



Health Emergency Preparedness, Resilience and Response from April 2013

*Local Health Resilience Partnership:
Model Membership and Terms of Reference*

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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.	
Cross Ref	Health Protection and Local Government Gateway no 17740	
Superseded Docs		
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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For Recipient's Use		

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Model Membership and Terms of Reference

This model Terms of Reference is recommended as a guide to assist the establishment of LHRPs. The Terms of Reference should be adapted as applicable to the local health sector, whilst recognising the value in consistency of approach for all stakeholders

[Geographical Area] Local Health Resilience Partnership (LHRP)

Context

1. These are the Terms of Reference for the Local Health Resilience Partnership (LHRP) that covers the geographical area of the [insert name(s) here] Local Resilience Forum[s] (LRF).
2. The LHRP will provide a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at LRF level.
3. Members of the LHRP will be Executive Representatives who are able to authorise plans and commit resources on behalf of their organisations. They will be able to provide strategic direction for health EPRR in their area.
4. The identified (*) lead Director of Public Health (DPH) and the NHS Commissioning Board Local Area Team (NHS CB LAT) Director responsible for EPRR will co-chair all meetings.
(* see Appendix)

Purpose of this forum

The key responsibilities of the LHRP are to:

5. Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi agency emergency planning.
6. Provide support to the NHS, Public Health England (PHE) and DPH representatives on the LRF in their role to represent health sector EPRR matters.
7. Provide support to NHS CB LAT and PHE in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level.
8. Each constituent organisation remains responsible and accountable for their effective response to emergencies in line with their statutory duties and obligations. As with LRFs, the LHRP has no collective role in the delivery of emergency response.

Terms of Reference

9. The LHRP will give strategic leadership on EPRR for the health organisations and communities of the LRF area, delivering some of their duties under the Civil Contingencies Act (CCA) 2004, National policy and Regional level guidance. Specifically the LHRP will:
 - a. Regularly assess the local health risks and priorities taking into consideration the different needs of local communities to ensure preparedness arrangements reflect current and emerging threats.
 - b. Set an annual EPRR work plan, based on information from the national and local risk registers (including the National Risk Assessment and Community Risk Registers), national planning assumptions, lessons learnt from previous incidents and emergencies, advice from the health communities and specific local health needs.
 - c. Facilitate the production and authorisation of local sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning, ensuring that these plans include provision for mutual aid between organisations within the LRF area
 - d. Provide a forum to raise and address concerns relating to health emergency planning, resilience and response.
 - e. Provide strategic leadership to the planning of responses to incidents likely to involve wider health economies (more than one organisation), for example winter capacity issues.
 - f. Ensure that health is represented cohesively on the LRF and similar EPRR planning groups.
 - g. The LHRP may delegate practical tasks to operational representatives from member organisations (such as planning and testing). Where this is the case, Terms of Reference for the work will be established and made available to all members. The Terms of Reference for these groups will be included as Appendices to this document. (See Paragraph 14)

10. The LHRP will provide support to the NHS CB, Local Government and PHE in ensuring that member organisations develop and maintain effective health planning arrangements for major emergencies and major incidents. Specifically, to ensure:
 - a. That the plans reflect the strategic leadership referenced and thus will ensure robust service and local level response to emergencies.
 - b. Coordination between health organisations is included within the plans.
 - c. That there is opportunity for co-ordinated exercising of local and service level plans in accordance with Department of Health (DH) policy and the CCA 2004.
 - d. That the health sector is integrated into appropriate wider EPRR plans and structures of civil resilience partner organisations within the LRF area(s) covered by the LHRP.
 - e. That co-ordination and understanding between the LRF and local health providers is reviewed and continually improved.
 - f. That provision is in place to coordinate with neighbouring LHRPs, (and where appropriate EPRR organisations in neighbouring Devolved Administrations) and regional arrangements are in place to develop and maintain mutual aid and integrated health response arrangements.

- g. That arrangements (including trigger mechanisms and activation and escalation arrangements) are in place for providing and maintaining health representation at multi-agency controls (Gold/Silver commands) during actual or threatened emergencies.
 - h. That there is a mechanism to ensure all local parties in EPRR keep their colleagues and the Chairs of the LHRP informed of any potential or actual incidents, so that planned handling, leadership and any escalation process can be followed effectively.
11. The LHRP may also undertake tasks on behalf of the NHS CB Local Area team and/or Public Health England, for example:
- a. Providing a framework for local assurance, including maintaining a quantifiable and accurate assessment of the effectiveness of the resilience capability and capacity across all member organisations.
 - b. Recommending training and exercising requirements and developing a programme to meet these.
 - c. Providing an overview of the effectiveness of member organisations business continuity arrangements.
 - d. Identifying any gaps in current preparedness across the health sector.
 - e. Providing a network to share and promote best practice and learning.
12. All work undertaken by the LHRP, on behalf of public sector organisations must pay due regard to equality and diversity in line with the Public Sector Equality Duty.
13. Note that accountability cannot be delegated, and should the LHRP undertake these or any other delegated tasks, a Terms of Reference must be prepared delineating the responsibility and clearly stating the accountable organisation(s).

Format and frequency of meetings

- 14. The LHRP will meet, as a minimum, quarterly.
- 15. Meetings will be held within existing estate and infrastructure with costs for meetings (e.g. refreshments, stationery etc falling to the organisation “owning” the building).
- 16. Costs for task and finish groups will be borne by the member organisations “where they fall”. (I.e. there is no expectation of cross charging for time spent attending meetings, working on specific projects, travel, hosting meetings etc.)
- 17. In the event that a planning activity indicates specific spending need (e.g. a warning and informing campaign) and this is agreed, the member organisations are expected to contribute to the costs.
- 18. All meetings will be formally documented and minutes shared with all relevant health organisations within the LHRP area. These minutes will be publicly available upon request, subject to appropriate consideration of any restricted/sensitive items.
- 19. All meeting and event organisation will take account of individual members equality and diversity needs e.g. mobility issues.

20. Reports will be submitted 5 working days prior to meetings and minutes circulated a maximum of 14-day post meetings.
21. The secretariat will be provided by the NHS CB LAT.

Membership

22. The membership of the LHRP will include:

- NHS CB Local Area Team Director responsible for EPRR (**co-chair**)
- Lead Director of Public Health (**co-chair**)
- Ambulance Service(s) Lead
- Public Health England EPRR Lead

[Other members may be agreed locally, including:]

- NHS (Acute) Hospital Chief Executive representative(s)
- NHS Partnership Trusts Chief Executive representative(s)
- NHS Community Provider Chief Executive representative(s)
- CCG(s) representatives
- Independent Health Sector representative
- Appropriate clinical network representatives (e.g. trauma, burns)
- Voluntary Organisation Representative(s) (e.g. St John / Red Cross)
- Specialist Health Providers

Appendix*

Requirements of the lead Director of Public Health co-chair

In LRF areas where there are more than one appointed Directors of Public Health, the upper tier and unitary authorities will need to agree between them a lead DPH to undertake the role of co-chair of the LHRP. DsPH are likely to have the required competencies as part of their normal role as local strategic leaders working in collaboration with partners. However, there are specific aspects of EPRR, set out below, that are particularly relevant for the lead DPH to be competent and credible in their role.

Knowledge

- Full knowledge and understanding of the statutory legislation underpinning EPRR and principles of integrated emergency management
- Full knowledge about the sources and availability of technical and professional advice and support in both preparedness and response modes.
- Clear about Local Government's EPRR responsibilities including those, which the DPH will have responsibility for. The range of responsibilities of individual DsPH may vary across local authorities. Clear about any responsibilities the lead DPH has on behalf of other DsPH.
- Understands the roles of partners, including NHS, PHE, Police, and Fire etc.
- Experience of strategic leadership in emergencies
- Good knowledge of local systems and relationships.

Skills

- Effective leadership during high pressure situations including ability to make decisions in an information-poor environment.
- Ability to form effective working relations with a diverse range of partners
- Ability to deal with specific complex information rapidly
- Ability to assess risks and impacts and being able to demonstrate evidence of the assessment
- Able to formulate recommendations
- Able to front communications to several different non specialist audiences including media

Attitude/Attributes

- Demonstrates a keen interest and commitment to the role and the EPRR agenda
- Seen as a credible and authoritative leader by partners within the LRF