Executive Summary

- In July 2015 a local PHE Centre reported a small number of a vaccine preventable disease cases in a deprived urban population. By the end of 2015 a total of 18 confirmed cases had been recorded in the area.
- Challenges encountered included fragmentation of services, lack of understanding of roles and responsibilities, communication and funding
- Issues for consideration
  - Due to the many organisational boundaries that now exist in the health and social care / Public Health system considerable extra time and resources are required to ensure that outbreaks are effectively and efficiently managed.
  - The number of organisations / departments involved increases the chances of communication / coordination errors occurring leading to delays in the implementation of control measures or the wrong messages being communicated.
  - The number of organisations involved in the response can cause delays to the response to such outbreaks.
  - The lack of national guidance on funding responsibilities for such outbreaks has a significant potential to cause delays in the implementation of control measures.
  - Senior leaders within organisations need to recognise the importance of managing such outbreaks and communicate this to their staff to respond in a timely and appropriate manner.
  - The capacity for provider organisations to respond to urgent and emergency situations has been reduced over time. Now, in order to implement urgent actions at scale other services have to be adversely affected. Provider organisations need to be part of the early planning for the management of these types of outbreaks as well as commissioners.

1. Background
In July 2015 a PHE Centre reported a small number of a vaccine preventable disease cases in a deprived urban population. By the end of November 2015 a total of 18 confirmed cases were recorded in the area.

In July 2015 a multi-agency Outbreak Control Team (OCT) was established and worked to identify, plan and implement control measures to manage the outbreak. This paper outlines key challenges faced by the organisations responding to the outbreak and lessons learnt.
2. Chronology of Events
The small geographical area within an urban population affected was a close knit, deprived community with residents from a variety of ethnic and cultural backgrounds.

Once the cluster had been identified and community transmission confirmed vaccination sessions were put on at a local community clinic. The one and half day sessions were commissioned from a Community Healthcare Trust and delivered by their School Nursing Team, resulting in 150 people being vaccinated. A GP “mop up” campaign over the following weeks vaccinated a further 50 people.

Despite the relative success of the community immunisations sessions there was evidence to suggest that uptake of the vaccine would be too low to control the spread of the infection and therefore a mobile vaccination clinic was organised staffed by local Practice Nurses. This operated for one day in the outbreak area and a further 140 patients were immunised.

In late October two local primary schools were identified as having evidence of transmission of the infection within the schools and the Outbreak Control Team (OCT) took the decision to vaccinate all the pupils and staff in the affected schools. School Nursing Teams were commissioned to administer vaccines and over a five day period 1,120 staff and pupils from both schools were vaccinated. The implementation of this immunisation campaign necessitated the delay in the children’s school based influenza vaccination programme to 27 schools across the area.

3. Challenges Encountered

3.1. Fragmentation of Health Services
As a minimum, these organisations / departments were represented on the OCT:

- PHE Centre
- Local Authority Public Health
- Local Authority Environmental Health,
- Two Clinical Commissioning Groups
- CCG medicines management team
- NHS England Screening and Immunisation Team
- Community Healthcare (management and School Immunisation Team)
- PHE Communicable Disease Surveillance Centre (London)

Fragmentation of health and social care services has been a fundamental issue that has impacted on almost every aspect of the control of the outbreak, including strategic and operational decision making. Due to the number of organisations, and departments within them, that can play a role in the control of outbreaks of infectious diseases, staff faced real problems in knowing where the critical responsibilities and functions sat. Each organisation that needed to respond had different structures and organisational hierarchies which at times got in the way of speaking to the right people at the right time.

Prior to the Health and Social Care Act (2012) the Primary Care Trust (PCT) held the ring on such outbreaks and, based on advice from the then Health Protection
Agency, could make a quick and decisive response to such situations. Under the present arrangements there is no single organisation charged with overall responsibility for such outbreaks and the Health Protection Teams in the PHE Centres are more removed from local effector organisations. Potential effector organisations, such as CCGs, are unclear of their responsibilities in managing outbreaks. In this situation the PHE and LA Public Health relationship is strong and so LA PH supported PHE in establishing the necessary connections across the wider health economy.

3.2. Funding responsibilities
There is a lack of clarity on funding responsibilities for such an outbreak. Without the direct intervention of the LA Director of Public Health, who agreed very early on in the outbreak to fund the various vaccination campaigns (on the proviso that this would be reviewed post incident), the management of the outbreak could have been seriously delayed by arguments over funding responsibilities, resulting in further spread of the infection.

Prior informal local agreement had been reached that the commissioner of services should pay for outbreaks, however in this instance where control is gained by immunising using a vaccine which lies outside the NHS Public Health Functions Agreement (Section 7A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) there is no commissioner and hence confusion about whose responsibility it was to fund. This impacted on a whole range of operational issues in practice and a local understanding was reached for partner organisations to commission services and products where existing relationships already existed and to allocate financial responsibilities when the outbreak was under control.

These discussions have yet to take place locally and in the absence of national guidance and pressure on organisations’ budgets they are likely to be difficult and protracted.

The following are areas where there is no current guidance on funding responsibilities:
- Purchase of vaccines
- Payment for community nursing staff to deliver vaccination programmes in schools and community
- Hire of outreach bus and staffing
- Voluntary sector involvement to raise awareness
- Payment of GPs to deliver a GP mop up programme

3.3. Roles and responsibilities
Roles and responsibilities remained unclear across much of the system. Organisations that were expected to play a role in mobilising NHS resources such as NHS England did not do so. One reason for this may have been that locally the correct responsible persons within NHS England were not identified. The NHS England Screening and Immunisation team were present and were able to provide some support to the immunisation campaign and approval of the suspension of the flu programme, but did not have the remit to mobilise resources outside their Section 7A remit, such as GPs and wider services.
CCG senior management were supportive of the outbreak measures and CCG colleagues worked, often outside of their established remit, to provide information and advice to ensure an effective response, this relied on goodwill and local temporary agreements to address issues.

There was considerable confusion at various levels about the role and remit of the multiple organisations involved. For example some NHS colleagues did not know the distinction between

- Local Authority Public Health and PHE
- different NHS England departments
- different CCGs within the area.

3.4. Competing priorities and capacity to deliver
Organisations across the health and social care system have many existing priorities that they are required to deliver on and therefore responding to this outbreak placed more pressure on their already stretched capacity. Provider organisations were hampered in their ability to respond due to contractual commitments to a range of commissioners including CCGs, NHS England and Local Authority Public Health. Eventually once an agreement had been reached to immunise two schools it was accepted that business as usual could no longer prevail for the School Nursing Teams and the LA DPH gained approval from the NHS England Screening and Immunisation Lead to suspend the flu programme in schools to allow for the vaccination campaign to be implemented. This was granted as a one off arrangement to immunise two schools, had more schools required immunising the local system would not have been be able to respond on its own. This demonstrates the very limited capacity and resilience within the system.

3.5. Coordination
Coordination was led by the OCT with significant input from Local Authority Public Health officers. This went well, however in the critical periods leading up to the mobilisation of services and delivery of clinics coordination became particularly difficult due to the large number of organisations involved and the need to ensure they were continually updated.

3.6. Communication
In addition to the organisations directly involved in the outbreak the following individuals or departments also need to be updated on a regular basis:

- Schools Health and Safety Team
- Local Authority Children’s Services
- Elected Members
- Local MPs
- Head Teachers of the two primary schools affected
- Local GPs
- Medical Directors of the CCGs

Communication on the whole was timely and effective, however at times it became extremely difficult reflecting the number of people and organisations involved in the management of the outbreak. Personnel who formed part of the response were
scattered in various organisations across the area in different buildings and at times critical information became lost, misinterpreted, or simply not received as the volume was too great for people to keep up to date with. Ensuring good communication across the system required considerable time and effort.

4. Overcoming the Challenges
Over the period of the outbreak relationships between staff across the health and social care system have been strengthened. Prior to the outbreak some staff had a lack of awareness of their individual responsibilities and those of their and others organisations. Where there was a lack of clarity people were able to work together to resolve issues, sometimes working outside their generally agreed job roles. Good will and trust between individuals and organisations was a strong theme that ran through the management of this outbreak with colleagues working above and beyond normal working practices. It was the dedication and commitment of these colleagues that ensured an effective response to the outbreak.

Whilst communication was a challenge on every level there were plenty of examples of good communication across the system and within organisations themselves. PHE Centre and Local Authority staff worked closely to ensure consistent messages were delivered to the public, Elected Members, senior Council and CCG colleagues. These communications ensured the outbreak management plan was successfully implemented, despite working across numerous large and complex organisational boundaries.

5. Issues for Consideration
- Due to the many organisational boundaries that now exist in the health and social care / Public Health system considerable extra time and resources are required to ensure that outbreaks are effectively and efficiently managed.

- The number of organisations / departments involved increases the chances of communication / coordination errors occurring leading to delays in the implementation of control measures of the wrong messages being communicated.

- The number of organisations involved in the response can cause delays to the response to such outbreaks.

- Roles and responsibilities remain unclear across much of the system

- The lack of national guidance on funding responsibilities for such outbreaks has a significant potential to cause delays in the implementation of control measures.

- The capacity for provider organisations to respond to urgent and emergency situations has been reduced over time. Now, in order to implement urgent actions at scale other services have to be adversely affected. Provider organisations need to be part of the early planning for the management of these types of outbreaks as well as commissioners.

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