

**DUDLEY HEALTH AND WELLBEING BOARD**

**Agenda Item No.9**

**REPORT SUMMARY SHEET**

<b>Date</b>	17 <sup>th</sup> June 2014
<b>Title of Report</b>	Dudley Health Protection Cooperation Agreement
<b>Organisation and Author</b>	Pauline MacDonald, Nurse Consultant Communicable Disease  Valerie Little, Director of Public Health
<b>Purpose of the report</b>	To inform/assure the board on the arrangements in place if there is a Health Protection incident or outbreak in Dudley
<b>Key points to note</b>	The cooperation agreement gathers assurances from all the involved parties on their roles in the event of a health protection incident.  It supports existing Emergency Planning strategies, and has been endorsed by members of Dudley Health Resilience Partnership Group.  The agreement details processes, roles, funding, and the mobilisation of NHS resources in Dudley to support a health protection incident.
<b>Recommendations for the Board</b>	That the board accept the report and endorse the Cooperation Agreement for use in Dudley.
<b>Item type</b>	Information
<b>H&amp;WB strategy priority area</b>	Quality Assurance

## **DUDLEY HEALTH AND WELLBEING BOARD**

**DATE:** 17<sup>th</sup> June 2014

**REPORT OF:** Valerie Little, Director of Public Health

**TITLE OF REPORT:** Dudley Health Protection Cooperation Agreement

## **HEALTH AND WELLBEING STRATEGY PRIORITY**

Making our neighbourhoods healthy - by planning sustainable, healthy and safe environments and supporting the development of health-enhancing assets in local communities

## **PURPOSE OF REPORT**

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 exposure. The report details Dudley Health Resilience Partnership's agreement on the local response if there was a Health Protection Incident in Dudley.

## **BACKGROUND**

2. The changes to structure of healthcare detailed in the Local Authorities Regulations (2013) and NHS Act 2006, created the need for clarification on the roles of new and existing agencies in the event of a health protection incident.

Following guidance from The Association of Directors of Public Health (ADsPH), Department of Health, Faculty of Public Health, Local Government Association, NHS England and Public Health England; this document summarises the Health Protection arrangements for Dudley which have been updated in light of these new regulations.

## **THE MAIN ITEM/S OF THE REPORT**

3. The report details the agreement between Dudley Metropolitan Borough Council (Office of Public Health), West Midlands Public Health England Centre, Dudley Clinical Commissioning Group, NHS England Birmingham, Solihull and Black Country Area Team and Dudley Group Foundation Trust.

The report summarises the national legislative, commissioning and provision guidelines. More detailed is given on the formal identification of incident/outbreaks, roles and responsibilities of all involved parties, the activation processes to mobilise a response and the management structures involved, if there were an incident in Dudley.

## **FINANCE**

4. In Dudley, the funding at local level of clinical interventions whether investigative or curative, is a responsibility of the NHS. It has been agreed that NHS England - Birmingham Solihull and Black Country Area Team will commit resources, in accordance with the principle of respond first, clarify invoicing later and the decisions on funding must not delay responses.

The Director of Public Health would be responsible for the mobilisation of any local authority resources necessary to support the response agreed by the Incident Management Team.

## **LAW**

5. The responsibility for coordinating a Health Protection incident response falls to the West Midlands Centre of Public Health England and NHS England's Birmingham, Solihull and the Black Country Area Team. The Director of Public Health has overall responsibility for strategic oversight of a Health Protection incident, and will ensure an appropriate response is put in place by NHS England and Public Health England, however they have no authority to direct, command or take decisions relating to mobilisation of NHS resources.

## **EQUALITY IMPACT**

6. Communicable Diseases, chemical releases and other health protection incidents are neither discriminatory nor respective of existing classifications and boundaries.

The impact of a Health Protection incident will not affect a specific demographic group more than others, and responses detailed in this report will focus on clinical responses giving the best treatment to each patient, regardless of which demographic they identify with.

## **RECOMMENDATIONS**

7. Accept the report, thank the Communicable Disease and Emergency Planning Team, Office of Public Health for their work to create and coordinate this work.

### **Signature of author/s**



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