



INTEGRATION JOINT BOARD

Report Title	Civil Contingencies
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1: Purpose of the Report

To inform and assure the IJB that Aberdeen City Health & Social Care Partnership has an appropriate Civil Contingencies response to an emergency situation.

2: Summary of Key Information

The Civil Contingencies Act (2004) and accompanying non-legislative measures, delivers a single framework for civil protection in the UK. Part 1 of the Act along with other regulations and statutory guidance set out clear roles and responsibilities for those involved in emergency preparation and response at the local level. NHS Grampian and Aberdeen City Council are considered Category 1 responders and are subject to a set of civil protection duties which include assessing risk of an emergency, producing contingency and business continuity plans, sharing information with other organisations and co-operating with other local responders to enhance co-ordination and efficiency in an emergency situation.

The Integration Joint Board (IJB) is responsible for the planning and delivery of delegated functions which not only includes the ambitions for the future, but the contingency aspect as well. Although Aberdeen City Health & Social Care Partnership (ACHSCP) is not listed in the legislation as a Category 1 responder, the partnership has a responsibility to be able to react to an emergency situation that involves patients, clients, or staff and to assure the partner organisations, NHS Grampian and Aberdeen City Council, that the Partnership is in a position to support them in such a situation. Having a planned and exercised response to emergency situations is in line with the risk appetite statement in the strategic plan



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which states that the IJB will accept “no or minimal risk of harm to service users or staff.”

To do this, business continuity plans have been produced that outline the actions to be taken in a situation where business could not be carried out in the normal way due to an unforeseen event. It is more critical that some of the services the Partnership is responsible for continue uninterrupted than others e.g. general practice or social care as opposed to physiotherapy or podiatry. This is not to say that the latter services are unimportant, but in an emergency situation a decision would have to be made about how scarce resources would be used in the most effective way ensuring that patients or clients are not without the critical aspects of the care they require.

The existing individual business continuity plans for health and social care are currently being used. This is a holding position until it is possible to produce an integrated plan. Alongside these plans, a three year Civil Contingencies plan is in draft form and covers aspects such as planning (including exercising the plans), training and the out of hours response. The three year plan includes recommendations made by the joint short-life working group set up at the request of the Chief Officers of the three Health & Social Care Partnerships. The group looked at the development of a common approach to an integrated major incident response as part of an NHS and/or Local Authority major incident response. These recommendations are summarised below:-

1. Single Duty Senior Manager for the Health & Social Care Partnership i.e. Senior Manager On Call (SMOC)
2. HSCP joint emergency/major incident management team
3. Single control room/function to support Health & Social Care Partnership incident management
4. Common standard of information resource and tools to support major incident response
5. Clarify Chief Officer role in an emergency/major incident response
6. SMOC initial half-day awareness raising and training session.
7. Health & Social Care Partnership to undertake training needs analysis to understand their training requirements.
8. Business Continuity – no change, status quo to be maintained in the interim
9. Resilience Governance arrangements to be developed to ensure appropriate assurance reporting and resilience risk management



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10. Joint Resilience Group for the Health & Social Care Partnership

The business continuity plan for health is being updated at the moment. This involves individual health services e.g. Physiotherapy, Podiatry, community services etc., updating their business impact analyses. The business impact analyses outline what the impact would be on the individual services if there was an interruption to business as usual and how the services would respond. The business impact analyses feed in to the overarching business continuity plan for health which highlights the critical services as general practice, community services and in-patient services at Woodend hospital. The update will include social care as the fourth critical service and will reference the adult and support services business continuity plans.

To ensure the continuation of a robust response to an emergency situation, the historical Civil Contingencies group for health still functions and is chaired by the business manager. This group continues to deal with planning, training and has its own risk register and work plan. The risk register feeds in to the existing health operational and strategic risk registers. A mechanism needs to be devised to feed in to the Health & Social Care Partnership's new risk registers.

The business manager represents the Health & Social Care Partnership on the NHS Grampian Civil Contingencies committee with a sector report being submitted to the quarterly meetings. The short life working group noted that there are no equivalent governance or response arrangements for social care. The expansion of recommendation No. 10 above suggests that the membership and agenda of the existing group be extended to include social care representatives and relevant agenda items.

It is assuring to note that the short life working group stated "health resilience governance and incident response arrangements are well developed and long established, e.g. duty senior manager rotas (SMOC), incident control room arrangements, trained loggists and incident support staff *. Local Authorities have arrangements in place to deliver their areas of emergency response responsibility, including social care support; however NHS Grampian and the Local Authorities have taken different approaches in their planning, with activation of different response structures during incidents". The Joint Resilience group (recommendation No. 10 above) will be the vehicle for progressing to a joint approach to emergency planning and response.



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*By way of explanation, the duty senior manager rotas are rotas of senior managers who respond to situations that may arise within core and out of hours on a 365 day, 24/7 basis. The incident control room is located at Summerfield House and is equipped with telecommunications, IT and the relevant documentation to record the decision making process during the incident. Trained loggists record the decisions made by the emergency/major incident management team and what other options were considered before arriving at the decision. The incident support staff are staff drafted in to support the management team with administration requirements other than the loggist.

3: Equalities, Financial, Workforce and Other Implications

Equalities; no direct impact on the IJB's equalities duties as such but the ongoing health and wellbeing of the protected groups underpins our wish to have comprehensive effective plans in place

Identified contingencies have some financial implications, some of which are already accounted for in service budgets etc., however there may be a requirement for funding to implement the recommendations of the short life working group for example, video conferencing in the control room, training

A Fundamental element of contingency planning is to ensure the wellbeing and preparedness of the workforce to respond in a required manner. Planning transparency enhances the confidence of the workforce in the Health & Social Care Partnership and its partner organisations.

4: Recommendations

The IJB is asked to:

1. Note the current response capabilities of the Health & Social Care Partnership to emergency situations
2. Endorse the ongoing development of an integrated response system.
3. Request that officers bring the completed Civil Contingencies Plan and present it to a future meeting for endorsement.



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