

HERTFORDSHIRE COUNTY COUNCIL

**HEALTH AND WELLBEING BOARD
THURSDAY, 1 MARCH 2018 AT 10:00AM**

LOCAL HEALTH RESILIENCE PARTNERSHIP UPDATE

Report of The Co-Chairs of the Local Health Resilience Partnership, the Director of Public Health and the Area Director, NHS England

Author: Jim McManus, Director of Public Health, Tel: 01992 556884

1. Purpose of report

- 1.1 To provide a regular update to members on the non-restricted/non-classified aspects of the work of the Local Health Resilience Partnership

2. Summary

- 2.1 The Local Health Resilience Partnership (LHRP) work continues, jointly chaired by NHS England and the Director of Public Health. It is a statutory partnership. The LHRP and HWBB agreed that regular updates on the work of this partnership would provide beneficial oversight.
- 2.2 Key issues for this period include Seasonal influenza ('flu), turning to planning for potential pandemic 'flu¹, H5N6 'flu and planning to ensure we have the right mechanisms to respond to population level trauma.

3. Recommendation

- 3.1 To note the report and to ensure that the Board reminds all NHS agencies in Hertfordshire that this needs to be prioritised.

¹ <https://www.england.nhs.uk/ourwork/epr/p/>

4. 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.

5. Issues

- 5.1 A range of operational issues with seasonal influenza have arisen during this year and a 'flu co-ordinating group was convened. It was agreed that we will have a "lessons learned" meeting to identify what we need to do to prepare for Winter 2018-19. It will be crucial to ensure that all agencies push for 'flu vaccination for eligible staff for 2018-19.
- 5.2 All agencies in Hertfordshire have now signed the Health Protection Memorandum of Understanding. Following the recent national Health Protection Audit, the Deputy Chief Executive of Public Health England has written to all Directors of Public Health outlining eight capabilities which are felt to be particularly important. The Headline Actions for Hertfordshire are:
- Achieve full sign-off of Memorandum of Understanding on Health Protection (achieved)
 - Produce range of Patient Group Directions for prophylaxis and treatment (still underway)
 - Define and agree funding arrangements for typical scenarios in health protection (underway)
 - Test/exercise (Planned for 2018)
- 5.3 Supporting Actions for Hertfordshire are:
- confirm and document details of accountability (including funding of sampling/testing, couriers, prophylaxis and treatment) for typical scenarios*
 - Review and strengthen local arrangements for avian flu, legionnaire's disease, hepatitis A and seasonal flu in a care home (underway)
- 5.4 With the exception of the Private Ambulance Service, all NHS agencies in Hertfordshire have completed the core standards assessment for

Emergency Planning, Response and Resilience² and the Panels were convened by the LHRP Co-Chairs. All Agencies were rated fully or substantially compliant with standards and the Co-chairs advised actions required where needed.

6. Psychological Trauma

- 6.1 Psychological trauma in both survivors of and responders to major incidents is an issue which has received further attention since both the Grenfell Tower tragedy and recent developments in knowledge and practice. Working with Hertfordshire Partnership Foundation Trust and the Director of Public Health, a small task group looked at current practice and the LHRP in considering the report of the task group agreed we should look to ensure we further augment our existing work on trauma.
- 6.2 To deliver this, Public Health, with HPFT the LHRP and LRF and Herts Fire and Rescue Service are planning a seminar to share knowledge and experience from Manchester and Grenfell Tower, and ensure our trauma response is effective. We also intend to ensure we have effective networks of trauma response in place across the County. A seminar is planned for April 2018 and the draft agenda is attached at appendix 1.

Report signed off by	Local Health Resilience Partnership
Sponsoring HWB Member/s	Director of Public Health
Hertfordshire HWB Strategy priorities supported by this report	All
Needs assessment (activity taken) N/A	
Consultation/public involvement (activity taken or planned) N/A	
Equality and diversity implications	
Acronyms or terms used.	
Initials	In full
CCA	Civil Contingencies Act 2004
EPRR	Emergency Planning, Resilience and Response
HWBB	Health and Wellbeing Board
LHRP	Local Health Resilience Partnership
LRF	Local Resilience Forum

² <https://www.england.nhs.uk/publication/core-standards-for-emergency-preparedness-resilience-and-response-eprr/>

Appendix 1: Trauma Seminar

DRAFT AGENDA

Herts Partnership NHS Foundation Trust
Hertfordshire Local Health Resilience Partnership
Hertfordshire Resilience Forum
Hertfordshire County Council (Fire and Public Health)

Post Incident Trauma and Psychological Support: Getting it Right Workshop

Date tbc
Venue Longfields

- How would our system respond to a major event causing trauma for multiple people in Hertfordshire?
- What is good practice in trauma at individual and population level response?
- What are the ongoing issues?
- What have we learned from Manchester and London?
- What do we need to do locally/?
- How do we build an ongoing crisis ready trauma network of people who can respond? How have London sustained it.
- Do we need a trauma plan?

Trauma, and its consequences, occur regularly among people responding to both major incidents and accidents, and to traumatic incidents like attacks in daily practice. Getting response wrong damages people and organisations. This event, run under the auspices of the Hertfordshire Health Resilience Partnership, identifies the issues and key tactics for response

Who should attend – invited resilience leads, anyone engaged in responding to major incidents, HR, staff support, voluntary agencies resilience leads, pastoral care leads.

Note Declaration of interest: The British Psychological Society's Trauma and Disaster Psychology Section has been invited to field a speaker for this event. The Director of Public Health as a Chartered Psychologist is a member of this section and has declared a non pecuniary perceived indirect interest.

0930	Arrive, Registration, Coffee	
1000	Welcome, Introductions, reasons for today	<ul style="list-style-type: none"> • Chair
1010	Responding to traumatic incidents – what are we currently doing?	<ul style="list-style-type: none"> • LRF and
1025	Learning from Grenfell and Manchester – issues for the system	<ul style="list-style-type: none"> • <i>Clinical Directors for Grenfell and Manchester have been invited</i>
1110	Good practice in responding to trauma – what we know from science and evidence	<ul style="list-style-type: none"> • <i>British Psychological Society Trauma psychology section?</i>
1130	Break	
1145	How the system should work on current guidelines, who leads who does what	<ul style="list-style-type: none"> • LRF and LHRP led by HPFT
1200	<p>Key actions we need to take:</p> <p>Divide into groups on</p> <ul style="list-style-type: none"> ○ system level, ○ clinical level, ○ recovery ○ Communications and public engagement <p>All groups to consider multi agency contributions, skills and roles</p>	<ul style="list-style-type: none"> • What key priorities? • Who leads? • Reporting back into LHRP work programme and IRF
1240	Plenary feedback and next steps	<ul style="list-style-type: none"> • Chair
1300	Close	