

Public Health Leadership, Multi-Agency Capability:

Guiding Principles for Effective Management of COVID-19 at a Local Level

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FACULTY OF
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Purpose of document

This document is intended to outline principles for the design of COVID-19 Local Outbreak Plans led by the Director of Public Health at Upper Tier Local Authority level, working with all key professions and sectors, with outline responsibilities for each defined.

The COVID-19 Local Outbreak Plans are intended to: build on existing plans to manage outbreaks in specific settings, ensure the challenges of COVID-19 are understood, consider the impact on local communities and ensure the wider system capacity supports Directors of Public Health.

Local authorities and partners will utilise local governance and partnership arrangements to ensure Local Outbreak Plans are developed and delivered to meet local needs.

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Introduction

The foundational context for local outbreak management is set out in the Public Health England and Association of Directors of Public Health joint statement *What Good Looks Like for Local Health Protection Systems*¹. Local Outbreak Plans for COVID-19 are a combination of health protection expertise and capabilities (the public health sub-disciplines of epidemiology and surveillance, infection suppression and control techniques, contact tracing and evaluation) and the multi-agency capabilities of bodies in supporting these efforts through the deployment of the necessary resources to deliver these health protection functions at scale, where needed.

It follows that contact tracing sits as one component within the full range of public health tools and techniques needed to manage an outbreak, and presupposes these other components are in place to be effective.

The specialist health protection skills and capabilities sit within a family of public health interventions which work within an already functioning system including local authority public health and environmental health functions, and Public Health England.

The co-ordination capabilities sit within strategic groups of Local Resilience Forums or other similar arrangements, with community leadership provided by elected members.

¹ <https://www.adph.org.uk/wp-content/uploads/2019/12/What-Good-Looks-Like-for-High-Quality-Local-Health-Protection-Systems.pdf>

Health Protection: Legal and Policy Context

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits:

- With Public Health England under the Health and Social Care Act 2012
- With Directors of Public Health under the Health and Social Care Act 2012
- With Chief Environmental Health Officers under the Public Health (Control of Disease) Act 1984
- With NHS Clinical Commissioning Groups² to collaborate with Directors of Public Health and Public Health England to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012
- With other responders' specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004
- In the context of COVID-19 there is also the Coronavirus Act 2020.

This underpinning context gives local authorities (public health and environmental health) and Public Health England the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through local Health Protection Partnerships (sometimes these are called Local Health Resilience Partnerships) and local memoranda of understanding. These arrangements are clarified in the 2013 guidance *Health Protection in Local Government*³.

PHE is mandated to fulfil the Secretary of State's duty to protect the public's health from infectious diseases, working with the NHS, local government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology; investigation and management of outbreaks of infectious diseases; ensuring effective emergency preparedness, resilience and response for health emergencies. At a local level PHE's health protection teams and field services work in partnership with DsPH, playing strategic and operational leadership roles both in the development and implementation of outbreak control plans and in the identification and management of outbreaks.

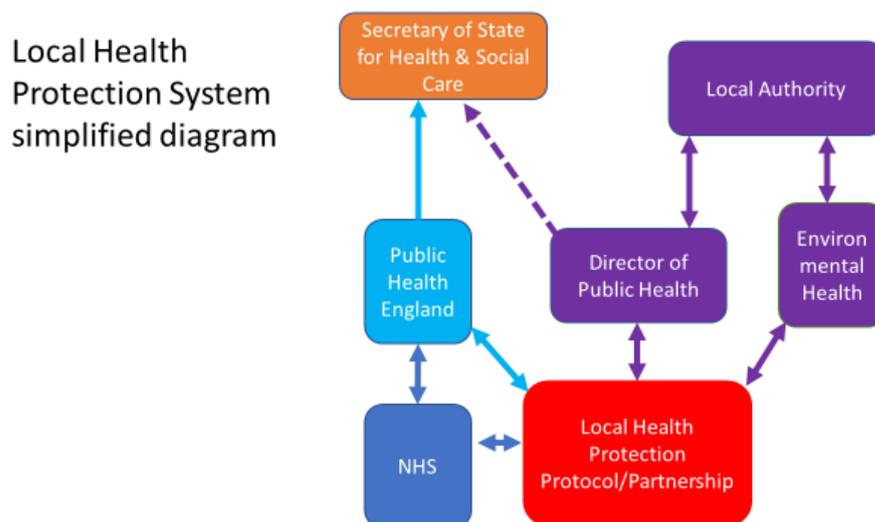
The Director of Public Health has and retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities that they serve are robust and are implemented. The primary foundation of developing and deploying local outbreak management plans is the public health expertise of the local Director of Public Health.

² And NHS England in the case of Prisons and custodial institutions

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) Regulations 2013

This legal context for health protection is designed to underpin the foundational leadership of the local Director of Public Health in a local area, working closely with other professionals and sectors.

Figure 1: A simplified diagram of the Local Health Protection System.



In some areas the Local Health Protection Partnership may be the Local Health Resilience Partnership. In other areas it is a dedicated Health Protection Committee or Partnership

The Cycle of Health Protection Action

Outbreak management, and contact tracing within it are part of a cycle of health protection action which starts from surveillance and epidemiology (reports of infection) through evidence of what is effective, the rapid formulation of actions, their implementation (requiring capabilities from many agencies in large outbreaks), assurance and evaluation and finally iteration as needed to prevent, suppress and reduce outbreaks of infection. This cycle remains the same regardless of setting. Each of these actions are necessary to manage outbreaks, even if they are extremely rapid in execution in practice.

Contact tracing can be both a part of surveillance/epidemiology on local outbreaks and a tool for implementing outbreak control.

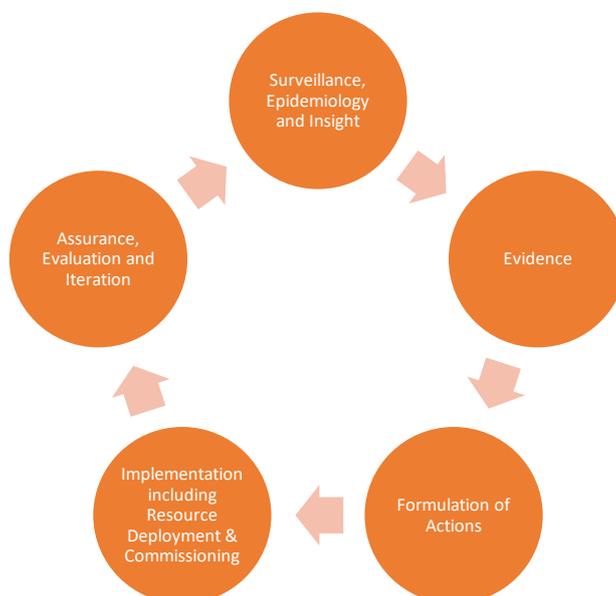


Figure 2: The Cycle of Health Protection Action

In the context of COVID-19 this means:

- Timely data flows from testing to be able to predict and intervene in outbreaks
- Updated evidence on spread of infection and control measures
- Implementation: Includes a range of actions from testing and contact tracing to public communication, hygiene and infection control measures etc

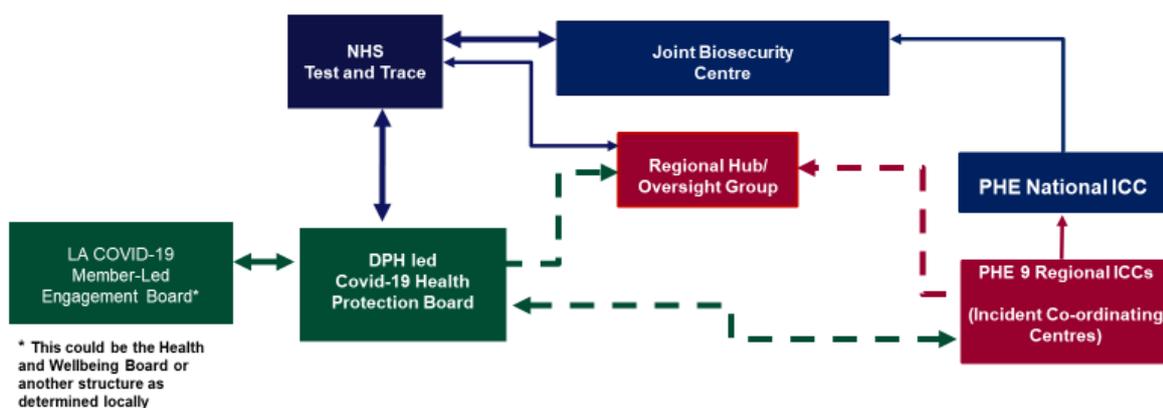
The role of the Local Resilience Forum

The Strategic Co-ordinating Group of the Local Resilience Forum has responsibility to agree and co-ordinate strategic actions by Category 1 and 2 responders for the purposes of the Civil Contingencies Act in managing demand on systems, infrastructures and services and protecting human life and welfare. The SCG has crucial capabilities in aligning and deploying the capabilities of a range of agencies at local level in supporting the prevention and control of transmission of COVID-19.

An LRF may often cover multiple local authority areas and at a local level, the relationship between each local authority and the SCG needs to be agreed and understood by stakeholders. In this respect, the SCG will add value to co-ordination and oversight across larger geographical footprints, for example for facilitating mutual aid. Local areas are best left to determine how these arrangements will work.

Figure 3: Relationships between local and national elements of outbreak management

Key Organisational Elements



The LRF and the public health parts of a local system require each other to deliver a Local Outbreak Plan. An SCG may take scientific and technical advice in furthering their role, but it is clear that the Director of Public Health's role, and role of the public health family of agencies in outbreak management on an LRF or SCG in a major disease outbreak is not solely advisory, it is also executive in furtherance of their role and as leader and holder of the Local Outbreak Plan for COVID-19.

The system will work best when every part of it acknowledges distinct, overlapping and mutually dependent responsibilities.

Overlapping Responsibilities

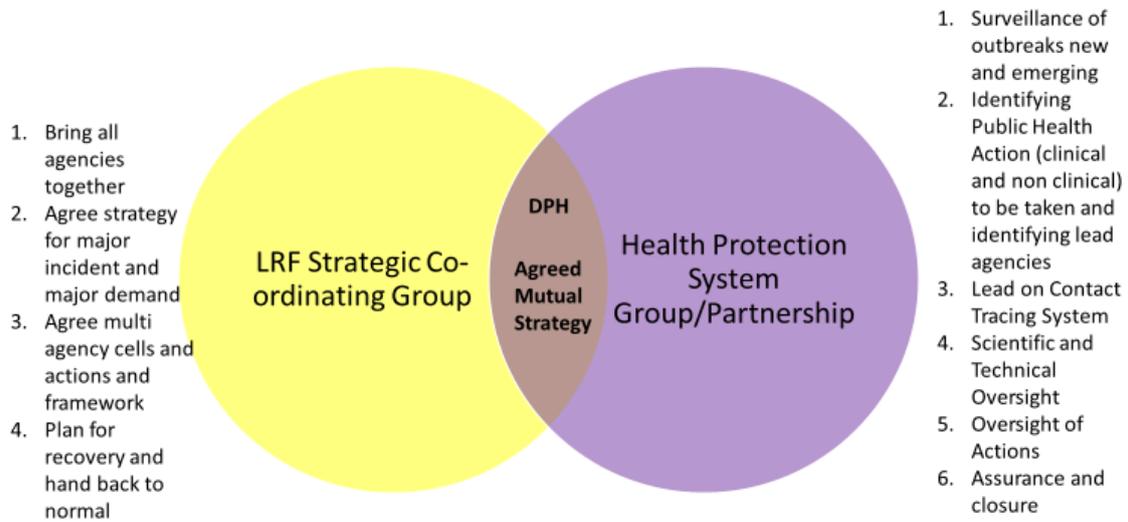


Figure 4: Overlapping and distinct interests and roles of LRF and Health Protection Systems

Local, Regional and National Roles and Leadership

The table below outlines the local, regional and national Leadership roles in this work.

Table 1: Roles and Responsibilities in developing and delivering outbreak plans

Level	Place-based leadership	Public health leadership
LOCAL	<p><i>LA CE, in partnership with DPH and PHE HPT to:</i></p> <ul style="list-style-type: none"> a) Sign off the Local Outbreak Plan led by the DPH b) Bring in wider statutory duties of the LA (e.g. DASS, DCS, CEHO) and multi-agency intelligence as needed including CCGs c) Hold the Member-led Covid-19 Engagement Board (<i>or other chosen local structure</i>) 	<p><i>DPH with the PHE HPT together to:</i></p> <ul style="list-style-type: none"> a) Produce and update the Local Outbreak Plan and engage partners (DPH Lead) b) Review the daily data on testing and tracing c) Manage specific outbreaks through the outbreak management teams including rapid deployment of testing d) Provide local intelligence to and from LA and PHE to inform tracing activity e) DPH Convenes DPH-Led Covid-19 Health Protection Board (a regular meeting that looks at the outbreak management and epidemiological trends in the place) f) Ensure links to LRF/SCG
REGIONAL	<p><i>Regional Lead CE in partnership with national support team lead, PHE RD and ADPH lead and JBC colleagues:</i></p> <ul style="list-style-type: none"> a) Support localities when required when there is an adverse trend or substantial orcross-boundary outbreak b) Engage NHS Regional Director and ICSS 	<p><i>PHE Regional Director with the ADPH Regional lead together:</i></p> <ul style="list-style-type: none"> a) Oversight of the tracing activity, epidemiology and Health Protection issues across the region b) Prioritisation decisions on focus for PHE resource with LAs c) Sector-led improvement to share improvement and learning d) Advice to NHS providers

	<ul style="list-style-type: none"> c) Link with Combined Authorities and LRF/SCGs d) Have an overview of issues and pressures across the region especially cross-boundary issues 	<ul style="list-style-type: none"> e) Liaison with the national level
NATIONAL	<p><i>Contain SRO and PHE/JBC Director of Health Protection:</i></p> <ul style="list-style-type: none"> a) National oversight for wider place b) Link into Joint Biosecurity Centre especially on the wider intelligence and data sources 	<p><i>PHE/JBC Director of Health Protection (including engagement with CMO):</i></p> <ul style="list-style-type: none"> a) National oversight identifying sector specific and cross-regional issues that need to be considered b) Specialist scientific issues e.g. Genome Sequencing c) Epidemiological data feed and specialist advice into Joint Biosecurity Centre

The Four Principles of Design and Operationalisation

There are four principles for the design and operationalisation of Local Outbreak Plans and arrangements, including local plans for contact tracing. These are stated below and outlined in more detail after this. These principles can function as standards or tests for local systems to use in determining whether their arrangements have been developed in a way which will enable maximum impact and effectiveness.

The prevention and management of the transmission of COVID-19 should:

1. Be rooted in public health systems and leadership
2. Adopt a whole system approach
3. Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
4. Be sufficiently resourced

Principle 1: Be rooted in public health systems and leadership

A good Local Outbreak Plan and contact tracing system will be led by public health, working as a “system within the local system”. A good Local Outbreak Plan will be able to receive, share and process data to and from a range of sources in a timely way to prevent and control the transmission of COVID-19.

In particular:

- The expert scientific and leadership capabilities of the local public health system will be central to the design and execution of the outbreak plan. The local public health system involves the Director of Public Health providing local leadership for health and of the outbreak plan and the delivery of specialist health protection functions by PHE
- Existing roles and responsibilities which are working well should be included and not disrupted in the design of the local outbreak plans
- The local environmental health function will be an equally crucial part of the public health core capability in the application of their capabilities and expertise
- The plan will be rooted in infection prevention control and health protection as its foundation.

- The public health system at local level must work together as a system within a system, recognising their interdependency
- NHS infection control capabilities will deliver clinical leadership fully playing their part in supporting the leadership of the Director of Public Health in NHS and Care settings, and NHS organisations will facilitate this
- The public health system will be able to deploy and direct testing capabilities to deliver objectives in the management of outbreaks and contact tracing
- A good Local Outbreak Plan will be able to receive, share process data to and from a range of sources in a timely way to deliver all outbreak management functions including contact tracing. (See Appendix 1.)
- A good plan will show integration of data from all sources to enable a) contact tracing, b) infection mapping and surveillance and c) epidemiological analysis to enable decisions and monitor effectiveness and impact

Principle 2: Adopt a whole system approach

Just as the public health “system within a system” is necessary to a strong Local Outbreak Plan, so the capabilities of the whole system will be crucial to preventing and managing outbreaks. Both are necessary parts of a system. A good local Outbreak Plan will:

- Have a clear role for the Strategic Co-ordinating Group in deploying and aligning multi-agency capabilities in furtherance of the Plan
- Ensure that agencies play to their strengths and capabilities and do not try to do the roles of others with specific statutory responsibilities or more suited to a specific role
- Ensure the capabilities needed from all agencies, from analysts and data specialists to clinicians, local authority, NHS, police and voluntary sector functions are harnessed for appropriate roles ranging from supporting those self-isolating to the use of legal powers where needed.
- Ensure that the local voice is heard through active engagement with local communities and effective communications

Principle 3: Be delivered through an efficient and locally effective and responsive system

A good Local Outbreak Plan will ensure that the system is designed to run efficiently and at local level with limited need for escalation outside the local authority. This includes timely

access to and sharing of information, data and intelligence to inform action and monitor outcomes:

- Command and control arrangements and decision making are localised.
- Arrangements for rapid and proactive management of outbreaks will be clearly set out in local plans
- Agencies will agree data flows, pathways and information sharing protocols in a timely fashion as a matter of priority
- Sufficient information must be shared which allows management of outbreaks and appropriate actions to be taken

Principle 4: Be sufficiently resourced

A good Local Outbreak Plan requires resource and capability, both financial and skills/expertise. In particular:

- Each agency must be prepared to contribute resources (people, capabilities, funds, assets) needed to make the plan effective
- Specific hypothecated funds for outbreak management will be made available from Government
- Ensure commissioning processes are swift and robust enough to deliver the required actions stipulated by the Plan or the Covid-19 Health Protection Board.

Appendix 1: Data Sharing

Agencies will assume they are required to adopt a proactive approach to sharing information by default, in line with the Instructions of the Secretary of State, the Statement of the Information Commissioner on COVID-19 and the Civil Contingencies Act.

The Secretary of State has issued 4 notices under the Health Service Control of Patient Information Regulations 2002 requiring the following organisations to process information: NHS Digital, NHS England and Improvement, health organisations, arm's length bodies, local authorities, GPs. These notices require that data is shared for purposes of coronavirus (COVID-19) and give health organisations and local authorities the security and confidence to share the data they need to respond to coronavirus (COVID-19).

These can be found here <https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information>.

The data sharing permissions under the Civil Contingencies Act 2004 and the statement of the Information Commissioner all apply. Under the Civil Contingencies Act 2004 (CCA) and the Contingency Planning Regulations, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders. This is required for those responders to fulfil their duties under the CCA.