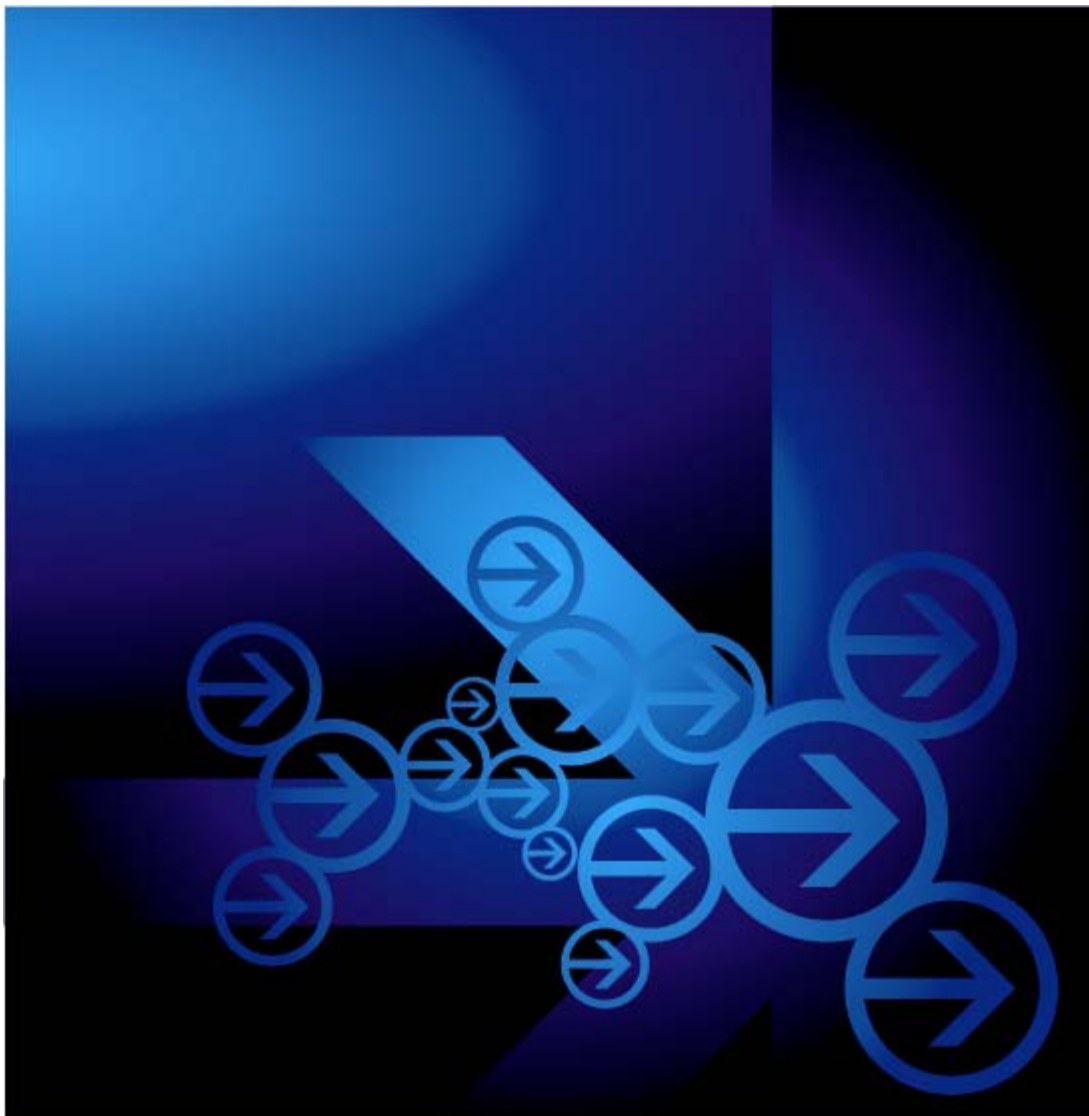




## **Forward Thinking, Future Working**

Framework specification for HPA Local and regional service provision  
2008 - 2010



# HEALTH PROTECTION AGENCY

## FRAMEWORK SPECIFICATION FOR LOCAL AND REGIONAL SERVICE PROVISION 2008-2010

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### 1. INTRODUCTION AND SCOPE

- 1.1 The need for the Health Protection Agency (HPA) to maintain surveillance, manage outbreaks, respond to incidents and give advice to partners and the public is as great as ever. The need to clarify the specification for the Agency's local and regional services and to renew agreements with local partner organisations arises from the changing and increasing demands on health protection services, and from the changed statutory and organisational context in which they are delivered:
- The Health Protection Agency Act 2004 which implies that in addition to supporting others, the Agency must take the initiative if necessary to ensure that health is protected.
  - the requirement that the Agency's local and regional units deliver services to a consistent, high standard across England;
  - changes in the organisation of the NHS at local and regional level bringing revised roles for Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) and changes in the public health delivery system;
  - a growing expectation that the Agency will embrace new challenges from emerging infections such as avian influenza, from migrant and border health, and from wider environmental concerns including the health implications of contaminated land, indoor and outdoor air quality, the built environment, the regulation of industrial processes, and the effects of extreme weather.
  - the Civil Contingencies Act 2004 which requires the HPA to be prepared to respond to any major emergency and work in partnership with others as a Category I responder
- 1.2 This Framework Specification has been arrived at through consultation with the NHS and Local Authorities (LAs) in England<sup>1</sup>. Within this Framework the Health Protection Agency will deliver specified core services in partnership with other local and regional organisations. These services will be delivered by and through the Agency's local Health Protection Units (HPUs) and regional teams, drawing as appropriate on its national Centres and Divisions, to consistent, national and international standards.
- 1.3 The Framework Specification has been endorsed nationally by the Department of Health (DH), and Regional Directors of Public Health for local implementation. Based on this Specification, local Framework Agreements between the HPA, the NHS and LAs will be drawn up to replace existing local Memoranda of Understanding. .

- 1.4 The scope of the Framework is as follows:

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<sup>1</sup> "Forward Thinking, Future Working" – both the consultation document and HPA response are available on the HPA website at [www.hpa.org.uk](http://www.hpa.org.uk) – Search "Consultations", "local and regional"

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- it specifies a standard set of expectations that partners can have of the range and quality of “core funded”<sup>2</sup> local and regional HPA service delivery;
  - it outlines both the national and local governance and accountability arrangements for HPA service delivery
  - it describes the way in which the HPA will work in partnership with others at local and regional level and, by describing the support that the Agency expects from local and regional partners, reflects the fact that the HPA is both a provider of services to its customers, as well as having its own statutory responsibilities to protect health. It recognises that the statutory duty to protect health at local level is now shared between a number of organisations requiring the development of effective partnering arrangements and a “whole system” approach, particularly involving the NHS, Local Authorities and the HPA
- 1.5 In addition to the core services and ways of working specified in this Framework, the HPA will provide additional services, if fully funded, as long as these are consistent with Agency corporate strategy and goals.

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<sup>2</sup> Services funded by the HPA’s Grant-in-Aid provision from the Department of Health

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### 2 *PRINCIPLES OF LOCAL AND REGIONAL HPA PROVISION*

HPA services will be offered in line with the following principles:

- **Health Protection Units**, supported by their regional units, and by the Agency's national Centres and the Regional Microbiology Network are responsible for the delivery of an integrated response to meet local needs.
- The Agency will provide services in a way which supports the Agency's **organisational values**.
- The Agency will seek to provide "front line" health protection services to **all parts of the country** that are consistently good and **meet national and international standards** based on the best available evidence.
- Standard Operating Procedures will be developed with partners as appropriate for all key areas of HPA's work.
- The Agency will **develop its front line workforce** to deliver core functions to the highest possible standards.
- **Local stakeholder and partner** views of the quality and scope of Agency services will be routinely sought .
- **Local partners will be fully consulted** on the HPAs plans for front line services.
- The Agency will **work in partnerships** characterised by clear roles and responsibilities and strong working arrangements, both formal and informal.
- Partners can expect that the Agency's officers will have **the protection of public health as their prime concern** and will advocate for change and seek to influence the use of resources accordingly.

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### 3 CORE FUNDED SERVICE PROVISION

#### Overview of provision

- 3.1 The HPA's core funded provision **covers a range of health hazards** as agreed with the DH encompassing:
- Any infection with significant public health implications
  - Acute and chronic exposures to chemical, radiation and other environmental threats to health
  - The health protection aspects of disasters and other emergencies caused, for example, by flooding, extreme weather, or terrorism.

The HPA will respond operationally and strategically to these health threats **whether they affect the wider community or people in specific settings** such as prisons, schools, care homes, or families, with a particular focus on vulnerable groups such as children or people in care.

- 3.2 The HPA will continue to provide **24/7 health protection specialist/consultant support** to all PCTs and LAs both for incidents and emergencies **as well as proactive, specialist public health services** encompassing health protection advocacy, alerting, surveillance, planning, investigation, the delivery of health protection risk assessment and risk management advice and multi-agency coordination and leadership.
- 3.3 The Agency will provide a named consultant to provide expert advice to each Local Authority in accordance with HSG(93)56 and agreed **proper officers** for the relevant sections of the Public health (Control of Disease) Act 1984 and the Public Health (Infectious Disease) Regulations 1988 (and any locally notifiable diseases) for each Local Authority.
- 3.4 The HPA **will work with NHS and LA commissioners** to ensure that surveillance outputs support commissioning and that advice is provided on "best buys" and quality standards.
- 3.5 Core funded HPA service activities delivered locally and regionally are as follows:

- The surveillance of infectious diseases, and tracking of health protection incidents and exposures, to inform local and regional action
- The alerting of partners to emerging infectious and environmental threats to health

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- The timely investigation of incidents, outbreaks and trends and clusters of disease .
- The provision of evidence-based specialist health protection advice for action across the full range of health protection hazards
- Preparing for and taking action to manage and control health protection incidents and emergencies
- Working with stakeholders to identify training and planning needs and providing specialist input to the design and delivery of training, and to the development of strategies and plans to protect health
- Strengthening the science base for health protection.
- As required locally, and in support of Primary Care Trusts/Strategic Health Authorities and local authority statutory responsibilities, leading or contributing to prevention and control programmes and other actions to protect health

### **Emergency Preparedness and Outbreak/Incident and Emergency Response**

#### 3.6 The Agency will:

- Ensure its own preparedness to respond to health protection emergencies in line with its Category I status under the Civil Contingencies Act 2004, and be a pro-active member of all local and regional multi-agency partnerships.
- Provide specialist emergency planning advice in support of the NHS to ensure that local inter-Agency plans incorporate national standards and guidance.
- Advise on, participate in or lead emergency preparedness exercises for NHS and partner organisations.
- Maintain an overview of the risks from health protection emergencies and advocate for a proportionate response to prevent and prepare for their occurrence.

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- Maintain a network of organisations that need to be alerted to incidents, alert them in a timely way and seek to mobilise both Agency and NHS resources in line with local agreements.
- Where necessary, ensure the development of health sector and multi-Agency strategies, plans, guidance, modelling, and audit templates for the public health aspects of investigation and control of incidents and emergencies.
- If agreed locally with partners, maintain arrangements to convene, on a 24/7 basis, Scientific and Technical Advisory Cells (STACs)<sup>3</sup> in support of multi Agency Strategic Coordinating Centres; convene/chair health and multi Agency emergency preparedness fora addressing health protection threats; and ensure the provision of trained Public Health Advisors and STAC chairs for Strategic Coordinating Groups.
- Provide an expert, 24/7 health protection response for the control of acute and chronic health protection incidents and emergencies working in partnership with NHS and multi-Agency partners. The HPA's contribution (which should be captured in HPA and partners' outbreak and emergency plans) will include:
  - carrying out timely investigations (including long term follow up of incidents) and public health risk assessments of threats and clusters of disease through multi-Agency Incident and Outbreak Team meetings and Strategic Coordinating Groups as necessary;
  - providing expert advice to partners, drawing on all Agency services and expertise
  - communicating with, and providing briefings for, partners and the public, providing trained media spokespeople, if required;
  - advocating for, and contributing to appropriate surveillance and tracking to monitor the impact on population health in the aftermath of health protection emergencies;
  - liaising with government departments at regional, national or international level, as required;
  - contributing to maintenance of an overview to ensure that the public health response is effectively coordinated and commanded both operationally and strategically (sometimes by advocating for additional or changed incident management arrangements – for example, advocating for escalation of incident management arrangements, or the establishment of specialist advisory or surveillance cells).

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<sup>3</sup> "Provision of Scientific and Technical Advice in the Strategic Coordinating Centre. Guidance to local responders". Cabinet Office. April 2007.

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- 3.7 The HPA expects to be alerted by partners to incidents and emergencies involving the potential or actual transmission of infectious disease, or community exposures to chemical, radiation or extreme weather hazards.
- 3.8 The HPA can be expected to chair Outbreak/Incident Control Teams dealing with communicable disease incidents and outbreaks which occur in the community, and provide strategic coordination for their multiagency management. In this role, the HPA will rely on the NHS and other partners to play their part in the multiagency response (eg deploying and managing any required NHS resources and staff), and will keep the PCT Director of Public Health/Regional Director of Public Health briefed.

Communicable disease incidents and outbreaks within NHS hospital trusts would normally be led by the trust with HPA support.

In public health incidents and emergencies which predominantly require the mobilisation of NHS resources the HPA will play a supporting role, for example, providing expert health protection advice and operational assistance to a PCT-led Incident Response Team. In such situations, if agreed locally, the HPA may also play a strategic coordination role for the health response.

In incidents where the overall lead is taken by a non-health partner eg an animal outbreak of disease, chemical-releasing fire, terrorist incident etc the HPA will provide expert health protection advice to the lead organization and will either lead or support the health-sector response to the incident as outlined above.

- 3.9 The HPA expects to be represented on Strategic Coordinating Groups established to address emergencies as the conduit for the public health risk assessment and specialist public health advice or be the source of such advice when it is conveyed by a PCT DPH or specialist in public health.
- 3.10 Local and regional health sector and multiagency Outbreak and Emergency Plans should specify the roles of the HPA.

### Priority prevention and control programmes

- 3.11 The Agency will provide specialist surveillance, investigation, advice response and other services as specified below to NHS/LA partners in respect of priority programmes as agreed from time to time with the Department of Health. Priority programmes are currently as follows:

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### 3.12 Healthcare Associated Infection and Community Infection Control

The HPA will:

- maintain appropriate surveillance systems.
- be proactive in engaging with Trusts, PCTs and SHAs assisting them to understand their data and establish their own internal surveillance systems, and in supporting infection control teams and incident control teams.
- consult Trusts, PCTs and SHAs about the nature and presentation of surveillance outputs for local use.
- provide specialist health protection support to PCTs and SHA in their commissioning and performance management functions.
- work with the NHS locally to address the gap in community infection control services by implementing a national service model for their commissioning and provision as agreed with DH.
- be proactive in seeking to develop and support a national quality assurance programme with nationally agreed standards for community infection control in care home and schools in partnerships with local authorities, the NHS and regulators.
- work with Directors of Infection Prevention and Control and commissioners to provide advice on control policies and quality issues and advocate for improvements in infection control services.
- be proactive members of all NHS provider and health economy infection control committees.
- ensure that training courses are available for practitioners working in community nursing and residential homes, (working in partnership with PCTs and academic providers).
- provide specialist epidemiological and infection control support and leadership in the event of a serious outbreak/infectious disease incident.

### 3.13 Vaccine preventable disease

The HPA will:

- provide specialist advice to both commissioners and providers relating to the implementation of new and existing national vaccination policy.

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- support the NHS in the implementation of new vaccine programmes locally.
- advocate for and lead surveillance to guide control strategies (data on laboratory confirmed cases, data on vaccine coverage, including inequalities, and data on age and sex-specific seroprevalence of key infections, including rubella and measles).
- provide high quality expert advice, best practice guidance and training support for health care professionals.
- working with the NHS and others, support improvements in the delivery of the routine immunisation programme, including securing better access for hard to reach groups.
- assess the utility of a national or regional call centres to more efficiently handle demand for advice.

### 3.14 Tuberculosis

The HPA will:

- Lead or support local and regional multi-agency work, providing authoritative guidance and leadership in the assessment and management of TB in local populations.
- Continue to develop disease monitoring and rapid microbiological investigation to inform the provision of services and disease control.
- Support the use of the DH TB Commissioning Toolkit.
- Maintain appropriate surveillance systems.
- Monitor the adequacy of the public health aspects of the TB service.
- Provide specialist public health input to commissioning for evidence-based, good quality TB services.
- Lead the investigation and management of TB outbreaks or incidents with wider public health implications (with support from local TB services).

### 3.15 Port Health Services

The HPA will strengthen port health services to ensure that travel poses a minimal risk to public health.

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The Agency has already taken responsibility for the provision of medical Inspection functions at ports to support Immigration Officers. It will continue to develop this service within a national framework, subject to appropriate resources that currently sit in the NHS being transferred. The Agency will ensure leadership of and coordination for these Port Health functions and will also appoint Medical Inspectors on behalf of the Secretary of State for Health. The Agency will not provide clinical care for sick travellers as this is the responsibility of the NHS.

### **Alerting, Surveillance and Tracking**

3.16 The HPA will

- deliver surveillance outputs that inform local action using systems that meet national and international standards.
- maintain an Alert Network for health protection, keeping an up-to-date list of key contacts and their roles and responsibilities for agreed health protection hazards.

3.17 Across the range of national health protection priorities and a range of other infections and environmental threats, the Agency will seek to continuously improve the intelligence needed to prevent diseases, running or commissioning surveillance and tracking systems with the production of timely and relevant outputs agreed with stakeholders, and will make the necessary statutory national and international returns.

### **Information and Advice**

3.18 The HPA will:

- seek to continuously improve the availability of readily accessible information and analyses of public health risks and strategies to mitigate, disseminated in well understood ways to local partners and the public, including using web based technology.
- support local and regional initiatives to make the best use of information to protect population health.
- be proactive in its presentation of information and advice to partner organisations to maximise its impact on population health.
- ensure partners have rapid access to and awareness of good practice guidance / recent legislation / emerging scientific developments; and will

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maintain up-to-date information on policy and evidence based practice and alert partners to emerging scientific developments in health protection related to infection, chemicals and radiation.

- provide specialist health protection advice to partner organisations and health professionals; routinely provide general health protection information and advice to the public and local media.
- provide advice and information in support of the statutory functions of PCTs and SHAs.
- provide specialist advice and guidance for those responding to relevant statutory strategic planning processes and policy consultations, including Integrated Pollution, Prevention and Control (IPPC), and Strategic Environmental Assessment (SEA)<sup>4</sup>.
- provide specialist advice to Local Authorities as part of incident response in the event of potential or actual presence of chemical, biological or radiation hazards to health.

### Training

3.19 The HPA will:

- support secondments to the Agency that are of mutual benefit.
- provide advice about the development of training programmes for partner organisations.
- provide an agreed contribution to training for colleagues working in health protection and public health fields, eg PCT staff (including on-call issues); environmental health staff; and relevant health and social care staff.
- provide specialist health protection attachments for public health trainees and national public health training posts.
- contribute to the training of future health protection and public health specialists and practitioners.

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<sup>4</sup> The Agency will not, within core provision, lead the local health sector response to IPPC and SEA processes.

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### Health Protection Advocacy and Leadership

3.20 The Agency will maintain an overview of health protection risks and the quality of service provision advocating as necessary to ensure that appropriate action is taken to:

- undertake health and service needs assessments.
- alert commissioners to gaps in service provision and alert partners to apparent failures of service delivery.
- work with partners to ensure strategies and plans to prevent, control or mitigate the impact of these hazards and their health impact are in place.
- ensure that training initiatives, template plans, audit tools, and mechanisms for sharing learning and best practice in support of those with lead operational roles are in place.

3.21 In addition, if agreed locally and, in support of NHS statutory functions, the Agency will be prepared to provide leadership and coordination for the local and/or regionwide multi Agency development of strategy and implementation of national policy for agreed topics. It is recognised that, in a number of these priority areas (for example, in respect of Healthcare Associated Infection) there is significant leadership for improvement across health economies through NHS performance management arrangements such that the Agency only needs to provide support. Local versions of this Agreement will specify the extent to which the Agency will provide leadership or support for improvement.

3.22 The Agency will also take the lead responsibility locally/regionally for new initiatives as agreed with the DH from time to time – for example, the public health response to avian influenza incidents; coordination of the chlamydia screening programme; and health protection for the 2012 Olympics.

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### 4 SERVICE QUALITY AND GOVERNANCE ARRANGEMENTS

- 4.1 The Agency will ensure **that all parts of England** are served by **resilient, skilled and nationally quality assured local Health Protection Units** with access to specialist epidemiological, public health microbiology and environmental hazards services that meet the needs of local partners, stakeholders and communities.
- 4.2 The HPA's Regional Director in each of the HPA's nine regions<sup>5</sup> will ensure provision of the **full range of HPA core services in support of Strategic Health Authorities and Government Offices** for the English regions.
- 4.3 All HPU's and regional teams will **comply with both the DH Standards for Better Health, and service-specific standards**. Local and regional clinical and health protection governance arrangements will be in place to meet nationally agreed standards.<sup>6</sup> Standards across the range of service provision by the HPA will be made available to partners and stakeholders together with performance against Key Performance Indicators.
- 4.4 In addition, a national programme of developments supports the provision of good and improving quality assured provision at local level. The current nationwide programme includes:
- a national programme of audit;
  - the roll out to all local units, by 2010, of a decision-support and logging system (HPZone);
  - the implementation of a system to quality assure local and regional provision in the round;
  - operation of a system to identify and act on epidemiological and management lessons from health protection incidents;
  - the development of workforce planning arrangements to ensure continued development of a "fit for purpose" workforce.
- 4.5 The HPA will, in the longer term, seek to develop a **formal accreditation system** for its public health services with an appropriate external body.
- 4.6 The range of core services to be offered by local and regional teams will be agreed with DH annually through the strategic and business planning process. Details of roles and responsibilities will be agreed nationally with the Department of Health and Regional Directors of Public Health at annual meetings where the HPA can be held accountable for its services, and where the HPA can comment on the contribution of others to the health protection agenda. Although accountability for the performance of local and regional teams is ultimately via HPA line management arrangements to the HPA

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<sup>5</sup> HPA regions are coterminous with Government Offices for the English Regions

<sup>6</sup> Reference LaRS Clinical and Health Protection Governance Framework

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Board, regional and local HPA developments agreed through regional and local partnership arrangements will also be incorporated into HPA local and regional business plans, and accountability for delivering these objectives will be via local/regional partnership arrangements.

- 4.7 Research about the public's perception of the HPA started in 2007 and will provide a baseline for improvement. Two-way communication about the Agency's work with the HPA's Public Focus Groups and other public survey work will provide an **ongoing input from the public** to the development of the HPA's services.
- 4.8 Annually, the HPA will seek **local stakeholder and partner views** on the quality and scope of HPA provision.

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### 5 PARTNERSHIP WORKING

5.1 Under the terms of the HPA Act 2004, the Agency has a duty to cooperate with other organisations which share a remit for health protection, and they, in turn have a duty to cooperate with the Agency. To that end the Agency will:

- provide a named health protection consultant or specialist with responsibility for developing and maintaining partnership arrangements to protect health in a defined geographical area.
- contribute effectively to relevant partnership groups, committees and fora, including (amongst others):
  - Local multi agency health protection fora;
  - Local and Regional Resilience Fora and health sector emergency preparedness groups;
  - Local and regional public health management groups and networks;
  - NHS Trust and health economy-wide Infection Control Committees;
  - Local and regional health sector/multi Agency strategy groups of relevance to priority health protection issues.
- develop annual local and regional business plans in consultation with the NHS and LA stakeholders to ensure that they are consistent with NHS Local Delivery Plans and Local Area Agreements.
- advocate for the development of local partnership arrangements through which local and regional accountability for protecting health can be demonstrated and assured.

5.2 The Agency can only discharge the functions required of it by the Health Protection Agency Act 2004 by working in partnership as set out in this Agreement. Accordingly the Agency will expect all local partners to provide timely opportunities for the Agency to engage with relevant strategic and operational processes. This will include, for example, inviting the Agency to be part of relevant planning and advisory groups; and alerting the Agency to acute and chronic incidents involving chemical, biological, radiation or nuclear hazards which threaten or have the potential to threaten public health. Partners should duly consider the Agency's advice and provide feedback about the action to be taken as a result.

5.3 In addition, in respect of the partnership with PCTs and Strategic Health Authorities (SHAs) the Agency will expect that:

- Directors of Public Health and the Regional Directors of Public Health will act as advocates for health protection, respectively, through membership of PCT Boards and LA senior management teams, and of SHA Boards

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and senior management teams of Government Offices in the regions, providing opportunities for HPA advice to be “heard” by NHS and LA senior management teams.

- PCTs and SHAs will provide access to information held on databases relevant to the functions of the Agency locally and across the region, including lists of GPs/Practices, Patient Registration, Child Health, immunisation, (aggregated) prescribing databases, and (for health protection incidents) Serious Untoward Incident databases. This information may be required urgently. The PCT and SHA will also facilitate access to other relevant databases held elsewhere, e.g. hospital admission and cancer registration databases for investigation of relevant environmental issues.
- The PCT and SHA will ensure that a senior officer is available at all times, and that contact details are exchanged with the Agency
- For topic\_areas in which the Agency leads on behalf of PCTs/SHAs, these organisations will have arrangements in place to enable the mobilisation of its resources by the Agency, in support of the lead function. This applies specifically to the management of public health incidents and the leadership of health protection programmes.
- PCTs/SHA will have in place mechanisms to commission and deliver clinical and public health services to national standards; arrangements in place to allow the Agency’s officers to influence decision making in respect of clinical/public health service provision; and, to provide surge capacity in the event of a health protection emergency or large incident.
- NHS staff are available to respond to health protection related emergencies both in and out of hours according to locally agreed protocols.

### Partnering arrangements

5.4 It is important to clarify the respective roles and responsibilities of the partners but it is neither desirable nor possible to define which partner organisation will do what down to the finest detail and covering every eventuality. There is a fundamental need for the system to work effectively “come what may”. This is dependent upon the development of mature relationships that can be effective in a complex environment, on agreeing the rules of organisational engagement, and agreeing the structures and processes whereby joint priorities will be identified and delivered.

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There are a number of key system reforms that also dictate the need for effective partnering arrangements for health protection. These include the development of World Class Commissioning with its focus on health outcomes, a strategic approach to commissioning, and associated “partnering competencies”; the development of Joint Strategic Needs Assessment informing Local Area Agreements; and an increasing emphasis on population health and the governance of partnerships through proposed new regulatory frameworks. The HPA has an interest in these system reforms to ensure that they incorporate the HPA’s corporate public health agenda, and to ensure that the HPA supports partners in the best possible way as they implement the reforms.

Regional Directors of the HPA, together with Regional Directors of Public Health, exercise crucial leadership roles in achieving good partnering arrangements at regional level, as do Health Protection Unit Directors and Directors of Public Health at local level. The HPA is committed to playing such leadership roles, seeing itself as part of a single public health “family” operating at local and regional level.

Such an approach to partnering would include “structural” arrangements (both formal and informal) including for example the development of fora to maintain an overview of health protection arrangements and develop joint objectives linked as appropriate to Local Area Agreements and Local Delivery Plans. From the Agency’s perspective a key marker of successful local implementation of the new Framework Agreement will be the establishment of such fora.