

Peterborough City Council
Town Hall
Bridge Street
Peterborough
PE1 1HQ

DRAFT MEMORANDUM of UNDERSTANDING

BETWEEN

PETERBOROUGH CITY COUNCIL PUBLIC HEALTH

AND

PARTNER AGENCIES INCLUDING
PUBLIC HEALTH ENGLAND,
NHS ENGLAND,
CAMBRIDGESHIRE & PETERBOROUGH CLINICAL COMMISSIONING
GROUP
AND
CAMBRIDGESHIRE COUNTY COUNCIL

SUBJECT: HEALTH PROTECTION GOVERNANCE

Glossary

AT	Area Team (part of NHS England)
CCC	Cambridgeshire County Council
CCA	Civil Contingencies Act 2004
CCDC	Consultant in Communicable Disease Control
CCG(s)	Clinical Commissioning Group(s)
CPLHRP	Cambridgeshire and Peterborough Local Health Resilience Partnership
DH	Department of Health
DPH	Director of Public Health
DsPH	Directors of Public Health
EHO	Environmental Health Officer
EPRR	Emergency Preparedness, Resilience and Response
GP	General Practitioner
HPN	Health Protection Nurse
HPT	Health Protection Team (part of Public Health England)
IMT	Incident Management Team
JHWS	Joint Health and Well-being Strategy
JSNA	Joint Strategic Needs Assessment
LGA	Local Government Association
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
MOU	Memorandum of Understanding
OIMT	Outbreak Incident Management Team
OOH	Out of Hours
NHS	National Health Service
NHSE	NHS England
PCC	Peterborough City Council
PHE	Public Health England

PARTICIPATING ORGANISATIONS

Peterborough City Council
Cambridgeshire County Council
NHS England East Anglia Area Team
Public Health England East Anglia & Essex Centre
Cambridgeshire & Peterborough Clinical Commissioning Group

1. Purpose

This Memorandum of Understanding (MOU) has been developed to provide agreement between partner organisations that are involved in health protection and surveillance and production of associated data. Following implementation of the Health and Social Care Act 2012 and consequent re-organisation of the health sector in April 2013, roles and responsibilities for health protection of the population are shared between a number of organisations. The Director of Public Health (DPH) is accountable to the Secretary of State for Health as well as to Peterborough City Council, Peterborough Health and Well-being Board and the Peterborough population for providing advice on health protection in the city. However the DPH has no managerial responsibility for other organisations that provide the services that deliver health protection. This MOU defines the organisational responsibilities to provide information needed to assure the DPH that population health is protected and to enable the DPH to provide appropriate advice.

2. Background – Protecting the health of the local population

The document: *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*(DH, PHE, LGA: May 2013), outlines the responsibilities that are the subject of the MOU and extracts are copied in below.

“The Secretary of State expects PHE, as an executive agency of the Department of Health, to cooperate with the NHS (NHS England, CCGs, commissioning support units and providers) and local authorities, and to support them in exercising their functions.”

“NHS England and CCGs have a duty to cooperate with local authorities under the NHS Act 2006. This includes cooperating around health protection, including the sharing of plans.”

“The Health and Social Care Act 2012 makes clear that both NHS England and CCGs are under a duty to obtain appropriate advice, including from the persons with a broad range of professional expertise in “the protection or improvement of public health”. This includes the advice of local authorities, usually delivered through their director of public health. The leadership of the director of public health in this context is highlighted by local health resilience partnerships being co-chaired by a director of public health, ensuring their ability to scrutinise and be assured of the plans to respond to emergencies in communities they serve.”

“Local co-operation agreements, memorandums of understanding and protocols between key partners are already in place and work well in some areas. These need to be revised and updated for the new system, given the new statutory responsibilities of Public Health England and Local Authorities described in this factsheet. The content of these agreements is for local determination, and local partners may wish to review or update their existing documents, taking into account core elements to local arrangements which experience suggests should be in place in every area (many of which are set out in regulation 8(7) of the section 6C Regulations) including:

- clearly defined roles and responsibilities for the key partners (comprising at least the local authority, PHE, NHS England, CCGs health and primary and secondary care NHS providers), including operational arrangements for releasing clinical resources (e.g. surge capacity from NHS-funded providers) with contact details for a key responsible officer and a deputy for each organisation.
- clear responsibilities in an outbreak or emergency response, including the handover arrangements

- information-sharing arrangements to ensure that PHE, the director public health and the NHS emergency lead are informed of all incidents and outbreaks.
- arrangements for managing cross- border incidents and outbreaks
- arrangements for exercising and testing, and peer review
- arrangements for stockpiling of essential medicines and supplies, as appropriate
- escalation protocols and arrangements for setting up incident/outbreak control teams
- arrangements for review (the Department of Health recommends this should take place at least annually)."
- local agreement on a 24/7 public health on-call rota of qualified personnel to discharge the functions of each relevant organisation

"Local authorities may wish to establish a local forum for health protection issues, chaired by DPH, to review plans and issues that need escalation. This forum could be linked to the HWB, if that makes sense locally."

"Ensuring that data can flow to the right people in the new system in a timely manner will be key to making the new arrangements work."

"The Public Health Outcomes Framework, published on 23 January 2012, contains a health protection domain. Within this domain there is a placeholder indicator, "Comprehensive, agreed inter-agency plans for responding to public health incidents".

3. Roles and responsibilities of Directors of Public health in local government

In October 2013, the Department of Health published 'Directors of Public Health in local government. Roles, responsibilities and context'. This document prepared by the Public health Policy and Strategy Unit, Department of Health provides guidance that 'is published under section 73A(7) of the NHS Act 2006 as guidance that local authorities must have regard to. It includes:

All DsPH should:

- be the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and access to health services;
- provide the public with expert, objective advice on health matters;
- work through Local Resilience Fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to its health;

4. Existing agreements ceased to be relevant following the re-organisation of the NHS and Public Health systems in April 2013. It is necessary to have new agreements and protocols in place that meets the needs of the organisations that are responsible for discharging health protection responsibilities after implementation of the Health and Social Care Act 2012. This document will fulfil this function.

5. The scope of this MOU includes:

- Organisational roles and responsibilities for health protection in Peterborough (outlined in Annex 1)
- The role of Peterborough Health Protection Committee (outlined in Annex 2)
- Arrangements for 24/7 on call for public health (local authority and PHE), CCG and NHS England for Cambridgeshire & Peterborough (outlined in Annex 3)
- Information sharing arrangements to ensure sharing of routine and ad hoc (outbreaks and incidents) data with the Director of Public Health, Peterborough City Council and between partner organisations (Table 1 below)

- Escalation and management arrangements for public health incidents (outlined in Annex 4)
- Arrangements for the management of cross-border incidents and outbreaks (see Annex 4)
- Arrangements for exercising and testing of plans for Cambridgeshire & Peterborough (annex 5 - extract from Cambridgeshire & Peterborough Local Health Resilience Partnership: Three Year Strategic Plan)
- Escalation protocols
- Arrangements for the review of this MOU

6. In order to provide local assurance on all aspects of health protection for Peterborough, Peterborough Health Protection Committee (PHPC) has been established, chaired by the DPH. Member organisations include Peterborough City Council, Public Health England, NHS England, Cambridgeshire & Peterborough Clinical Commissioning Group, and Cambridgeshire Community Services (see attached Terms of Reference in Annex 2). Representatives of these organisations and groups have been nominated and will be responsible for ensuring that regular and ad hoc reports and updates are provided to the PHPC on their areas of responsibility as outlined in the table below. These regular reports will provide the information from which an annual report on health protection will be produced by the DPH for the Peterborough Health and Wellbeing Board.

Partner organisations will provide routine updates to Peterborough Health Protection Committee to the frequency outlined in Table 1 (below).

Additionally it is expected that the Consultant in Public Health Medicine (CPHM) with responsibility for Health protection will be routinely included in the circulation of all relevant health protection, screening and emergency planning data and information, to enable that consultant to have oversight of health protection and to be able to identify any abnormal trends or issues.

Table 1

Subject	Source of report	Frequency
Immunisation coverage data for routine programmes	NHS England / PHE through the Screening and Immunisation Lead	Report to PHPC meetings that will: <ul style="list-style-type: none"> • highlight issues relevant to Peterborough as identified in analysis of the routine data; • DPH and Consultant lead for health protection will receive all routine data updates from PHE;
Immunisation – annual seasonal programmes ('Flu) –	NHS England / PHE through the Screening and	<ul style="list-style-type: none"> • give an update on seasonal programme delivery in

coverage data and issues	Immunisation Lead	Peterborough;
Immunisation – new programmes, incidents and other issues	NHS England / PHE through the Screening and Immunisation Lead	<ul style="list-style-type: none"> report on any issues or incidents relevant to Peterborough
Screening – uptake and performance data for all screening programmes	NHS England / PHE through the Screening and Immunisation Lead	<p>Report to PHPC meetings that will:</p> <ul style="list-style-type: none"> highlight issues relevant to Peterborough as identified in analysis of the routine data; DPH and CPHM with responsibility for Health Protection will receive all routine data updates from the screening and immunisations team (PHE based in NHS England);
Screening – incidents, quality assurance issues or other issues such as planned procurement of screening services	NHS England / PHE through the Screening and Immunisation Lead	<ul style="list-style-type: none"> report on any issues or incidents relevant to Peterborough
Communicable diseases – general report on trends, outbreaks and emerging communicable disease risks	PHE Health Protection Team	Exception report to each meeting of PHPC with information on any trends, incidents or outbreaks relevant to Peterborough (nil return if applicable)
Communicable diseases and environmental hazards – update on reports and briefings	PHE Health Protection Team	Exception report to each meeting of PHPC with information on any incidents relevant to Peterborough (nil return if applicable)
Communicable disease and environmental issues	Environmental health officers through lead EHO member of the PHPC	Exception report to each meeting of PHPC with information on any incidents relevant to Peterborough (nil return if applicable)
Contaminated land remediation	Environmental health officers through lead EHO	Annual report.

	member of the PHPC	
Healthcare associated infections	CCG member of PHPC	<p>Monthly data reported to CCG Governing Body ; Report with amalgamated data with benchmarking, issues of concern and poor performance to each meeting of PHPC</p> <p>Report by exception of work of the HCAI Steering Group on issues such as anti-microbial resistance</p>
Tuberculosis	PHE Health Protection Team	Exception reports covering trends in TB prevalence and incidence including resistant strains of TB; and an outline of issues raised in TB network meetings and TB cohort reviews.
Sexual health – routine data on Sexually transmitted infections	PHE Field Epidemiology Team, through routine reporting to Peterborough City Council Public Health team	Quarterly
Sexual health – updates on services for sexual health and any related issues	Peterborough City Council and CCG	Ad hoc reports, but at least annual
Health emergency planning – routine information on health sector preparedness and resilience, including training and exercises	Local Health Resilience Partnership via DPH, supported by Consultant lead for health protection and Health Emergency Planning Officer	Quarterly to include updates on revision and approval of plans; audits of preparedness when undertaken; and updates on training and exercising within the health sector.
Health emergency planning – reports on incidents, planned events	DPH supported by PCC Consultant lead for health protection, the Health Emergency Planning Officer and PCC emergency planning team as appropriate	Exception reports to meetings of PHPC including information on any specific events that require planning across the health sector or with other partners

All reports should be written reports and provided at least one week prior to the PHPC meeting, unless they refer to a new or on-going incident, in which case a verbal update report may be accepted at the meeting,

Through these and other ad hoc reports, an Annual Health Protection Report will be developed to provide assurance to the Peterborough Health and Well-being Board on health protection matters.

7. In addition to commitment to the provision of reports and updates to ensure that the Committee has an overview of health protection issues in Peterborough, this MOU requires the support of all member organisations for the following:
 - Communication according to a plan attached of all relevant information about outbreaks and incidents. Communication should follow an agreed escalation plan (Annex 6)
 - The Civil Contingencies Act 2004 (CCA) requires all organisations to cooperate with partner agencies in planning for and response to major incidents – this includes the provision of support when reasonably requested by partner agencies. This MOU confirms an agreement by all signatory organisations to provide all necessary support in major incidents either directly or through commissioning the capacity to provide this support – e.g. staff and/or premises to provide a mass vaccination or immunisation programme in response to an incident. These requests may be initiated by the DPH or PHE and must be reasonable in terms of the level of support requested to adequately respond to the incident.
 - For public health incidents, that do not constitute a major incident, the CCA does not apply. This MOU provides an opportunity to ensure that support is available from partner agencies in the event of a public health incident that is not a major incident as defined by the CCA. As outlined above, this MOU represents an agreement by all signatory organisations to provide the necessary support in public health incidents either directly or through commissioning the capacity to provide this support – e.g. staff and premises to provide a vaccination or immunisation programme in response to an incident. These requests should be initiated through the Incident Management Team, generally led by PHE and following a PHE risk assessment, and must be reasonable in terms of the level of support requested to adequately respond to the incident.
 - Signatory organisations agree that budgetary or contractual issues will not delay a necessary response, and issues identified will be resolved as part of the recovery from any incident. The general principle will be that provider organisations will deliver the required actions within existing resources where feasible. When the scale of the incident is such as additional capacity needs to be commissioned, the costs will fall with the organisation which would normally commission the service. (e.g. additional laboratory tests and antibiotic prescribing costs would normally fall to the CCG to commission, additional immunisation costs to NHS England, additional sexual health screening to the City Council).
 - All signatory organisations agreed that all additional expenditure incurred as a result of the response to any incident shall be recorded.
 - Any other dispute between partner agencies should not lead to a delay in response and will be addressed as part of the recovery phase of the incident.
 - Where dispute resolution is not possible through direct discussion between partners it may be discussed initially at the Peterborough HPC, which may make a recommendation to the Chief Executives of the relevant organisations.

More detailed guidance is available in the working draft Norfolk, Suffolk and Cambridgeshire Joint Communicable Disease Outbreak Plan, and the 'Health Protection Pack for Local

Health Resilience Partnerships' which has been jointly agreed by the Local Government Association, Public Health England and NHS England.

8. In summary, signatory organisations are asked to make a commitment to the following, in line with detail in this MOU

- I. Commitment to active engagement in the Peterborough Health Protection Committee
- II. Provision of timely reports in writing to the DPH via the PHPC as outlined in 6 above
- III. Provision of ad hoc reports on incidents and other issues in writing or verbally to the PHPC
- IV. Contributing to the writing of an annual Health Protection Report to Peterborough Health and Wellbeing Board
- V. Support for the escalation arrangements for public health incidents and to communication using these arrangements
- VI. The provision of all necessary and reasonable support for the response to public health incidents
- VII. Support to the agreed Public Health on call arrangements, where relevant

9. This MOU will be reviewed by 31 March 2015, and the MOU with any revisions will be submitted to all signatory organisations by 31 March 2015 for ratification

SIGNATURE:

DIRECTOR OF PUBLIC
HEALTH

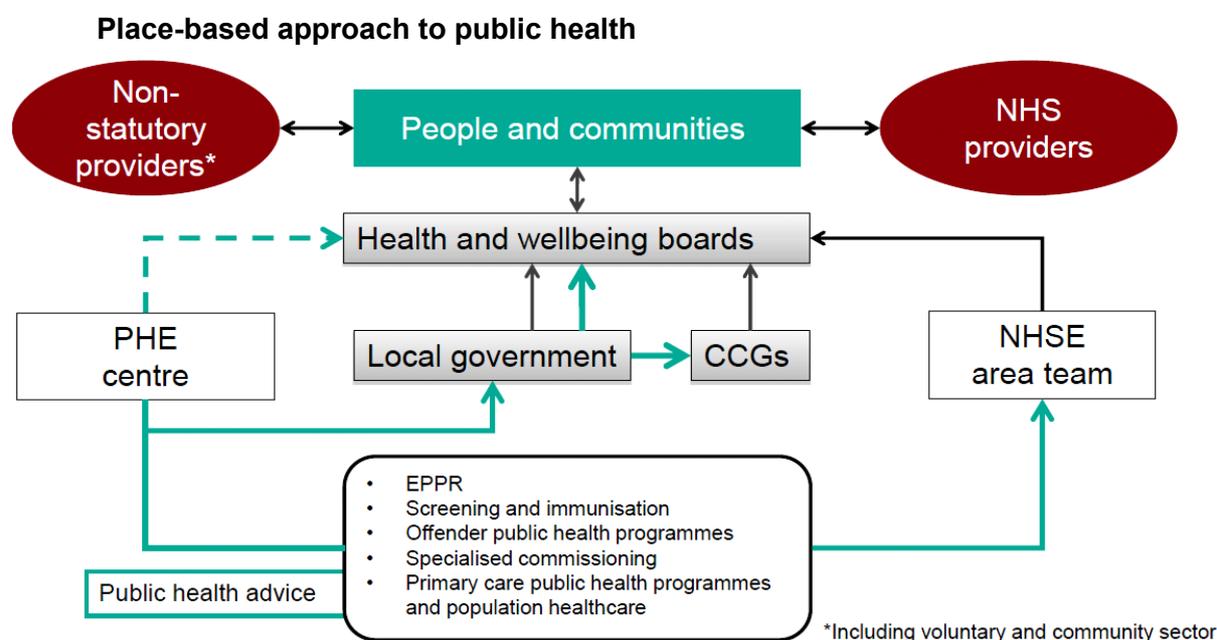
(Date)

SIGNATURE

XXXXXXXX, XXXX
XXXXXXXX, XXXXXX

(Date)

Organisational roles and responsibilities for health protection in Peterborough



1. Public Health England (PHE)

PHE is an executive agency of the Department of Health; it is a single organisation with representation at national, regional and local level and lists its responsibilities as:

- Making the public healthier by encouraging discussions, advising government and supporting action by local government, the NHS and other people and organisations
- Supporting the public so they can protect and improve their own health
- Protecting the nation's health through the national health protection service, and preparing for public health emergencies
- Sharing our information and expertise with local authorities, industry and the NHS, to help them make improvements in the public's health
- Researching, collecting and analysing data to improve our understanding of health and come up with answers to public health problems
- Reporting on improvements in the public's health so everyone can understand the challenge and the next steps
- Helping local authorities and the NHS to develop the public health system and its specialist workforce

For Peterborough, the main link with PHE will be through the Anglia and Essex PHE Centre, which covers Cambridgeshire, Peterborough, Norfolk, Suffolk and Essex. Regional links are with the Midlands & East Region, whose office base is in Birmingham and the national team and headquarters are based in London.

The principal areas of PHE health protection responsibility of concern to the DPH are:

- Specialist health protection services including proactive and reactive advice to local authorities, NHS commissioners and providers of NHS funded care, aimed at

preventing and appropriately responding to illness or incidents due to communicable and environmental hazards.

- Responsible, jointly with DsPH, for planning for and responding to public health emergencies at local level
- Specialist advice to health care providers on areas such as prevention and management of healthcare associated infection, management of TB and of blood borne viruses
- Providing advice to the public

2. Cambridgeshire & Peterborough Clinical Commissioning Group (CCG)

CCGs have been formally established under the Health and Social Care Act 2012 as clinically led groups that include all GP practices in their geographical area and are responsible for commissioning health services for the population they serve. The services they commission include:

- Elective hospital care
- Urgent and emergency care
- Most community health services
- Mental health and learning disability services

The Cambridgeshire and Peterborough CCG covers a geographic area that includes Cambridgeshire, Peterborough and two small areas in Hertfordshire and Northamptonshire. The CCG is therefore responsible for commissioning services, as outlined above for the population of Cambridgeshire and Peterborough. Many of these services impact on health protection and also must respond in the event of any incident that threatens the health of the population.

The principal areas in which CCGs impact health protection are:

- Commissioning health services for the population they serve including services to prevent and manage communicable diseases
- Responsibility for ensuring the quality of the care they commission including issues such as prevention of healthcare associated infection
- Responsibility for ensuring the resilience of the health services they commission, with 24/7 responsibility to deal with resilience issues and ensuring robust business continuity plans are in place
- Joint responsibility with the local authority for preparation of a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) to deliver services to meet the needs identified in the JSNA.

3. NHS England

NHS England is the organisation that has overarching responsibility for ensuring that health care is commissioned for the population of England. It is a single organisation with representation at national, regional and local level. The national team is based in Leeds and London, the regional team, which mirrors the PHE geography, covers the Midlands and East of England with an office base in Cambridge while the East Anglia Area Team covers Cambridgeshire, Peterborough, Norfolk and Suffolk with an office base in Cambridge.

NHS England's responsibilities include:

- Allocation of resources to CCGs. Supporting, developing and assuring the commissioning system
- Planning for civil emergencies and making sure the NHS is resilient
- Directly commissioning some health services including primary care, some public health services, specialised health services and health and justice services

- Leading strategy, research and innovation for outcomes and growth
- Developing commissioning support
- Promoting a world class customer service through better information, transparency and participation
- Working in partnership for quality
- Empowering patient, clinical and professional leadership at every level of the NHS

The principal areas of health protection responsibility are:

- Commissioning Immunisation and Screening services led by a PHE team embedded with the NHS England Area Team.
- Providing NHS leadership for Health Emergency Preparedness, Resilience and Response (EPRR) at local, regional and national level.
- Overseeing the commissioning role of CCGs and supporting commissioner development

4. Peterborough City Council

In April 2013, top tier local authorities (county councils and unitary authorities), including Peterborough City Council, took over a wide range of public health activity ranging from cancer prevention and tackling obesity to drug misuse and sexual health services. To support this work, local authorities have employed a specialist director of public health (DPH) appointed jointly with the Secretary of State for Health as a statutory chief officer and principal adviser on all health matters to elected members and officers, with a leadership role spanning all three domains of public health practice.

The DPH :

- Is the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and concerns around access to health services
- Knows how to improve the population's health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health
- Provides the public with expert advice on health matters
- Is able to promote action across the life course, working together with local authority colleagues including the Executive Director for Adult Social Care and Wellbeing, the Director of Communities, and with NHS colleagues
- Works through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health
- Works with local criminal justice partners and police and crime commissioners to promote safer communities
- Works with the wider civil society to engage local partners in fostering improved health and wellbeing

The Health and Social Care Act 2012 gives the DPH responsibility for carrying out the functions of the local authority in relation to planning for and responding to emergencies involving a risk to public health.

The DPH with PHE will lead the initial response to public health incidents at a local level, in close collaboration with the NHS lead.

Local Health Resilience Partnerships (LHRPs) have been established to deliver national EPRR strategy in the local context. For Cambridgeshire the LHRP maps onto the Local Resilience Forum and Police boundary – that is it covers Cambridgeshire and Peterborough

(CPLHRP). The CPLHRP is jointly chaired by the lead DPH (Cambridgeshire DPH) and the NHS England East Anglia Area Team Director of Operations and Delivery.

Specific local authority responsibilities that impact health protection are:

- Responsibility for commissioning services for sexual health including services to deal with sexually transmitted infections
- Joint responsibility with the CCG for preparation of a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) to deliver service to meet the identified needs.
- Responsibility, jointly with PHE to plan for and respond to public health emergencies
- Responsibility for commissioning services for school age children including the school nursing service
- Environmental health – including dealing with contaminated land. City and District councils have responsibilities to encourage regeneration of contaminated land, and prevent any harmful effects on public health. Contaminated sites may be identified through the planning process but they also have a duty to seek out contaminated sites, in both cases ensuring their remediation to a suitable standard
- Housing and housing standards including dealing with homelessness and with fuel poverty and winter warmth
- Community safety and nuisance control
- Air quality - statutory duty under the Environment Act 1995 to manage
- Local Air Quality which involves monitoring and identifying areas where nationally prescribed objectives are at risk.
- Food safety - EHOs inspect food businesses and investigate food incidents and outbreaks of food-borne illness.

City and District councils have health protection powers and responsibilities under:

- The Public Health (Control of Disease) Act 1984 under which Environmental Health Officers (EHOs) can investigate and take action where infection or contamination presents a significant risk to human health.
- Under the Civil Contingencies Act 2004 district councils have responsibilities in relation to civil protection and are Category 1 responders in the event of a local emergency

5. Providers of NHS funded health services

These include NHS trusts and organisations that deliver acute health services, mental health services, pre-hospital services such as ambulance trusts and community health services. In addition to NHS trusts and organisations, NHS commissioners may commission services from providers in the third sector such as voluntary organisations and social enterprises as well as providers in the private sector. All NHS funded health care must meet the standards set down by the commissioning organisations and by NHS England which includes standards for patient safety and health protection.

Under the terms of the Health and Social Care Act 2012, each provider of NHS funded care, where relevant will comply with relevant legal Emergency Planning Resilience and Response (EPRR) requirements including the Civil Contingencies Act 2004 and will ensure a 24/7 response capability for emergencies.

Role of Peterborough Health Protection Committee

- 1 To provide a forum for information sharing and planning between public agencies that have responsibilities, in Peterborough, for health protection, as defined in 1.2 above.
- 2 To review and seek assurance that appropriate mechanisms are in place to protect public health.
- 3 To receive reports from member agencies that enable monitoring of these arrangements and reporting of any issues or incidents.
- 4 To provide a mechanism to consider the implications of national guidance/changes for local implementation and be assured that there are mechanisms in place for their delivery.
- 5 To identify:
 - gaps and issues which need resolution by the one or more of the member agencies
 - procedures/processes which need to be developed or improved
 - the actions that need to be taken jointly by member agencies
- 6 To identify gaps and resources needed by the Committee to function effectively e.g. missing data/information
- 7 To support the production of an annual health protection report for submission to the HWBB
- 8 The Local Health Resilience Partnership (LHRP) is a forum across Cambridgeshire and Peterborough which is co-chaired by the NHS England Area Team Director of Operations and the Cambridgeshire DPH. Member agencies share responsibility for oversight of health emergency planning in this forum. The DPH will report health protection emergency planning issues to the LHRP on a regular basis. The DPH will provide a brief update report on the activities of the LHRP to the PHPC to ensure sharing of cross cutting health sector resilience issues.

Arrangements for 24/7 on call for public health

During normal working hours.

All calls relating to communicable disease or environmental hazards and incidents should be directed to the PHE Anglia Health Protection Team (HPT), based in Thetford. The HPT Consultants in Communicable Disease Control (CCDC) will make a judgement as to whether the public health incident is of sufficient significance to alert the DPH.

Contact details:

**Thetford Community Healthy Living Centre
Croxtan Road
Thetford
IP24 1JD**

Tel: 0844 225 3546

Norfolk, Suffolk & Cambridgeshire Public Health out of hours on call Procedure

Out of hours advice

For health professionals: To contact a public health professional in an emergency out of hours; in the evenings, at weekends or during bank holidays, please phone: 01603 481221

The out of hours on call hours for the NSC public health rota are:

- From 17.00 – 09.00hrs, Monday to Thursday
- From 17.00hrs Friday to 09.00hrs Monday
- For bank holidays – from 17.00hrs on previous working day to 09.00 on next working day

Staffing of the rotas

- The 1st tier is staffed by Specialty Registrars in Public Health (StRs) and Health Protection Nurses (HPNs)
- The 2nd tier is staffed by the Local Authority Public Health Specialists
- The 3rd tier is staffed by PHE CsCDC

Co-ordination of the rotas

The rota will be co-ordinated, administered and circulated by the Anglia Health Protection Team.

- The 1st and 3rd tiers of the rota cover Norfolk, Suffolk Cambridgeshire & Peterborough.
- The rota will be compiled on a quarterly basis by the Anglia HPT following a request for availability.
- The 2nd tier will cover only the one county / LRF area. For Cambridgeshire, the 2nd on call rota covers Cambridgeshire and Peterborough and consists of public health consultants in Cambridgeshire County Council, Peterborough City Council, and Cambridgeshire & Peterborough CCG

- The 2nd tier rota will be circulated to the 1st and 3rd tiers but **will not** be sent to Medicom. Contacting the 2nd tier will be via 1st or 3rd tier.
- **Circulation of the rotas will be via the Anglia HPT only**

On call procedure

- All calls received by Medicom will go to the 1st tier on call staff.
- If they require supervision regarding prioritisation they should discuss with the 3rd on call CCDC who is covering the wider area
- Supervision on public health and health service aspects of the case/incident should be first sought from the 2nd on call for the county in which the call originated. In some circumstances it may be appropriate to contact the 2nd on call where the incident is based e.g. case in one county relating to hospital incident in another
- The CCDC is there for specialist health protection guidance and for matters crossing county boundaries. They can also co-ordinate on-call resources (1st and 2nd, and escalation) across the patch.

Monitoring and evaluation

- All StRs and HPN should complete a detailed on-call log for all calls
- Any immediate issues should be flagged up at the time with the 3rd on CCDC and also at the next available handover.
- The on call arrangements will be subject to review by a team made up of representatives from each tier of the rota.

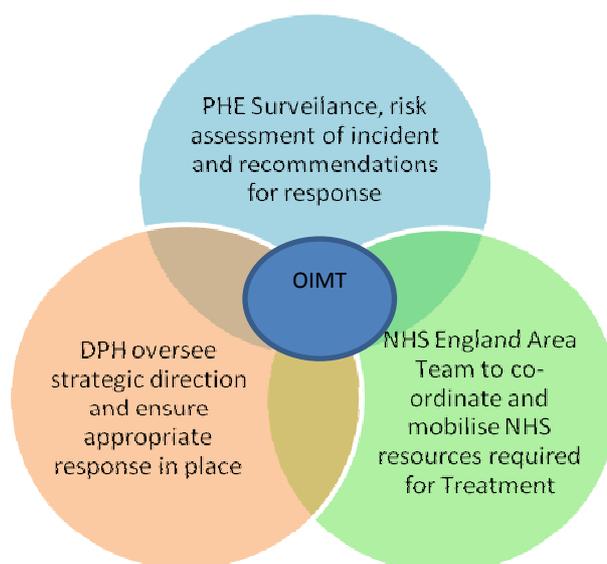
Below is the guidance given to Medicom

- *Contact On Call A on their first choice number.*
- *If there is no answer call the second choice number. If they have a third you can try this*
- *You can leave a brief message on a mobile phone requesting a call back to Medicom but please **do not** leave a message on a land line as the person may be out of the house for some time and never receive it*
- ***Please ensure that you have dialled the correct telephone number and that the name stated in the voicemail greeting corresponds with the name on the on call rota.***
- *If On Call A has not responded within **30 minutes** then call On Call B using the procedure above*
- *If you get no response from On Call A or On Call B within 60 minutes contact the PHE Consultant (CCDC) named on the rota*
- *If you have to contact the on call person between 17.00 and 18.00 hrs it is quite likely that they may be travelling home and unable to take the call immediately. In this instance please let the caller know that there may be a small delay in responding*

Escalation and management arrangements for Public Health incidents

The successful management of Public Health incidents involves facilitating mutually supportive three-way working between the NHS England Area Teams, local PHE Centres and Directors of Public Health in Local Authorities.

Management Roles



The Emergency Preparedness Framework (NHS England 2013)¹, PHE Concept of Operations (PHE 2013)² articulates the roles and responsibilities of NHS England, Directors of Public Health and Public Health England in response to a significant/major incident as follows:

Local Authority Director of Public Health	Overall responsibility for strategic oversight of an incident, ensuring an appropriate response is put in place by NHS England and Public Health England, but with no authority to direct, command or take decisions relating to mobilisation of NHS resources. The DPH should brief Local Authority colleagues and local politicians and mobilise any local authority resources necessary to support.
Public Health England	Lead the epidemiological investigation and specialist health protection response. Responsibility to declare a health protection incident, major or otherwise. PHE would normally Chair the 'Outbreak' Incident Management Team (OIMT). Keep the health protection risks under review. Provide expert health protection advice. PHE will normally coordinate the public communications/ media response as required in

¹ NHS England Emergency Preparedness Framework 2013 Chpt 9 – Roles & Responsibilities

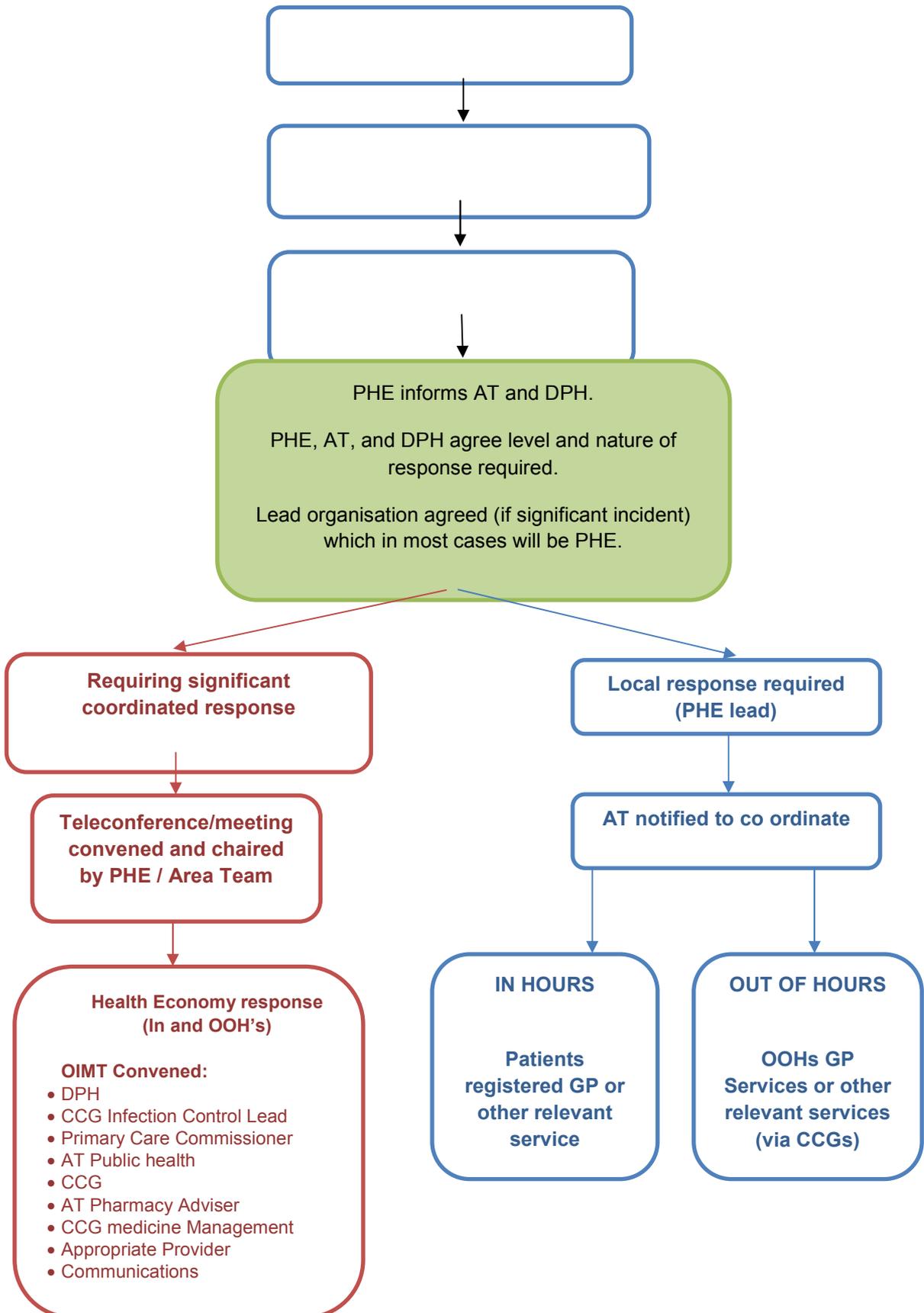
² Public Health England Concept of Operations 2013

	collaboration and agreement with other local organisations represented in the OIMT.
NHS England Area Team	<p>Responsible for managing/overseeing NHS response to incident, ensuring that relevant NHS resources are mobilised to support the incident and commanding/directing NHS resources as necessary. NHS England is a key player within the OIMT and may, on occasions, take the lead role instead of PHE in responding to an incident. Transfer of the lead response role from PHE to NHS England would be dependent on :</p> <ol style="list-style-type: none"> The size and spread of the incident requiring the deployment of significant NHS resources with significant cost implications Where the incident requires complex coordination and/or communications in order to mobilise the NHS response Where provider organisations and PHE are not co-operating with each other. <p>The decision to transfer the lead response role from PHE to NHS England will be undertaken with the agreement of the IMT.</p>
NHS Providers	<p>Response to a public health incident frequently requires the assistance, both in and out of hours, of NHS providers, particularly when clinical investigations and treatment of patients is necessary (e.g. taking swabs, prescribing medicines or vaccinating patients).</p> <p>Normally PHE organise this through local general practitioners for their own registered patients (without needing to convene an OIMT), however sometimes this is not feasible, and other providers may need to be involved, such as community health service trusts. In these circumstances NHS England Area Team will work with the CCG to mobilise the response.</p>

Cross boundary incidents

Where an incident occurs in which people are affected in more than one county or more than one PHE Centre, or NHS England Area Team geographic area, responsibility for coordination of the response may pass to the regional tier of these organisations with the DPH maintaining oversight for their own local population. On such occasions, the DPH may agree with neighbouring DsPH to share the responsibility and membership of the Outbreak or Incident Management team in a way that enables a sustained response if needed. Decisions about the DPH role in cross boundary incidents will be agreed with the neighbouring DsPH, PHE, and NHS England as early in the response as possible.

Escalation and information sharing for Public Health Incidents



Extract from 'Cambridgeshire and Peterborough Local Health Resilience Partnership Three Year Strategic Plan

Training & Exercising

Strategy	The CPLHRP will provide the leadership for the development of EPRR competencies and capabilities within the Cambridgeshire & Peterborough local health community.
Outcomes	A trained and competent local health community that is able to respond effectively to emergencies and have validated health community response plans in place.
Objectives	<ol style="list-style-type: none"> 1. Support the development of a local Training Needs Analysis mapped against National Occupational Standards for Civil Contingencies including the identification of ad-hoc specialist training requirements. 2. Promote collaborative cross-boundary training opportunities. 3. Conduct a communications exercise every six months. 4. Participate in an annual CPLHRP Tabletop exercise aligned to prioritised risks. 5. Participate in a major live or simulated exercise every three years to test inter-operability of all CPLHRP member organisations. 6. Develop an 'outcomes for review' programme that will capture what lessons have been identified through testing and exercising and incidents and use this to set the next planning, testing and exercising priorities. 7. Develop a CPLHRP record of training and exercises and link to the Cambridgeshire & Peterborough Resilience Forum Training & Exercise matrices. 8. Support the Cambridgeshire & Peterborough Resilience Forum with

their exercise programme ensuring appropriate health representation.

Performance Monitoring

Strategy	The CPLHRP will be committed to assessing and assuring the ability of the local Health Community to respond effectively in partnership.
Outcome	A local health community that is compliant with legislation and best practice guidance with appropriately trained staff and integrated incident response and recovery plans.
Objectives	<ol style="list-style-type: none"> 1. Develop an annual EPRR audit and assurance process against EPRR Core Standards. 2. Identify deficiencies within the local health sector's EPRR arrangements and agree rectification actions and priorities of work. 3. Provide a process to escalate and secure resolution for issues concerning underperforming member organisations. 4. Performance monitor the delivery of the EPRR Work Programme. 5. Promote peer review of plans and procedures. 6. Manage the expectations of member organisations and provide appropriate support and guidance to the Cambridgeshire & Peterborough Resilience Forum Health & Social Care Emergency Planning Group.

This page is intentionally left blank