

Health and Wellbeing Board

Date of Meeting: 25 June 2013
Report of: Manager, Joint Cheshire Emergency Planning Team
Subject/Title: Responding to Major Emergencies in Cheshire East following the Transfer of Public Health Duties on the 1st April 2013 – an Update

1. Purpose of Report

- 1.1. The purpose of this report is to reassure members of the Health and Wellbeing Board that the revised council major emergency response structures, roles and responsibilities that were introduced on the 1st April 2013 following the transfer of public health duties to the local authority, are in place, are clear and are working.
- 1.2. The report will also provide an update from a multi-agency/ health perspective in regards to planning and response arrangements implemented from the 1st April.

2. Background

- 2.1. On the 1st April 2013 major changes to the health system were enacted, under the Health and Social Care Act 2012, with Directors of Public Health and Public Health Teams transferring to local authorities with a new and enhanced role.
- 2.2. Other major changes to the national health system, announced in the Health and Social Care Act 2012, also became fully operational including:
 - Establishment of Clinical Commissioning Groups (CCGs), the NHS Commissioning Board (NHS CB) and Public Health England (PHE), the latter of which assumed many of the health protection responsibilities of the now defunct HPA.
 - PCTs and SHAs were abolished.
 - Health and Wellbeing Boards were established to bring together the right stakeholders to forge a new culture towards a shared local vision of good health and wellbeing for all.
 - A new planning and response landscape for Emergency Preparedness, Resilience and Response (EPRR) within the health system was introduced.
- 2.3. Ahead of these changes taking place, officers from the Joint Cheshire Emergency Planning Team (JCEPT) analysed the impact of these changes on the authority from an emergency preparedness and response perspective, and implemented a number of changes, thus ensuring that the authority was ready to respond effectively to any major incidents from the handover date. That work included the following:
 - Officers held a number of discussions with key stakeholders involved in the process including Guy Hayhurst (CEC Public Health Team), Andy

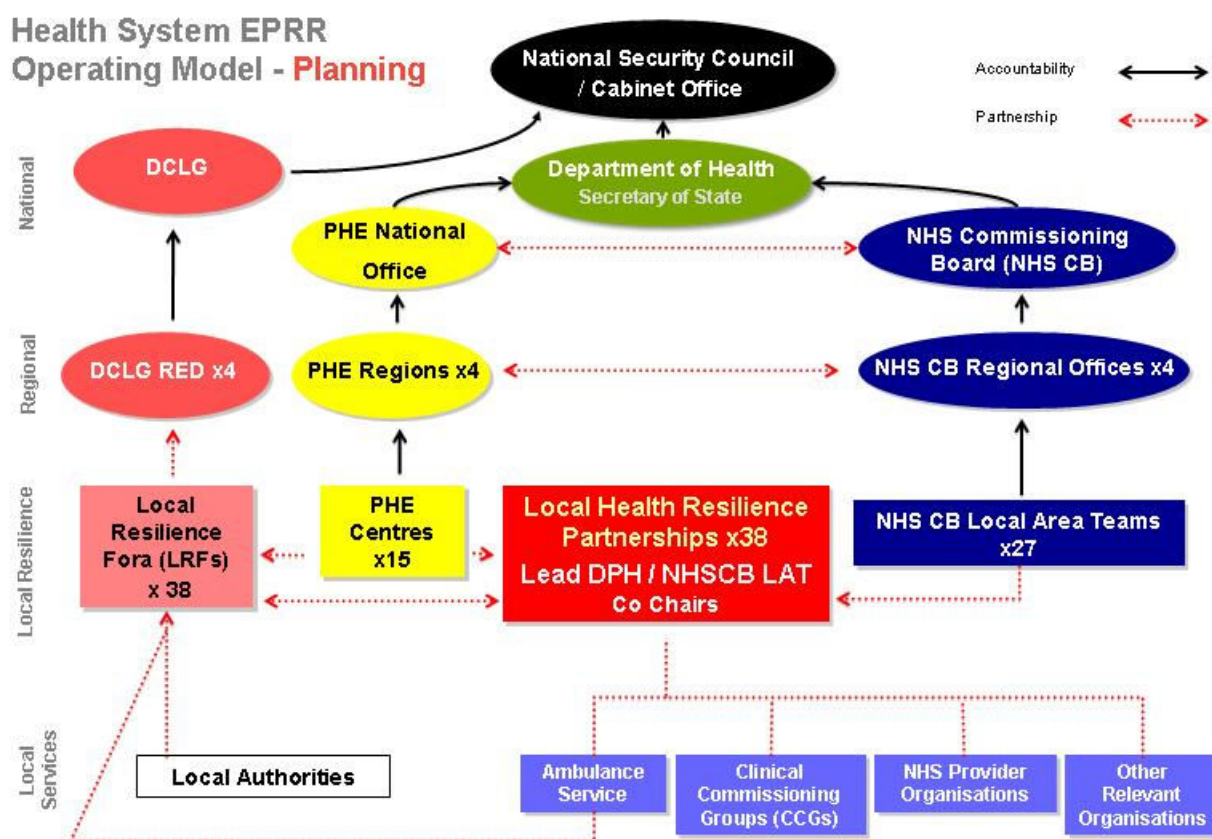
Meadows (NHS Commissioning Board Local Area Team), and Rita Robertson (Chair, Cheshire & Wirral Local Health Resilience Partnership).

- In October 2012 an exercise was held to test the new public health responsibilities of local authorities. Using a number of scenarios (Legionella Disease outbreak and a major flood incident), this ensured that there was a shared understanding amongst partners of the new system and that testing was carried out to ensure resilience during the final transition phase.
- The Council Major Emergency Response Plan was updated to reflect the new Public Health role of the authority and issued to key stakeholders at the end of March 2013 following a consultation period.
- Levels of awareness were also raised amongst key stakeholders within the authority regarding the changes to our emergency response and recovery procedures as part of the launch of the revised plan

3. Situation Report on Revised Arrangements

3.1. So how is the emergency planning and response landscape looking nearly three months after the transfer date? What actions are required to ensure that the revised arrangements continue to operate effectively?

3.2. **Multi-Agency Planning & Preparedness Update** - the diagram below shows the revised EPRR landscape in place since the 1st April from a planning and preparedness perspective:



3.3. Cheshire Local Resilience Forum

3.3.1. This multi-agency forum was introduced in conjunction with the introduction of the Civil Contingencies Act (2004) and is the key body tasked with ensuring an effective multi-agency response to major incidents. Cheshire East Council, a Category (1) responder under the CCA, is a key partner in this forum.

3.3.2. The LRF has recently approved a revised structure to be introduced in April 2014, which will provide time and travel cost efficiencies at the operational level and will provide greater challenge, focus and performance management at the tactical and strategic levels.

3.3.3. These changes will ensure that Cheshire LRF continues to improve, and retain its status as one of the leading LRFs in England and Wales.

3.4. Cheshire, Warrington and Wirral LHRP

3.4.1. To help coordinate NHS and public health planning for major emergencies, each NHS CB Local Area Team has established a Local Health Resilience Partnership, which is required to meet every quarter. This body is intended as a strategic forum for joint planning and preparedness for emergencies across the health system and also to support health's contribution to multi-agency planning and preparation through the LRF.

3.4.2. Co-chaired by the Area Team's Director of Operations (Andrew Crawshaw) and a representative Director of Public Health (currently Rita Robertson from Warrington Council) the membership comprises of 'board-level' manager from all the local NHS organisation in Cheshire, together with representatives from Public Health England, and of course the representative Local Authority Director of Public Health.

3.4.3. Cheshire's LHRP has met three times since November 2012 and has adopted a 3-year strategy supported by an annual work plan. Issues such as the STAC Activation Plan and the Infectious Disease Outbreak Plan have been discussed at these Partnership meetings.

3.4.4. Public Health England is also separately represented on Cheshire LRF.

3.4.5. Adult Social Care Representation on LHRP - from what we understand one Adult and Social Care representative will be asked to represent the four Local Authorities on the LHRP – this representative has yet to be confirmed.

3.4.6. Effective linkages with Cheshire LRF are in place with Andrew Crawshaw representing the Local Area Team and wider NHS at LRF strategic meetings, and Andy Meadows (Head of EPRR, Local Area Team, NHS Commissioning Board) representing the Local Area Team and wider NHS at LRF General Working Group meetings.

3.5. Cheshire East Council:

3.5.1. Information and Advice – Cheshire East Council has a new health protection duty, which involves the local authority discharging aspects of the Secretary of State's duty to take steps to protect public health. The duty takes the form of a statutory requirement to provide information and advice to certain responsible persons and relevant bodies with a view to promoting the preparation of local health protection arrangements under regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

3.5.2. In regulation 8, a "responsible person" means:

- (a) an NHS body,
- (b) a Chief Constable of a police force,
- (c) a fire and rescue authority, and
- (d) Public Health England;

3.5.3. In regulation 8, a "relevant body" means a body whose activities, in the opinion of the local authority, have a significant effect upon, or whose activities may be significantly affected by a threat to, the health of individuals in the local authority's area, and may include:

- (a) the governing body of a maintained school,
- (b) a body which is the proprietor of a school which is not maintained by the local authority,
- (c) providers of social care services,
- (d) voluntary organisations,
- (e) charities, and
- (f) businesses.

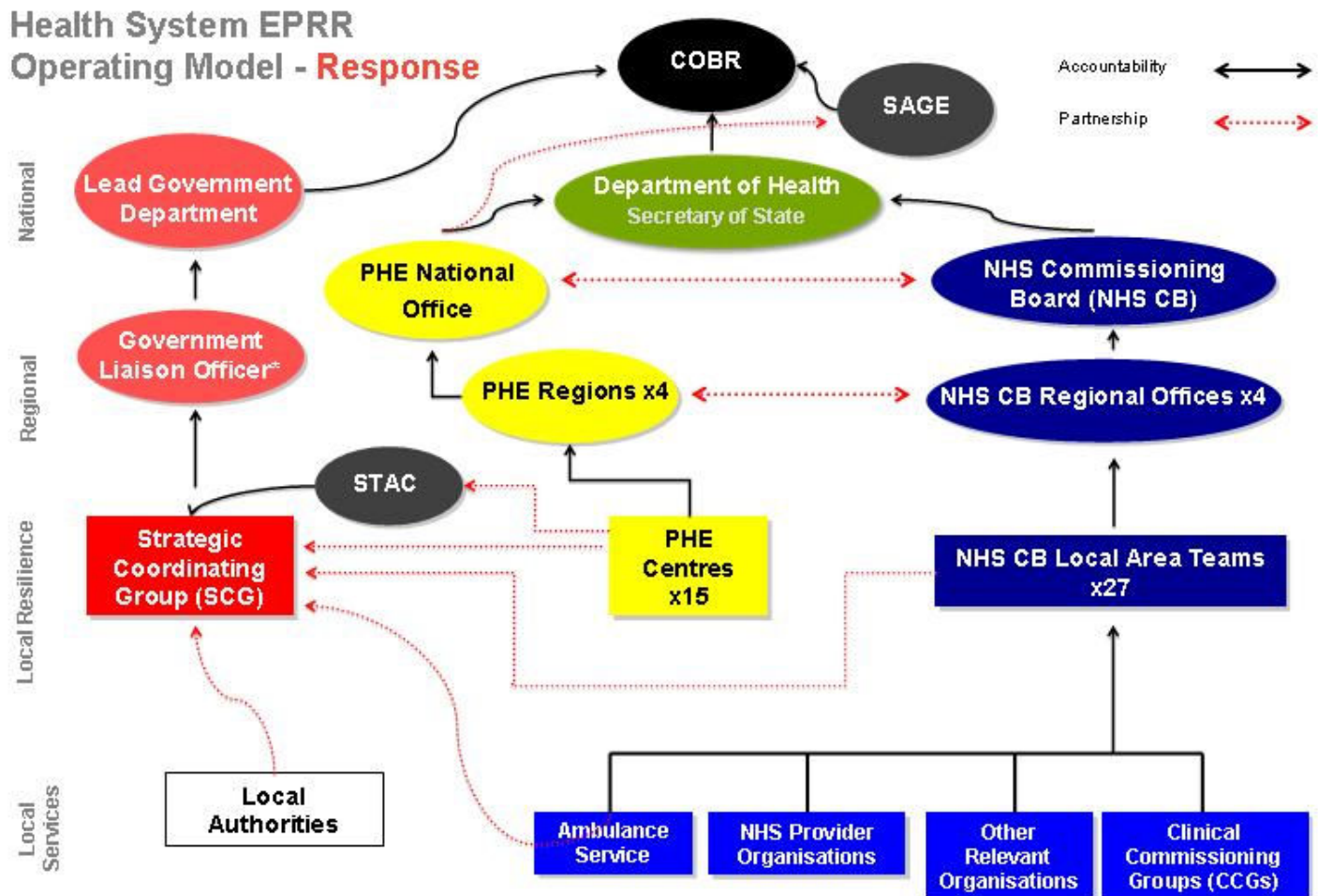
3.5.4. The Director of Public Health is responsible for providing information, advice, challenge and advocacy on behalf of Cheshire East Council to promote the preparation of health protection arrangements by relevant organisations operating in the local authority area. This may include information and advice on the following:

- (a) the appropriate co-ordination of roles and responsibilities between any responsible or relevant bodies;
- (b) effective testing by the responsible and relevant bodies of the health protection arrangements;
- (c) appropriate emergency provision to deal with incidents which occur outside the normal working hours of the responsible or relevant bodies;
- (d) arrangements for epidemiological surveillance;
- (e) arrangements for environmental hazard monitoring;
- (f) arrangements with other local authorities for managing incidents which affect the area of more than one authority in an integrated and co-ordinated manner;
- (g) arrangements for stockpiling of medicines and medical supplies.

3.5.5. These new arrangements for preventing and planning responses to health protection incidents and communicable disease outbreaks that do not require mobilisation of a multi-agency response under the Civil Contingencies Act 2004 complement the revised EPRR arrangements.

3.5.6. With the restructuring of the senior team of Cheshire East Council, new reporting arrangements will provide a clear line of accountability between the Joint Cheshire Emergency Planning Team, relevant Heads of Service and the Director of Public Health.

3.6. **Multi-Agency and Cheshire East Council Response Update** - The diagram below shows the EPRR response landscape in place since the 1st April:



*Normally led by DCLG RED. But can vary depending on the type of emergency

3.6.1. From an NHS perspective, the way NHS providers respond to an emergency incident has changed little as a result of these reforms. East Cheshire NHS Trust and Mid Cheshire Hospitals NHS Foundation Trust have plans in place to respond to a range of emergency incidents, which are regularly updated, tested and exercised in line with national contract requirements and guidance, sometime in conjunction with other NHS organisations and multi-agency partners.

3.6.2. The demise of Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) has had a more significant impact however. In particular it should be noted that Clinical Commissioning Groups have not taken on the majority of the emergency response roles of the former PCTs as they are classed as Category 2 Responders under the Civil

Contingencies Act 2004. As such the majority of the emergency response roles of both the former PCTs and SHAs have now become the responsibility of NHS England (the NHS Commissioning Board). NHS England has issued a range of guidance documents outlining the roles and responsibilities of all NHS, including core competencies and the requirement for all NHS organisations to have a 'board-level' Accountable Emergency Officer. In addition NHS England has established three levels of emergency preparedness and response arrangements – nationally, across its 4 regional offices and across its 27 Area Teams.

3.6.3. Locally this means that NHS England's Cheshire, Warrington and Wirral Area Team has responsibility for planning and responding to major emergencies, in coordination with local NHS organisations and multi-agency partners. The Area Team:

- represents the NHS on the Cheshire Local Resilience Forum,
- operates a two-tier on call rota to represent the NHS at multi-agency incident commands (the Cheshire NHS Strategic Commander Rota and the Cheshire NHS Tactical Commander Rota) and, if necessary,
- has the power to command and control the response of all NHS organisations during an incident.

3.6.4. The Area Team has plans in place which are regularly tested and exercised, for example in June alone the Area Team will be taking part in three multi-agency exercises within Cheshire.

3.6.5. Locally Public Health England's (PHE) Cheshire & Merseyside Centre is working with local authority Directors of Public Health across Cheshire and Merseyside to ensure a proportionate response to requests for public health advice and support for any incident that occurs across Cheshire and Merseyside. PHE Cheshire & Merseyside Centre has:

- established rotas and put in place arrangements to access public advice for major emergencies
- with Local Authority Directors of Public Health across Cheshire and Merseyside, put in place a rota to support a Scientific and Technical Advice Cell (STAC), if one is required
- developed a STAC Activation Plan for Cheshire and Merseyside (together with a process to train those on this STAC rota)
- developed a Multi-Agency Outbreak of Infectious Diseases Plan which is being reviewed to take account of the new organisational arrangements / responsibilities in respect of changes to the NHS and public health

3.6.6. 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 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.

3.6.7. In addition, regulation 7 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 requires local authorities to provide a public health advice service to CCGs, which includes advice on health protection.

3.7. Cheshire East Council:

3.7.1. Council Major Emergency Response Plan (MERP):

3.7.1.1. As mentioned earlier the Council Major Emergency Response Plan was updated to reflect the new Public Health role of the authority and went live at 0000 hours on the 1st April 2013.

3.7.1.2. The key change to the MERP, which utilises a Functional Response Model, was the establishment of a new role in the Council Emergency Management Response Team (CEMART) – that of Public Health Lead. This officer's role is to provide specialist public health advice to the Council Incident Co-ordinator, working in partnership with Public Health England. The Director of Public Health, Heather Grimbaldston or one of her senior public health consultants performs this role.

3.7.1.3. Outside office hours, the responding agencies can access public health advice through the Cheshire and Merseyside Public Health England Duty Officer in the first instance, with the CEC Public Health Team providing support where required.

3.7.1.4. When the STAC (Science and Technical Advice Cell) is in play during an incident that body will take primacy over any public health advice. When the STAC is not in play, the Public Health Lead will work with Public Health England to agree on what needs to be communicated to the public on behalf of the Council Incident Co-ordinator and the authority.

3.7.1.5. These arrangements are robust, flexible and ensure that public health advice is available on a 24/7 basis to the responding agencies.

3.7.2. Future Actions:

3.7.2.1. Awareness Raising – awareness levels continue to be raised amongst managers and staff in regards to the recent changes as part of the Emergency Management Workshops taking place across the authority between May and August 2013. Our team will continue to raise awareness at every available opportunity as the year progresses.

3.7.2.2. Exercising – The Council Major Emergency Response Plan is exercised regularly, most recently through the Emergency Management Workshops series for CEC senior managers. In

addition, the BAE Systems COMAH¹ Major Live Exercise in October 2013 will provide an opportunity to test the revised arrangements in a live multi-agency setting. Any lessons learned in the meantime as result of incident response will also be fed back to key stakeholders and the plan revised accordingly.

4. Conclusion

4.1. In conclusion, members of the Cheshire East Health and Wellbeing Board can be re-assured that, following the introduction of reforms under the Health and Social Care Act 2012, the revised planning and response arrangements at both an authority and multi-agency level will ensure a robust and well co-ordinated response to any future incidents. However these arrangements will continue to be monitored and exercised by the appropriate organisations and, where required, revisions made to ensure continuous improvement. With the authority currently going through a period of restructuring, board members can also be reassured that the Functional Response Model utilised provides both a high level of resilience and flexibility allowing the authority to respond effectively to any major incident over that phase and beyond.

For further information:

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¹ COMAH – Control of Major Accident Hazard Regulations (1999)