

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: September 2013
Classification:	NOT PROTECTIVELY MARKED		

Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference

Contents

1	Context.....	2
2	Purpose of the LHRP.....	2
3	Terms of Reference.....	2
4	Roles and Responsibilities.....	5
5	Co-Chairs.....	8
6	Secretariat.....	8
7	Accountabilities.....	8
8	Format and frequency of meetings.....	9
9	Membership.....	9
10	Changes To Membership.....	11
11	Deputising Arrangements.....	11
12	Quorum.....	11
13	Links To other groups.....	12

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: August 2013
Classification:	NOT PROTECTIVELY MARKED		

Avon and Somerset Local Health Resilience Partnership (LHRP) Membership and Terms of Reference

1 Context

- 1.1 These are the Terms of Reference for the Local Health Resilience Partnership (LHRP) that covers the geographical area of the Avon and Somerset Local Resilience Forum (LRF).
- 1.2 The LHRP will provide a strategic forum for local organisations to facilitate health sector (including voluntary and independent sector) preparedness and planning for emergencies at LRF level.
- 1.3 Members of the LHRP will be Accountable Emergency Officers (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.

2 Purpose of the LHRP

- 2.1 The key responsibilities of the LHRP are to:
 - a. facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning;
 - b. provide support to NHS funded organisations, Public Health England (PHE) and local authority Public Health representatives on the LRF in their role to represent health sector EPRR matters;
 - c. provide support to NHS England Area Teams and PHE in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level.
- 2.2 Each constituent organisation remains responsible and accountable for their effective response to emergencies in line with their statutory duties and obligations. This includes maintaining plans detailing organisational capability to support the response to a major incident, including pandemic flu, mass casualty and chemical, biological, radiological and nuclear (CBRN) incidents.
- 2.3 As with LRFs, the LHRP has no collective statutory role in the delivery of emergency response.

3 Terms of Reference

- 3.1 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, Health and Social Care Act (2012) national policy and 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;

Classification:	NOT PROTECTIVELY MARKED
Page:	2 of 12

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: August 2013
Classification:	NOT PROTECTIVELY MARKED		

- b. set a three year work plan (to be agreed and confirmed annually), based on information from the national and local risk registers (including the National Risk Assessment and Community Risk Registers), national capabilities survey, 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 (and account for the provision of training and exercising);
 - 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;
- 3.2 The LHRP may delegate practical tasks to operational representatives from member organisations (such as planning and testing). Where this is the case, the work will be overseen via the Tactical Planning Group, chaired by the BNSSSG Area Team. Discreet project terms of reference will be established and made available to all members. The terms of reference for the Tactical Group will be agreed by the membership.
- 3.3 The LHRP will provide support to Clinical Commissioning Groups, Area Teams, providers of NHS funded care, Local Authority Public Health and PHE in ensuring that member organisations develop and maintain effective health planning arrangements for major emergencies and major incidents, in compliance with the standards for emergency planning laid out in the:
- NHS Commissioning Board Emergency Preparedness Framework¹ (2013)
 - NHS Commissioning Boards Core Standards for Emergency Preparedness, Resilience and Response² (2013)
 - NHS Commissioning Board Command and Control Framework for the NHS during significant incidents and emergencies³ (2013)
 - NHS Commissioning Board Business Continuity Management Framework⁴ (service resilience) (2013)
 - The Civil Contingencies Act 2004⁵
 - The Health and Social Care Act 2012⁶

¹ <http://www.england.nhs.uk/wp-content/uploads/2013/03/epr-r-framework.pdf>

² <http://www.england.nhs.uk/wp-content/uploads/2013/03/epr-r-core-standards.pdf>

³ <http://www.england.nhs.uk/wp-content/uploads/2013/01/comm-control-frame.pdf>

⁴ <http://www.england.nhs.uk/wp-content/uploads/2013/01/bus-cont-frame.pdf>

⁵ <http://www.legislation.gov.uk/ukpga/2004/36/contents>

⁶ <http://www.legislation.gov.uk/ukpga/2012/7/enacted>

Classification:	NOT PROTECTIVELY MARKED
Page:	3 of 12

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: August 2013
Classification:	NOT PROTECTIVELY MARKED		

3.4 Specifically the Partnership will 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 policy, NHS England guidance and the CCA 2004;
- d. that lessons identified from local, national and international incidents are incorporated into plan or procedure updates;
- e. that the health sector is integrated into appropriate wider EPRR plans and structures of civil resilience partner organisations within the LRF area covered by the LHRP;
- f. that co-ordination and understanding between the LRF and local health providers is reviewed and continually improved;
- g. 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;
- h. 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;
- i. 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;
- j. the LHRP will ensure that plans remain up to date taking into account relevant statutory requirements and non-statutory guidance.

3.5 The LHRP may also undertake tasks on behalf of NHS England Area Teams 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. Assisting NHS England (South) with any internal and/or independent emergency planning reviews;
- f. providing a network to share and promote best practice and learning.

Classification:	NOT PROTECTIVELY MARKED		
Page:	4 of 12		

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: August 2013
Classification:	NOT PROTECTIVELY MARKED		

- 3.6 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).
- 3.7 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.

4 Roles and Responsibilities

- 4.1 The NHS England Bristol, North Somerset, Somerset and South Gloucestershire (BNSSSG) Area Team will retain responsibility for the following:
- a. provide the NHS co-chair for the LHRP;
 - b. Chair the Avon and the Somerset Tactical Planning Group and ensure representation on any task and finish groups;
 - c. reporting progress with work streams to each meeting of the LHRP (as appropriate);
 - d. represent NHS organisations within the Avon and Somerset health community at meetings and teleconferences of the Avon and Somerset LRF Executive Group;
 - e. ensure appropriate health attendance and contributions at the various meetings of the LRF;
 - f. conduct meetings and/or teleconferences in accordance with agreed protocols;
 - g. to appoint, employ or contract for such Goods and Services as are required to support the agreed work programme and the development of plans to improve NHS Resilience;
 - h. to secure appropriate engagement from NHS organisations responsible for commissioning and delivering services across neighbouring health communities;
 - i. ensuring robust mutual-aid agreements exist across the area health systems within the NHS, and other partner agencies, including business continuity plans;
 - j. ensure the LHRP are appropriately engaged in any local or national EPRR assurance processes;
 - k. lead on the compilation of an annual report for the NHS England regional team on the health sector's EPRR capability and capacity in responding to national, regional and LRF incidents;
 - l. to provide secretariat support for the Avon and Somerset LHRP.
- 4.2 The NHS England Bath, Wiltshire, Swindon and Gloucestershire (BGSW) Area Team will retain responsibility for the following:
- a. ensuring executive participation in meetings and/or teleconferences of the Avon and Somerset LHRP via an Area Team representative who also act as a deputy co-chair for the LHRP;
 - b. aside from organisations directly present, representing the views of NHS organisations responsible for delivering services in the BaNES locality;
 - c. contributing to core LHRP work and ratification of overarching documents;

Classification:	NOT PROTECTIVELY MARKED
Page:	5 of 12

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: August 2013
Classification:	NOT PROTECTIVELY MARKED		

- d. active participation in projects commissioned by the LHRP where they affect the BaNES locality;
- e. ensure that any plans for the BGSW area make provision for integrated health response arrangements and mutual aid between Area Team localities.

4.3 The role of each Accountable Officer for EPRR for attending organisations will be to participate in meetings and/or teleconferences of the LHRP including:

- a. maintaining / providing executive level or equivalent representation at LHRP meetings (for the ambulance trust representation could be delegated from the executive to the designated EPRR lead senior manager);
- b. supporting and cooperating with the development of joint health economy plans detailing how each organisation will respond to and recover from a major incident;
- c. ensuring that plans contain provision for training key staff and provision for exercising the plan to ensure it is effective;
- d. monitoring progress of the planning work streams through update reports from these leads/contributors;
- e. ensuring internal consultation of drafted document(s) so that comments and amendments can be communicated in a timely way, prior to formal adoption of the document(s);
- f. securing the “sign off” of agreed documents by all Chief Executives or equivalent.
- g. submitting any items (and accompanying papers) that are to be included on the agenda to the co-chairs at least two weeks in advance of the meeting at which they are to be discussed;
- h. regularly liaising with the EPRR leads from their respective organisations;

4.4 Under the model of effective representation, lead representatives are responsible for presenting views and issues from their sector perspective as well as individual organisation position, this is supported by:

- a. ensuring effective two-way communications between the organisations they represent and the LHRP;
- b. having the authorisation of other local sector members to take part in the LHRP on their behalf;
- c. ensuring the sector is represented at any meetings that the nominated lead is unable to attend;
- d. ensuring that other sector members which he or she represents are kept fully informed of issues discussed at the LHRP and are invited to submit their comments or attend particular LHRP and LRF meetings as appropriate.

4.5 Individual members are responsible for:

- a. ensuring that the organisation which they represent contribute to the LHRP work plan at appropriate levels (i.e. the LHRP, Tactical Planning Group and operational task and finish groups) including training and exercises to test and validate the plans;
- b. maintaining effective working relationships and communication across organisations which facilitates LHRP objectives;

Classification:	NOT PROTECTIVELY MARKED		
Page:	6 of 12		

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: August 2013
Classification:	NOT PROTECTIVELY MARKED		

- c. ensuring that their organisation maintains plans detailing organisational capability to support the response to a major incident including pandemic flu and mass casualty incidents and that these plans are integrated effectively with LHRP plans;
 - d. ensuring the delivery of internal training and exercising of staff required to effectively deliver joint response plans;
 - e. where appropriate, liaising with nominated sector leads to contribute to LHRP meetings.
 - f. supporting the compilation of an annual report for the NHS England regional director on the health sector's EPRR capability and capacity in responding to national, regional and LRF incidents;
 - g. Be aware of the proceedings of the LHRP, the Tactical Planning Group and task and finish groups and be ready to take forward LHRP issues raised by members inside and outside of these groups.
 - h. maintaining their own competencies, knowledge and skills in line with National Occupational Standards for Civil Contingencies⁷.
- 4.6 For member organisations with representatives on the LHRP this accountability is direct. For those not represented on the LHRP they remain accountable as a member organisation to the LHRP and may be called to account in this regard as necessary.

⁷ See <http://www.skillsforjustice.com>

Classification:	NOT PROTECTIVELY MARKED
Page:	7 of 12

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: August 2013
Classification:	NOT PROTECTIVELY MARKED		

5 Co-Chairs and Deputy arrangements

- 5.1 Directors of Public Health within Avon and Somerset will agree a lead Director of Public Health (DPH) to co-chair all meetings with the NHS England BNSSSG Area Team Accountable Emergency Officer, the Director of Operations and Delivery.
- 5.2 Each co-chair brings skills and specialist knowledge to the role and may lead on differing elements of the LHRPs work.
- 5.3 The DPH for BaNES and the NHS England-BGSW Area Team Accountable Emergency Officers will provide deputy cover for each of the above.
- 5.4 Co-Chairs of the LHRP have the following additional responsibilities⁸:
 - a. ensuring effective system wide engagement at the appropriate level in all LHRP business;
 - b. to demonstrate health leadership to the LRF and provide the strategic link between LHRP and LRF;
 - c. to agree and be accountable for the three year strategy and associated work plan;
 - d. ensuring that both Public Health and NHS risks are identified and addressed during planning.

6 Secretariat

- 6.1 The LHRP will be developed and maintained by all member organisations with the secretariat, provided by the BNSSSG Area Team, specifically responsible for updating terms of reference, Concept of Operations and any Memorandums of Understanding. The secretariat will also be responsible for ensuring that all LHRP members are provided with meeting papers and consulted on documents for sign-off to support formal sign-off.

7 Accountabilities

- 7.1 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:
 - a. participation of their organisation in relation to functions of the LHRP;
 - b. sharing plans with other members.
- 7.2 Co-Chairs of the LHRP have the following additional accountabilities:
 - a. identifying deficiencies within the local health sectors' readiness and raising this with the relevant organisation to secure resolution;
 - b. 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).

⁸ Full details on LHRP Co Chair responsibilities and competencies can be found at: <http://www.dh.gov.uk/health/2012/08/epr-arrangements/>

Classification:	NOT PROTECTIVELY MARKED
Page:	8 of 12

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: August 2013
Classification:	NOT PROTECTIVELY MARKED		

8 Format and frequency of meetings

- 8.1 The LHRP will meet, as a minimum, quarterly.
- 8.2 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).
- 8.3 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.)
- 8.4 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.
- 8.5 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.
- 8.6 All meeting and event organisation will take account of individual members equality and diversity needs e.g. mobility issues.
- 8.7 Reports will be submitted 5 working days prior to meetings and minutes circulated a maximum of 14-day post meetings.

9 Membership

- 9.1 The Avon and Somerset has an agreed model of effective representation, this enables a number of organisations of the same sector, e.g. acute trusts, to be represented by a single nominated lead. The membership of the LHRP is detailed in table 1 below.

Table 1: LHRP membership

Organisation Within LHRP Area	Agreed Representation	Title of Representative
Co-chairs		
NHS England Bristol North Somerset, Somerset and South Gloucestershire Area Team	BNSSSG Area Team Director of Operations and Delivery	Director of Operations and Delivery (Laura Nichols)
Somerset Local Authority (Public Health) Bristol City Council (Public Health) North Somerset Council (Public Health) South Gloucestershire Council (Public Health)	Local Authority Public Health (Co-chair), North Somerset	Director of Public Health (Becky Pollard)
Deputy Co-chairs (present at every meeting)		
Bath and North East Somerset Council (Public Health)	Director of Public Health	Director of Public Health (Bruce Lawrence)
NHS England BANES, Swindon, Wiltshire and Gloucestershire (BGSW) Area Team	BGSW Area Team Director for Operations & Delivery	Director of Operations and Delivery (Douglas Blair)

Classification:	NOT PROTECTIVELY MARKED
Page:	9 of 12

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: August 2013
Classification:	NOT PROTECTIVELY MARKED		

NHS Commissioning Organisations		
Somerset CCG	1 x Somerset CCG representative	Director of Strategy and Patient Engagement
North Somerset CCG South Gloucestershire CCG Bristol CCG	1 x Representative from Bristol, North Somerset and South Gloucestershire CCGs	South Gloucestershire CCG Chief Operating Officer
BaNES CCG	1 x representative	BaNES CCG Chief Operating Officer
Local Authority Social Services representative		To be confirmed
Public Health England		
Public Health England Avon Gloucestershire & Wiltshire and Devon, Cornwall and Somerset Centres	1 x representative from each centre	Consultants in Health Protection
Provider Trusts		
Ambulance Trust	1 x South Western Ambulance Service NHS Foundation Trust	Executive Lead for Resilience
University Hospitals Bristol NHS FT Weston Area Health Trust North Bristol Trust Royal National Hospital for Rheumatic Diseases	1 x Acute Trust Representative-Avon	North Bristol Trust Director of Facilities
Royal United Hospital Bath	1 x representative	Chief Operating Officer
Taunton and Somerset NHS FT Yeovil District Hospital NHS Foundation Trust	2+ x Acute Trust Representative-Somerset	Yeovil District Hospital Director of Operations Taunton and Somerset Deputy CEO
Sirona Care and Health Bristol Community Health CIC North Somerset Community Partnership CIC South Gloucestershire Community Health Services (part of NBT)	1 x Community Health Services Representative-Avon	Accountable Emergency Officer, Sirona Care and Health CIC
Somerset Partnership NHS Foundation Trust (Community Health Services and Mental Health services)	1 x Community Health Services Representative-Somerset	Director of Governance and Corporate Development
Avon & Wiltshire Partnership Trust	1 x Avon & Wiltshire Partnership Trust	Deputy Chief Executive
Avon and Somerset	1 x Independent Health Sector Representative (Federation rep)	
Voluntary Sector	British Red Cross	Service Manager, Emergency Planning and response
Other		
NHS England BNSSSG Area Team	Note taker	

Classification:	NOT PROTECTIVELY MARKED
Page:	10 of 12

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: August 2013
Classification:	NOT PROTECTIVELY MARKED		

10 Changes To Membership

10.1 Any permanent changes to agreed representation at the LHRP should be agreed at a local level and notified to the LHRP co-chairs in writing.

11 Deputising Arrangements

11.1 All members nominated to act as representatives of their provider or commissioning areas will have robust deputy arrangements in place to ensure attendance at all meetings.

11.2 A Deputy co-chairs agreement will be secured at the first meeting and should operate in the event of absence of one or more co-chair. This agreement extends to representation on the LRF Executive Group.

12 Quorum

12.1 At least one co-chair and one deputy should be present alongside the following members at LHRP meetings:

- a. One acute representative
- b. One community representative
- c. One CCG representative
- d. A PHE representative
- e. An Area Team Head of EPRR

Classification:	NOT PROTECTIVELY MARKED
Page:	11 of 12

Title:	Avon and Somerset Local Health Resilience Partnership Membership and Terms of Reference		
Version:	2		Date: August 2013
Classification:	NOT PROTECTIVELY MARKED		

13 Links To other groups

13.1 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.

13.2 As co-chair of the LHRP the BNSSSG Area Team Director of Operations and Delivery will represent the NHS at the LRF. The Ambulance Service and PHE also attend the LRF. The lead DPH may also attend on behalf of the local authorities.

13.3 The diagram below shows the relationship between the LHRP, its working group and task and finish groups and multi-agency Local Resilience Form with its parallel structures:

