



# Health Emergency Preparedness, Resilience and Response from April 2013

*Local Health Resilience Partnership:  
Model Concept of Operations*

DH INFORMATION READER BOX		
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<b>Description</b>	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.	
<b>Cross Ref</b>	Health Protection and Local Government Gateway no 17740	
<b>Superseded Docs</b>		
<b>Action Required</b>	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.	
<b>Timing</b>	<b>To be used in the development of new health EPRR arrangement within their local area by April 2013</b>	
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<b>For Recipient's Use</b>		

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## 1. Introduction

The Local Health Resilience Partnership (LHRP) is a strategic forum for organisations in the local health sector (including private and voluntary sector where appropriate). The LHRP facilitates health sector preparedness and planning for emergencies at Local Resilience Forum (LRF) level. It supports the NHS, Public Health England (PHE) and local authority (LA) representatives on the LRF in their role to represent health sector Emergency Planning, Resilience and Response (EPRR) matters.

This Concept of Operations sets out the objectives, principles, interactions, accountabilities and processes that underpin how the LHRP operates within the local health sector.

This document is intended to provide a guide to the principles of the LHRP for those people and organisations who work within an LHRP, or who are local partners or stakeholders to the LHRP.

The LHRP is coterminous with the [to be inserted] LRF[s] and will provide strategic linkage for the local health sector to the LRF.

The key responsibilities of the LHRP are to:

- Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning;
- Provide support to NHS Commissioning Board Local Area Team (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.

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.

The LHRP is co-chaired by a lead Director of Public Health (DPH) (on behalf of all Directors of Public Health within the LRF area) and the NHS CB LAT Director responsible for EPRR on behalf of the NHS CB. Each co-chair brings skills and specialist knowledge to the role and may lead on differing elements of the LHRP's work.

## 2. Objectives

### 2.1 Objectives of the LHRP

The default strategic objectives<sup>1</sup> of the multi-agency/cross-government response in emergencies or major incidents are to:

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<sup>1</sup> Cabinet Office – Responding to Emergencies: The UK Central Government Response (Concept of Operations) 2010

- Protect human life and, as far as possible, property and the environment. Alleviate suffering;
- Support the continuity of everyday activity and the restoration of disrupted services at the earliest opportunity; and
- Uphold the rule of law and the democratic process.

The key objective of the LHRP is to ensure that the local health sector has plans in place to respond to a major incident that:

- Delivers optimum care and assistance to those affected;
- Minimises the consequential disruption to health and care services;
- Brings about speedy return to normal levels of functioning;
- Works across organisational boundaries to deliver a multi-agency response.
- Promotes the elimination of unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010

In order to fulfil its responsibilities the LHRP will consider and be representative of the health needs of the local community recognising diversity. This will be reflected in the LHRP's strategy and work plans.

## **2.2 Co-operation and multi-agency working**

Under the Civil Contingencies Act (2004) (CCA), co-operation between local responder bodies is a legal duty. The principal mechanism for multi-agency co-operation in emergency preparedness at a local level is the LRF.

It is important that major incident planning is co-ordinated between health organisations and at a multi-agency level with emergency services, local authorities, voluntary agencies, the independent health and care sector and other partner organisations. Multi-agency training, exercising and testing of major incident plans are an important part of emergency preparedness.

The NHS CB co-chair will represent the NHS on the LRF. The Ambulance Service and PHE also attend the LRF. The lead DPH may also attend on behalf of the local authorities.

## **3. Strategy, Tactics and Policies**

### **3.1 Strategy and Strategic Oversight**

The LHRP will develop a [three year] strategy and will review this [annually or sooner depending on emerging threats and lessons from incidents] to ensure that the local health sector remains prepared for potential major incidents.

The strategic approach will be based on preparing the health sector for risks identified on the National, [Local – where applicable] and Community Risk Registers and will take account of other relevant documents and information (e.g. JSNAs). It will cover planning for response to

known and emerging threats and take an all hazards approach, which will aim to cover unknown or unanticipated threats.

The strategy will also include an approach to engagement with stakeholders and the development of relationships across EPRR within the local resilience community. In developing the strategy, the diverse health needs of the local communities will be considered.

The LHRP will also contribute to strategic oversight of EPRR within the health sector, ensuring that organisations are aware at a senior level of the agreed plans and potential demands upon them. In developing the strategy, the diverse health and care needs of the local communities will need to be considered as specified in the Equality Act 2010.

### **3.2 Tactical Plans**

The LHRP is a key part of the health EPRR system as a local health strategic planning group that has responsibility for ensuring that:

- Plans are in place for a co-ordinated health response, and that these include suitable command and co-ordination arrangements for the health sector;
- Plans include provision for scaling and mutual aid;
- There is provision for joint testing and exercising of plans;
- A framework is in place to ensure that joint plans are current and effective.

### **3.3 Policies and Guidance**

The LHRP will ensure that plans remain up to date taking into account relevant requirements and guidance.

## **4. Interactions of Organisations**

Organisations within the LHRP are required to work cohesively to ensure that plans are in place for an effective health response to a major incident.

Organisations will work together at the following levels:

- **Accountable Officer** – The Accountable Officer of each member organisation remains responsible for that organisation's preparedness for, response to, and recovery from a major incident.
- **Strategic** – The LHRP is a strategic planning body and representatives from organisations are able to act on behalf of their organisations at an executive level. They will provide collective decision making on behalf of local health EPRR and will be able to commit appropriate resource to planning, testing and exercising and support for the LHRP.
- **Tactical** – The LHRP will at times delegate work to tactical staff members from partner organisations. The LHRP has a responsibility to ensure that relationships between these staff members remains strong and will do this through mechanisms such as workshop

events, training testing and exercising and personal objective setting. Member organisation representatives have a responsibility to ensure that nominated tactical staff have both the capability and capacity to undertake required tasks.

- Operational – Successful management of an incident depends upon relationships between staff who work closely together at times of high intensity. The LHRP members will ensure that their organisations participate in joint testing and exercising to develop these relationships outside of major incidents, such that should an incident occur, staff are familiar with each other's roles and responsibilities.

## 5. Responsibilities and Accountabilities

Whilst the LHRP is not a statutory body, members will carry delegated responsibilities and authorities.

### 5.1 Responsibilities

Individual members are responsible for:

- Maintaining senior participation at LHRP meetings;
- Ensuring that the organisations which they represent contribute to the LHRP work plan at appropriate levels (i.e. strategic, tactical, operational);
- Maintaining effective working relationships across organisations as described above;
- Ensuring that their organisations' plans are effective and contain linkages to other EPRR partners' plans;
- Ensuring that all work undertaken by the LHRP pays due regard to equality and diversity;
- Providing appropriate resource as agreed;
- Maintaining their own level of capability and capacity to function effectively on the LHRP.

Co-Chairs of the LHRP have the following additional responsibilities:

- Maintaining an effective working body across health EPRR;
- A first point for dispute resolution between members should they arise;
- Developing and maintaining linkages with partner agencies;
- Providing a cross health response to local changes or consultation and considering the effects of changing legislation on the LHRP.

### 5.2 Accountabilities

Member organisations ultimately remain accountable for EPRR including business continuity through their statutory requirements and duties.

Each member is however accountable to the LHRP for:

- Participation of their organisation in relation to functions of the LHRP;
- Sharing plans with other members.



Co-Chairs of the LHRP have the following additional accountabilities:

- Identifying deficiencies within the local health sector's readiness and raising this with the relevant organisation to secure resolution;
- Reporting, in the first instance, to the Accountable Officer of a member organisation, any concerns they may have over that organisation's contribution to the LHRP or state of readiness. (In the event that this is not subsequently resolved there is recourse to escalate this further through appropriate governance routes, including Clinical Commissioning Groups for NHS-funded services).

## 6. Operational Processes

The LHRP will develop a suite of standard operational processes (SOPs) designed to facilitate effective planning and to strengthen relationships.

These may include, but are not limited to

- Preparing in advance meeting schedules with agendas and supporting papers;
- Providing a forum for shared learning and development across health EPRR;
- Holding networking events for member organisations and ensuring that stakeholders are appropriately engaged so that equality and diversity issues are addressed;
- Conducting a minimum of one LHRP level exercise per annum, which will include consideration and review of equality and diversity impacts.

These SOPs will be detailed and maintained by the LHRP secretariat and be authorised by the Chairs with agreement from member organisations.

## 7. Developing and Maintaining the LHRP

The LHRP will be developed and maintained by all member organisations with the secretariat specifically responsible for updating ConOps and SOPs.

This will involve an annual review of these documents as a minimum and a review after new or changed legislation and/or guidance.

The LHRP will, within its schedule of meetings, include annually on a specific agenda the following elements related to developing and maintaining the LHRP: ConOps review; SOPS review and ToR review.