

Merton Public Health Team

Health Protection Oversight Function: Overview and Protocols

Sept 2018 -FINAL DRAFT

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1. Introduction

1.1 Purpose of the document

1. Since the Health and Social Care Act in 2012, there have been changes in the way in which Health protection is led and managed at both national and local levels. The aim of the current arrangements is for an integrated, streamlined health protection system that delivers effective protection for the population from outbreaks of disease and emergency preparedness through to improving local people's health and access to health services.
2. Nationally, Public Health England has a responsibility to deliver a specialist health protection response through health protection teams. Locally, Local Authorities have a mandated responsibility for providing oversight to ensure that health protection arrangements are robust. Both roles need to be complementary to ensure an effective response.
3. The purpose of this document is to clarify the health protection roles and responsibilities of the Merton Public Health team. It also provides a resource for members of the team and others, setting out an overview of systems, roles and processes, governance and working arrangements and links to relevant guidance and data. It highlights the partnership approach across LBM and with NHS England, Public Health England, Clinical Commissioning Group and community services.

1.2 How to use the document

4. The document outlines the specific protocols in Merton Public Health team with regard to various areas of health protection, for example immunisations, antenatal and newborn screening, cancer screening, healthcare associated infections, infectious disease outbreak management and emergency planning and resilience.
5. When informed about a Health protection query, one should be able to refer to the correct section of the document. In each section a lead officer/protocol should be listed in order to manage or pass the query on.
6. Individuals who are new to the team are also able to refer to this document when presented with an unknown health protection query. It will outline the correct procedure they need to follow in order to allow an appropriate response.

1.3 Background

7. 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. As well as major programmes such as national immunisation programmes and the provision of health services to diagnose and treat infectious diseases, health protection involves planning, surveillance, screening populations for diseases and response to incidents and outbreaks.
8. Local authorities have a critical role in protecting the health of their local population, both in terms of helping to prevent threats arising and in ensuring appropriate responses when things do go wrong. The Civil Contingencies Act (2004) classifies Local Authorities as Category 1 responders, with statutory responsibilities for actively planning for, and leading the response

to, health protection incidents and emergencies.¹ It is expected that Local Authorities will work with other key local partners to ensure that threats to health are understood and properly addressed. These partners include other Category 1 responders, such as Public Health England (PHE) and local health protection teams, NHS England (NHSE) and local health providers as well as Category 2 responders, such as Merton Clinical Commissioning Group (MCCG) and voluntary organisations.

9. In addition to the responsibilities of local authorities, Directors of Public Health and local authority Public Health teams have particular roles to play in supporting health protection work, as defined by the Health and Social Care Act (2012).² Despite commissioning no health protection services directly, the Act mandated that Directors of Public Health maintain an 'oversight' function to ensure that health protection arrangements are robust for their local population. Directors of Public Health also have a wider health protection role in supporting Public Health England with the management of outbreaks and incidents within their local authority area.³ These responsibilities can include the following routine activity:

- Review of health protection surveillance produced by NHS England and Public Health England Health Protection teams.
- Monitoring of service performance for key health protection services commissioned by partners (i.e. child hood immunisations services commissioned by NHS England).
- Assurance of local health protection response plans and the co-ordination of test exercises.
- Reviewing the local response to health protection incidents and outbreaks and ensuring that any learning is shared among local partners and acted upon.

10. The Department of Health's Health and Social Care Act 2012 guidance states that the Director of Public health should:

- provide strategic challenge to health protection plans/arrangements produced by partner organisations
- scrutinise and as necessary challenge performance
- if necessary, escalate any concerns to the local health resilience partnership (LHRP)
- Receive information on all local health protection incidents and outbreaks and take any necessary action, working in concert with Public Health England and the NHS.
- contribute to the work of the LHRP, possibly as lead DPH for the area
- provide the public health input into the local authority emergency plans

¹ The Civil Contingencies Act, 2004 (Available online at: <https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others>)

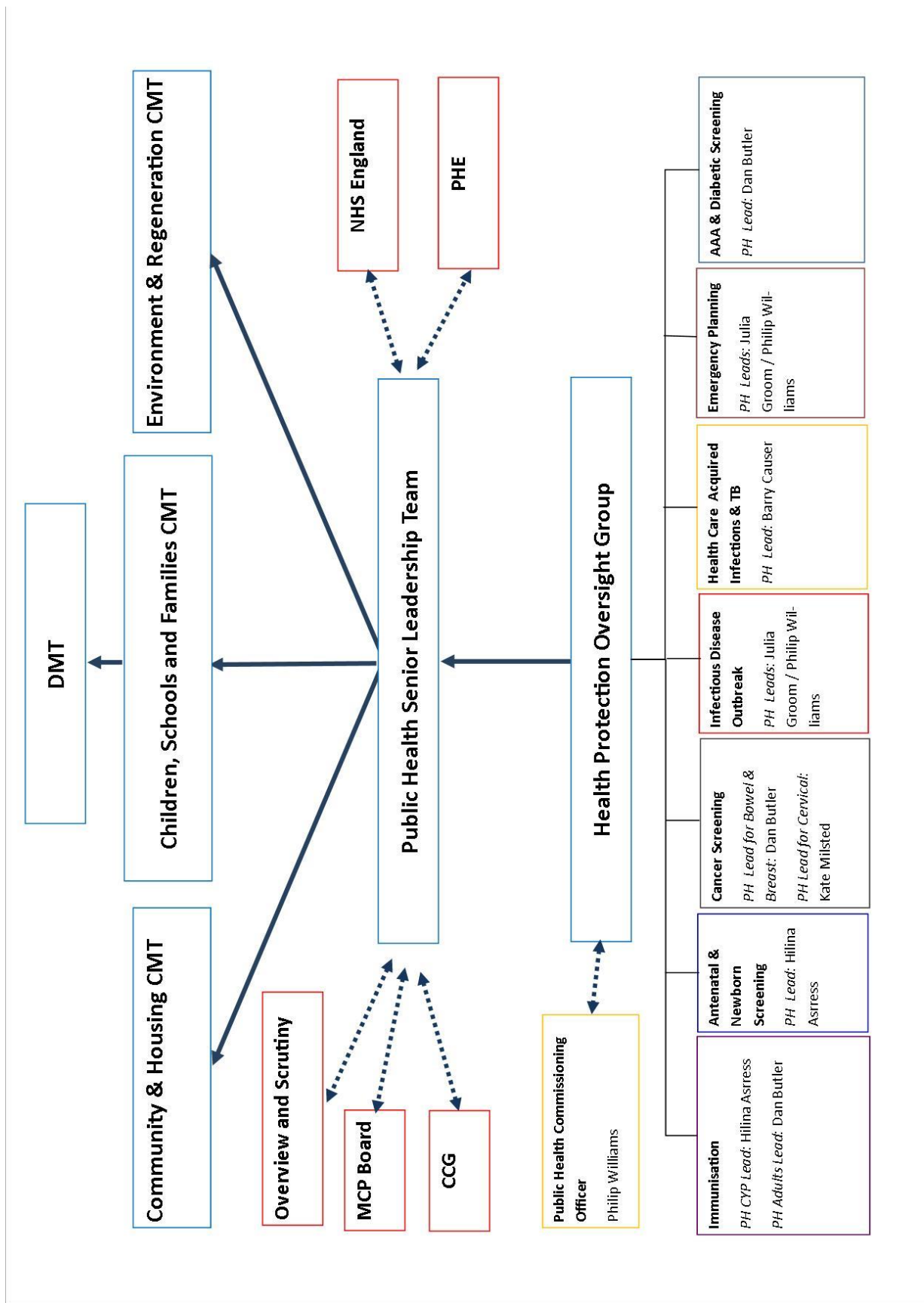
² The Health and Social Care Act 2012 (Available online at: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>)

³ *Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities, Regulations 2013*: (Available online at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf)

2. Local Arrangements and Governance

11. This document sets out the statutory responsibilities of the DPH on behalf of local authority to provide oversight for health protection systems. To support this, we need to have effective internal arrangements and governance.
12. A pathway has been designed for Merton Public Health team (see *Figure 1*) in which relevant key officers are assigned to each area of health protection:
 - Relevant key officers within the Merton Public Health team take on lead role for monitoring relevant data and information on health protection areas. Data sources can be found in your specified section in this document
 - An internal Public Health Protection Oversight group has been established, chaired by the lead Consultant in Public Health and co-ordinated by the Public Health Commissioning Officer. This will meet quarterly to review issues and escalate to Public Health Senior Leadership Team (PH SLT) if required. It will also have oversight of any communication activity and help priorities where limited resources are directed. Full Terms of Reference can be seen in Appendix 2.
 - The PH SLT will review escalated matters and any further actions required. The DPH will share with relevant DMTs (C&H, CSF, E&R) and relevant Cabinet Members if deemed necessary. The DPH can also gain information from key stakeholders e.g. NHS England, PHE and Merton CCG as well as relay information to them. If any issues need to be discussed at a sector level, these can be relayed at the 6 weekly SWLDPH meetings that the DPH attends.
 - Overview and Scrutiny will be invited to consider any health protection areas where there are issues impacting on the health and wellbeing of Merton residents.
13. Role of key officers include:
 - Proactively tracking and maintaining data in their area (e.g. using PHE and NHS-E reports) and saving in an easy to access file on the Shared network
 - Ensuring this data is reviewed, providing oversight for their area and identifying issues that require a response (e.g. underperformance, incidents, outbreaks)
 - Ensuring you are aware of protocols and the relevant key contacts listed in your specified area
 - Ensuring urgent queries are dealt with in a timely response and escalating quickly to the Director of Public Health if necessary
 - Attending quarterly meetings to discuss any issues within your specified area
 - Passing on key information to other relevant members in the team should you receive a query not in you area.
14. Role of the Public Health Commissioning Officer
 - Co-ordinate the Health Protection Oversight Group by organising the meetings and agenda of each quarterly meeting. Ensuring minutes/action plans are recorded and distributed to the group
 - Manage the flow of information that is being received by Merton Public Health team – ensure the information is saved on a shared drive that is easily accessible.
 - Ensure information is circulated amongst members and key officers within the group.

Figure 1: Local Arrangements and Governance



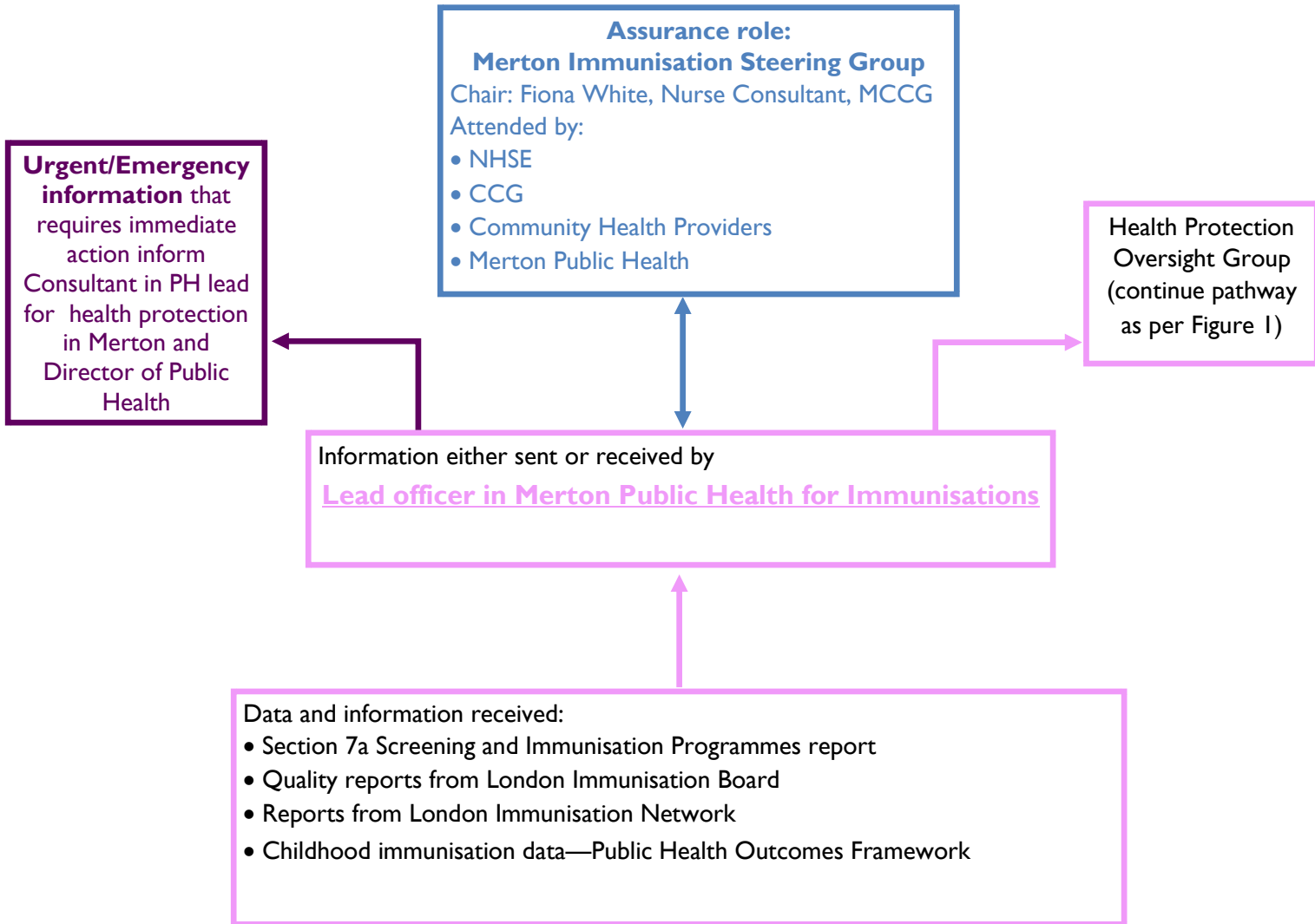
3. Health Protection Functions and Protocols

3.1 Immunisation

15. Immunisation provides protection from a range of serious infectious diseases and, after clean water, is one of the most effective public health interventions. The WHO has a target of 95% uptake of immunisations in order to maintain 'herd' (community) immunity.
16. Most immunisations are provided in primary care settings by local General Practices and pharmacists (especially in relation to flu). School age immunisations are provided by community health services teams, for Merton this is Hounslow and Richmond Community Health NHS Trust (HRCH).
17. The national immunisation programmes are commissioned by NHS England. NHSE is responsible for ensuring quality of immunisation services. These include maternal and targeted neonatal vaccinations; childhood immunisations; school age vaccinations and adult vaccinations, seasonal vaccinations including flu preparedness and the pneumonia vaccine. Public Health England works locally regionally and nationally with NHS England and others, providing evidence and surveillance of infectious diseases and immunisation programmes.
18. Merton CCG hosts an Immunisation Steering Group. This group is attended by NHSE, CCGs, Community Health providers and public health. It provides a forum to review the latest data and to co-produce and monitor a shared action plan to improve the uptake across child and adult immunisations. The Immunisation Steering Group reports to NHS England as well as feeding back to MCCG and public health about any incidents that may have occurred, for example, fridge incidents at certain GP practices (see figure 2 for a diagram showing local arrangements).
19. Local authority's role in Merton is one of oversight. In accordance with the Local Authority Regulations 2013, as part of the Director of Public Health's oversight function, there is a responsibility to scrutinise and challenge commissioning arrangements to ensure they meet the health protection needs of the local population. The local authority does not have resources to do targeted work on immunisation, except in relation to flu, where clinics are co-ordinated by HR to provide immunisations to frontline staff. The focus is ensuring that we support NHSE and CCG communications by:
 - using appropriate local authority channels, such as My Merton magazine, website, social media, e-newsletters, intranet and staff bulletins and,
 - disseminating electronic information to schools, children's centres and childcare providers, libraries, care homes and CVS organisations.
20. Overview and scrutiny have played an active role in providing oversight of immunisations if necessary, including a scrutiny of childhood immunisation and a follow up review.

Figure 2: Merton Public Health arrangements for Immunisations

NHSE and PHE have lead role in commissioning and improving immunisations
Local Authority Public Health has a role in oversight and scrutinising commissioning arrangements to ensure they meet the health protection needs of the local population

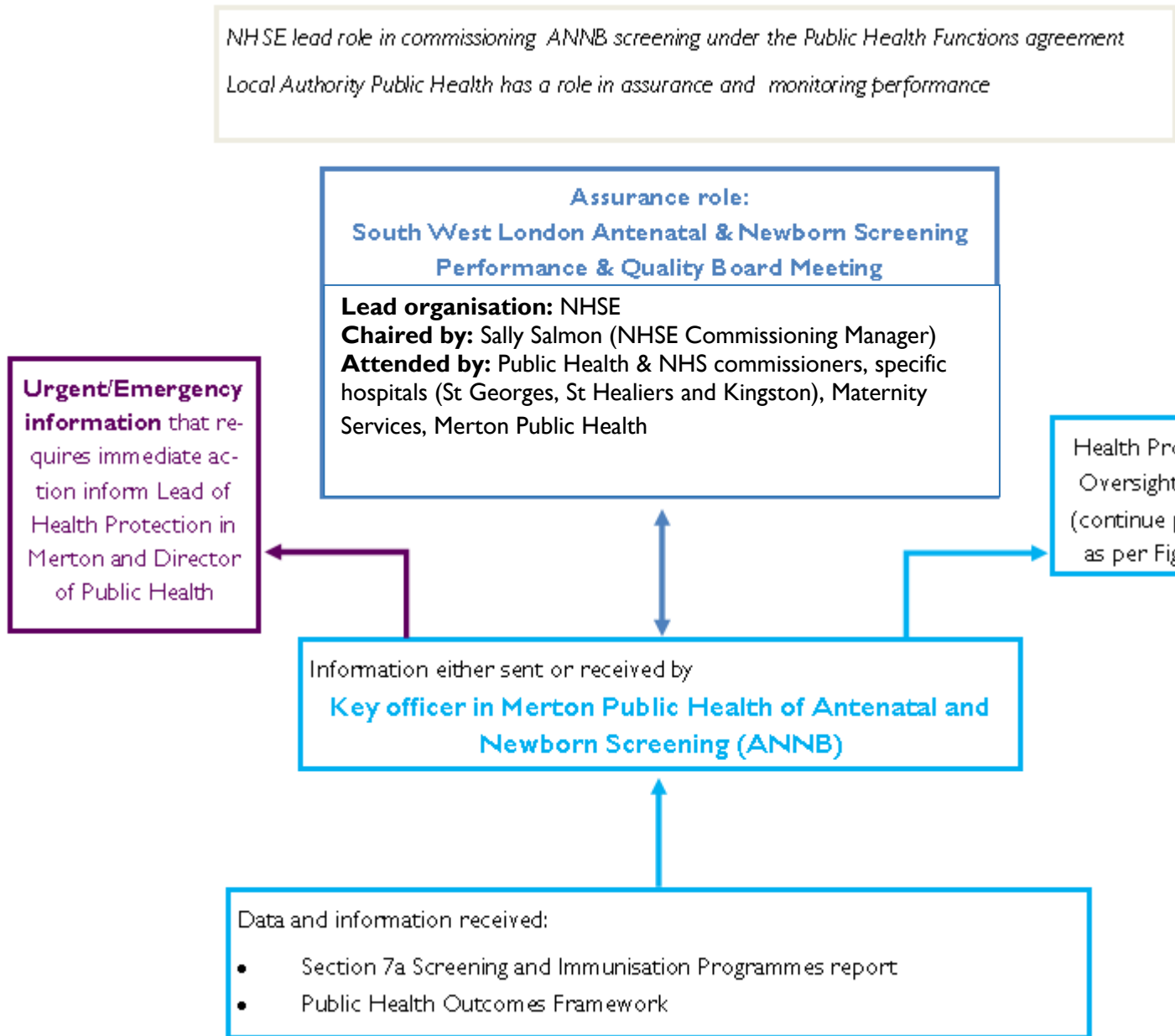


Key Contacts, Guidance and Information/data - Immunisations:	
PH Lead/s	Hilina Asrress, Senior Public Health Principal
Partner contacts	<p>Merton Immunisation Steering Group (Merton CCG) lead by Fiona White (nurse consultant) - Fiona.White@mertonccg.nhs.uk</p> <p>Bernadette Johnson bernadette.johnson@nhs.net - NHS England Immunisations Commissioning Manager</p> <p>Samantha Perkins (PHE) Samantha.perkins@phe.gov.uk – Principal Health Protection Practitioner</p> <p>Mary Maimo (PHE) mary.maimo@phe.gov.uk – Senior Health Protection Practitioner</p>
Guidance & resources	<p>NHSE (London) information, with a link to the Immunisation & Screening National Delivery Framework & Local Operating Model: https://www.england.nhs.uk/london/our-work/immunis-team/</p> <p>The Green Book (with all immunisation details): https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book</p> <p>Childhood immunisation Schedule (NHS Choices): http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx</p> <p>Department of Health Resources Orderline (to be used for ordering resources in an outbreak): http://www.orderline.dh.gov.uk/ecom_dh/public/home.jsf</p> <p>Vaccine uptake guidance and the latest coverage data nationally is available: https://www.gov.uk/government/collections/vaccine-uptake#pertussis-vaccine-uptake-in-pregnant-women</p>
Information/data (& frequency received)	<p><i>NHS England provide:</i></p> <ul style="list-style-type: none"> • Quarterly update on Section 7a Screening and Immunisation Programmes – currently received by DPH • London Immunisations Board send quality reports Which are also sent on to the Association of Directors of Public Health (ADPH) who provide a quarterly report – currently received by DPH • London Immunisation Network led by Fiona White – updates currently sent to Merton CCG and Hilina <p><i>Local Data:</i></p> <ul style="list-style-type: none"> • Childhood immunisation data – Public Health Outcomes Framework - http://fingertips.phe.org.uk/profile/health-protection <p>Data is currently saved on the Shared Drive.</p>

3.2 Antenatal and Newborn Screening (ANNB)

22. There are six ANNB screening programmes screening a total of 30 conditions, including infectious diseases, Down's syndrome and physical abnormalities.
23. The tests are provided by local hospital maternity services and tend to involve ultrasound scanning, blood tests or a combination of both. Tests are used to find women & babies at higher risk of a health problem. Early intervention can reduce mortality, morbidity and economic cost of life long treatment and support from health, education and social services. The tests can help in decision making about care or treatment during pregnancy or after the baby is born.
24. ANNB services are commissioned by NHSE under the Public Health Functions agreement (Section 7a agreement) between the Secretary of State and NHSE. Most elements of ANNB screening programmes are funded wholly or partly within the Maternity Pathway Payment (MPP), and contracts are within CCGs and CSUs contracts with local maternity providers.
25. PHE nationally produces a professional briefing with high level national commentary on the antenatal and newborn screening programmes.
26. Locally, the public health team review performance by participating in the South West London Antenatal & Newborn Screening Performance & Quality Board Meeting who meet on a quarterly basis. At these board meetings members of the commissioning team and of specific hospitals such as St Georges, St Heliers and Kingston Hospital attend and discuss performance status of both antenatal and newborn screening. Members of the maternity services are also present. Any underperformance is followed up with a request to NHSE for a remedial action plan. Aspects discussed and data presented at these meetings is now emailed to local boroughs.

Figure 3: Merton Public Health Team arrangements for ANNB Screening



<i>Key Contacts, Guidance and Information/data:</i>	
PH Lead/s	Hilina Asrress, Senior Health Protection Principal
Other contacts	<p>South West London Antenatal & Newborn Screening Performance & Quality Board Meeting</p> <p>Sally Salmon sallysalmon@nhs.net - ANNB Commissioning Manager – NHS England</p> <p>Alison Fiddler alison.fiddler@nhs.net – Quality Assurance adviser (antenatal and newborn), Screening Quality Assurance Service, London PHE Screening</p> <p>Specific hospital screening coordinators from St Heliers, St Georges and Kingston Hospital</p> <p>Health Visiting Service Lead – Claire Carroll, CLCH</p>
Guidance & resources	<p>Public Health Outcomes Framework: https://fingertips.phe.org.uk/search/screening#page/1/gid/1/pat/6/par/E12000007/ati/102/are/E09000024</p> <p>National Screening Committee Guidance https://www.gov.uk/search?q=antenatal+and+newborn+screening</p> <p>PHE Screening Blog updates from ADPH www.gov.uk/government/publications/vaccination-of-individuals-with-uncertain-or-incomplete-immunisation-status</p>
Information/data (& frequency received)	<p>Quarterly update on Section 7a Screening and Immunisation Programmes, NHS England - currently received by DPH.</p> <p>Public Health Outcomes Framework – accessible via: https://fingertips.phe.org.uk/search/screening#page/1/gid/1/pat/6/par/E12000007/ati/102/are/E09000024</p>

3.3 Adult Screening Programmes, including Cancer, Abdominal Aortic Aneurism (AAA), and Diabetic Eye Screening

Cancer Screening

27. Early detection of cancer greatly increases the chances for successful treatment. Recognising possible warning signs of cancer and taking prompt action leads to early diagnosis in individuals who have the disease but do not yet have symptoms. Cancer screening can save thousands of lives each year as well as having a huge financial benefit on the NHS.
28. NHS England (NHSE) is responsible for commissioning NHS screening programmes..
29. Local Authority Public Health maintains an oversight role to review trends and to highlight concerns, in order to ensure adequate delivery of screening services to the local population.
30. Local oversight includes reviewing bowel, breast and cervical cancer screening uptake. Data is now received on a quarterly basis via Section 7a Screening Immunisation Programmes from NHSE. Local data can also be found on Public Health Outcome Framework.
31. In addition, cervical screening falls under the oversight of sexual health services. In 2018 a sexual health strategy/framework is being developed and a sexual health steering group will be established.
32. Merton Public Health review performance through the lead officers and report at the internal Public Health Protection Oversight Group. Inadequate performance is escalated and followed up with a request to NHSE for a remedial action plan.
33. Support for NHS E and CCG communications may include use of appropriate local authority channels, such as My Merton magazine, website, social media, e-newsletters, intranet and staff bulletins. This will need to be built into the Communications plan and negotiated with London Borough of Merton Communications team as required. There is no capacity for targeted improvement work at local authority level.

Abdominal Aortic Aneurism (AAA)

34. Abdominal aortic aneurysm (AAA) screening is a way of checking if there's a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through to the abdomen. This bulge or swelling is called an [abdominal aortic aneurysm, or AAA](#). It can be serious if it's not spotted early on because it could get bigger and eventually burst (rupture). Abdominal Aortic Aneurism (AAA) screening In England is offered to men during the year they turn 65.
35. NHS England (NHSE) is responsible for commissioning the AAA screening programme.
36. Local Authority Public Health maintains an oversight role to review trends and to highlight concerns, in order to ensure adequate delivery of screening services to the local population.
37. Merton Public Health review performance through the lead officers and report at the internal Public Health Protection Oversight Group. Inadequate performance is escalated and followed up with a request to NHSE for a remedial action plan.

Diabetic Eye Screening

38. Diabetic eye screening is a key part of diabetes care. People with diabetes are at risk of damage from diabetic retinopathy, a condition that can lead to sight loss if it's not treated. If retinopathy is detected early enough, treatment can stop it getting worse. Otherwise, by the time symptoms become noticeable, it can be much more difficult to treat. This is why the NHS Diabetic Eye Screening Programme was introduced. Everyone aged 12 and over with diabetes is offered screening once a year. Diabetic retinopathy is extremely unusual in children with diabetes who are under the age of 12.
39. NHS England (NHSE) is responsible for commissioning the Diabetic Eye screening programme.
40. Local Authority Public Health maintains an oversight role to review trends and to highlight concerns, in order to ensure adequate delivery of screening services to the local population.
41. Merton Public Health review performance through the lead officers and report at the internal Public Health Protection Oversight Group. Inadequate performance is escalated and followed up with a request to NHSE for a remedial action plan.

Key Contacts, Guidance and Information/data:

PH Lead/s	PH lead for Bowel and Breast cancer screening, AAA, Diabetic eye screening – Dan Butler PH lead for Cervical cancer screening– Kate Milsted
Other contacts	Discussed at the regional screening board NHSE commissioner for screening to be updated (Dan Butler)
Guidance & resources	National Screening Committee Public Health Outcomes Framework
Information/data (& frequency received)	Quarterly update on Section 7a Screening and Immunisation Programmes, NHS England – received quarterly by DPH Public Outcomes Framework Local data analysis completed by Merton Public Health through access to GP data platform.

3.4 Infection Control and Health Care Acquire Infections (HCAI)

42. Infection control is an essential though often under recognised part of the infrastructure of healthcare. It involves taking steps to prevent the spread of infectious diseases in both healthcare and community settings. Every year lives are lost because of the spread of infectious diseases. Infection control uses simple procedures such as good handwashing and hygiene practices to prevent the spread of diseases to patients and healthcare workers.

43. Infection control also deals with the management and response to healthcare-associated infections (HCAs) which can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. The term HCAI covers a wide range of infections. The most well known include those caused by methicillin-resistant *Staphylococcus aureus* (MRSA), methicillin-sensitive *Staphylococcus aureus* (MSSA), *Clostridium difficile* (*C.diff*) and *Escherichia coli* (*E. coli*).
44. HCAs pose a serious risk to patients, clients, staff and visitors to health and social care premises. They can incur significant costs for the NHS and others, and cause significant morbidity and mortality for those infected. As a result, infection prevention and control is a key priority for the NHS, and Public Health England has a responsibility to advise and support the NHS and others in their efforts to prevent HCAs and any associated risks to health.
45. Most healthcare settings have their own Infection Control teams which enforce and monitor infection control rates within each trust. Merton CCG commissions SLCSU Infection Control team which monitors infection control in hospitals. If there is an outbreak the Director of Public Health should be informed.
46. In Merton, HCAs in acute Trusts most used by Merton residents are reported through the relevant Clinical Quality Review Groups (St Georges, Epsom St Helier and Kingston), which then report up to Merton CCG Clinical Quality Committee. Quarterly reporting provides assurance to the CCG. Inadequate performance is addressed by the lead CCG and remedial plans monitored by the Contract Review Group and CQRG.
47. Should additional support be required, both healthcare settings and community settings such as schools and nurseries in Merton are able to gain further advice from South London Health Protection Team. The health protection team then liaise with members in Environmental Health if required to ensure infection control matters are being enforced.
48. MCCG should notify Public Health of any significant incidents or concerns. The PH lead officer will report any issues at the internal Public Health Protection Oversight Group and any unresolved issues will be escalated to the Senior Leadership Team and then the Director of Public Health.

<i>Key Contacts, Guidance and Information/data:</i>	
PH Lead/s	Barry Causer
Other contacts	<p>South London Health Protection Team Address: Zone C 3rd floor, Skipton House, 80 London Road, London, SE1 6LH Tel: 03443262052 (and out of hours too) Fax: 03443267255</p> <p>Email: phe.slphnt@nhs.net, slhpt.oncall@phe.gov.uk</p> <p>Merton CCG Julie Hesketh (Director of Quality) – Merton & Wandsworth CCGs julie.hesketh@nhs.net</p>

	<p>Andrew Bradley (LBM Environmental Health Manager) Andrew.bradley@merton.gov.uk 0205 453 947</p> <p>LBM Public Health - Ann Clarke Ann.clarke@merton.gov.uk 020 8545 4845</p>
<p>Guidance & resources</p>	<p>Health Protection in schools, nurseries and families PHE Document: https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities</p> <p>NHS improvement website with a wide range of resources for HCAI: https://improvement.nhs.uk/resources/healthcare-associated-infections/</p> <p>Infection Prevention and Control Commissioning Toolkit Produced by the Royal College of Nursing and the Infection Prevention Society, this toolkit provides an overarching framework to support commissioning and provider organisations in England to meet the challenge of reducing health care acquired infections https://www.rcn.org.uk/professional-development/publications/pub-005375</p> <p>Kings Fund: https://www.kingsfund.org.uk/publications/healthcare-associated-infections</p> <p>HCAI Operational Guidance and Standards fro Health Protection Units: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332051/HCAI_Operationalguidancefinalamended_05July2012.pdf</p>
<p>Information/data (& frequency received)</p>	<p>DPH to be notified of any alerts by MCCG</p>

3.5 Emergency Planning & Resilience

49. The Civil Contingencies act (2004) defines an emergency as something that threatens serious damage to either human welfare in the UK, the environment in the UK, or an act of war or terrorism that threatens the security of the UK. In the event or situation where an organisation is unable to perform daily working duties effectively, the Civil Contingencies Act also places a duty on local authorities to prepare business continuity plans for its own services.
50. The regional London Local Health Resilience Partnership provides health-specific strategic planning. At a sector level, there is a South London Local Health Resilience Partnership of which Merton is a member.
51. The role of Public Health in Emergency planning in local authority focuses on overseeing and ensuring protocols are in place to protect the public from outbreaks and health protection incidents, for example extreme weather events (heatwaves and cold weather), pandemic influenza planning, environmental hazards and any other major health incident which could have serious repercussions on the health of a local population. The oversight function includes communication responsibilities and facilitating close working with partners. The Association of Directors of Public Health have prepared summaries of the role of Public Health and Directors of Public Health in overseeing and supporting the response to major incidents, including in cases where mutual aid is required between organisations (attached below). This focuses on Public Health's roles in supporting strategic leadership, communications and data management and helping to co-ordinate the health services response.



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52. The Civil Contingencies Act (2004) divides responders into Category 1 and and Category 2. Category 1 responders are required to work together to play a leading role in planning for, and responding to, emergencies. This includes putting in place emergency plans and business continuity arrangements, ensuring lines of communication and co-ordination between partners, and the communication of advice to partners and the public. Category 1 Reponders include the emergency services, local authorities and NHS bodies. Category 2 responders are 'co-operating bodies' and are required to support Category 1 partners in planning for and responding to an incident or emergency, but are not required to lead work locally. Category 2 responders include utility and transport companies and the Health and Safety Executive.
53. In order to discharge their collective duties under the Civil Contingencies Act (2004) Local Authorities and Category 1 and 2 partners regularly meet to discuss, plan and test plans for responding to an emergency within the borough or across London. This is carried out via a three tiered approach, regionally at the London level (London Resilience Forum), sub-regionally and at the borough level (Borough Resilience Forum).
54. Regionally, London Prepared is the website of London Resilience which maintains the London Resilience Forum and contains general information on emergency preparedness and useful

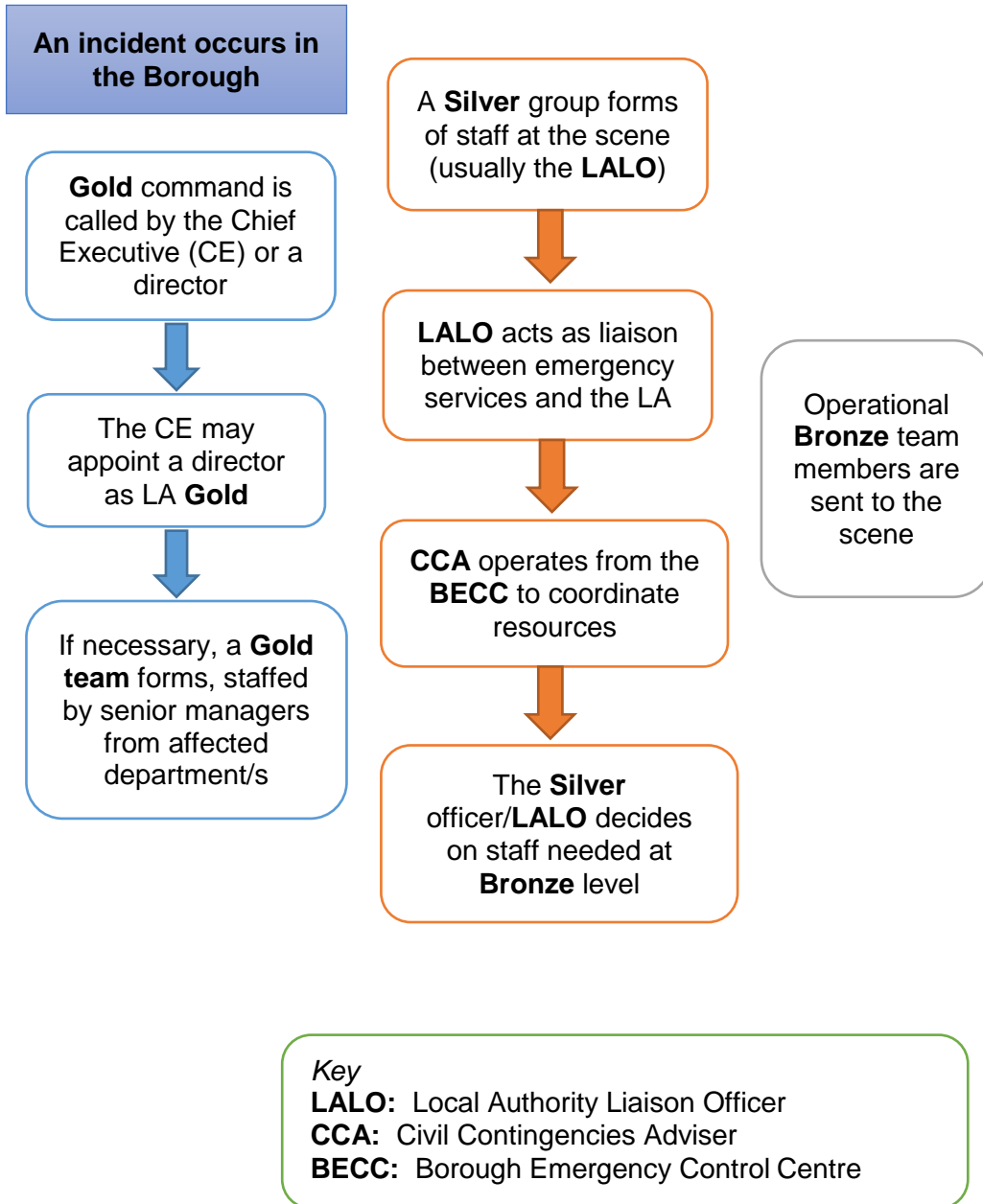
documents such as the London Resilience Partnership Strategy. This is a coalition of over 170 organisations with specific responsibilities for preparing and responding to emergencies

55. At a Borough level, The Borough Resilience Forum is a statutory group formed of local representatives from all Category 1 responders and partners chaired by Merton Council. This forum meets 4 times a year and works in line with London and National planning by following the Pan London frameworks developed by the Local Authorities Panel.
56. The Local authority conducts an annual review of these plans and provides information and updates to the Borough Resilience Forum.
57. In the Borough of Merton plans have been drawn up by the Civil Contingencies Advisor in collaboration with senior directors across council and the Borough Resilience Forum, known as the “Major Incident Plan” (a link to the plan can be seen below) (see *Figure 4*).
58. Merton’s “Major Incident Plan” can be activated either by an officer of the emergency services if an incident occurs within the borough, or an officer of the London Borough of Merton if an incident affects a corporate building.

Merton Major Incident Plan

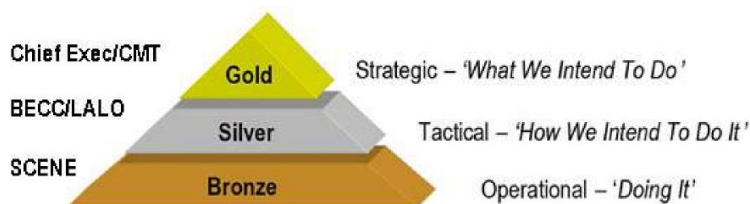
59. If an incident occurs in Merton, across London or nationally, a Gold strategic group will be asked to convene. This will consist of senior managers from agencies required to attend, such as local authorities, emergency services and health.
60. Gold refers to the strategic group; Silver refers to the tactical group and Bronze to the operational group. The nature of the incident and decisions made at the Gold Command determine whether Silver or Bronze levels are used.
61. A level 3 incident triggers a gold command which suggests that the meeting can be triggered by any local authority director where response plans can be drawn up and enacted. As a minimum, the Civil Contingencies Advisor and a representative from Communications must be present. At these meetings, roles and directives are defined as well as follow up actions.
62. Another key objective at these meetings is to establish chains of communication across the council and determine what information can be circulated freely and what should be protected. Response statements can also be formulated here to answer queries from council, local media and members of the public. It is important to maintain a consistent message to any matter of health protection in order to ensure effective management of the situation, clear communication across agencies and to protect against reputational risk of poor communication or failed response. Briefing notes generated here can then be sent to those groups that may receive questioning from their front line staff or general stakeholders for example, the same briefing note used by members of the Childrens, Schools and Families team to staff within the school of the incident and community members.
63. If it is likely that the incident may affect more than one borough, the London local authority Gold is activated by the London Resilience protocol (see link below). The London local

authority Gold lead will be an on-call chief executive from a nominated local authority, and will



represent all London local authorities' response to the incident.

Figure 4: Diagrams to complement Merton Major Incident Plan



Emergency Planning Team

Merton council has moved away from **standard operating procedures** and now use **departmental plans** to follow in case of emergency. However, in specific circumstances such as severe weather or pandemic flu, there may be a corporate plan. Merton's emergency planning page holds all of the necessary information.

Please contact the Emergency Planning team if any of the following criteria are met (or if you are unsure whether an emergency response is warranted):

If the situation is an emergency as defined under the **Civil Contingencies Act 2004**

- An event or situation that threatens the *environment* in the UK
- An event or situation that threatens serious damage to *human welfare*
- *War or a terrorist act* which threatens serious damage to the UK

If the situation affects *two* departments or more

If a *corporate building* is affected, the Emergency Planning Team must be contacted **as soon as possible**, so that the corporate or departmental business continuity plan may be activated if necessary.

If there is *major disruption* to a service or services, which may affect the local authority.

Office hours only	Emergency Planning Team	02085453476
Out of hours	MASCOT Telecare (The Duty Local Authority Liaison Officer – LALO, will be alerted)	02082745940

Key Contacts, Guidance and Information/data:	
PH Lead/s	Julia Groom/Philip Williams
Other contacts	Civil Contingencies Advisor – Sarah Chittock Borough Resilience Forum South London Local Health Resilience Partnership Category 1+2 responders
Guidance & resources	<p>Merton Emergency Planning page: http://www2.merton.gov.uk/council/plansandpolicies/emergencyplan.htm#brf</p> <p>Merton Major incident plan: http://www2.merton.gov.uk/major_incident_plan_2016.pdf</p> <p>Health-specific strategic planning, London Local Health Resilience Partnership: https://www.england.nhs.uk/ourwork/eprp/lhrp/</p> <p>London Resilience protocol: https://www.london.gov.uk/sites/default/files/gla_migrate_files_destination/Strategic%20Coordination%20Protocol%20v6.5%20April%202015%20(web).pdf</p> <p>Pan London Emergency Planning frameworks: https://www.london.gov.uk/about-us/organisations-work/london-prepared/planning-emergencies-capital</p>
Information/data (& frequency received)	

3.6 Infectious Disease Incident and Outbreaks

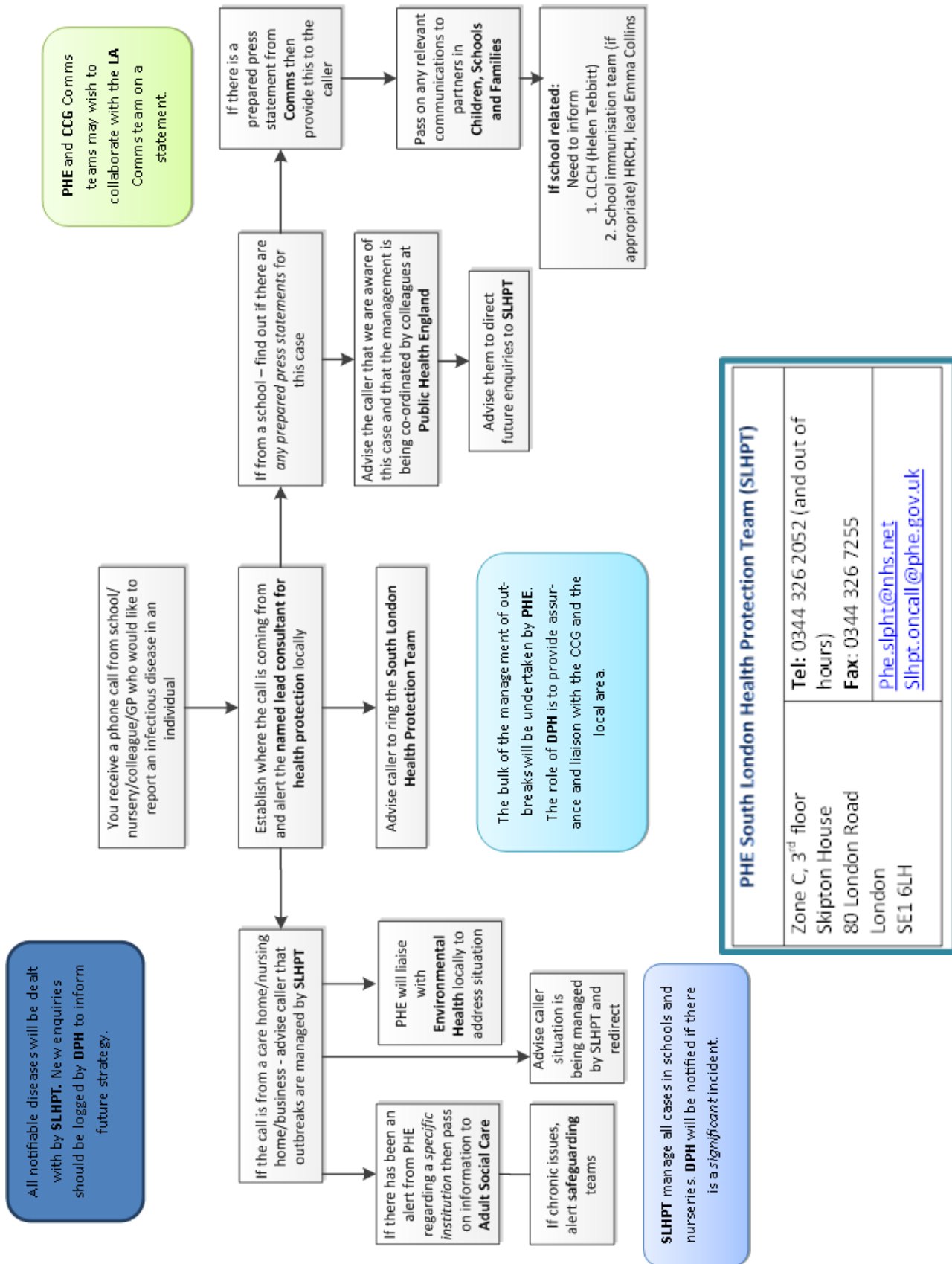
64. A notifiable disease is any disease that is required by the *Public Health (Control of Disease) Act 1984* and *Health Protection (Notification) Regulations 2010* to be reported to Public Health England via local health protection teams.
65. Public Health England aims to protect the public's health from infectious diseases and environmental hazards by detecting possible disease outbreaks and epidemics as rapidly as possible. A disease outbreak is the occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season. Disease outbreaks are usually caused by an infection, transmitted through person-to-person contact, animal –to-person contact, or from the environment to other media.
66. The majority of infectious disease outbreak responsibility lies in the hands of Public Health England who discharge the management of the situation to local health protection teams. There are currently 31 notifiable diseases (The full list of notifiable diseases is available at the following link: <https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-diseases>)
67. Public Health England state that registered medical practitioners have a statutory duty to notify the “proper officer” at their local council to local health protection team of suspected cases of certain infectious diseases. A notification form must be completed immediately on diagnosis of a suspected notifiable disease, laboratory confirmation of a suspected infection or contamination of infection is not needed prior to notification. All laboratories in England performing a primary diagnostic role must notify Public Health England on confirmation of a notifiable organism.
68. Public Health England health protection teams produce regular reports for local authorities, summarising their caseload and significant events that have taken place over the last few weeks or months. These reports can be weekly as well as monthly surveillance updates.
69. The statutory duty of local authority public health teams lies in oversight and communication. The management of the situation is led PHE South London health protection team. Merton Public Health has a role in dissemination of information and communicating queries and concerns from involved parties back to PHE (see Fig. 2 below for specific details). For effective management of these situations there needs to be a uniform and co-ordinated response, which Merton Public Health can support as needed.
70. This link between local authority and local health protection teams is essential as often infectious disease outbreaks can involve numerous stakeholders within the council, for example a TB incident in a local primary school could involve not only public health but the Children's, Schools and Families team, Communications, Health and Safety as well as the executive of the council.
71. If there are any specific concerns or incidents these are sent through separate briefing notes alerting the DPH to any further action that may be required locally. This information can they be disseminated to the relevant departments and colleagues within the council as required.

72. Local health protection teams also coordinate with local Environmental Health departments in tackling food related illnesses and outbreaks.

<i>Key Contacts, Guidance and Information/data:</i>	
PH Lead/s	Julia Groom/Philip Williams
Other contacts	<p>South London Health Protection Team Dr Rachel Hancock</p> <p>Address: Zone C 3rd floor, Skipton House, 80 London Road, London, SE1 6LH Tel: 03443262052 (and out of hours too) Fax: 03443267255</p> <p>Email: phe.slph@nhs.net, slhpt.oncall@phe.gov.uk</p> <p>Samantha Perkins (PHE) Samantha.perkins@phe.gov.uk – Principal Health Protection Practitioner</p> <p>Mary Maimo (PHE) mary.maimo@phe.gov.uk – Senior Health Protection Practitioner</p> <p>Children Schools and Families Elizabeth Fitzpatrick (Head of School Improvement) Elizabeth.fitzpatrick@merton.gov.uk / 0208545 3806 / 07535 448600</p> <p>Adult Social Care John Morgan (A Director of Adult Social Care) John.morgan@merton.gov.uk / 020 8545 4535</p> <p>Environmental Health Andrew Bradley (LBM Environmental Health Manager) Andrew.bradley@merton.gov.uk 0205 453 947</p> <p>Comms Team Sophie Poole (Head of Communications) Sophie.poole@merton.gov.uk</p> <p>Director of Public Health meets with SWLDPH meetings 6 weekly and if any health protection issues need to be discussed on a sector level, they can be discussed then.</p>
Guidance & resources	<p>How to report infectious diseases to Health Protection Teams and a list of all notifiable diseases: https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report</p>

Information/data (& frequency received)	<p>Weekly reports and monthly surveillance updates to Director of Public Health from Public Health England and local health protection teams.</p> <p>Also specific separate reports from local health protection teams if there is a significant health protection issue i.e. outbreak in school of infectious disease or repeated outbreaks in school or care home setting.</p>
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Figure 2: Proposed plan for communication within Merton Public Health Team with Notifiable Diseases

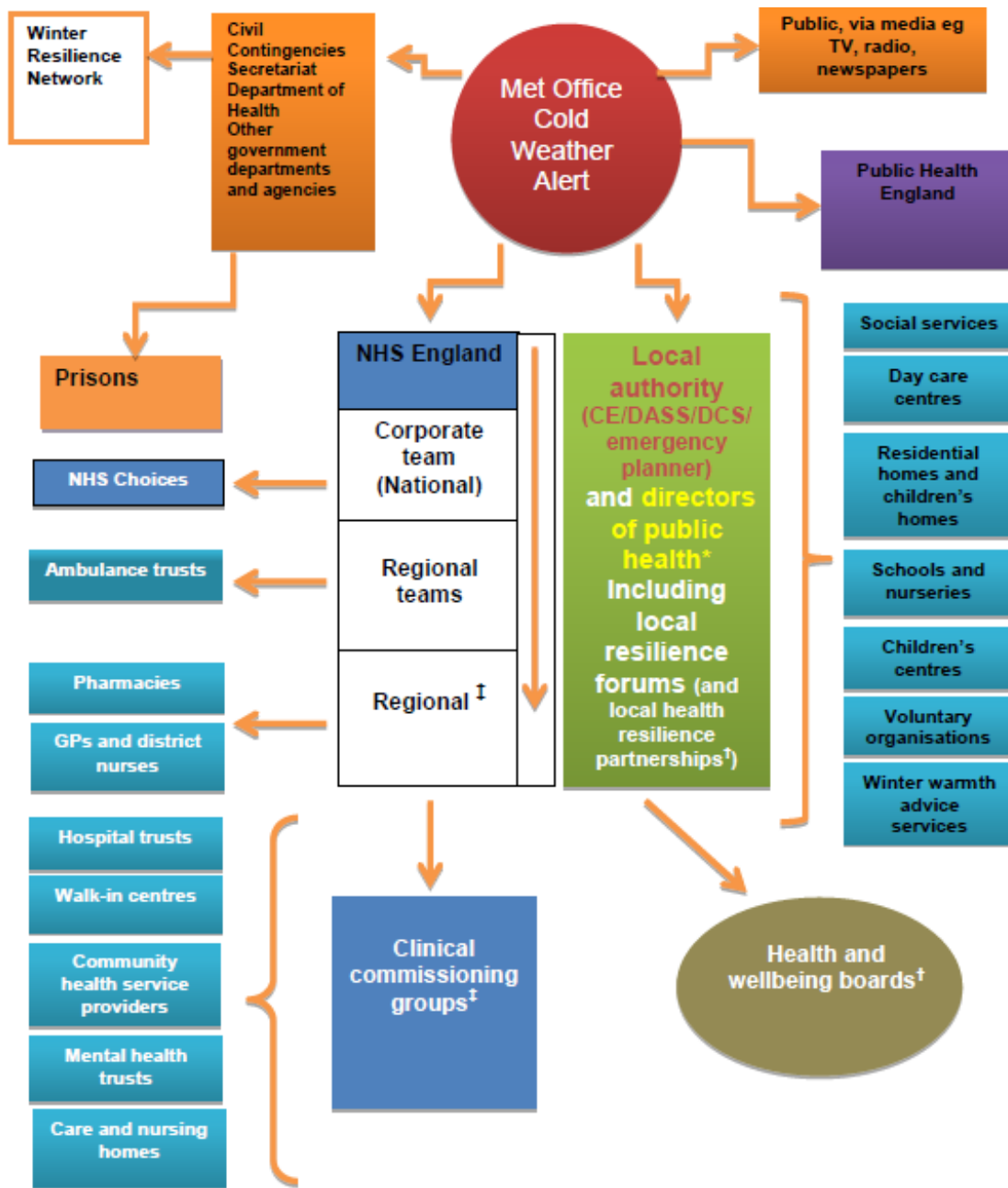


3.7 3.8 Cold weather planning

73. Cold weather conditions are associated with an increase in illness and injuries. It increases the risk of heart attacks, strokes, lung illness, flu and other diseases. People slip and fall in the snow or ice, sometimes suffering serious injuries. Some groups, such as older people, very young children, pregnant women and people with serious medical conditions are particularly vulnerable to the effects of cold weather.
74. On average, there are around 25,000 excess winter deaths each year in England. There is strong evidence that some of these winter deaths are indeed related to cold temperatures, living in cold homes and as a result of infectious diseases such as influenza. Recently, the rate of winter deaths in England was twice the rate observed in some northern European countries, such as Finland.
75. Simple preventative actions can avoid many of the deaths, illnesses and injuries associated with the cold. Many of these measures need to be planned and undertaken in advance of cold weather.
76. The Department of Health first published a Cold Weather Plan (CWP) for England in November 2011 which composed of a focus on cold weather actions that need to take place, a series of action cards taken from the plan and intended to be used as aide memoirs and long-term strategic planning regarding cold weather why it is essential to health and wellbeing. It aims to prevent avoidable harm to health, by alerting people to the negative health effects of cold weather, and enabling them to prepare and respond appropriately. It also aims to reduce pressure on the health and social care system during winter through improved anticipatory actions with vulnerable people. It outlines the key areas where public, independent and voluntary and community sector health and social care organisations should work together to maintain and improve integrated arrangements for planning and response in order to deliver the best outcomes possible during cold weather.
77. This plan is to be used by health and social care services and other public agencies and professionals who interact with those most at risk from health effects of cold weather. It is available in an electronic format only.
78. Local health resilience partnerships (LHRPs) and local resilience forums (LRFs) will have a critical role in preparing for, responding to, and recovering from, severe winter weather at a local level, working closely with Health and Wellbeing Boards on longer-term strategic planning.
79. NHS England provides national leadership for improving healthcare outcomes and directly commissions primary care (GP services, dentistry, optometry and pharmacy), some specialist services and oversees CCGs. It is responsible for assuring that the NHS is prepared for cold weather (see Figure 5).
80. CCGs commission planned hospital care, rehabilitative care, urgent and emergency care, most community health services, mental health and learning disability services. They are responsible for assuring that each of these bodies is prepared for cold weather (see figure 5).
81. PHE provides expert services to support public health and it is the responsibility of PHE to prepare and publish the Cold Weather Plan for England. They will also seek to ensure that it is widely communicated using a variety of channels to ensure maximum publicity. They will make advice available to the public and health and social care professionals across England in preparation for winter, and to regions, where severe cold weather is forecast via NHS Choices and websites of Met Office and PHE.

82. LHRPs should bring together local health organisations to support strategic planning to help ensure that the health sector plays an effective, co-ordinated role in multi-agency planning and response, based around the various agencies and providers responsibilities at a local level
83. In Merton, action cards created by the Cold Weather Plan by PHE are sent out ahead of cold weather season in October to the relevant leads (see figure 6) by our Civil Contingencies Advisor. During 1st November to 31st March each year, Cold Weather Alerts are received directly from the Met Office by our Civil Contingencies Advisor. When these cold weather alerts are received, they should be sent to the relevant leads (see figure 6) in order for them to inform their sector that they need to be addressing all of the actions in association with that particular level.
84. Community and Housing have links with their contractors who are able to disseminate these action cards to their providers and ensure that actions are being met as the levels change. Contact details for the leads in each department are provided in the table later. They also have links with various utility providers who install devices in vulnerable people homes that can measure temperatures and alert community and housing when their home temperature falls below a certain level.

Figure 5: Cold Weather Plan as per PHE guidance

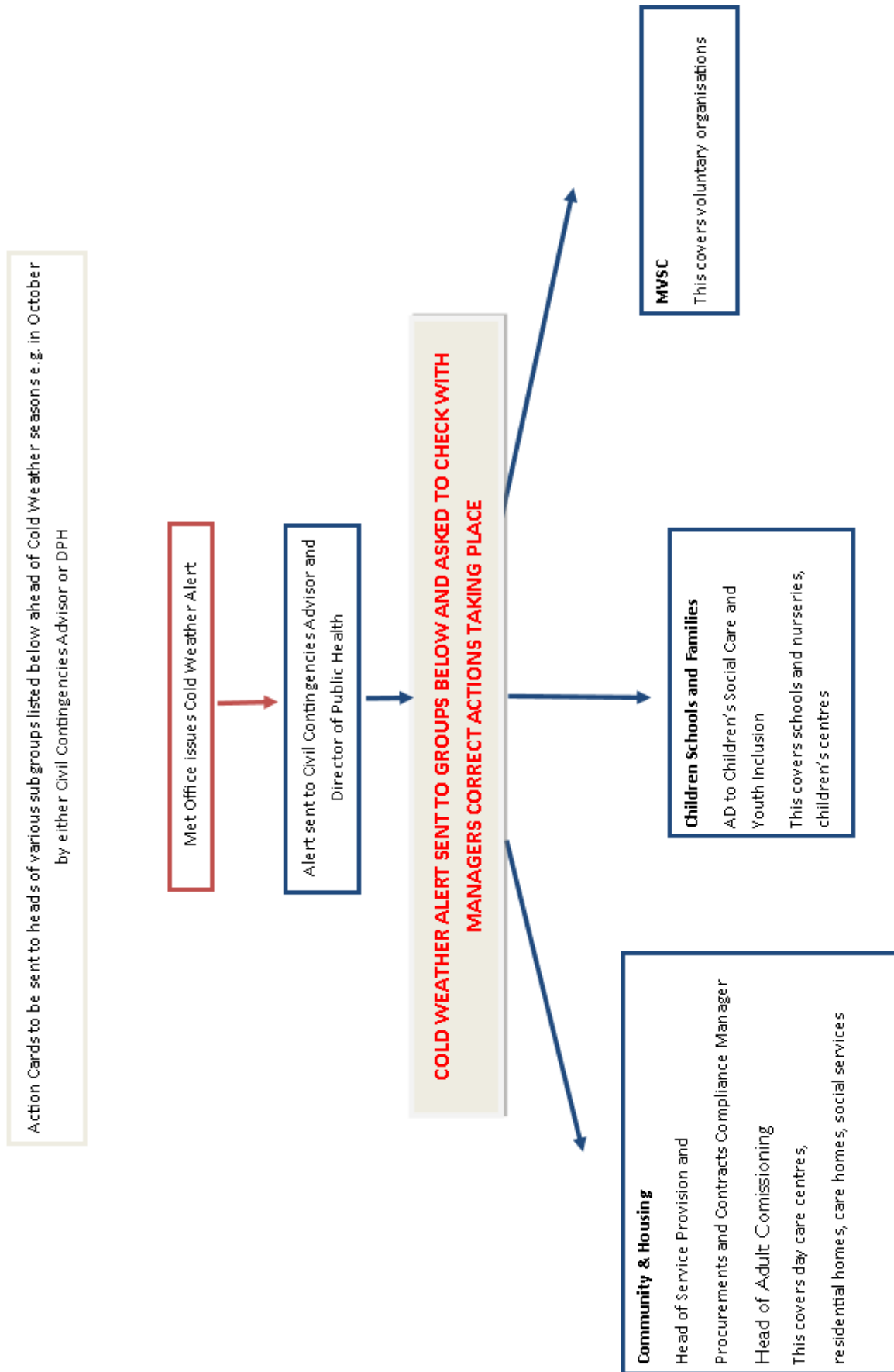


Notes:

- †LHRPs and HWBs are strategic and planning bodies, but may wish to be included in local alert cascades.
- ‡NHS England Regional and CCGs should work collaboratively to ensure that between them they have a cascade mechanism for cold weather alerts to all providers of NHS commissioned care both in business as usual hours and the out of hours period in their area.
- *PHE Centres would be expected to liaise with Directors of Public Health to offer support, but formal alerting would be expected through usual Local Authority channels.

Level 0	Year-round planning <i>All year</i>
Level 1	Winter preparedness and action programme <i>1 November to 31 March</i>
Level 2	Severe winter weather is forecast – Alert and readiness <i>mean temperature of 2°C or less for a period of at least 48 hours and/or widespread ice and heavy snow are predicted, with 60% confidence</i>
Level 3	Response to severe winter weather – Severe weather action <i>Severe winter weather is now occurring: mean temperature of 2°C or less and/or widespread ice and heavy snow.</i>
Level 4	Major incident – Emergency response <i>Central Government will declare a major incident in the event of severe or prolonged cold weather affecting sectors other than health</i>

Figure 6: Proposed arrangement in Merton for Cold Weather Plan



Key Contacts, Guidance and Information/data:				
PH Lead/s	Julia Groom/Philip Williams			
Other contacts	See table below Samantha Perkins (PHE) Samantha.perkins@phe.gov.uk – Principal Health Protection Practitioner Mary Maimo (PHE) mary.maimo@phe.gov.uk – Senior Health Protection Practitioner sarah Chittock – Civil Contingencies Advisor			
Guidance & resources	Cold Weather Plan 2017 PHE (including links to cold weather action cards):- https://www.gov.uk/government/collections/cold-weather-plan-for-england			
Information/data (& frequency received)	Job	Title	Contact details	Department
Andy Ottaway-Searle	Head of Service Provision Regulated services		Ext 4500 Work Mobile: 07956619755 andy.ottaway-searle@merton.gov.uk	Community and Housing, 3 rd floor Civic Centre
David Slark	Procurements and Contracts Compliance Manager		Ext 3043 david.slark@merton.gov.uk	Community and Housing, 4 th floor Civic Centre
Richard Ellis	Head of Adult Comissioning		0208 545 4630 richard.ellis@merton.gov.uk	Community and Housing, Adult Social Care, 4 th floor Civic Centre
Jane McSherry	AD Education		Ext 3376 jane.mcsherry@merton.gov.uk	Children, Schools and Families, 10 th floor Civic Centre
Elizabeth Fitzpatrick	Head of School Improvement		Elizabeth.fitzpatrick@merton.gov.uk	Children, Schools and Families, 10 th floor Civic Centre
Alison Jones	Head of Early Years		Alison.jones@merton.gov.uk	Children, Schools and Families, 10 th floor Civic Centre

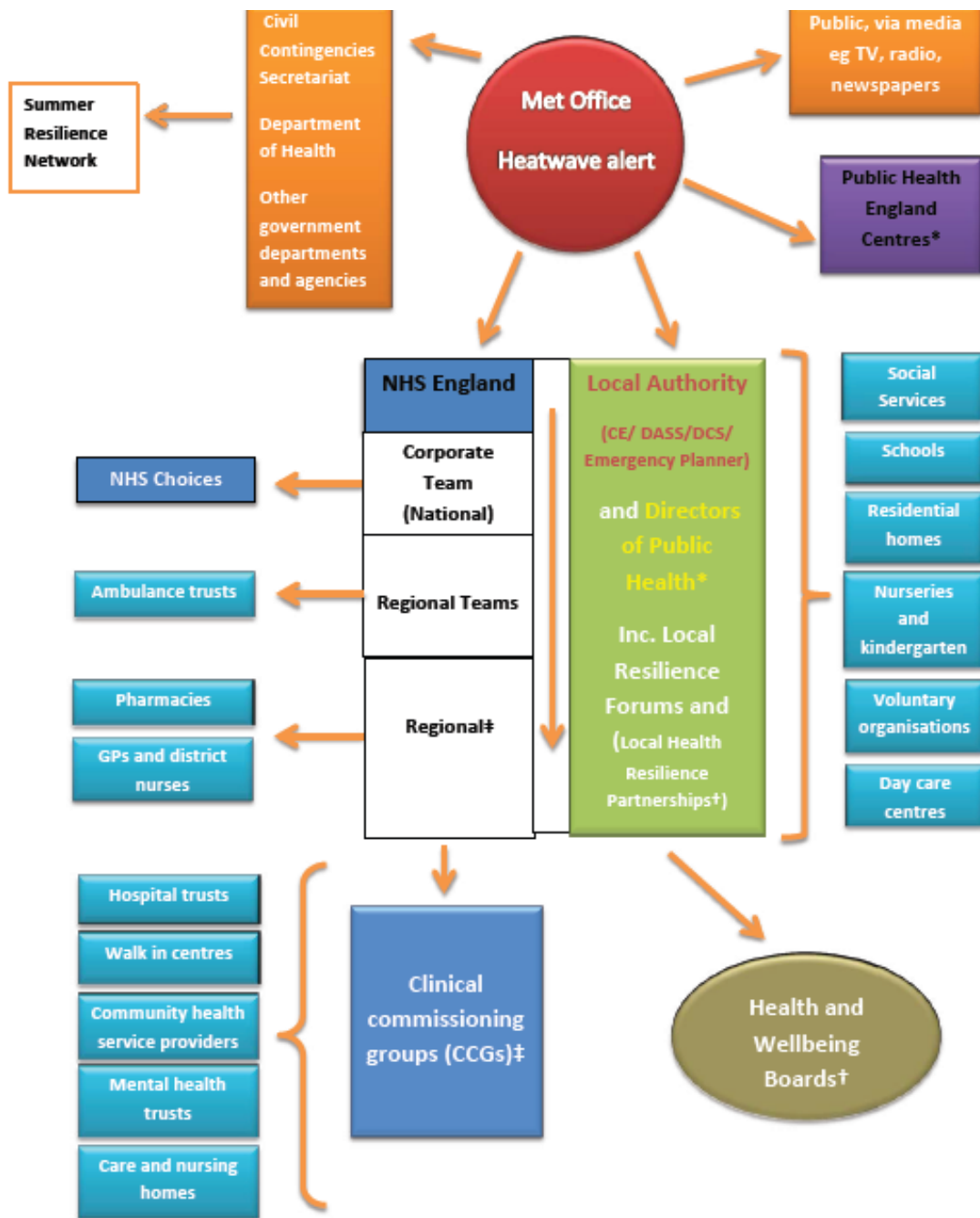
Khadiru Mahdi	Merton Voluntary Services Council	khadiru@mvsc.co.uk	
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3.8 Hot weather planning (Heatwave)

85. Although hot weather is looked forward too for many in England, if the temperature gets too high it can become dangerously hot for some individuals. Risks to health in a heatwave are extensive and excessive exposure to high temperatures can kill.
86. In 2003 during the pan-European heatwave, there were over 2000 excess deaths over the 10 days. The first Heatwave Plan for England was published in 2004 in response to that event by Public Health England. There is strong evidence that these summer deaths are the result of heat-related conditions. Unlike cold weather, the rise in mortality as a result of very warm weather follows very sharply – within one or two days of the temperature rising.
87. This means that by the time a heatwave starts, the window of opportunity for effective action is very short and therefore advanced planning and preparedness is essential.
88. The Heatwave Plan for England as set out by PHE sets out what should happen before and during severe heat in England. It spells out what preparations both individuals and organisations can make to reduce health risks and includes specific measures to protect at-risk groups. It explains the responsibilities at a national and local level. The plan is primarily for health and social care services and other public agencies and professionals who interact with those most at risk from excessive heat during heatwaves.
89. At-risk groups include older people, the very young and people with pre-existing medical conditions as well as those whose health, housing or economic circumstance put them at greater risk of harm from very hot weather for example some medications that make the skin more sensitive to sunlight.
90. NHS England provides national leadership for improving healthcare outcomes and directly commissions primary care (GP services, dentistry, optometry and pharmacy), some specialist services and oversees CCGs. It is responsible for assuring that the NHS is prepared for a heatwave (see Figure 7).
91. CCGs commission planned hospital care, rehabilitative care, urgent and emergency care, most community health services, mental health and learning disability services. They are responsible for assuring that the each of these bodies is prepared for a heatwave (see figure 7).
92. PHE provides expert services to support public health and it is the responsibility of PHE to prepare and publish the Heatwave Plan for England. They will also seek to ensure that it is

widely communicated using a variety of channels to ensure maximum publicity. They will make advice available to the public and health and social care professionals across England in preparation for summer, and to regions, where severe hot weather is forecast via NHS Choices and websites of Met Office and PHE.

93. The heatwave plan outlines key areas where public, independent and voluntary sector health and social care organisations should work together to maintain and improve integrated arrangements for planning and response in order to deliver the best outcomes possible during a heatwave in the summer.
94. At a local level emergency planning arrangements run by local government and the NHS are brought together in the Local Resilience Forum (LRF). Local Health Resilience Partnerships (LHRPs) have been established to support strategic planning.
95. In Merton, action cards created by the Heatwave Plan by PHE are sent out ahead of hot weather season in March to the relevant leads (see figure 8) by our Civil Contingencies Advisor. During 1st June to 15th September each year, Hot Weather Alerts are received directly from the Met Office by our Civil Contingencies Advisor. When these cold weather alerts are received, they should be sent to the relevant leads (see figure 8) in order for them to inform their sector that they need to be addressing all of the actions in association with that particular level.
96. Community and Housing have links with their contractors who are able to disseminate these action cards to their providers and ensure that actions are being met as the levels change. Contact details for the leads in each department are provided in the table below.



Notes

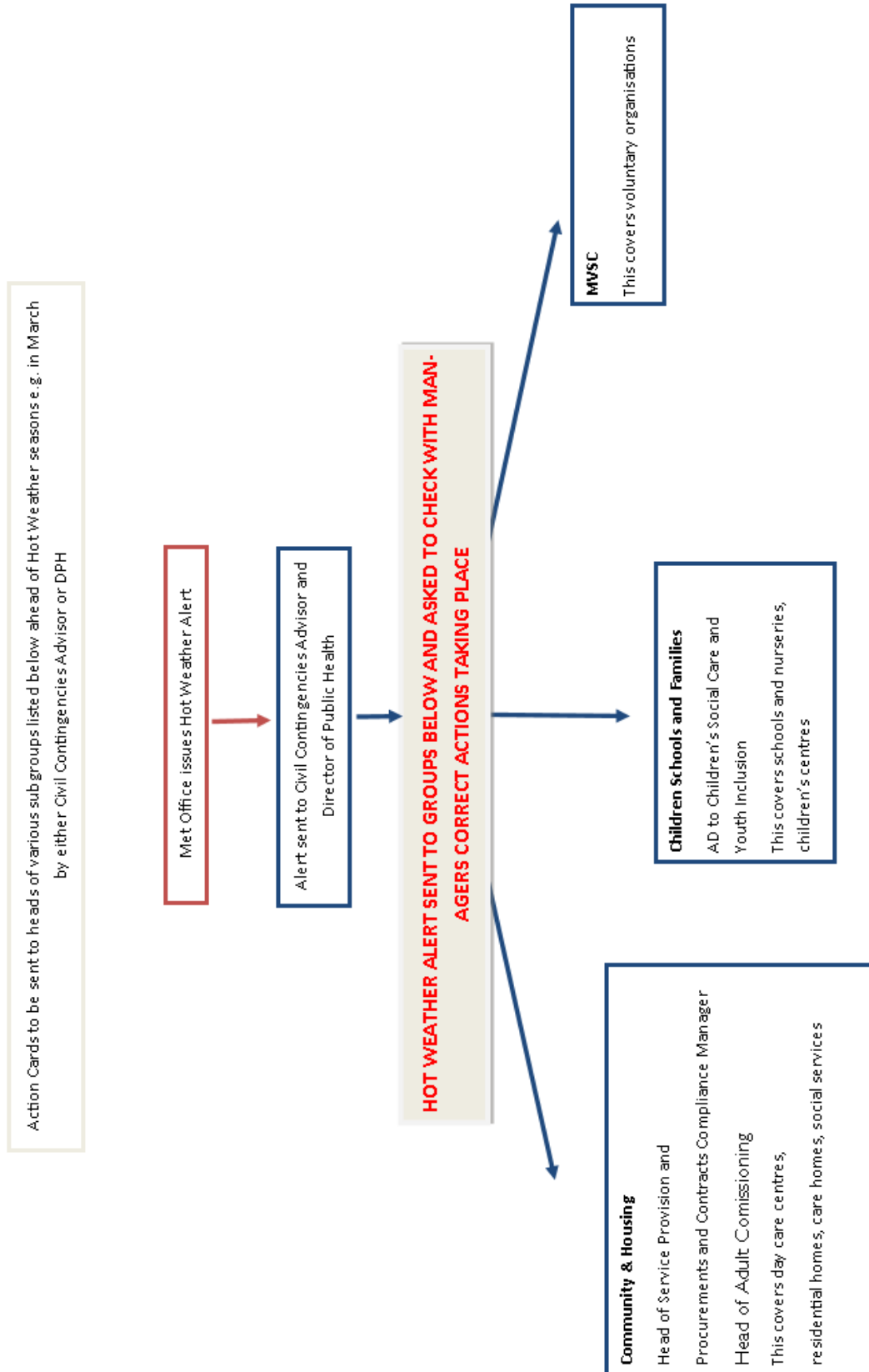
‡NHS England Regional and CCGs should work collaboratively to ensure that between them they have a cascade mechanism for heatwave alerts to all providers of NHS commissioned care both in business as usual hours and the out of hours period in their area.

*PHE Centres would be expected to liaise with Directors of Public Health to offer support, but formal alerting would be expected through usual local authority channels.

†LHRPs and HWBs are strategic and planning bodies, but may wish to be included in local alert cascades.

Level 0	Long-term planning - All year
Level 1	Heatwave and Summer preparedness programme - 1 June – 15 September
Level 2	Heatwave is forecast – Alert and readiness - 60% risk of heatwave in the next 2 to 3 days
Level 3	Heatwave Action - temperature reached in one or more Met Office National Severe Weather Warning Service regions
Level 4	Major incident – Emergency response - central government will declare a Level 4 alert in the event of severe or prolonged heatwave affecting sectors other than health

Figure 7: Proposed arrangement in Merton for Hot Weather Plan (Heatwave)



<i>Key Contacts, Guidance and Information/data:</i>			
PH Lead/s	Julia Groom/Philip Williams		
Other contacts	See table below Samantha Perkins (PHE) Samantha.perkins@phe.gov.uk – Principal Health Protection Practitioner Mary Maimo (PHE) mary.maimo@phe.gov.uk – Senior Health Protection Practitioner Sarah Chittock – Civil Contingencies Advisor		
Guidance & resources	Heatwave Plan PHE 2015: https://www.gov.uk/government/publications/heatwave-plan-for-england		
Name Information/data (& contact details)	Job Title	Contact details	Department
Andy Ottaway-Searle	Head of Service Provision Regulated services	Ext 4500 Work Mobile: 07956619755 andy.ottaway-searle@merton.gov.uk	Community and Housing, 3 rd floor Civic Centre
David Slark	Procurements and Contracts Compliance Manager	Ext 3043 david.slark@merton.gov.uk	Community and Housing, 4 th floor Civic Centre
Richard Ellis	Head of Adult Commissioning	0208 545 4630 richard.ellis@merton.gov.uk	Community and Housing, Adult Social Care, 4 th floor Civic Centre
Jane McSherry	AD Education	Ext 3376 jane.mcsherry@merton.gov.uk	Children, Schools and Families, 10 th floor Civic Centre
MVSC Khadiru Mahdi			

3.9 Chemical/biological/radiological/nuclear (CBRN) or Hazardous Material (HazMat) Incidents

97. The London Resilience Partnership defines a CBRN(E) incident as one that involves the actual or threatened dispersal of chemical, biological, radiological or nuclear material either on their own or in combination with each other or with explosives.

98. It involves deliberate criminal, malicious or murderous intent which is targeted at a given population, economic or symbolic points. CBRN materials can be passed through number of methods: contact, inhalation, injection and ingestion. CBRN materials can affect people's health directly, and radiological agents can cause additional impacts to the person in the future. HazMat procedures should be followed in an event of a CBRN incident.

99. Public Health England have a lead role in providing technical advice on CBRN and HazMat incidents. Guidance on clinical management and health protection procedures for CBRN incidents are available at the following link, including action cards summarising key response actions for each category of event: <https://www.gov.uk/government/publications/chemical-biological-radiological-and-nuclear-incidents-recognise-and-respond>

Impacts of a CBRN(E) incident:			
Type	Description	Types of agents	Impacts
Chemical	These fast acting agents can be split into: toxic industrial chemicals and military chemical agents.	<ul style="list-style-type: none"> • Nerve agents • Blister agents • Choking agents • Incapacitants 	<p>Health: A number of health impacts, including:</p> <ul style="list-style-type: none"> • Eye damage • Blisters • Breathing difficulties <p>The higher the exposure the more severe the effects, which can lead to comas and possibly death.</p> <p>Environment:</p> <ul style="list-style-type: none"> • The chemicals can affect groundwater and other water supplies • Damage of the environment <p>Infrastructure/Technology:</p> <ul style="list-style-type: none"> • Building damage which can lead to instability
Biological	A biological release can be passed from person to person or through water sources. These incidents are hard to detect and identify and can be carried out by using different methods such as a mechanical sprayer, contamination of foodstuffs or the environment.	<ul style="list-style-type: none"> • Bacteria • Viruses • Prions • Viruses • Parasites 	<p>Health/Environmental:</p> <ul style="list-style-type: none"> • Can affect the population, animals, water supplies and plants. • Depending on the method of release, the surrounding area may be contaminated, resulting in the need for decontamination. <p>Economy: Due to:</p> <ul style="list-style-type: none"> • Areas being disused for either short or long periods • Foodstuff being lost due to contamination.
Radiological	Radiation can have and internal and external impact upon a person; these can be direct impacts or can occur in the future. This attack can be carried out by using a Radiological Dispersion Device (IRD), also known as a 'dirty bomb', to disperse the radioactive material.	<ul style="list-style-type: none"> • Alpha particles • Beta particles • Gamma rays 	<p>Health:</p> <ul style="list-style-type: none"> • Can cause health problems, by increasing the chances of cancer making the person who is exposed to the radiation feel unwell and with high exposure radiation can cause death. • Dirty bomb detonation can result in the deaths of those nearby and can also damage the surrounding area. <p>Environment:</p> <ul style="list-style-type: none"> • Contamination of topsoil • Contamination of nearby water courses with radioactive particles. <p>Infrastructure/Technology:</p> <ul style="list-style-type: none"> • Buildings will become contaminated with radiation, and will have to undergo decontamination to make them safe to inhabit.

<p>Nuclear</p>	<p>These are carried out by using an Improvised Nuclear Device (IND), which causes an explosion.</p>	<ul style="list-style-type: none"> • Gamma rays • Neutrons 	<p>Health:</p> <ul style="list-style-type: none"> • Deaths and radiation poisoning to those with in the affected area. • Development of health problems in the future and for other generations. <p>Environment:</p> <ul style="list-style-type: none"> • Fires due to the IND • Radioactive material can impact the surrounding environment (e.g. water systems, foodstuffs and wildlife). <p>Infrastructure/Technology:</p> <ul style="list-style-type: none"> • Electronics and communications disruptions due to electromagnetic pulse (EMP) from the explosion.
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Visual Indicators of a CBRN event:

In the absence of definitive intelligence at the scene, information can potentially be determined by the presenting symptoms from casualties and recognition of key indicators:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Dead or distressed people and animals • Multiple individuals showing unexplained signs of skin, eye or airway irritation; nausea; vomiting; twitching; sweating; pin-point pupils; runny nose; disorientation; breathing difficulties; and convulsions • The presence of hazardous materials or unusual materials/equipment | <ul style="list-style-type: none"> • Unexplained vapour or mist clouds • Unexplained oily droplets or films on surfaces or water • Withered plant life or vegetation |
|---|---|

NOTIFICATION

Local Incident	Pan-London Incident
<p>The Council will be contacted by the emergency services if a CBRN event has occurred in the borough, and is expected to invoke the Major Emergency Response Plan (MERP)</p>	<p>In the event of a pan-London incident, LLAG will enact arrangements, leading to the setup of the London Local Authority Coordination Centre to coordinate all Local Authority activity.</p>

Merton Council Responsibilities during a CBRN event:

- Activation of the Borough Emergency Control Centre (BECC) to coordinate the response to the incident
- Deployment of the Local Authority Liaison Officer (LALO).
- Appointing a Humanitarian Assistance Lead Officer (HALO) to determine the appropriate type of humanitarian assistance response required (Survivor Reception Centre, Rest Centre or Humanitarian Assistance Centre), and facilitate the centre(s).
- Assisting MPS and LFB with the evacuation of cordon area
- Identification of any vulnerable people within the affected area
- Supporting the emergency services and the local community
- Coordinating a response with the voluntary agencies
- Helping with distribution of medicines and providing equipment
- Organising counselling services for survivors
- Setting up temporary medical centres
- Assisting with the transportation of decontaminated people
- Setting up healthcare help-lines and drop-in centres for those who need information and re-assurance.
- Working alongside religious and ethnic community leaders to ensure their custom and beliefs are respected during this time.
- Facilitating the Designated Disaster Mortuary/ any temporary mortuary arrangements (if needed).
- Requesting Mutual Aid from other boroughs (if needed).

Merton Council Responsibilities after a CBRN incident:

- Leading on the long term recovery process, to work towards restoring normality and maintaining normal services.
- Lead on contaminated waste management planning
- Provision of physical and psycho-social care to evacuees
- Provision of specialist staff / contractors for:
 - public protection;
 - dangerous structures;
 - highways;
 - environmental health;
 - waste disposal;
 - temporary housing, etc
- Co-ordinate multi-agency support for the decontamination process
- As necessary, assessing the structural stability of affected buildings, and if they appear to be dangerous exercise powers under the Building Act 1984 (for England and Wales) and the Building (Scotland) Act 1959.
- Organise and manage the decontamination of the affected area
- Restoring the environment to normal use
- Invoke any existing mutual aid arrangements with neighbouring authorities and contractors as appropriate
- Manage health and safety of workers decontaminating the environment and disposing of the waste.

4. Appendix

4.1 Appendix 1: Terms of Reference Internal Health Protection Oversight Group

Name of group

Public Health - Health Protection Oversight Group

Purpose and role of group

- To provide co-ordinated approach to the public health, health protection oversight function
- To review issues and identify actions
- To escalate issues as required to the Senior Leadership Team
- To provide an overview of Communications issues
- To provide knowledge and input on priority areas and help prioritise where limited resources are directed

Membership

- Key Officers leading in each section of Health Protection in Merton
- Consultant in Public Health with lead for Health Protection
- Public Health Commissioning Officer
- GP trainee working on producing the oversight document

Role and responsibility of key officers

- Proactively tracking and maintaining data in their area (e.g. using PHE and NHS-E reports) and saving in an easy to access file on the Shared network
- Ensuring this data is reviewed, providing oversight for their area and identifying issues that require a response (e.g. underperformance, incidents, outbreaks)
- Ensuring you are aware of protocols and the relevant key contacts listed in your specified area
- Ensuring urgent queries are dealt with in a timely response and escalating quickly to the Director of Public Health if necessary
- Attending quarterly meetings to discuss any issues within your specified area
- Passing on key information to other relevant members in the team should you receive a query not in your area.

Accountability

This is an internal group with accountability to PH Senior Leadership Team and Director of Public Health.

Review and Working Methods

The Health Protection Oversight Group will meet quarterly. It will be chaired by Consultant in Public Health. The meetings will be managed Public Health Commissioning Officer.

4.2 Appendix 3: Roles and Responsibilities of Partner Agencies

Background

The Health and Social Care Act 2012ⁱ redefined the way public health was practiced in the UK. Public Health England was created to deliver the Secretary of State for Health's duties for health protection and health improvement. Local public health teams were absorbed into local authority functionⁱⁱ. Between PHE, NHS England (NHSE) and local public health teams' health protection and health improvement functions are being discharged in the UK. Whilst there are some clear statutory functions which have been bestowed upon local public health teams, the scope of their role pertaining to health protection has not been outlined as explicitlyⁱⁱⁱ. Through this document we intend to define the mandatory health protection duties of all three organisations and explore in further detail the roles and responsibilities of local authorities in health protection.

Statutory Duties

NHS England (NHSE)

NHS England is the overarching organisation responsible for delivering a 'national health service' in Englandⁱⁱ. They are responsible for commissioning services to CCG and other local organisations. Beyond this role they also perform some necessary health protection functions, such as screening and immunisations. Their aim is to "achieve positive health outcome for the population and reduce inequalities in health," as per the National Health Service Act 2006.

Their specific functions are detailed in 'Public Health Section 7A Intentions'ⁱⁱ, and are summarised below:

Immunisations services
Screening programmes
Cancer screening
Child Information Health systems
Public Health service in secure and detained settings
Sexual assault referral centres

Public Health England (PHE)

Public Health England is an executive body in the Department of Health through which the Secretary of State for Health discharges his or her duty to protect the health of and address health inequalities in the population.

PHE works locally, regionally and nationally to execute four critical functions^{4iv}:

- Protecting the public's health from infectious diseases and environmental hazards
- Securing improvement to the public's health by working to combat health inequalities
- Improving population's health by supporting sustainable health and care services such as national prevention strategies and immunisation and screening services commissioned by NHSE
- Ensuring the public health system maintains the capability and capacity to tackle public health challenges

Their health protection roles and responsibilities are summarised below:

Emergency planning, resilience and response
Field epidemiology services
Infectious disease surveillance and control
Public health strategy
Centre for radiation, chemical and environmental hazards

PHE produces regular reports for local authorities, summarising their caseload and significant events that have taken place over the last few weeks or months. If there have been any situations they feel would be pertinent to alert local authorities or other stakeholders about, they will prepare a specific briefing for them, advising on follow up actions. PHE also coordinate with local Environmental Health departments in tackling food related illnesses and outbreaks.

Local Authority Public Health Teams

With the reorganisation of how healthcare is provided locally decreed by the Health and Social Care Act 2012, local public health teams moved from the now defunct PCTs to local authority. Although many of their mandated duties remained the same under this new configuration their role pertaining to health protection has not been explicitly defined. To clarify these details guidance was drafted in 2013 – “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 Representative) Regulations 2013”².

The intention behind this document was to define the roles and responsibilities local authority public health teams had towards health protection. Directors of Public Health were to be appointed locally to lead this responsibility and teams were encouraged to have open, co-operative relationships with their central government colleagues. Beyond stating the need for a local leadership function and active accommodating role in the sharing of information and support of PHE functions, little else was stated.

As the core health protection function still lies primarily with PHE and NHS England there is little idea for what is expected locally aside from collaboration and co-operation with central government. Through this document we hope to explore and state the specific role and responsibilities for all organisations mentioned with the intention to allow Merton Public Health to maximise its productive capacity.

ⁱ **GOV.UK** Health and Social Care Act 2012: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

ⁱⁱ **GOV.UK** Protecting the health of the local population: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

ⁱⁱⁱ **NHS England** Commissioning Intentions 2017-18: <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/09/public-hlth-comms-intent-2017-18.pdf>

^{iv} **Public Health England** About Us: <https://www.gov.uk/government/organisations/public-health-england/about>

4.3 Glossary

AAA - Abdominal Aortic Aneurism

ACHOSC – Adult Care and Health Overview Scrutiny Committee

ANNB – Antenatal Newborn Screening

CCG –Clinical Commissioning Group

DPH – Director of Public Health

HCAI – Health Care Associated Infections

HPV - Human Papillomavirus

LHRP – Local Health Resilience Partnership

NHSE – NHS England

PCT – Primary Care Trust

PHE – Public Health England