Emergency Planning Team 01629 538364 OOH: Duty Officer 07074 737451 or 07074 737452

8.1. Administration

During planning, NHSE NM will manage the secretariat for both Nottinghamshire LHRP and HPRG.

PHE will coordinate the administration of the outbreak or HP incident and secretariat for the HPRT during response. CCG's will lead on communicating with GP's at the time, ensuring that medical records are kept up-to-date for any affected individuals.

9. RESPONSE

The HPRT will command, control and coordinate the provision of necessary staff and supplies to enable a swift and timely response, also enabling the DPH to have appropriate strategic oversight.

CCG's must ensure that relevant NHS providers can deliver a clinical response to outbreaks and HP incidents both in and out of hours. CCG's also need to ensure that appropriate guidance and any service specifications exists within the NHS, including Primary Care (PC) and local enhanced specific services and any surge / capacity requirements in support of a response.

In the event of an actual outbreak or HP incident, the relevant PHE Centre (PHE on Call) and CCG Director on Call will act as core decision makers regarding any associated challenges that may impede an effective response. Discretion may be needed to reach an agreement for circumstances where there is no anticipated or actual requirement for NHS resources.

Dependent on the type and anticipated duration of incident, it is important to note that a required response may exceed that which has been comissioned. It is believed that this could impact on performance of NHS services due to resourcing and duration. In this situation, any impact should be recognised and additional planning agreed as part of contract monitoring to ensure that providers are not penalised as a result. In this situation, providers should quantify and track costs of all extra pay / non-pay resource utilised as a direct result of any additional response requirements.

9.1. In season and out of season, in and out of hours

All signatories should ensure the any 'high level' arrangements within the MOU and associated service specification can be delivered both in and out of season and in and out of hours.

9.2. Prescribing

CCG will provide a service specification for each scenario that will include the provision of prophylactics, treatment and/or immunisation respectively. Sourcing, prescribing and delivery to patients rest with either GP's or NHS providers. The service specification will account for access to local or national immunisation template PGDs for all routine scenarios and are published on the following website: https://www.gov.uk/government/collections/immunisation-patient-group-direction-pgd

Where a community pharmacy is asked to procure / supply stock for an outbreak or HP incident, the costs will also be picked up by the relevant CCG. The CCG will ensure that services specifications also include details on labelling, by licenced providers, and/or pharmacy(s), storage and the transportation of drugs when needed.

Under the direction of the NHSE, local community pharmacies may be asked to support a response by obtaining the necessary medication as determined by PHE, dispensing and supplying flexibly to meet the needs of the outbreak or HP response.

9.3. Swabbing

The CCG will be responsible for ensuring that a commission a service specification is in place for mobilising a local community provider who can swab, take blood and sputum samples for any required diagnostic testing.

10. LEARNING

10.1. Debriefing

Where necessary, outbreaks and PH incidents must be properly debriefed to identify lessons. Both the LHRP and LRF create local opportunities for organisations and agencies to attend debriefing training and both maintain a database of trained staff with debriefing qualifications to be contacted when necessary.

Following debriefing, a post incident report with lessons identified and initial recommendations will tabled at LHRP for consideration. Agreed actions will be recorded and monitored by the LHRP at all subsequent meetings.

Lessons identified from incident debrief will be evaluate for effectiveness and adherence to arrangements set out as amendments in this MOU.

11. ESCALATION

Where necessary, all regional levels can be notified as per NHSE and PHE escalation protocols. This may include escalation to PHE's national specialist services (microbiology, chemical and/or radiological), which provide management advice and direct support to any outbreak and HP incident response, e.g. interpretation of air quality results.

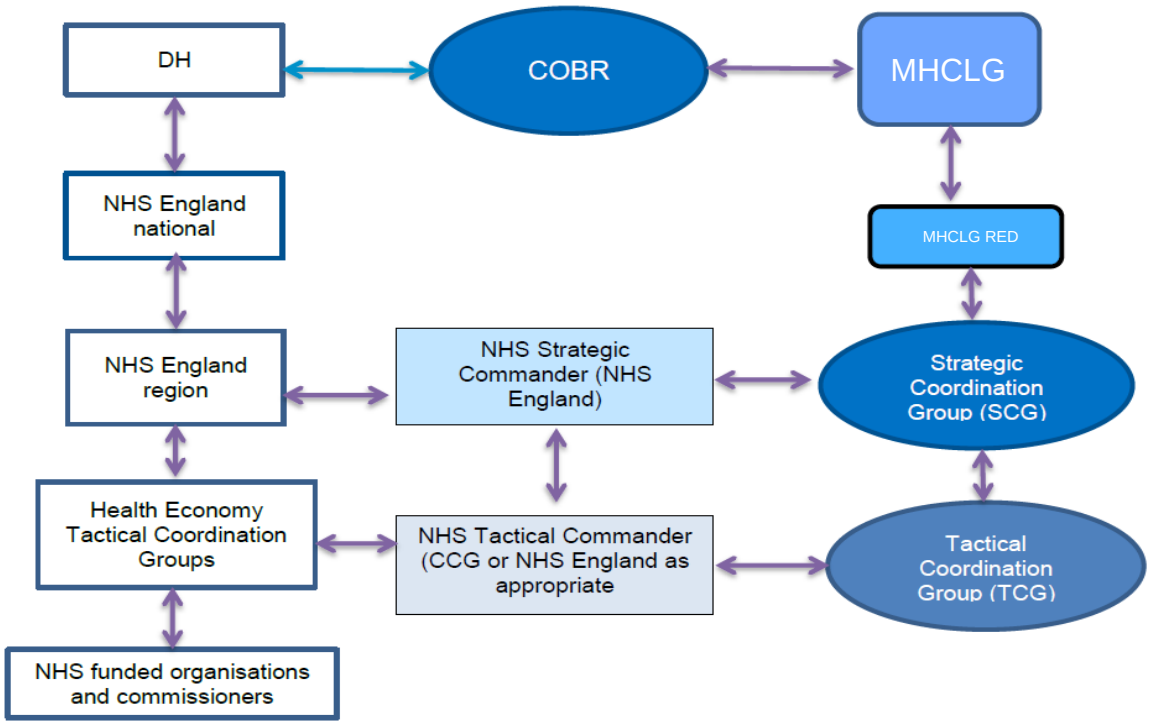
Following notification to PHE, CCG and DPH, a joint decision will be made regarding the level of NHS response requirement as per Incident Level (see Table 2). A response to an outbreaks or HP incident that derives from a single county footprint will be led by the CCG (see responsibilities in Sections 6 to 6.7).

The CCG will be asked to hand over their leadership responsibility to NHSE at Incident Levels 2 and above (see Table 2). Both PHE and NHSE will maintain the right to escalate from a local level to regional levels or even national if appropriate. In extremis, national escalation may also require intervention from the DH, Ministry of Housing, Communities and Local Government (MHCLG) and Cabinet Office Briefing Rooms (COBR), where necessary (see Diagram 3).

Table 2. Incident Levels

Incident Levels (All incidents to be declared in conjunction with the levels below)
1. **Response:** Local health provider in liaison with local CCG
2. **Response:** A number of health providers, coordinated by local CCG in liaison with NHS England (Local)
3. **Response:** Coordinated by NHS England (Regional) via NHS England (Local) with CCG's at a tactical level
4. **Response:** Coordinated by NHS England (National) via NHS England (Regional) and NHS England (Local) with CCG's at tactical level

Diagram 3. EPRR Response Structure for the NHS in England



11.1. HETCG (Health Economy Tactical Coordination Group)

A Health Economy Tactical Coordinating Group (HETCG) can be established at any time by the HPRT of any NHS organisation during an outbreak or HP incident to directly communicate with NHS providers. If necessary, NHS providers will be contacted to participate in line with local on call arrangements.

A HETCG can be held either virtually (teleconference) or physically and dial in details will be provided at the time by the requesting agency / organisation. It is important to note that a HETCG is not a replacement for a TCG which may be facilitated concurrently and feed into one another, enlisting advice from neighbouring local or regional multi-agency partners.

12. TRAINING & EXERCISING

It is the responsibility of each NHS and non-NHS agency / organisation to ensure that this MOU is communicated to relevant staff.

A training and exercise needs analysis (TaENA) will be compiled by the LHRP in January 2019 to determine any training and exercising requirements to validate the contents of this document and any associated documentation or service specification.

APPENDIX A - GLOSSARY

CCDC	Consultant in Communicable Disease Control
CCG	Clinical Commissioning Group
COBR	Cabinet Office Briefing Rooms
DCO	Directorate of Commissioning and Operations
DH	Department of Health
DPH	Director of Public Health
EPRR	Emergency Preparedness, Resilience and Response
GP	General Practitioner
HP	Health Protection
HPRG	Health protection Response Group
HPRT	Health Protection Response Team
HETCG	Health Economy Tactical Coordination Group
IRP	Incident Response Plan
JESIP	Joint Emergency Services Interoperability Principles
LA	Local Authority
LRF	Local Resilience Forum
MHCLG	Mistry of Housing Community and Local Government
MOU	Memorandum of Understanding
NHS	National Health Service
NHSE	NHS England
PC	Primary Care
PH	Public Health
PHE	Public Health England
TCG	Tactical Coordination Group
TaENA	Training and Exercise Needs Analysis