

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
THURSDAY, 2 MARCH 2017 AT 10.00AM**

LOCAL HEALTH RESILIENCE PARTNERSHIP

Report of the Director of Public Health and Area Director, Public Health England

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1.0 Purpose of report

- 1.1 To brief members on the function of the Local Health Resilience Partnership (LHRP) and provide a statement of assurance on the work being undertaken, attached at Appendix 1.

2.0 Summary

- 2.1 The LHRP is a non-statutory board which provides a strategic forum for the joint health Emergency, Preparedness, Resilience and Response (EPRR) planning across Hertfordshire and supports the health economy contribution to multi-agency planning.
- 2.2 Each organisation remains responsible and accountable for ensuring they can implement an effective response to incidents in line with their statutory duties and obligations.
- 2.3 The LHRP is co-chaired by the Director of Public Health and the NHS England Locality Director.
- 2.4 Due to the strategic nature of the LHRP, a Sub-Group exists to undertake actions to fulfil the strategic priorities of the LHRP.

3.0 Recommendation

- 3.1 That Members note the report and the statement of achieving core standards on preparedness of the NHS agencies in Hertfordshire.
- 3.2 That Members receive periodic updates on resilience and preparedness among NHS agencies in Hertfordshire.

4.0 Background

- 4.1 The Hertfordshire LHRP provides a strategic forum for health organisations to facilitate Hertfordshire health sector's preparedness and planning for emergencies. The partnership is important to ensure the health community's ability to deliver on some of its duties under the Civil Contingencies Act (CCA) 2004, National policy and guidance and Regional level guidance.
- 4.2 To fulfil this purpose it is vital that each organisation has Executive representation at the LHRP, enabling decisions to be made and resources allocated.
- 4.3 Member organisations comprise of NHS England, Public Health England, Hertfordshire LRF, the Clinical Commissioning Groups (CCG) and NHS funded providers.
- 4.4 The LHRP has adopted a three year Strategic Plan which details the priority EPRR work for the Hertfordshire health community. The Strategic Priorities are:-
- To achieve and maintain compliance with the NHS Core Standards for EPRR.
 - To ensure the NHS can respond, and have effective plans in place in partnership to a range of known, emerging and unanticipated threats.
 - Exercising a trained, competent and validated health economy.
- 4.5 Within each priority is a set of detailed targets covering the areas of work that the LHRP have identified as necessary to fulfil the strategic priorities over the next three years. The responsibility for completing the work falls to the LHRP Sub-Group in line with a three year work programme.
- 4.6 The Strategic Plan and the supporting work programme are reviewed against any new EPRR issues and at least annually against the outcomes of the annual EPRR Core Standards Assurance Process.
- 4.6 The EPRR Core Standards outline the minimum requirements that Clinical Commissioning Groups (CCG) and NHS providers must meet with regards to emergency planning. Annually the CCGs and NHS providers must complete a self-assessment against the Core Standards and submit these for scrutiny by a LHRP panel co-chaired by the Director of Public Health and the Locality Director from NHS England.
- 4.7 The key overall findings from this annual assurance process were:-
- Review current position of business continuity planning within General Practices.
 - Hold a workshop to understand the psychology of incident trauma with a view to understanding the availability of support to victims and staff wellbeing.

4.8 Each organisation has agreed further work that will be undertaken to ensure full compliance with the EPRR Core Standards by September 2017. The assurance process concluded that plans and processes are in place to respond to a major incident, however further work is to be undertaken by each organisation to increase the resilience of Business Plans. Further work may also be necessary to ensure the response to a mass casualty incident across Hertfordshire would be effective.

Report signed off by	Local Health Resilience Partnership
Sponsoring HWB Member/s	Jim McManus, Director of Public Health
Hertfordshire HWB Strategy priorities supported by this report	Identify which priority/ies: Eg Reducing the harm from tobacco
Needs assessment (activity taken)	
Consultation/public involvement (activity taken or planned)	
Equality and diversity implications	
Acronyms or terms used. eg:	
Initials	In full
COPD	Chronic Obstructive Pulmonary Disease

Hertfordshire
Local Health Resilience Partnership (LHRP)
Executive Group

Terms of Reference

November 2016

The Hertfordshire LHRP Executive Group provides a strategic forum for Executive level officers of local NHS organisations and partners to facilitate health sector preparedness and planning for emergencies at LRF level.

An annual report of the LHRP work including attendance will be submitted to both the LRF and the Health and Wellbeing Board. Members are reminded that the Health and Wellbeing Board is a public meeting pursuant to the Local Government Act 1972 and thereport including record of attendance will be made public.

Context

1. These are the Terms of Reference for the Hertfordshire Local Health Resilience Partnership (LHRP) that is coterminous with the geographical area of the Hertfordshire Local Resilience Forum (LRF).
2. The Partnership will have an Executive Group, a standing operational Sub-Group, and such ad-hoc or standing sub-groups as it may from time to time decide.
3. The Hertfordshire LHRP Executive Group provides a strategic forum for Executive level officers of local NHS organisations and partners to facilitate health sector preparedness and planning for emergencies at LRF level.
4. Members of the Hertfordshire LHRP Executive Group will be Executive Representatives who are able to authorise plans and commit resources on behalf of their organisations.
 - a. This is a requirement of the NHS Core Standards for Health Emergency Preparedness Resilience and Response (EPRR)

- b. They will be able to provide strategic direction for Health Emergency Preparedness Resilience and Response (EPRR) in their area.
- 5. The Hertfordshire LHRP Executive Group 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.
- 6. The co-chairs of the LHRP Executive Group are the Hertfordshire Director of Public Health (DsPH) and the NHS England Locality Director for Central Midlands (South).

Purpose of the Executive Group

The key responsibilities of the Hertfordshire LHRP Executive Group are to:

- a. Co-ordinate the production of local sector-wide health plans to respond to emergencies and contribute to multi agency emergency planning.
 - b. Assess and rate the compliance of all NHS organisations against the NHS Core Standards for EPRR in its area.
 - c. Provide support to the NHS, Public Health England (PHE) and Public Health representatives on the LRF in their role to represent health sector EPRR matters.
 - d. Provide support to NHS England and PHE in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level.
 - e. Each constituent organisation remains responsible and accountable for their effective response to emergencies in line with their statutory duties and obligations.
 - f. Whilst the Hertfordshire LHRP Executive Group is similar to the Hertfordshire LRF in that it has no collective role in the delivery of emergency response, members will be expected to support the crisis response mechanisms for the health economy which will be outlined in the NHS England, Central Midlands Incident Response Plan.
- 7. Specifically the Hertfordshire 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. Adopt a three year Strategic Plan, based on information from the national and local risk registers (including the National Risk Assessment and Community Risk Registers), national planning assumptions, and lessons learnt from previous incidents and emergencies, advice from the health communities and specific local health needs. The Strategic Plan will include an EPRR work programme.

- c. The Strategic Plan and work programme will be reviewed on at least an annual basis taking account of changes to the Community Risk Register, new or emerging risks and new national guidance or policy.
 - d. Adopt a three year Training and Exercising Strategy to facilitate co-ordinated training and exercising.
 - e. Co-ordinate the production and lead the 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.
 - f. Provide a forum to raise and address concerns relating to health emergency planning, resilience and response.
 - g. Provide strategic leadership to the planning of responses to incidents likely to involve wider health economies (more than one organisation), for example surge and resilience.
 - h. Ensure that health is represented cohesively on the LRF and similar EPRR planning groups.
8. The Hertfordshire LHRP Executive Group will provide support to NHS England, 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 that:
- a. 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. To ensure in accordance with NHS England EPRR Framework 2015 and the CCA 2004 that the health sector is integrated into appropriate wider EPRR plans and structures of civil resilience partner organisations within the Hertfordshire LRF area.
 - d. Co-ordination and understanding between the LRF and local health providers is reviewed and continually improved.
 - e. Provision is in place to coordinate with neighbouring LHRPs and regional arrangements are in place to develop and maintain mutual aid and integrated health response arrangements.
 - f. Arrangements (including trigger mechanisms and activation and escalation arrangements) are in place for providing and maintaining health representation at multi-agency meetings (Strategic and Tactical Coordinating Groups) during actual or threatened emergencies.
 - g. There is a mechanism to ensure all local parties in EPRR keep their colleagues and the Chairs of the Hertfordshire LHRP informed of any potential or actual incidents, so that planned handling, leadership and any escalation process can be followed effectively.

- h. There is collaboration when appropriate with the work of the Hertfordshire A&E Delivery Boards and the Hertfordshire Health and Well Being Board. Contact with these groups will be through the CCGs and the DPH respectively.
- 9. The Hertfordshire LHRP Executive Group may also undertake such tasks as it deems necessary on behalf of NHS England and/or the PHE Centre, 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.
- 10. All work undertaken by the Hertfordshire LHRP Executive Group, on behalf of public sector organisations must pay due regard to equality and diversity in line with the Public Sector Equality Duty.
- 11. Note that accountability cannot be delegated, and should the Hertfordshire 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).

Sub Groups and operational arrangements

- 12. The Hertfordshire LHRP Executive Group may delegate practical tasks to operational representatives from member organisations (such as planning and testing).
- 13. The LHRP Will have a Standing Sub Group whose terms of reference, work programme and performance will be accountable to the Executive Group.
- 14. Where this is the case, Terms of Reference for the work will be established and made available to all members. In practice this work will normally fall to the LHRP Standing Sub-Group which will report directly to the LHRP.
- 15. Costs for any such sub-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.)
- 16. All meetings will be formally documented and minutes shared with all relevant health organisations within the Hertfordshire LHRP area.

Format and frequency of meetings of the Executive Group

17. The Hertfordshire LHRP Executive Group will meet as a minimum on a quarterly basis.
18. Meetings will normally be hosted by NHS England as Co-Chair
19. 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.
20. Costs for the LHRP Executive Group 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.)
21. All meetings will be formally documented and minutes shared with all relevant health organisations within the Hertfordshire LHRP area.
22. Reports will be submitted 5 working days prior to meetings and minutes circulated within a maximum of 14-days post meetings.
23. The secretariat will be provided by NHS England.

Quorum

24. The meeting shall require one of the Co-Chairs and Executive level representation (see Membership under point 23) from four of the following partners to be quorate.
 - East of England Ambulance Service NHS Trust
 - West Hertfordshire Hospital NHS Trust
 - East & North Herts Hospital NHS Trust
 - Hertfordshire Community NHS Trust
 - Hertfordshire Partnership NHS Foundation Trust
 - Herts Valleys Clinical Commissioning Group
 - East & North Herts Clinical Commissioning Group
25. An annual report of the LHRP work including attendance will be submitted to both the LRF and the Health and Wellbeing Board. Members are reminded that the Health and Wellbeing Board is a public meeting pursuant to the Local Government Act 1972 and the report including record of attendance will be made public and may be subject to public questions.

Membership of the Executive Group

26. The membership of the Hertfordshire LHRP must be the Executive level officers who are accountable for emergency planning within their organisations.

Membership will include:

Core Members

- Director of Public Health (**co-chair**)
- NHS England Locality Director for Central Midlands (South) (**co-chair**)
- East of England Ambulance Service NHS Trust
- Public Health England EPRR / Public Health Lead
- West Hertfordshire Hospital NHS Trust
- East & North Herts Hospital NHS Trust
- Hertfordshire Community NHS Trust
- Hertfordshire Partnership NHS Foundation Trust
- NHS Herts Valleys CCG Accountable EPRR Officer
- NHS East & North Herts CCG Accountable EPRR Officer
- Herts Urgent Care Accountable EPRR Officer
- MSL Patient Transport Services Accountable EPRR Officer

Additional members

- Herts CC Social Care Representative
- Such other members as the Executive Group shall from time to time co-opt whether on an ad-hoc or standing or annual basis, including for example representatives of the independent sector and clinical network representatives.