Dudley Health Protection Co-operation Agreement 2013-15

29th May 2014

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1. Preface

On 1st April 2013 large changes took place in the health and social care landscape through implementation of the new Health and Social Care Act (2012). This established NHS England, Public Health England (PHE), Clinical Commissioning Groups (CCGs) and transferred the majority of former NHS Public Health responsibilities into local authorities, including Director of Public Health responsibilities. However NHS England also retains some public health functions as well as the overall lead for NHS emergency and incident planning and response.

2. Background

Health Protection seeks to prevent or reduce the harm caused by communicable diseases and minimise the health impact from environmental hazards such as chemical and radiation.

Under regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6c of the NHS Act 2006, there is a requirement for cooperation agreements, memoranda of understanding and protocols around Health Protection to be revised and updated.

The Association of Directors of Public Health (ADsPH), Department of Health, Faculty of Public Health, Local Government Association, NHS England and Public Health England agreed that it would be helpful to set out some national principles about the roles and responsibilities of different agencies in relation to local health protection responses (Professional Letter, 2012). These principles agreed by partners build on previous guidance and seek to provide a framework to support the local analysis and review of health protection arrangements.

This document summarises the Health Protection arrangements for Dudley which have been updated in light of the ADsPH principles and these new regulations.

3. Introduction to Dudley

The metropolitan borough of Dudley covers an area of 38 square miles with a population of 313,000 people. In such a densely populated urban environment there are a range of potential risks to the health and wellbeing of local communities.

Dudley Metropolitan Borough Council (A Unitary Authority) works with partners and local communities to maintain various plans to facilitate resilience in the event of anything from minor outbreaks to full scale emergencies.

The Dudley Borough has a strong industrial heritage from foundries, brickworks and glass manufactures. This has largely been replaced with high technology industries and a strong and diverse service sector, including financial services, distribution and retail.

One of those developments is the Merry Hill Centre at Brierley Hill which is one of the largest retail developments in Europe attracting approximately 26 million visitors to the Borough every year.

Dudley

The nature of the Dudley borough leads to its own set of diverse challenges for health protection.

4. Principles of Local Response

4.1 General

Local agencies are the building blocks of planning, response and recovery. Proportionate and evidence-based decisions should be taken at the most appropriate level as close to the frontline as possible with co-ordination at the highest necessary level; consistent with national health protection policies and guidelines.

Local health protection roles and responsibilities need to be clearly articulated and there needs to be agreement about the working arrangements and responsibilities for committing resources in a response.

4.2 Legislative framework

- Under section 2A of the NHS 2006 Act (as inserted by section 11 of the Health and Social Care Act 2012) the Secretary of State for Health has a duty to "take such steps as the Secretary of State considers appropriate for the purpose of protecting the public in England from disease or other dangers to health". In practice PHE will carry out much of this health protection duty on behalf of the Secretary of State.

- Under the Local Authorities (Public Health Functions and Entry to Premises by Local HealthWatch Representatives) Regulations 2013 unitary and upper tier local authorities have a new statutory duty to carry out certain aspects of the Secretary of State's duty to take steps to protect the health of the people of England from all hazards, ranging from relatively minor outbreaks and contaminations, to full-scale emergencies, and to prevent as far as possible those threats emerging in the first place. In particular, regulation 8 requires that they promote the preparation of health protection arrangements by "relevant bodies" and "responsible persons", as defined in the regulations. In addition, regulation 7 requires local authorities to provide a public health advice to clinical commissioning groups (CCGs), which includes advice on health protection. Local authorities will continue to use existing legislation to respond to health protection incidents and outbreaks.

- Directors of Public Health (DsPH) are employed by local authorities and responsible for the exercise of local authorities' new public health functions. Directors will also have a responsibility for the "exercise by the authority of any of its functions that relate to planning for, and responding to, emergencies involving a risk to public health".

- Under new section 252A of the NHS Act 2006, NHS England is responsible for
    - ensuring that clinical commissioning groups and providers of NHS funded services are prepared for emergencies,
    - monitoring their compliance with their duties in relation to emergency preparedness and
    - facilitating coordinated responses to such emergencies by clinical commissioning groups and providers.

- The Health and Social Care Act 2012 also amends section 253 of the NHS Act 2006 (see section 47 of the 2012 Act), so as to extend the Secretary of State's powers of direction in an emergency to cover an NHS body other than a local health board (this will include NHS England and clinical commissioning groups); the National Institute for health and Care Excellence (NICE); the Health and Social Care Information Centre; anybody or person, and any provider of NHS or public health services under the Act.

- Under the Civil Contingencies Act 2004 (CCA) Local Authorities are category 1 responders, and have a duty to cooperate and work together to plan for and respond to emergencies, and DsPH as officers of the Local Authority share in this responsibility.

- Under the consequential amendments made by the Health and Social Care Act 2012, NHS England and Public Health England (as part of the Department of Health exercising the Secretary of State's responsibilities in relation to responding to public health emergencies) are also Category 1 responders under the CCA. CCGs are Category 2 responders under the Act giving them a duty to provide information and cooperate with civil contingency planning as needed.

4.3 Commissioning the Incident Response

Clinical Commissioning Groups are responsible for ensuring that their contracted NHS providers (acute hospital, community health, mental health, out-of-hours etc) will provide the clinical response to incidents that threaten the health of local people and communities.

NHS England's Direct Commissioning functions (Section 7A public health services, primary care services, specialised commissioning services, health & justice services and armed forces and veterans' health services) are responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health.

Local Authorities are responsible for ensuring that the NHS and other providers with whom they have contracts (including providers of sexual health services, drug and alcohol services and school health services etc) will provide an appropriate response to any incident that threatens the public's health.

All commissioners need to ensure that they have agreed roles with providers and that detailed contract provisions exist with providers, including primary care contractors. This should include 'dormant' arrangements such as local enhanced services, which identify specific services and any surge capacity required to enable timely local health protection responses. Commissioners need to be assured that providers have the appropriate capacity and capability to deliver an effective response.

4.4 Providing the Incident Response

Public Health England will provide the specialist health protection and public health microbiology services that were part of the Health Protection Agency and will ensure that there is co-ordinated management of incidents and outbreaks.

PHE will agree with partners the establishment and leadership of an Incident Management Teams (IMT) and when requested by Strategic Co-ordinating Groups (SCG), will establish Scientific and Technical Advice Cells (STAC). PHE will normally lead the response for infectious disease and will advise on the requirement for and sourcing of prophylactic treatment and immunisation for all health protection incidents.

PHE will co-ordinate the management of the response to biological, chemical, radiological and environmental incidents. The response, led by the appropriate PHE Centre and escalated to regional and national levels as needed using PHE's agreed escalation policies, will include interaction with PHE's national microbiology, chemical, radiological and other specialist services which provide management advice and/or

direct support to incident responses (e.g. interpreting air quality results, coordinating UK radiation monitoring).

NHS providers are required to deliver the response to incidents and outbreaks under the guidance of the Incident Management Team. The need to respond appropriately and in a timely manner is part of the NHS Contract. Providers need to ensure that they have suitably qualified and skilled staff to deliver their contribution to the response.

Local Authorities will provide some services and facilities to support the management of the incident or outbreak, including the environmental and public health team, where relevant.

4.5 Funding

The key funding streams are as follows:

a) NHS commissioned services: the funding stream is through the NHS Mandate and the allocations to direct commissioning functions and CCGs, and through the Section 7A. These allocations fund contracts with NHS providers to deliver their element of the incident response.

b) LA commissioned services: the funding streams form part of the core local authority budget for the environmental health and other teams, and the Public Health Grant that is allocated to each upper tier local authority, which is ring-fenced at least until 2015-16. This allocation funds the local authority's public health team and contracts with providers to deliver their element of the incident response.

c) Public Health England: the local specialist health protection and public health microbiology services are funded through the "grant in aid" funding provided to the Agency.

In practice the funding at local level of clinical interventions whether investigative or curative, is a responsibility of the NHS. NHS England and CCG finance officers will agree an appropriate methodology for sharing costs on a case by case basis from within budget allocations, to support the locally agreed clinical responses. The sharing of more significant costs will be agreed as appropriate, with NHS England Regional and National Finance Directors.

The Department of Health will continue to keep guidance around the funding of health protection responses under review, in order to enable effective delivery and best value for public money.

5. Dudley Health Protection Co-operation Agreement

5.1 Purpose

This agreement aims to ensure that for Dudley:

i) Respective roles and responsibilities of NHS England Birmingham Solihull and Black Country Area Team (NHS England – BSBC AT), West Midlands Public Health England Centre, the Dudley Director of Public Health, Dudley CCG and providers of NHS services, in the event that a response to a public health incident is required, are clear and understood.

ii) There are arrangements for the provision and timely release of sufficient resources by the above organisations to support the investigation and management of a health protection incident in line with the duty of NHS provider organisations to respond accordingly.

iii) All partners in the Dudley Health Protection arrangements, as signatories of this document, agree their respective responsibilities. (Appendix 1)

Dudley Health Resilience Partnership (DHRP)

Dudley Health Resilience Partnership is a sub group of the Dudley Resilience Forum and aims to ensure that robust planning takes place so that the borough is resilient in response to and recovery from health related incidents and emergencies.

A function of Dudley Health Resilience Partnership will be the production, agreement, and review of this cooperation agreement.

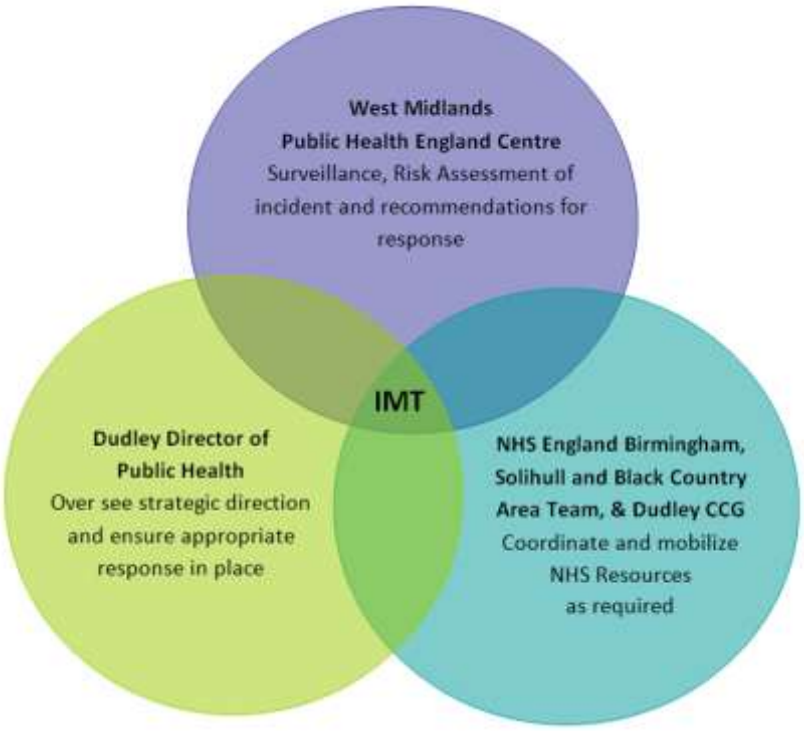
DHRP Membership includes:

- Dudley Metropolitan Borough Council (MBC) - Office of Public Health
- Dudley Clinical Commissioning Group
- Dudley Group Foundation Trust
- West Midlands Public Health England Centre
- NHS England - Birmingham Solihull and Black Country Area Team
- Other invited providers as required
    - Dudley and Walsall Mental Health Trust
    - Black Country Partnership Foundation Trust
    - Police
    - Ambulance
    - Fire

5.2 Management of Health Protection incidents

The successful management of Health Protection incidents will be in facilitating mutually supportive three-way working between the NHS (NHS England - Birmingham Solihull and Black Country Area Team, Dudley CCG and Dudley providers), West Midlands Public Health England Centre and Dudley Director of Public Health in Dudley MBC. This working would normally be facilitated by the formation of an Incident Management Team (IMT). (Fig 1)

Fig 1: Management Roles



5.3 Roles & Responsibilities in Dudley

The Emergency Preparedness Framework (NHS England 2013), PHE Concept of Operations (Public Health England 2013) 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:

West Midlands Public Health England Centre

PHE will lead the epidemiological investigation and the specialist health protection response to public health incidents and has responsibility to declare a health protection incident, major or otherwise. PHE would normally Chair the Incident Management Team (IMT) meetings/teleconferences and keep the health protection risks under review during the incident, providing expert health protection advice to the IMT (drawing on specialist advice from regional and national PHE and other experts as required). PHE will normally coordinate the public communications/ media response as required in collaboration and agreement with other local organisations represented in the IMT.

NHS England Birmingham, Solihull & Black Country Area Team

Has responsibility for managing/overseeing the NHS response to the incident, ensuring that relevant NHS resources are mobilised to support the incident and commanding/directing NHS resources as necessary. NHS England are key players within the IMT 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 :

- 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.

The decision to transfer the lead response role from PHE to NHS England will be undertaken with the agreement of all parties in the IMT.

The NHS England – BSBC AT will co-ordinate the primary care response to the incident.

The NHS England - BSBC AT will also co-ordinate any significant or complex response required by Community Trusts and/or Acute Trusts.

Dudley CCG

The CCG role is to support NHS England in discharging its EPRR functions and duties locally.

They must ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements, and provide a route of escalation should a CCG commissioned provider fail to maintain and deliver the necessary EPRR capacity and capability

The CCGs will be Category 2 responders under the Act giving them a duty to provide information and cooperate with civil contingency planning as needed, and to maintain business continuity plans for their own organisation.

Dudley CCG should form part of the IMT as necessary and help inform the IMT's decisions about the appropriate level of NHS response from providers and any CCG resources needed to be released for an integrated approach in response to an incident.

Dudley CCG may be requested by the NHS England BSBC Area Team to provide clinical support for the prescribing and administration of medication and specialist infection control advice where required, depending on the nature of the incident, and as determined by the IMT.

Community Pharmacy Services

Under the direction of Dudley CCG (with support from Dudley OPH Pharmacy Advisor), local community pharmacy services will support the incident response by obtaining the necessary medication as determined by PHE, dispensing and supplying in a flexible way to meet the needs of the incident.

Commissioned Providers

The NHS England Standard Contract outlines what NHS organisations are expected to deliver in terms of health protection generally, as well as incident and emergency planning management and any cooperation requirements necessary to achieve those objectives. Appendix 2 contains the EPRR Extract of the NHS Standard Contract.

Dudley MBC Director of Public Health

The DPH has overall responsibility for strategic oversight of an incident. They should ensure an appropriate response is put in place by NHS England and Public Health England, however they have no authority to direct, command or take decisions relating to mobilisation of NHS resources. The DPH should brief Local Authority colleagues and local politicians and mobilise any local authority resources necessary to support.

NHS acute, community and mental health provider(s)

Local acute, community and mental health services providers will deploy and coordinate relevant and available resources as negotiated and agreed with the IMT to support an NHS response including as necessary clinical and administrative staff to enable clinical advice and investigations, and prescribing and administration of medications.

5.4 Funding

NHS England and CCG finance officers will agree an appropriate methodology for sharing costs on a case by case basis from within budget allocations, to support the locally agreed clinical responses. The sharing of more significant costs will be agreed as appropriate, with NHS England Regional and National Finance Directors.

In Dudley the funding at local level of clinical interventions whether investigative or curative, is a responsibility of the NHS. It has been agreed that NHS England - Birmingham Solihull and Black Country Area Team will in the first instance commit resources at risk (Williams, L (2014), in accordance with the principle of respond first, clarify invoicing later and the decisions on funding must not delay responses.

Upon agreement of the required response to an incident by the IMT, should the response (in terms of staff/ resource commitment) exceed that detailed in relevant surge plans, providers will quantify the cost of extra pay and non pay resources utilised as a result of the enhanced response. Costs will need to be reasonable, locally agreed and presented with full supporting evidence.

Payments to final invoices will be implemented only on the express agreement of both parties. Discussions of this nature need to take place with the Directors of Finance (or equivalent) from the respective organisations.

5.5 Activation Process – Communicable Disease Incident

An initial risk assessment by PHE, will consider both the nature of the health protection threat and the complexity of the required response including communications and coordination.

PHE can declare an incident and respond directly without the need to involve a co-ordinated response via the activation algorithm.

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).

Normally this is straightforward and can be arranged by the Public Health England through local general practitioners for their own registered patients (without needing to convene an IMT), however sometimes this is not feasible for a number of reasons e.g.:

- The incident occurs, or interventions are urgently required, outside normal GP service hours
- There are too many cases, requiring complex coordinated interventions, and this is not feasible within normal GP service delivery arrangements
- There are too many individual GP practices involved making a coordinated response difficult
- It would be more effective to provide a community ‘settings based’ response to the incident (e.g. through a dedicated mini-clinic providing investigations and treatment in a school or other community setting)
- The urgency of providing a particular intervention

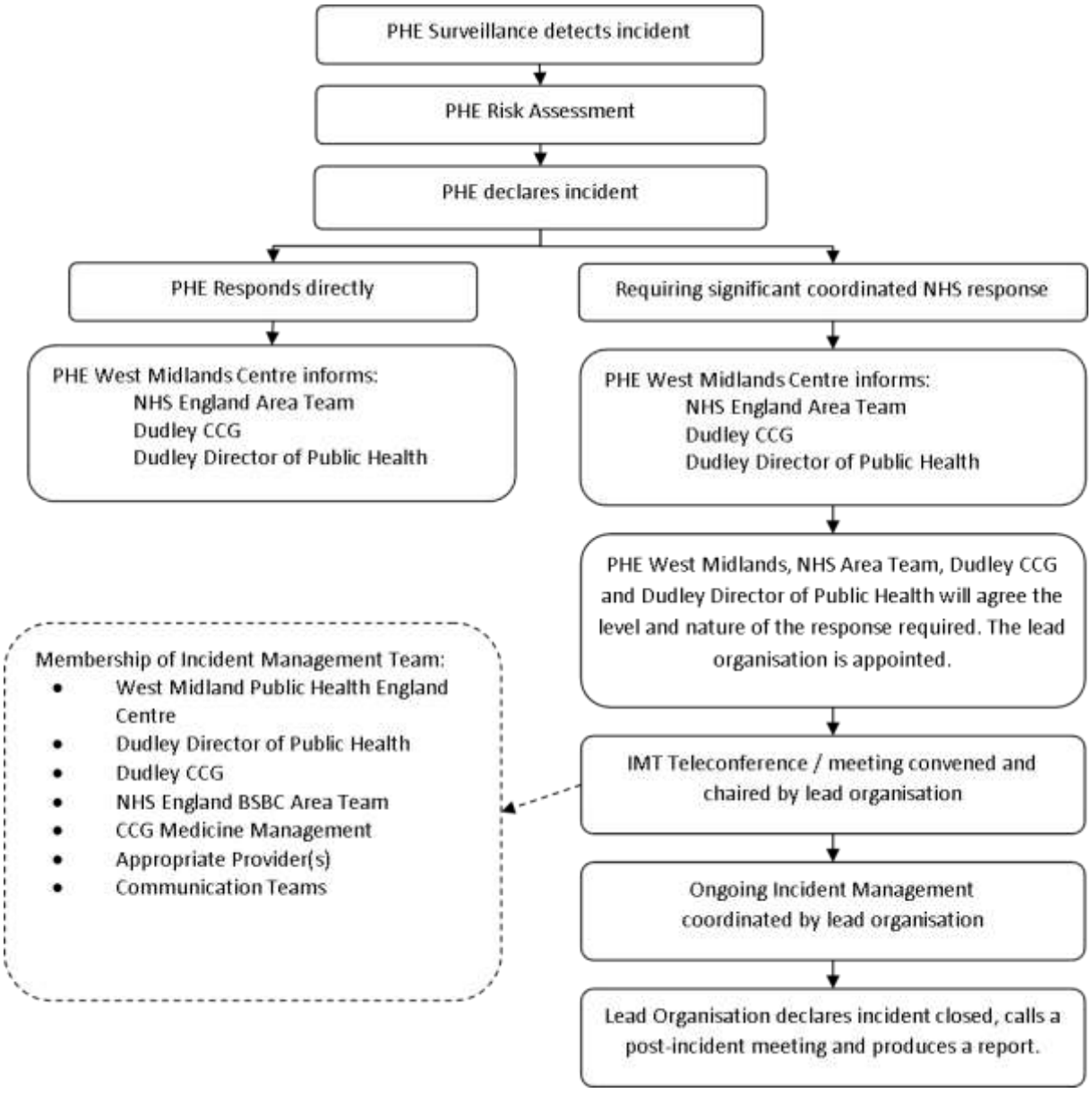
Where the risk assessment identifies that complex NHS resources need to be deployed, West Midland PHE Centre will declare an Incident and contact the Dudley MBC Director of Public Health, the NHS England

Birmingham Solihull and Black Country Area Team and Dudley CCG to discuss the risk assessment, response requirements and arrangements for an IMT. Out of hours contacts in Appendix 3.

West Midlands PHE Centre / NHS England Birmingham Solihull and Black Country Area Team will then arrange for an IMT to be held, provide the secretariat and, through normal on call arrangements, will notify relevant organisations.

In the event that a complex multi-agency response is required to a public health incident, relevant organisations will be required to participate in an Incident Management Team (IMT). The IMT will enable West Midlands PHE Centre and NHS England Birmingham Solihull and Black Country Area Team to effectively coordinate and command the provision of necessary staff and supplies which enable a swift and timely response to the incident, and enables the Dudley Director of Public Health to have appropriate strategic oversight. A request for participation in an IMT can be made at any time. Providers of NHS services have a duty to respond (in line with the requirements of the NHS Standard Contract) and may be called on to participate in the IMT.

Fig 2. Activation Algorithm for when NHS resources are required or have the potential to be required.



5.6 Activation Process – Environmental or Chemical Incident

These incidents may be insidious or catastrophic. For catastrophic/ short term incidents in Dudley the Emergency Response Arrangements of DMBC will be enacted. Local Responses are detailed at Appendix 4b.

For insidious incidents, these would be led by West Midlands PHE Centre, actions similar to those in para 5.5 would be instigated.

5.7 Ongoing Incident Management

The IMT will provide ongoing leadership, direction, and will have overall responsibility for co-ordinating the response to an incident. The team will ensure that a systematic approach to the investigation and the rigorous application of control measures are implemented. The investigation and measures required will be dependent on the particular circumstances of the incident. It is important that the IMT meet regularly (either in person or virtually) to assess the effectiveness of any actions taken maintaining accurate records of those decisions.

5.8 Incident Closure

The IMT will decide when an incident is over and will make a statement declaring this.

The IMT will convene a meeting following the closure of the incident, which will act as a debrief, look at any lessons learned, and consider any further preventive actions required. Following this meeting a full and final report will be prepared by the lead organisation and will be agreed by members of the IMT. The report should be suitable for confidential publication and will be circulated as appropriate.

6.0 Dudley Responsibilities in a Health Protection Incident.

On 22nd May 2013 the Office of Public Health facilitated an exercise to test Health Protection emergency resilience, understand new structures and responsibilities, and identify any gaps in provision across Dudley.

The agencies and services represented at the event were:

- Dudley MBC Office for Public Health
- Dudley MBC Environmental Health
- West Midlands Police
- West Midlands Ambulance Service
- Public Health England
- Dudley Group Foundation Trust
- NHS England Birmingham, Solihull, Black Country Area Team
- Dudley Clinical Commissioning Group
- Black Country Partnership Foundation Trust
- Dudley MBC Resilience & Emergency Planning
- Dudley MBC Communication & Public Affairs

In a table top exercise delegates worked through public health related scenarios that covered 2 areas of risk; infectious disease and chemical/environmental.

Overall there was a significant level of assurance that agencies understand what would be required of them and feel that they are in a position to fulfil their responsibilities.

Since Dudley's tabletop exercise, national regional and local clarification has been ongoing. The responses and responsibilities of organisations in Dudley are summarised at Appendix 4.

6.1 Scenario Testing and Assurance

Dudley Health Resilience Partnership will facilitate a Dudley Economy exercise and testing of Health Protection arrangements.

7. References

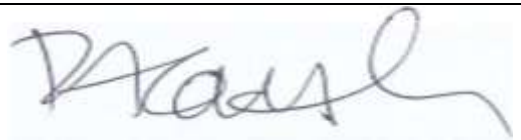
NHS England (2013) *NHS Emergency Preparedness Framework 2013,* London, NHS England, Publication Gateway, http://www.england.nhs.uk/ourwork/gov/eprr/

Professional Letter - Co-Chairs of Local Health Resilience Partnerships (2012) *Agreeing local roles for responding to Health Protection Incidents,* London: Public Health England, Publication Gateway Number: 2013-357

Public Health England (2013) Health Emergency Preparedness, Resilience and Response from April 2013 - Local health Resilience Partnership: Model Concept of Operations, London: Department of Health, Publication Gateway Number: 17820

Williams, L (2014) Item 2, Funding *Notes of a meeting to discuss Agreement of local roles for responding to Health Protection incidents*, 28th February 2014, NHS England Birmingham, Solihull and the Black Country Area Team. (P2)

Appendix 1: Signatories to the Co-operation Agreement

Organisation	Chief Executive/ Officer Signature	Date	Contact Name	Telephone	Email
West Midlands Public Health England Centre		12/5/14	David Kirrage, Local Director of Health Protection, West Midlands West PHE Team	0844 225 3560 (opt 2, 3)	david.kirrage@phe.gov.uk
Office of Public Health, Dudley Metropolitan Borough Council		12/5/14	Pauline MacDonald, Nurse Consultant in Communicable Disease	01384 816706	pauline.macdonald@dudley.gov.uk
Dudley Clinical Commissioning Group		29/5/14	Paul Maubach, Accountable Officer	01384 321754	paul.maubach@dudleyccg.nhs.uk
NHS England - Birmingham, Solihull and Black Country Area Team		12/5/14	Les Williams Director of Operations	01138 251706	leswilliams@nhs.net
Dudley Group Foundation Trust		12/5/14	Richard Cattell, Director of Operations	01384 321019	richard.cattell@dgh.nhs.uk

Appendix 2: Standard Contract clause pertaining to Emergency Preparedness and Resilience requirements for NHS Organisations.

SC30 Emergency Preparedness and Resilience Including Major Incidents

30.1 Each Party must identify and have in place an Accountable Emergency Officer

30.2 Each Party must have and maintain an up-to-date Business Continuity Plan

30.3 Each party must have and maintain an Incident Response Plan

30.4 The Provider must have in place evacuation plans which provide for relocation of Service Users to alternative secure premises in the event of any Significant Incident or Emergency and how that relocation is to be effected in such a way as to maintain public safety and confidence.

30.5 The Provider must:

30.5.1 assist in the development of and participate in joint planning and training exercises connected with its Incident Response Plan, including by conducting as required:

30.5.11 a communication exercise every 6 months

30.5.12 a desktop exercise annually; and

30.5.13 a major live or simulated exercise if such an exercise has not been conducted within the previous 3 years;

30.5.2 have in place and maintain Staff who are suitably trained and competent in emergency preparedness, resilience and response;

30.5.3 have in place and maintain adequate facilities (including an Incident Co-ordination Centre) from which a Significant Incident or Emergency can be effectively managed,

In accordance with NHS England Emergency Planning Framework

30.6 For ambulance services the training requirement referred to in Service AM Condition 30.5.2 will be in addition to the enhanced training for Hazardous Area Response Team (HART) support staff.

30.7 The Provider must comply with:

30.7.1 national and local civil contingency plans;

30.7.2 the Civil Contingencies Act 2004;

30.7.3 any other Law and/or guidance, in relation to Significant Incidents or Emergencies, including the EPRR Guidance, to the extent applicable

30.8 The Parties must, through the LHRPs and any applicable sub-groups of the LHRPs, co-operate with and contribute to the co-ordinated development and review of any local area Business Continuity Plans and Incident Response Plans.

30.9 If there is a Significant Incident or Emergency:

30.9.1 the Parties must comply with their respective Incident Response Plans; and

30.9.2 each Party must provide the others with whatever further assistance they may reasonably require to respond to that Significant Incident or Emergency; and

30.9.3 the Provider must comply with its Business Continuity Plan

30.10 The Provider must notify the Co-ordinating Commissioner as soon as reasonably practicable and in any event no later than 5 Operational Days following:

30.10.1 the activation of its Incident Response Plan

30.10.2 any risk or any actual disruption, to Commissioner Requested Services or Essential Services; and / or
30.10.3 the activation of its Business Continuity Plan

30.11 The Commissioners must have in place arrangements that enable the receipt at all times of a notification made under Service Condition 30.10

30.12 The Provider must at the request of the Co-ordinating Commissioner provide whatever support and assistance may reasonably be required by the Commissioners and/or NHS England and/or Public Health England in response to any national, regional or local public health emergency or incident.

30.13 If the Provider is subcontracting all or part of a Service, the Provider must;
30.13.1 ensure that its Incident response Plan and its Business Continuity Plan make provision in relation to the subcontracted services; and
30.13.2 require the Material Sub-Contractor or Permitted Sub-Contractor to have in place and maintain plans which are equivalent to the Provider's Incident Response Plan and Business Continuity Plan

30.14 The right of any Commissioner to:
30.14.1 withhold or retain sums under General Condition 9 (Contract Management); and/or
30.14.2 suspend Services under General Condition 16 (Suspension), will not apply if the relevant right to withhold, retain or suspend has arisen only as a result of the Provider complying with its obligation under this Service Condition 30.

30.15 The Provider must use its reasonable efforts to minimise the effect of a Significant Incident or Emergency and to continue the provision of Elective Care, as well as Non-elective Care. If a Service User is already receiving treatment when the Significant Incident or Emergency occurs, or is admitted after the date it occurs, the Provider must not:

30.15.1 discharge the Service User, unless clinically appropriate to do so in accordance with Good Practice; or

30.15.2 transfer the Service User, unless it is clinically appropriate to do so in accordance with Good Practice

30.16 Subject to Service Condition 30.15 if the impact of a Significant Incident or Emergency Incident is that the demand for Non-elective Care increases, and the Provider establishes to the satisfaction of the Co-ordinating Commissioner that its ability to provide Elective Care is reduced as a result, Elective Care will be suspended or scaled back as necessary for as long as the Provider's ability to provide it is reduced. The Provider must give the Co-ordinating Commissioner written confirmation every 2 calendar days of the continuing impact of the Significant Incident or Emergency on its ability to provide Elective Care.

30.17 During or in relation to any suspension of Elective care in accordance with Service Condition 30.16:
30.17.1 General Condition 16 (Suspension) will not apply to that suspension;
30.17.2 if requested by the Provider, the Commissioners must use their reasonable efforts to avoid any new referrals for Elective Care and the Provider may if necessary change its waiting lists for Elective care; and
30.17.3 the Provider must continue to provide Non-elective Care (and any related Elective Care) subject to the Provider's discretion to transfer or divert a Service User if the provider considers that to be in the best interests of all Service Users to whom the Provider is providing Non-elective care whether or not as a result of the Significant Incident or Emergency (using that discretion in accordance with Good Practice)

30.18 If, despite the provider complying fully with its obligations under this Service Condition 30, there are transfers, postponements and cancellations the Provider must give the Commissioners notice of:
30.18.1 the identity of each Service User who has been transferred and the alternative provider;
30.18.2 the identity of each Service user who has not been but is likely to be transferred, the probable date of transfer and the identity of the intended alternative provider;

30.18.3 cancellations and postponements of admission dates;
30.18.4 cancellations and postponements of out-patient appointments;
30.18.5 other changes in the Provider's list 16

30.19 As soon as reasonably practicable after the Provider gives written notice to the Co-ordinating Commissioner that the effects of the Significant Incident or Emergency have ceased, the Provider must fully restore the availability of Elective Care of Elective Care.

Appendix 3 Local Contact Arrangements

	Office Number (Normal Hours)	Out of Hours Number	Email	Incident Co-ordination Centre
Public Health England				
Midlands And East Region		0303 444 6753	icc.midlandseast@phe.gov.uk	1st Floor 5 St Philips Place, Birmingham B3 2PW
West Midlands Centre	HPT WM East 0844 225 3560 Option 1,1 HPT WM North 0844 225 3560 Option 1,2 HPT WM West 01562 756300	0121 232 9000 Fax 0121 3525107	icc.westmidlands@phe.gov.uk	6th Floor 5 St Philips Place, Birmingham B3 2PW EPRR 0844 225 3560 Option 3 CRCE 0844 225 3560 Option 2 0845 6015374 (HPT) 07659 101 378 (EPRR)
NHS England				
Birmingham, Solihull & the Black Country AT	0121 695 2222	0845 601 5377 Ask for "Birmingham, Solihull & the Black Country Area Team Director On-Call" Page One (pager numbers): 1st on-call: 07623 503 845 2nd on-call: 07623 503 846 AT EPRR On-Call: 07623 503 847	england.bsbc-icc@nhs.net england.bsbc-eprr@nhs.net	Triplex House, 1st Floor, Eckersall Road Birmingham B38 8SR Primary Contact 0121 465 8086 Secondary Contact 0121 465 7979
Local Authority				
Dudley MBC	0845 155 0076 Fax 01384 814 865	0300 555 8283	disaster.mgt@dudley.gov.uk dudley.emergency@dudley.gov.uk	

Clinical Commissioning Group				
Dudley CCG	01384 322777	On-Call rota covering all 4 CCGs (Dudley, Walsall, Sandwell and West Birmingham, Wolverhampton). via Sandwell and West Birmingham Hospitals Switchboard. 0121 553 1831		
Commissioned Providers				
Dudley Group NHS Foundation Trust	Director of Operations 01384 456111	Director on Call 01384 456111		
West Midlands Ambulance Service		Incident Command Desk 01384 246329 Fax: 01384 246 319	FOR INCIDENTS RUNNING ONLY : Incident Command Desk: DGOCStaffMPIncidentCommandDesk@wmas.nhs.uk Regional Gold email gold@wmas.nhs.uk	
Other Agencies				
NHS Property Services	01384 366424 (Karen Griffin, Facilities Manager (Dudley)	07789 006753	karen.griffin@property.nhs.uk	NHS Property Services Ltd Central Clinic Hall Street Dudley DY2 7BX
West Midlands Police		24/7 Switchboard Number 0345 113 5000 Events Control Suite Tally Ho! (Silver) Direct Tel: 0121 626 6014 Direct Fax: 0121 626 6017		
West Midlands Fire Service		24 Hour Control Number 0121 380 6832 0871 528 9857	EmergencyResponsePlanning@wmfs.net	

Environment Agency		24 Hour Incident Control Centre: 08458 503 518		
Health & Safety Executive		Out of Hours Duty Officer 0151 922 9235 Duty Press Officer 0151 922 1221		
Severn Trent Water Ltd		24 Hour Priority Number for Cat 1/2 Responders (water / waste). Ask for 'Resilience Duty Manager' 08456 020669		
South Staffordshire Water		24 Hour Control Number 01922 624 979		

Appendix 4

4a) Agreed Responsibilities in a Health Protection Incident (Communicable Disease)

West Midlands Public Health England Centre

Lead Organisation for notification of confirmed or probable cases of Infectious Disease
Responsibility to formally declare an Incident, and call and manage an incident meeting
Responsibility to arrange a teleconference to agree declaring an Incident
Responsibility for Case Management (liaising with relevant organisations)
Responsibility for incident investigation & contact tracing
Provide health protection advice to the IMT (drawing on regional and national PHE Experts)
Liaison with Primary Care, DGFT Community Services to take samples (where necessary)
PHE Communication Team to coordinate media responses as directed by the IMT
Production of draft alerts and letters
Communications to Schools (in liaison with OPH if necessary)
Report to Regional/National Public Health England
As Lead Organisation:
Lead the Incident Management Team, provide the Secretariat
Responsibility to liaise with relevant organisations
Liaison with providers to mobilise NHS Resources where necessary (via Commissioners if necessary)
Set up or contribute staff/resources to a helpline for the public (as required)
Responsibility to formally close an Incident, and call a post-incident meeting, and produce a post incident report.

NHS England - Birmingham, Solihull and Black Country Area Team

Liaison with providers to mobilise NHS Resources where necessary (via Commissioners if necessary)
Communications & Alerts to directly commissioned providers (General Practitioners)
Commission Primary Care – ensure the responsibility to collect samples from patients is in contracts
Organisation of Investigation / Treatment / Prophylaxis Centres
Provide funding for investigation and prophylaxis
Ensure commissioned services have appropriate Personal Protective Equipment and suitably trained staff
As Lead Organisation (where not West Midlands PHE Centre)
Lead the Incident Management Team, provide the Secretariat
Responsibility to liaise with relevant organisations
Liaison with providers to mobilise NHS Resources where necessary (via Commissioners if necessary)
Set up or contribute staff/resources to a helpline for the public (as required, probably via 111 in the future)
Responsibility to formally close an Incident, and call a post-incident meeting, and produce a post incident report.
(Commissioned providers: Primary Care General Practices)

Office of Public Health, Dudley Metropolitan Borough Council

Communications & briefing to Elected Members
Communication Team to give media briefings to the public as directed by the IMT
Support to West Midlands PHE Centre with communications/cascades within Dudley MBC Settings (i.e. schools reluctant to release contact details of parents/children)
Implementation of Care Home Business Continuity Plans
Contingency for Carer Support (within the Directorate of Children's Services and Directorate of Adult, Community and Housing Services)
Ordering of prophylactic treatment via Medicines Management Team (i.e. Antibiotics / Vaccines) as directed by IMT
Commission School Health Advisors - ensure the responsibility to respond to Public Health Incidents is in contracts

Set up or contribute staff/resources to a helpline for the public (as required)
(Commissioned providers: Black Country Partnership NHS Foundation Trust School Health Advisors)

Dudley Clinical Commissioning Group
Communications & Alerts to commissioned providers - (DGFT/GP Out of Hours services/ Walk in Centre)
Support to Led Organisation with communications/cascades within NHS Settings
Commission Community Care - ensure the responsibility to collect samples from patients is in contracts
Commission administration of prophylactic treatment (i.e. Antibiotics / Vaccines) via Community Pharmacies
Commission contingency for nursing support (Community Nurses) via DGFT contract
Commission Secondary Care transport of samples to regional/national laboratory for testing - via DGFT contract
Ensure commissioned services have appropriate Personal Protective Equipment and suitably trained staff
Set up or contribute staff/resources to a helpline for the public (as required)
(Commissioned providers: Dudley Group Foundation Trust (Acute/Community Services), Out of Hours Service and Walk in Centre

4b) Agreed Responsibilities in a Health Protection Incident (Chemical / Environmental)

West Midlands Emergency Services
Lead Organisation – coordinating on scene containment/ triage
Initial Lead for Communications (on site)

Resilience and Emergency Planning (REP), Dudley Metropolitan Borough Council
Responsibility to support Emergency Services (rest centres etc)
Responsibility to Support on Communications
Responsibility to liaise with relevant organisations
Transport of evacuees to Rest Centre/s
Responsibility for provision of temporary accommodation, transportation and welfare facilities.
Work alongside health services to ensure the welfare of those pre-identified as vulnerable people
DMBC will also be the lead agency in the recovery phase

West Midlands Police
Responsibility to collect details of evacuees for follow up

West Midlands Ambulance Service
Coordination of patients to receiving hospitals Emergency Departments (ED)
Advice to ED on treatment of patients/evacuees

West Midlands Public Health England Centre
Advice to ED on treatment of patients/evacuees

Dudley Group Foundation Trust
Enact Emergency / Contingency plans for dealing with chemical incidents.

Dudley Clinical Commissioning Group
Coordination of non-emergency ED patients to be referred to Dudley Walk in Centre (as commissioner of Walk in Centre and Out of Hours Services.

Office of Public Health

Responsibility to liaise with relevant organisations (Dudley CCG / NHS England)
Brief to Cabinet Members

NHS England Birmingham, Solihull and Black Country Area Team

Communications & Alerts to commissioned providers (General Practitioners)