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Health Emergency Preparedness, Resilience and Response from April 2013

*Summary of the principal roles of health sector
organisations*

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Description	Giving further guidance on establishment of LHRPs and the roles in local health sector emergency planning for Public Health England, Local Government and NHS CB, this joint letter and Resource Pack builds on the policy document published on 3 April 2012 and initiates the rollout of LHRPs.	
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Action Required	Chief Executives are asked to ensure that the content of the letter and resource pack are considered in the implementation of new health EPRR arrangements and establishment of LHRPs within their local area in the Autumn.	
Timing	To be used in the development of new health EPRR arrangement within their local area by April 2013	
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1. Introduction

The Health and Social Care Act (and the changes it makes to other legislation) makes significant changes to the health system in England from April 2013. *Arrangements for Health Emergency Preparedness, Resilience and Response from April 2013*¹ published in April 2012, set out the intended arrangements for delivering safe and consistent Emergency Preparedness, Resilience and Response (EPRR) in the health sector in England from April 2013.

Local Health Resilience Partnerships (LHRPs) are being established to deliver national EPRR strategy in the context of local risks. These will bring together the health sector organisations involved in EPRR at the Local Resilience Forum (LRF) level. Building on existing arrangements for health representation at LRFs, the LHRP will be a forum for coordination, joint working and planning for emergency preparedness and response by all relevant health bodies. The LHRPs' footprint will map to the LRFs. It will offer a coordinated point of contact with the LRF and reflect a national consistent approach to support effective planning of health emergency response.

The LHRP will be co-chaired by a lead Director of Public Health (DPH) from one of the upper tier or unitary authorities in the area and by a Director responsible for EPRR from the NHS Commissioning Board Local Area Team (NHS CB LAT).

2. Aim

This paper is intended to provide further clarification of the new arrangements to support local health sector organisations and their partners in preparing for the new arrangements, in particular at the LRF level.

3. Purpose

The document summarises the principal roles of each of the key health organisations for EPRR post transition from April 2013. Implementation of the new health system continues and updated versions of this document will be provided as and when necessary.

This document is designed as part of a resource pack to help local groups develop and establish LHRPs to coordinate planning of health organisations at the LRF level.

4. Structure

This document is structured to outline the principal health EPRR roles and responsibilities by organisation and level. These roles and responsibilities should be viewed in the context of the legal responsibilities held by health organisations within the Civil Contingencies Act 2004

¹ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_133597.pdf

(CCA) and the Health and Social Care Act 2012 (and the changes that Act makes to other legislation). A summary of the EPRR responsibilities of organisations under each these Acts is set out in Appendix A. In the context of delivering EPRR, all public sector organisations have a responsibility to pay due regard to the Public Sector Equality Duty and this will be evident throughout their work at all levels.

5. Principal Organisational Roles and Responsibilities

5.1 Local Health Resilience Partnerships

- 5.1.1 Provide a strategic forum for local organisations (including private and voluntary sector where appropriate) to facilitate health sector preparedness and planning for emergencies at LRF level.
- 5.1.2 Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning.
- 5.1.3 Will be coterminous with LRFs.
- 5.1.4 The future of existing LRF health sub-groups will be determined locally, mindful of the need to avoid duplication.
- 5.1.5 Provide support to the NHS, PHE and local authority representatives of the LRF in their role to represent health sector EPRR matters.
- 5.1.6 Co-chaired by NHS CB LAT Director responsible for EPRR and a lead DPH.
- 5.1.7 Provide support to NHS Commissioning Board Local Area Team (NHS CB LAT) and Public Health England (PHE) in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level, and may provide similar support to Local Authorities and DPH where appropriate.
- 5.1.8 Each constituent organisation remains responsible and accountable for the effective response to emergencies. Similar to LRFs, the LHRP has a pivotal role in facilitating planning but does not have a collective role the delivery of emergency response.

5.2 NHS-funded Provider Organisations

- 5.2.1 Fulfil relevant legal and contractual EPRR requirement, including the Civil Contingencies Act 2004 (CCA) (see Appendix A), and ensure a robust and sustainable 24/7 response to emergencies.
- 5.2.2 Provide the resilience to manage emergencies and incidents that affect only them, with escalation where necessary.
- 5.2.3 Identify an Emergency Accountable Officer to take executive responsibility and leadership at service level.
- 5.2.4 Collaborate with local multi-agency partners to facilitate inclusive planning and response.
- 5.2.5 Ensure preparedness to maintain critical services in periods of disruption.

5.2.6 Facilitate NHS EPRR assurance, including business continuity.

5.3 Clinical Commissioning Groups (CCGs)

5.3.1 Ensure contracts with provider organisations contain relevant emergency preparedness, resilience (including business continuity) and response elements.

5.3.2 Support NHS CB in discharging its EPRR functions and duties locally.

5.3.3 Provide a route of escalation for the LHRP should a provider fail to maintain necessary EPRR capacity and capability.

5.3.4 Fulfil the responsibilities as a Category 2 responder under the CCA including maintaining business continuity plans for their own organisation (see Appendix A).

5.3.5 Will be represented on the LHRP (either on their own behalf or through representation by a 'lead' CCG).

5.4 NHS Commissioning Board – general

5.4.1 Sets a risk-based EPRR implementation strategy for the NHS.

5.4.2 At all levels ensure there is a comprehensive NHS EPRR system and assure itself that the system is fit for purpose.

5.4.3 At all levels lead the mobilisation of the NHS in the event of an emergency or incident.

5.4.4 At all levels work together with PHE and where appropriate to develop joint response plans.

5.4.5 At all levels undertake its responsibilities as a Category 1 responder under the CCA (see Annex A).

5.5 NHS Commissioning Board Local Area Team

5.5.1 Responsible for ensuring the local roll-out of LHRPs, coordinating with PHE and local government partners.

5.5.2 Ensure the NHS has integrated plans for emergencies in place across the local area.

5.5.3 Where appropriate develop joint emergency plans with PHE and local authorities, through the LHRP.

5.5.4 Seek local assurance of the ability for NHS funded organisations to respond to, and be resilient against, emergencies that cause increase demand or disruption to patient services.

5.5.5 Discharges the local NHS CB EPRR functions and duties.

- 5.5.6 Provide the NHS co-chair of the LHRP who will also represent the NHS on the LRF.
- 5.5.7 Have the capability to lead the NHS response to an emergency at a local level.
- 5.5.8 Ensure a 24/7 on-call roster for NHS emergency response in the local area, comprising staff with the appropriate competences and authority to coordinate the health sector response to an emergency.
- 5.5.9 Determine, in the light of the impact on NHS resources and with advice from the Director of Public Health, at what point the lead role in response to an incident or emergency will transfer, if required, to the NHS.

5.6 NHS Commissioning Board Regions

- 5.6.1 Accountable for the establishment of LHRPs across the region, coordinating with PHE and local government.
- 5.6.2 Responsible for ensuring each LHRP / LRF has a designated lead Local Area Team.
- 5.6.3 Provision of strategic EPRR advice and support to NHS CB LATs.
- 5.6.4 Ensure integration of NHS CB LAT and LHRP emergency plans to deliver a unified NHS response across more than one LHRP, including ensuring the provision of surge capacity.
- 5.6.5 Maintain capacity and capability to coordinate the regional NHS response to an emergency 24/7.

5.7 NHS Commissioning Board National Support Centre

- 5.7.1 Support the Regional Directors and the Chief Operating Officer to implement the new EPRR model.
- 5.7.2 Participate in national multi agency planning processes including risk assessment, exercising and assurance.
- 5.7.3 Provide leadership and coordination to the NHS and national information on behalf of the NHS during periods of national emergencies.
- 5.7.4 Support the response to incidents that affect two or more NHS regions.
- 5.7.5 Act as the national link on EPRR matters between the NHS CB, the Department of Health (DH) and PHE.
- 5.7.6 Provide assurance to DH of the ability of the NHS to respond to emergencies.
- 5.7.7 Provide support to DH in their role to the UK central Government response to emergencies.

5.8 Local Authorities [Upper tier and unitary]

- 5.8.1 Through the DPH, provide leadership for the public health system within their local authority area.
- 5.8.2 Through the DPH, take steps to ensure that plans are in place to protect the health of their populations and escalate any concerns or issues to the relevant organisation or to the LHRP as appropriate.
- 5.8.3 Identify and agree a lead DPH within an LRF area to co-chair the LHRP and to co-ordinate LA public health input to preparedness and planning for emergencies at the LRF level by:
 - co-ordinating issues from fellow DsPH in LAs within the LHRP area
 - collaborating with DPH colleagues to ensure the lead DPH is fully informed of issues affecting all LAs to inform the work of the LHRP
 - communicating with colleague DsPH and PHE local centre director to ensure a coherent public health approach within the LHRP
- 5.8.4 Through the DPH provide initial leadership with PHE for the response to public health incidents and emergencies within their local authority area. The DPH will maintain oversight of population health and ensure effective communication with local communities. PHE will deliver and manage the specialist health protection services (see section 5.9).
- 5.8.5 Fulfil the responsibilities of a Category 1 responder under the CCA (see Appendix A).

5.9 Public Health England - general

- 5.9.1 Set a risk-based national EPRR implementation strategy for PHE.
- 5.9.2 Ensure there is a comprehensive EPRR system that operates for public health at all levels and assure itself that the system is fit for purpose.
- 5.9.3 Responsible for leading the mobilisation of PHE in the event of an emergency or incident.
- 5.9.4 Work together with the NHS at all levels and where appropriate develop joint response plans.
- 5.9.5 Deliver public health services including, but not limited to, surveillance, intelligence gathering, risk assessment, scientific and technical advice, and microbiology services to emergency responders, Government and the public during emergencies, at all levels.
- 5.9.6 Participate in and provide specialist expert public health input to national, sub-national and LHRP planning for emergencies.

- 5.9.7 Undertake, at all levels, its responsibilities on behalf of Secretary of State for Health as a Category 1 responder under the CCA (see Annex A)

5.10 PHE Centres

- 5.10.1 Support the NHS CB with local roll-out of LHRPs, coordinating with local government partners.
- 5.10.2 Ensure that PHE has plans for emergencies in place across the local area.
- 5.10.3 Where appropriate, develop joint emergency plans with the NHS and local authorities, through the LHRP.
- 5.10.4 Provide assurance of the ability of PHE to respond in emergencies.
- 5.10.5 Discharge the local PHE EPRR functions and duties.
- 5.10.6 Provide a representative to the LHRP who will also represent the PHE on the LRF.
- 5.10.7 Have the capability to lead the PHE response to an emergency at a local level.
- 5.10.8 Ensure a 24/7 on-call roster for emergency response in the local area, comprising staff with the appropriate competencies and authority to coordinate the health protection response to an emergency.

5.11 PHE Regional Offices

- 5.11.1 Ensure the delivery of the national EPRR strategy across their region.
- 5.11.2 Support the NHSCB with the establishment of LHRPs across the region, coordinating with local government.
- 5.11.3 Provide strategic EPRR advice and support to PHE Centres.
- 5.11.4 Ensure integration of PHE emergency plans to deliver a unified public health response across more than one LHRP, including ensuring the provision of surge capacity.
- 5.11.5 Maintain PHE's capacity and capability to coordinate regional public health responses to emergencies 24/7.

5.12 PHE National Level

- 5.12.1 Provide support to DH to fulfil its role in the UK central Government's National Risk Assessment process.
- 5.12.2 Ensure the delivery of the PHE elements of the national EPRR strategy across England.

- 5.12.3 Support the Regional Directors to implement the new EPRR model.
- 5.12.4 Participate in national multi-agency planning processes including risk assessment, exercising and assurance.
- 5.12.5 Provide leadership and coordination of PHE and national information on behalf of the PHE during periods of national emergencies.
- 5.12.6 Support the response to incidents that affect two or more PHE regions.
- 5.12.7 Act as the national link on EPRR matters between PHE, DH and NHS CB.
- 5.12.8 Provide assurance to DH of the ability of PHE to respond to emergencies.

5.13 Department of Health

- 5.13.1 Identify EPRR policy requirements for the health sector and communicate these, as appropriate, to the NHS CB, PHE and other health sector Arm's Length Bodies.
- 5.13.2 Provide assurance to Ministers, Cabinet Office and other Government Departments of the health system preparedness for and contribution to the UK Government's response to domestic and international emergencies, in line with the national Risk Assessment.
- 5.13.3 As the lead Government Department, ensure that plans are in place for identified risks to health in the National Risk Register and associated planning assumptions, taking advice from PHE.
- 5.13.4 Ensure the coordination of the whole system response to high-end risks impacting on public health, the NHS and the wider health care system.
- 5.13.5 Support the UK central Government response to emergencies including Ministerial support and briefing informed by data and reports provided by the NHS CB and PHE.
- 5.13.6 Take other action as required on behalf of the Secretary of State for Health to ensure a national emergency is appropriately managed,
- 5.13.7 Work internationally and with devolved administrations for planning and responding to relevant emergencies.

Appendix A – Overview of EPRR responsibilities in the Civil Contingencies Act 2004

Civil Contingencies Act

The Civil Contingencies Act 2004 (CCA) delivers a single, framework for the provision of civil protection in the UK. The principal objectives of the Act are to ensure consistency of planning across all government departments and its agencies, whilst setting clear responsibilities for frontline responders at a local level.

The Act divides responder organisations into two categories, depending on the extent of their involvement in civil protection work, and places a proportionate set of duties on each.

Category 1 responders are those organisations at the core of emergency response (e.g. emergency services, local authorities). Category 1 responders are subject to the full set of civil protection duties.

Category 1 responders are required to:

- **Risk Assessment** - organisations are required to:
 - assess the risk of emergencies occurring within their area and use this to inform contingency planning;
 - collaborate with other organisations to compile community, local or national risk registers;
 - ensure internal corporate risk management processes to include risk to continuation of services.
- **Emergency Planning** - organisations are required to:
 - ensure emergency plans are in place in order to respond to emergencies linked with relevant risk registers;
 - ensure validation and exercising of emergency plans;
 - ensure appropriate senior level command and decision making 24/7;
 - ensure appropriate Emergency Operations Centre (EOC) facilities to control and coordinate the response to an emergency;
 - ensure relevant response staff are trained to an appropriate level for their role in response;
 - ensure robust communication mechanisms.
- **Business Continuity Planning** - organisations are required to:
 - undertake risk management processes to identify risks and take mitigating action where appropriate;
 - maintain appropriate arrangements to maintain essential services through disruptive events.

- **Warning and informing** - organisations are required to:
 - maintain arrangements to make available information on emergency preparedness matters to the public;
 - maintain arrangements to warn, inform and advise the public in the event of an emergency.
- **Information Sharing** - organisations are required to:
 - share information with other local responder organisations to enhance co-ordination both ahead of and during an emergency.
- **Co-operation** - organisations are required to:
 - co-operate with other responder organisations to enhance co-ordination and efficiency when planning for an emergency;
 - co-operate with other responder organisations to enhance co-ordination and efficiency when responding to and recovering from an emergency.
- **Advice and Assistance** – Local Authority organisations are required to:
 - provide advice and assistance to businesses and voluntary organisations about business continuity management.

Category 2 responder organisations are "co-operating bodies" that are placed under lesser obligations beneath the CCA than Category 1 responder. Primarily their role is co-operating and sharing relevant information with Category 1 responders. They should be engaged in discussions where they can add value. Furthermore, they must respond to reasonable requests.

Further information can be found at: <http://www.cabinetoffice.gov.uk/content/civil-contingencies-act>

Appendix B - Health and Social Care Act 2012 – summary of relevant sections

These notes indicate changes of function and responsibilities brought about by the Health & Social Care Act 2012, which includes changes that this Act makes to the NHS Act 2006, and consequential amendments to the Civil Contingencies Act 2004, and Regulations introduced through it.

Section 30 of the new Health and Social Care Act 2012 requires local authorities and the Secretary of State to appoint Directors of Public Health. It defines the responsibilities of the Directors of Public Health, which include local authority functions in relation to planning for and responding to emergencies that present a risk to public health.

Local authority functions in relation to emergencies are set out under the Civil Contingencies Act 2004. As a Category 1 responder, local authorities have a duty to assess, plan and advise communities during an emergency.

Section 46 of the Health and Social Care Act 2012 sets out the roles and responsibilities of the NHS Commissioning Board, clinical commissioning groups and providers of NHS funded services in relation to assuring NHS emergency preparedness and response.

It also requires the NHS CB to take steps it considers appropriate to ensure that clinical commissioning groups and providers of NHS services are properly prepared to cope with emergencies and to monitor their compliance.

The section also allows the NHS CB to take such steps as it considers appropriate for facilitating a co-ordinated response to an emergency by clinical commissioning groups and service providers. The Board's functions in the section can be delegated to another person or organisation. The section defines a relevant emergency as one that might affect the services arranged or provided – whether by increasing the need for the services or in any other way.

Each NHS funded organisation will be required to appoint an individual who is responsible for the preparedness and response of that organisation.

Section 47 updates and extends the Secretary of State for Health's powers of direction during an emergency to cover the post reform health system. The Secretary of State will be able to use these broad powers of direction when she/he considers it appropriate because of an emergency.

The section gives the Secretary of State the power to direct the NHS CB to exercise his/her functions under this section.

Appendix C – Glossary of terms

BCM	Business Continuity Management
CCA	Civil Contingencies Act 2004
CCG	Clinical Commissioning Groups
CT	Counter Terrorist
DA	Devolved Administrations
DCLG	Department of Communities and Local Government
DH	Department of Health
DPH	Director of Public Health
EPRR	Emergency Preparedness, Resilience and Response
EU	European Union
FT	Foundation Trust
Hazard	A situation that poses a level of threat to life, health, property, or environment.
LA	Local Authority
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum
NHS CB	National Health Service Commissioning Board
NHS Gold	Strategic NHS Commander available to attend the Local Strategic Coordination Group and commit NHS resources to support the response to an emergency
NRA	National Resilience Extranet
PHE	Public Health England
PHU	Public Health Unit
Provider level	A provider of NHS commissioned care
Public health	the science of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals
SCG	Strategic Coordinating Group
Service level	Local level of service delivery at the
Sub-national level	Level of the four Regional offices
Threat	Intent to, or incident that may inflict harm or loss on a(nother) person