



# The Association of Directors of Public Health

## Major Incidents Checklist for Directors of Public Health

This document has been created by a small working group following a workshop held on the topic of major incidents response in October 2017. It was agreed at that workshop that a 'checklist' resource for Directors of Public Health (DsPH) in the event of major incidents would be a helpful tool for members.

We appreciate that there is great variation across both different localities and diverse types of incidents. This document aims to be generic enough to be broadly applicable to a variety of situations and events.

This document is based on learning from the English system. However, it has been designed to ensure it is useful across the whole of the UK.

This document contains:

1. A short exploration of the DPH role in major incidents.
2. A checklist which includes issues for consideration by a DPH in the event of an incident.

### 1. Introduction

Since 2013, when DsPH in England moved into local authorities, there have been several high-profile major incidents of diverse types. These include the fire in Grenfell Tower, several large floods, terror attacks in Manchester and London and the tram crash in Croydon.

There have also been significant disease outbreaks and incidents that may not have attained a high national profile but have had major local impact. DsPH have been prominent in many of these incidents just as they were when situated in the NHS, for example, during the 2009 Swine Flu pandemic. However, in the post-2013 system the role of the DPH in such incidents is perhaps less clearly defined than it was previously.

Where incidents are public health related it should be clear to partners that the DPH is central to the response. For other incidents the links might be less obvious to colleagues in both local authorities and other organisations, and the leadership or expertise of a DPH could be missed, impacting on the local response.

Four general roles for the DPH in a major incident have been identified:

#### 1.1 The DPH as public health specialist

DsPH have specialist technical knowledge of the identification and management of threats to public health, the determinants of physical and mental health, use of data, and an understanding of the services that contribute to health and wellbeing. In this capacity the DPH is a source of expert advice and may, for example, be asked to support or chair a Scientific and Technical Cell (STAC). In this

capacity the DPH will also be an informed link to other national or regional expert health bodies like Public Health England or the Environment Agency, or indeed other DsPH with relevant experience.

### **1.2 The DPH as a controller of local resources**

DsPH may have direct managerial or even indirect commissioning control of staff and resources that can be called upon in crises. These will vary considerably in nature and scale between localities but might include: emergency planning officers, environmental health or health protection officers, information analysts, health visitors, health promoters, public health commissioners, community development workers and administrative staff, any of whom might be called on to play a variety of roles to fit local needs. It is also possible that a DPH may be able to call on similar types of support from nearby public health teams.

### **1.3 The DPH as a senior manager and leader in councils**

DsPH may be on the corporate on-call rota. They may represent their local authorities on Strategic Coordinating Committees, and be prominent in coordinating the overall council response. Even in this general director role they may well have more relevant training, if not experience, than many colleagues, reflecting their EPRR responsibilities.

### **1.4 The DPH as a local system leader**

This is perhaps the most interesting and valuable role, and one that is increasingly common, but by its very nature it is less well-defined.

DsPH are senior leaders or Chief Officers within their local authority, but they also have a professional independence linked to the health and wellbeing of the population they represent, which gives them a high level of natural authority wherever that wellbeing is under significant threat. DsPH will often have among the most extensive local networks of any senior officer, interfacing in their normal work with such a diverse array of public services, community groups, strategic networks and private organisations. They particularly bridge the realms of local government and the NHS, and understand the complexities and languages of both.

Overall, DsPH have a wide-ranging role that could encompass assessing needs, monitoring that any response is working for all affected communities, and demanding and facilitating effective joint working when necessary. This role will vary greatly and require a good balance of confidence and judgement.

## 2. Director of Public Health Checklist for Major Incidents

This checklist is aimed at DsPH who are facing a local major incident to assist them in their response. It is not a list of 'must do's but rather an aide memoire of high level issues and options to consider within the context of the local emergency plan and local command and control systems. Clearly a close working relationship with the local Emergency Planning Officer will be required to ensure a seamless response and to reduce duplication.

Theme	Potential Actions	Commentary/Links
<b>Strategic leadership</b>	Offer public health/Chief Officer support to identified lead Chief Officer E.g. Chief Executive Officer (CEO).	Be sure to agree on role - is this as a Chief Officer or as DPH?
	Liaise with NHS Trusts CEO/Director.	If agreed within the command and control system linked to the incident e.g. by lead Chief Officer. The role the DPH is playing in the incident needs to be established first, as does the reason for direct communication.
	Liaise with NHS Clinical Commissioning Group (CCG) Chair or Accountable Officer.	As above.
	Encourage representation of NHS at senior local authority command and control.	If not already in place.
	Liaise with Public Health England (PHE) Centre/Regional Director.	Share with PHE Centre the role you are playing as DPH and agree if and how you link into their response.
	Ensure appropriate links established with communications team/infrastructure to provide health advice/clearance where needed.	
	Log key decisions and actions.	As detailed within the Emergency Plan.
<b>Humanitarian Assistance Steering Group (HASG)</b>	If tasked to you, or if not tasked to someone else, ensure a multi-agency steering group is established as soon as possible. If there is no clear remit for the DPH, raise with that lead Chief Officer that the DPH should be included.	If this is not clearly identified in your local Emergency Plan there is a role that could be played by the DPH.
	Consider establishing Health and Wellbeing subgroup (HWG) of HASG. Recommend this to the lead Chief Officer and consider offering yourself to co-chair with NHS colleague. Consider whether an NHS group set up to coordinate NHS response should be acting as HWG in the first instance.	
	Consider establishing a Data and Intelligence subgroup of the HASG to clarify data and intelligence needs, coordination, data sharing agreements, and governance to support the incident. Consider offering to co-chair with	

	NHS or other First Responder colleague in the first instance.	
	Within the HASG or Health and Wellbeing group identify the need to develop a psychosocial support plan. If appropriate, offer for public health team to lead.	
	Ensure that counselling is not offered at the beginning of the incident and that there is adequate signposting for people exposed to the incident for listening. Consider providing update to local primary care providers on how emotional trauma may present. Work with the local mental health trust to ensure that there is the skill set locally to support people who had been exposed to significant emotional trauma.	Recent experience indicates that those exposed and in need of support contact the Red Cross, Victim Support, The Samaritans and 111 during the acute phase. These organisations could do the triaging and signposting to appropriate services, with the vast majority of individuals receiving psychological first aid. People with significant trauma or who had pre-existing mental health concerns were prioritised for intensive support including ongoing counselling if required, but these were relatively few.
	Consider offering public health team to support development and implementation of community engagement plan.	
	At the appropriate time, begin to raise discussions on the approach to assessment, evaluation and learning lessons. This is important for both the HASG and the health and data related subgroups (if established).	This may well be led by Emergency Planning colleagues however there could be a role for the DPH to lead this work.
	Consider whether public health teams who have provider or direct community facing role could be used for outreach and engagement.	This should be linked to the wider Emergency Plan.
<b>Communications/media</b>	Consider if there is join up between the CCG, primary care, acute, mental health, ambulance services, PHE, the voluntary and community sector and the local authority in relation to health messages. If appropriate, gain agreement from lead Chief Officer that the DPH will provide join up and consistency for health/public health messages.	
	Consider offering DPH sign off for external health and wellbeing messages from local authority.	
	Make sure that people understand that Post-Traumatic Stress Disorder (PTSD) is, fortunately, rare. However, there are short, medium and long-term impacts on emotional and mental health and if they impact significantly on day to day living then people should access their GPs (work with CCG to agree this messaging).	

	Work with PHE to localise messages concerning any risk/perceived risk of exposure to contamination.	This is often a significant local issue.
<b>Peer support</b>	Consider asking regional ADPH lead for 'informal' peer support.	There may be DsPH in other parts of the country who have had similar experiences. ADPH lead will canvass local DsPH if requested.
<b>Mutual aid</b>	Consider if 'formal' public health mutual aid is required. Discuss with regional ADPH chair in the first instance. Discuss with 'Gold' commander.	See Mutual Aid Guidance document (link to be inserted) for more details.
<b>Data</b>	Consider a role for the public health team in data collection/data analysis in short term response (working with other council intelligence functions).	
	Establish whether data collection governance is in place. Consider if public health could lead development of data sharing protocol.	
	Check with legal team regarding data collection/sharing issues.	
<b>Evaluation</b>	<p>Learning from the response and sharing lessons are critical aspects of quality improvement and building capacity. The DPH has a key role to play in thinking about evaluation (formal and informal), assessment and learning from the response by advising on:</p> <ul style="list-style-type: none"> <li>• Priorities</li> <li>• Evaluation approach</li> <li>• Appropriateness and timing</li> <li>• Academic partnerships/ support</li> <li>• Funding and human resources support</li> </ul>	
<b>Workforce</b>	As part of the psychosocial plan liaise with HR/occupational colleagues regarding maintaining workforce resilience, health and wellbeing in a prolonged incident (especially mental health).	
	Be mindful of your own health and wellbeing (and colleagues working on the HASG and Recovery Coordination Group) during this time and at key parts of the psychosocial recovery, especially when compounded with secondary stressors.	The opportunity to talk to a peer who has experience of a major incident may be helpful.

<b>Mental health services response</b>	<p>Depending on the incident consider the need for mental health services and discuss this with the relevant CCG. Offer public health team to lead on localising available pathways if required (with commissioners and providers).</p>	<p>London Incident Support Pathway for Adult Victims - <a href="https://www.healthy london.org/sites/default/files/Pathway-for-adult-victims.pdf">https://www.healthy london.org/sites/default/files/Pathway-for-adult-victims.pdf</a></p> <p>London Incident Support Pathway for Bereaved Adults - <a href="https://www.healthy london.org/sites/default/files/Pathway-for-bereaved-adults.pdf">https://www.healthy london.org/sites/default/files/Pathway-for-bereaved-adults.pdf</a></p> <p>London Incident Support Pathway for Adult Witnesses - <a href="https://www.healthy london.org/sites/default/files/Pathway-for-adult-witnesses.pdf">https://www.healthy london.org/sites/default/files/Pathway-for-adult-witnesses.pdf</a></p> <p>London Incident Support Pathway for First Responders - <a href="https://www.healthy london.org/sites/default/files/Pathway-for-first-responders.pdf">https://www.healthy london.org/sites/default/files/Pathway-for-first-responders.pdf</a></p> <p>London Incident Support Pathway for Children and Young Victims - <a href="https://www.healthy london.org/sites/default/files/Pathway-for-children-and-young-victims.pdf">https://www.healthy london.org/sites/default/files/Pathway-for-children-and-young-victims.pdf</a></p> <p>London Incident Support Pathway for Bereaved Children and Young People - <a href="https://www.healthy london.org/sites/default/files/Pathway-for-bereaved-children-and-young-people.pdf">https://www.healthy london.org/sites/default/files/Pathway-for-bereaved-children-and-young-people.pdf</a></p> <p>London Incident Support Pathway for Children and Young Witnesses - <a href="https://www.healthy london.org/sites/default/files/Pathway-for-children-and-young-witnesses.pdf">https://www.healthy london.org/sites/default/files/Pathway-for-children-and-young-witnesses.pdf</a></p>
	<p>Remember and reinforce that for most incidents in the short to medium term, psychological first aid (delivered by friend, family member or community outreach worker) not medical services are required for most persons. This can be supported through public facing messaging. The DPH has a role in reinforcing community based approaches to providing psychological first aid.</p>	
	<p>Discuss with others if it is appropriate to develop a local Outreach, Screen and Treat programme. Public health team to support development of local Screen and treat services.</p>	
	<p>Consider how offers of support from independent counsellors and other volunteers will be acknowledged and evaluated.</p>	