

Durham, Darlington & Tees Local Health Resilience Partnership

Membership and Terms of Reference

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Context

1. These are the Terms of Reference for the Local Health Resilience Partnership (LHRP) that covers the geographical area of County Durham and Darlington Local Resilience Forum (LRF) and Cleveland 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 Area Team (NHS CB AT) Director responsible for EPRR will co-chair all meetings.

Purpose of this partnership

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 LRFs in their role to represent health sector EPRR matters.
7. Provide support to NHS CB AT 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. Assess performance of NHS provided care
 - f. 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.
 - g. Ensure that health is represented cohesively on the LRF and similar EPRR planning groups.
 - h. 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)
 - i. Ensure LHRP priorities are informed by the community risk register and agreed with the LRFs.
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 areas covered by the LHRP.
 - e. That co-ordination and understanding between the LRFs 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 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. 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 and this is agreed (including where appropriate with the LRFs), 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 AT.

Membership

22. The initial membership of the **shadow** LHRP is as follows:

Organisation	Role
NHS CB Durham Darlington & Tees AT	Co chair, Member both LRFs
NHS Tees (Lead DPH-LA)	Co chair, Member Cleveland LRF
NHS County Durham & Darlington (Lead DPH-LA)	Member LHRP and CD&D LRF
HPA (PHE) NE HPU	Member LHRP and both LRFs
North East Ambulance Service	Member LHRP and both LRFs
County Durham & Darlington FT	Member LHRP
North Tees & Hartlepool FT	Member LHRP
South Tees FT	Member LHRP
Tees, Esk & Wear Valley FT	Member LHRP
CCG	Member LHRP
NoECCN	Member LHRP
Trauma Network	Member LHRP
Adult & Children Services	Member LHRP

Appendices

APPENDIX 1

Durham, Darlington and Tees Local Health Resilience Partnership Health and Social Care Resilience Group (H&SCRG)

Terms of Reference

Purpose of Group

The Durham Darlington and Tees Health and Social Care Resilience Group (H&SCRG) is a practitioner level group which is responsible for co-ordinating the development of health and health related social care resilience arrangements, capability and capacity to respond to emergencies and major incidents as part of a multi agency response.

Terms of Reference:

- To be the planning focus for health and health related social care emergency preparedness issues within the Durham, Darlington and Tees Local Health Resilience Partnership (LHRP) / Local Resilience Forum (LRF) area, providing appropriate advice and guidance as required
- To be the planning focus for surge management preparedness and co-ordination within the Durham, Darlington and Tees LHRP / LRF area, providing appropriate advice and guidance as required
- To interpret and co-ordinate the operational implementation of national, regional and local guidance / requirements in relation to emergency preparedness across the Durham, Darlington and Tees LHRP health and social care economy
- To develop the necessary multi agency plans required by the priorities set by the LHRP and / or LRF Business and Policy Group.
- To review, maintain and make recommendations for the revision or deletion of existing multi agency plans coming within the remit of the group
- To 'horizon scan' and consider / highlight possible future risks, threats and challenges facing individual category 1 and 2 responders and other associated organisations in meeting the requirements of the Civil Contingencies Act under the remit of the group
- To prepare and agree with the LHRP and the Business and Policy Groups an annual targeted action plan for delivery of the agreed priorities coming within the remit of the group
- To consider the following specific (but not exclusive) areas of risk and prepare appropriate plans where necessary:
 - Surge management
 - Adverse weather
 - Pandemic influenza
 - Mass casualties
 - Outbreaks
- To ensure that health emergency preparedness arrangements dovetail with those of the partner agencies within the LRF
- To identify health and social care related gaps in multi agency plans and highlight with the relevant theme group / Business and Policy Group

- To develop opportunities for multi agency working and share good practice
- To identify any gaps in multi agency training / awareness in respect of health and health related social care issues
- To facilitate joint exercising of plans between health and LRF partners

Accountability

The H&SCRG, and any related task and finish groups, are accountable to the Durham, Darlington and Tees LHRP and the County Durham and Darlington LRF Strategy Board and Cleveland LRF Chief Officer Group (via the Business and Policy Group). The LHRP will be the definitive source of strategic and expert health advice for the LRF.

Information from the group (including copies of minutes and other documentation produced) will be shared with LHRP and LRF members through the relevant secretariats.

The H&SCRG will prepare an annual work plan for the approval of the LHRP and the LRF Business and Policy Group

A flow chart showing the reporting structure of the group is attached at Annex 1, which also shows the links to other emergency preparedness groups / forums.

Membership

Membership of the group consists of representatives from the following agencies:

- NHS England Area Team (Chair / Convener)
- LHRP Co-ordinator (secretariat)
- County Durham & Darlington NHS Foundation Trust
- County Durham & Darlington NHS Foundation Trust Community Services
- North Tees & Hartlepool NHS Foundation Trust
- North Tees & Hartlepool NHS Foundation Trust Community Services
- South Tees NHS Foundation Trust
- South Tees NHS Foundation Trust (Community Services)
- North East Ambulance Service NHS Foundation Trust
- Tees Esk and Wear Valley NHS Foundation Trust
- Durham County Council
- Darlington Borough Council
- Hartlepool Borough Council
- Middlesbrough Borough Council
- Redcar & Cleveland Borough Council
- Stockton Borough Council
- Public Health England
- Voluntary Organisation
- Northern Doctors
- LRF Co-ordinator County Durham & Darlington
- LRF Co-ordinator Cleveland
- Clinical Commissioning Group representative

Other personnel / organisations may be co-opted onto the group as and when required.

Chair / Secretariat

The H&SCRG will be convened and chaired by Andy Summerbell, Head of Emergency Preparedness, Resilience and Response (EPRR), NHS England Area Team. Sally Johnston will be vice chair.

The area team Co-ordinator will provide secretariat support for the H&SCRG but administrative support for any task and finish groups will be the responsibility of the relevant group to organise.

Role of the Chair / Vice Chair

The chair and vice chair should have broad knowledge and experience of the H&SCRG issues and should be able to lead the work of the group and facilitate multi agency working.

The chair and / or vice chair will represent the H&SCRG at meetings of the LHRP, Business and Policy Groups and other appropriate LRF or regional meetings.

The chair and / or vice chair will work with the appropriate secretariats to prepare and submit reports on behalf of the H&SCRG to the LHRP and Business and Policy Groups on a quarterly basis.

The chair and vice chair will agree an action plan for progression of its area of work and, where appropriate, designate members or task working groups to take that work forward.

The chair and / or vice chair will keep the LHRP and Business and Policy Group informed of any issues that may need its assistance to be progressed.

The chair and vice chair will, with the support of the secretariat, agree a schedule of meetings with the members of the H&SCRG and distribute agendas and minutes of proceedings accordingly.

Where the chair or vice chair are unable to attend a meeting of the H&SCRG the members present should appoint a suitable member to assume that role for the duration of the meeting.

Meeting Frequency

The DDT H&SCRG will initially meet bi-monthly, with additional meetings being convened as required. This will be reviewed in April 2014 or earlier if appropriate.

Quorum

The minimum number required for a valid meeting to take place will be when at least three NHS **and** two local authority members from each LRF are in attendance to make up the quorum.

Method of Working

Members are expected to routinely attend meetings and to actively contribute to the process of driving forward the EPRR agenda. This will include commenting on relevant documentation and ensuring that information is shared within their own organisation as appropriate and that relevant colleagues are fully engaged as necessary.

Membership and Terms of Reference January 2013

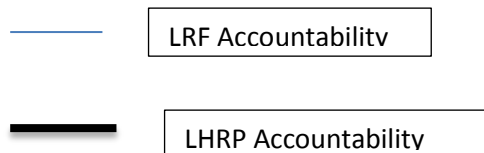
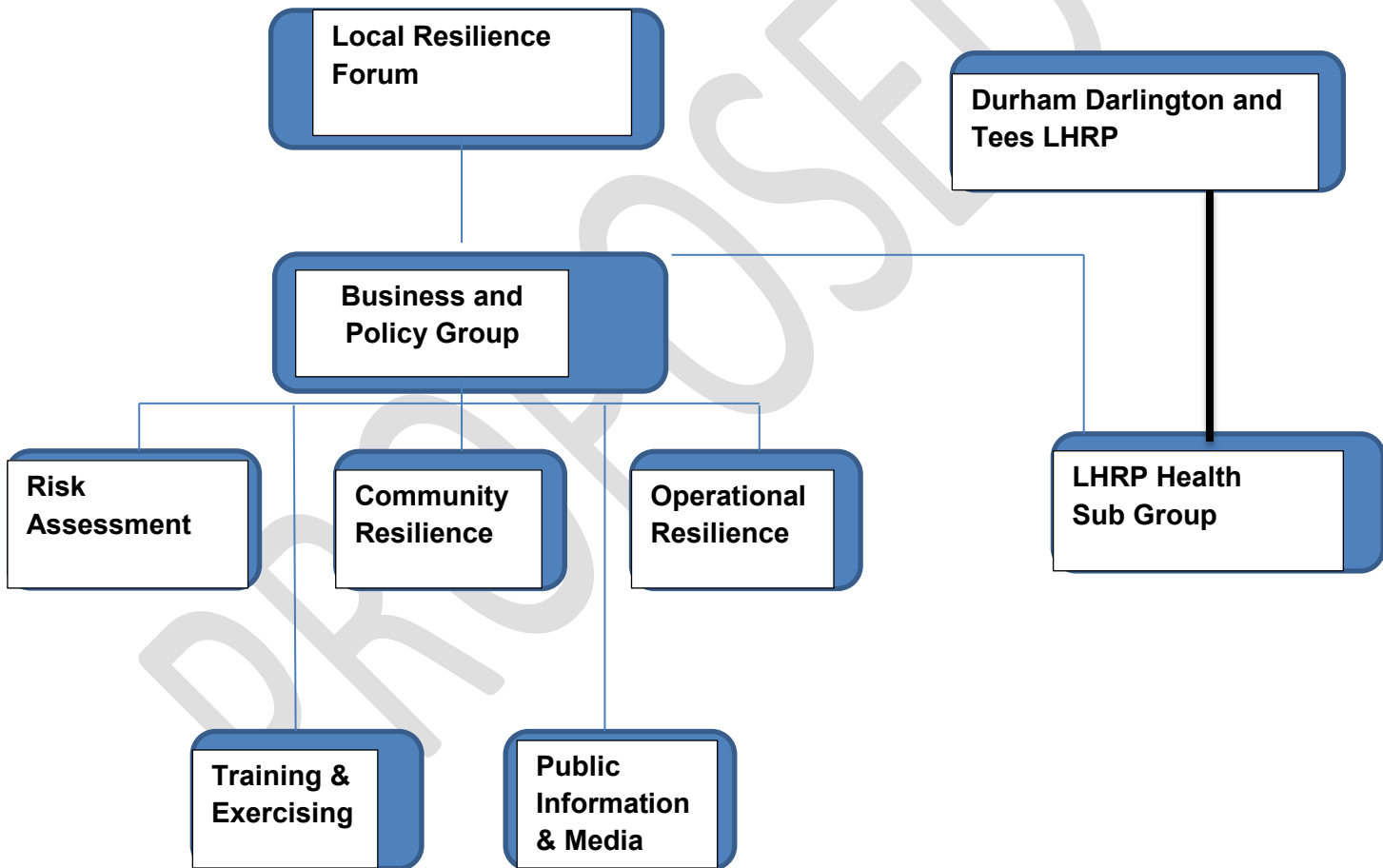
If members are unable to attend, an appropriate representative must be sent in their place.

Where necessary task and finish groups will be formed, each of which will have a specific remit, be required to prepare separate terms of reference and report back to the H&SCRG on a regular basis.

These terms of reference will be reviewed annually. However, an interim review will be carried out six months after the establishment of the group (October 2013).

DDT Health and Social Care Resilience Group June 2013

Local Health Resilience Partnership (LHRP)/ County Durham and Darlington Local Resilience Forum (LRF) Reporting Arrangements



Local Health Resilience Partnership (LHRP)/ Cleveland Local Resilience Forum (LRF) Reporting Arrangements

