



Emergency Preparedness, Resilience and Response (EPRR) Policy

Revised September 2024

Authorship:	Deputy Chief Executive and Chief Operating Officer
Committee Approved:	ICB Board
Approved date:	Amendments approved XXX
Equality Impact Assessment:	Completed May 2023
Target Audience:	ICB and its committees and sub-committees, ICB staff, agency and temporary staff and third parties under contract
Policy Number:	51
Version Number:	2.2

The on-line version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.

AMENDMENTS

Amendments to the policy may be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approving body	Approval date	Date published on website
0.1	Chief Operating Officer	New Policy - Draft	n/a	n/a	n/a
1.0	Chief Operating Officer	New Policy	ICB Board	July 2022	
1.1	EPRR Team	Change to financing details (s10) and workplan updated Appendix 6)	ICB Board	June 2023	
1.2	EPRR Team	Reviewed for publication	n/a	n/a	August 2023
1.3	EPRR Team	Addition of commentary on risk at S9.0. Addition of commentary on workplan and governance at S10.0.	Director of Primary Care and Commissioning	September 2023	
2.1	EPRR Team	Review, refresh and updating. Inclusion of consultation arrangements on plans in Governance Section. Consulted with all partners 12 th March 2024 and no comments received	n/a – draft not sent for approval		
2.2	Head of Resilience and Operations	Addition of new Team Structure, terminology in incident levels amended to mirror NHS England EPRR Policy, NHS Incident TCG/SCG Response changed to mirror NHS England EPRR Policy and JESIP Doctrine 2024, addition of reference to PDPs and monitoring under training, section added on Assurance. Governance section amended to reflect appropriate sign off of plans. Addition of paragraph on lessons identified from incidents.	ICB Board	October 2024	

Contents

1.0	Introduction	4
2.0	Objectives	4
3.0	Scope of the Policy	4
4.0	EPRR Duties	4
5.0	Principles for Collaborative Working in Humber and North Yorkshire	6
6.0	Prevention and Preparedness	8
7.0	Response and Recovery	11
8.0	On-Call Arrangements	13
9.0	Risk	13
10.0	Annual Workplan and Governance	14
11.0	Training and Exercising	14
12.0	Financial Requirements	17
13.0	Business Continuity	18
14.0	Public Sector Equality Duty	18
15.0	Governance Arrangements	19
16.0	Associated Documentation	19
17.0	Appendices	19

1.0 Introduction

The NHS needs to be able to plan for and respond to a wide range of incidents and emergencies that could affect the local populations health and/or delivery of patient care. This requirement is underpinned by legislation contained within the Civil Contingencies Act 2004 (CCA) and the Health and Care Act 2022.

This policy provides an overview of how NHS Humber and North Yorkshire Integrated Care Board (HNY ICB) will respond with regards to Emergency Preparedness, Resilience and Response (EPRR) principles. At the core of this Policy is ensuring effective arrangements are in place to support the delivery of care to patients in the event of a declared incident.

2.0 Objectives

This policy details the proactive arrangements in place to deliver EPRR in Humber and North Yorkshire and:

- Describes the operating model of the Humber and North Yorkshire ICB to deliver the statutory responsibilities of a Category One responder, to ensure the robust delivery of EPRR across the ICB
- Describes the “Preparedness and Prevention” functions which are undertaken to mitigate risks and effectively plan for the common consequences of a declared incident
- Describes the “Response and Recovery” functions which are undertaken in the event of an incident or emergency which are flexible, scalable, and adaptable
- Describes the role of the ICB EPRR Team in delivering the EPRR agenda on behalf of HNY ICB and in coordinating the annual EPRR Core Standards Assurance process for both for the ICB as an organisation and for the ICS as a part system of agreed commissioned health service providers. Interfacing with the regional EPRR team in their role of undertaking their own regional assurance programme and in reviewing the ICB’s assurance submission
- To provide a single source of accompanying documents which support the wider EPRR agenda within Humber and North Yorkshire, which should be read in conjunction with this policy.

3.0 Scope of the Policy

This policy provides an overview of the EPRR Portfolio and working methodology within Humber and North Yorkshire ICB, and the processes by which the ICB engages with the NHS England North East and Yorkshire EPRR Team and local commissioned health partners (Health Providers). Whilst this policy refers to a number of other areas such as Training and Exercising, oncall and Incident Response, it should not be used as an operational document. Links to the relevant operational plans are included within this document and should be referred to for responding to any incidents or events as part of a response.

4.0 EPRR Duties

The ICB is subject to the full range of civil protection duties, with the CCA 2004 being amended to formally legislate ICB’s as Category One responders, and the ICB are required to –

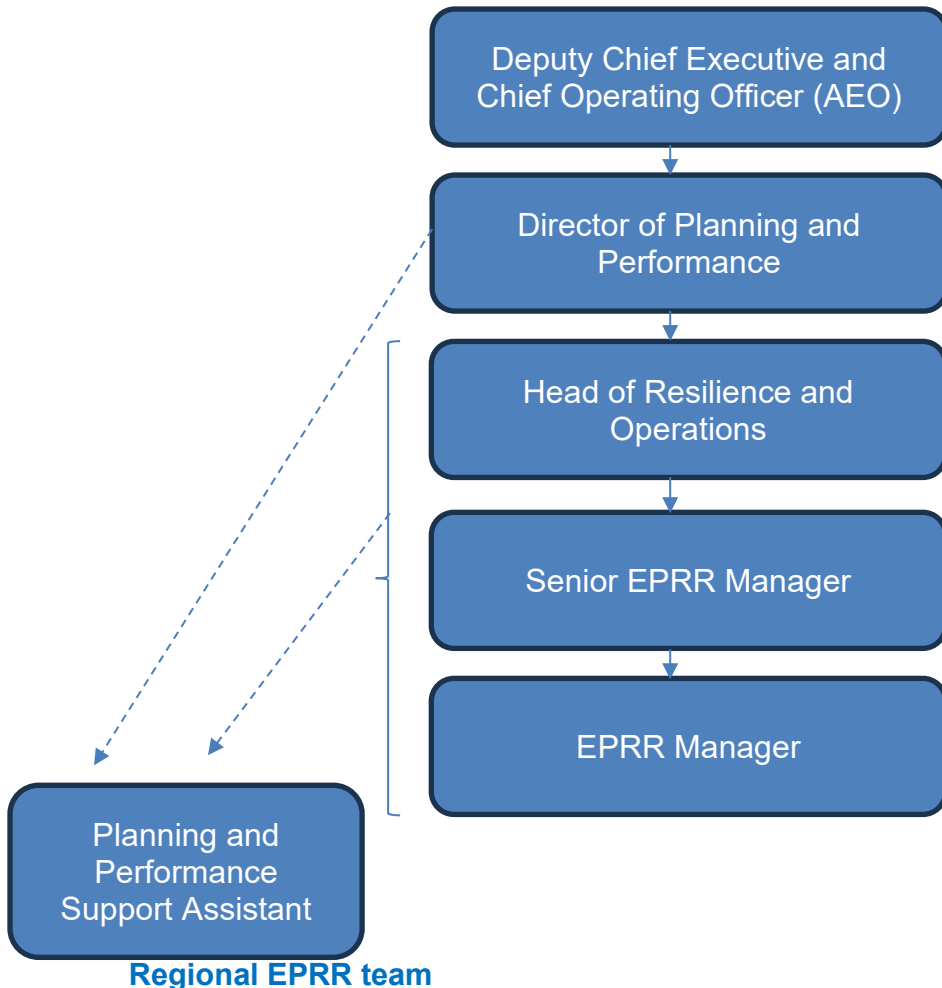
- Ensure there is a robust and comprehensive EPRR system across health organisations within their geographical area and to undertake assurance of this through an annual assurance process

- Assess the drivers behind emergencies occurring and the risk/likelihood of these emergencies occurring, using this information to inform and develop risk based contingency planning including:
 - Overarching strategies and plans
 - Emergency plans
 - Business continuity management arrangements
- Have arrangements in place to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- share information with other local responders to enhance co-ordination and cooperation
- Lead the mobilisation of the NHS in the event of an incident or emergency and support / engage with other local responders to enhance system wide co-ordination and efficiency

In order to maintain these statutory requirements, the Humber and North Yorkshire ICB will have in place a dedicated EPRR Team, including EPRR subject matter experts, who will work with both health and multi-agency partners to facilitate the coordinated delivery of health resilience in the region.

The Humber and North Yorkshire ICB EPRR team

The Humber and North Yorkshire ICB EPRR Team reports to the Director of Planning and Performance but is accountable to the ICB Deputy Chief Executive and Chief Operating Officer, who is the organisational Accountable Emergency Officer. The Team consists of a range of managers, with experience in the field of EPRR / BCM who coordinate and promote the ICB's approach and response to EPRR planning and operational delivery both internally and across the wider Integrated Care System. The team will act as a focal point for contacts with partner organisations and for internal contacts regarding the use and implementation of EPRR principles, plans and approaches.



NHS England North East & Yorkshire (NHSE NEY) also has duties as a Category 1 responder and is the Lead strategic health organisation for incidents which span multiple ICBs. NHSE NEY's EPRR team consists of a number of subject matter experts covering a range of Strategic, Tactical and Operational roles across the region. Each member of the team has both a topical and geographical portfolio which best meets the needs of the unique nature of the region.

Joint NHSE / ICB requirements

- To ensure strategic representation at both Local Resilience Forums and Local Health Resilience Partnerships, working with partners within these fora to deliver joint planning and response agendas
- To support the integration of plans across the region, where appropriate, to deliver a unified NHS response, including the provision of surge capacity and mutual aid arrangements
- To maintain the capacity to coordinate the NHS response to an incident 24/7
- To discharge their statutory responsibilities as a Category One responders under the CCA 2004.

5.0 Principles for Collaborative Working in Humber and North Yorkshire

The following principles have been agreed in partnership with NHSE North East & Yorkshire and partner ICBs to support the delivery of local and regional EPRR Strategies and agendas (see Appendix 1 for the NHSE NEY Strategic Ambition):

- *Equality Diversity & Inclusion* – To embed the core principles of **“People, Patients & Partnerships”** across the EPRR portfolio and to ensure that across all aspects of the planning, preparation, response and recovery work delivers **fair treatment and equality for all** in the event of an incident or an emergency. This will include considering the needs of the individual as well as the collective needs of staff, patients, and their families.
- *Preparedness and Anticipation* – All individuals and organisations that might have to respond to incidents should be properly prepared, including having clarity of roles and responsibilities, specific and generic plans, and rehearsing arrangements periodically. All organisations should be able to demonstrate clear training and exercising schedules that deliver against this principle and which are based on a risk centred methodology
- *Continuity of care* – response arrangements should be grounded within organisations' existing functions and familiar ways of working, albeit reflecting that the pace, scale, and level of challenge will vary substantially during a response
- *Subsidiarity* – decisions should be taken at the lowest appropriate level, with coordination at the highest necessary level. Local responders should be the building block of response for an incident of any scale
- *Communication* – communication is critical to an effective response. Reliable information must be passed correctly and without delay between those who need to know and consider the requirements to warn and inform the public
- *Cooperation and Integration* – positive engagement based on mutual trust and understanding, information sharing, effective and open relationships will remain a corner stone supporting integrated ways of working
- *Our Strategy* – the ICB's strategic aim and supporting objectives should be agreed and collectively understood by all involved in health resilience supported by a strong capacity in Humber and North Yorkshire to oversee and facilitate joint health service working

- *Developing the ICB's* - A core focus will be to further develop and enhance the function of the ICB with continuing support in:
 - *Developing their Category One responsibilities, civil protection duties and supporting ICB EPRR Leads/teams into new ways of working and the associated wider programme of work*
 - by exploring opportunities for integration and joint working with Local Authority partners (across both social care and public health) to deliver a future ready integrated resilience function across the breadth of health and care provision – recognising that the transitional model for EPRR will likely evolve over the next 5 years.
- *Collaboration* – Workstreams will be jointly agreed to prevent duplication and support delivery: e.g. where a piece of work is ICB level specific or affects organisations solely within an ICB boundary this will be led by the ICB team, where a piece of work has an impact on multiple ICB's or there is a regional coordination role, the regional EPRR team will lead on the work programme supported by ICB colleagues.
- *Risk based approach* - All workstreams will be based on a risk based methodology to ensure that we are focusing on those areas of work where there is the greatest risk or likelihood and recognising its ongoing incident response requirements and associated demands on the resilience community.
- *Lessons identified* - Capturing learning from incidents and inquiries (e.g. Covid-19, Manchester etc.) will form an integral part of ways of working and response structures moving forwards, but recognising that arrangements need to be adaptable and dynamic depending on the nature and type of incident that may be responded to.
- *Adaptability* - The work programme will need to be adaptable and dynamic to meet the requirements of local structural changes and to respond to the current National Resilience review and associated changes to Civil Protection Legislations and other resilience consultations
- *Continuous Improvement* – As part of the ICB strategy, and outlined in the principles agreed above, a programme of continual improvement will be embedded in every engagement and programme of work, this will also include the embedding of lessons and learning, as well as ensuring a proactive and adaptive response to meeting the needs of the local populations.

To support the delivery of the principles there is a network of meetings, both health focussed and wider system focussed, to support joint working and integration:

- Local Health Resilience Partnership (HNY ICB footprint)
- Regional Health Resilience Partnership (NHSE NEY footprint)
- Local Resilience Fora – North Yorkshire LRF and Humber LRF

This model of engagement across and between health partners is well established (both formally and informally) and continues to build on existing ways of working and the strong relationships established over recent years. Further detail is provided in the Prevention and Preparedness section (below)

6.0 Prevention and Preparedness

A core component of the ICB's EPRR strategy, and associated resilience methodology, is the prevention of and preparation for risks (known, unknown, direct, indirect and those emerging) which is delivered through a mixture of principles outlined in the Joint Emergency Services Interoperability Programme (JESIP):



6.1 Joint Understanding of Risk

Risks to health are identified through a variety of sources including the National Risk Register, local Community Risk Registers (held by LRF's) and through specific intelligence around locations, premises, events or delivery of critical services which may affect population health or the delivery of patient care.

The EPRR risks which have been identified for the Humber and North Yorkshire health economy will be collated and will be integrated internally within the ICB with the ICB risk register to ensure that those risks of significant magnitude are visible to the ICB and will also integrate with the NHSE North East & Yorkshire central EPRR risk register. The ICB specific and the NHSE North East & Yorkshire risk registers are used to prioritise the ICB and regional work programmes on an annual basis and will direct the prevention and preparedness work with the multi-agency partners.

The Humber and North Yorkshire ICB's risk register will be reviewed on a minimum quarterly basis and more frequently as changes in risk levels are identified as part of continual improvement principles and in conjunction with updates to both national, regional, and local risk registers.

Due to the content of the ICB and the NHSE NEY EPRR focussed risk registers the details in both will be held at OFFICIAL-SENSITIVE under Government Security Classifications (GSC) and access to the document will be managed by the ICB and/or Regional EPRR teams respectively. High level description of the risks identified may be presented as part of a wider risk register if they breach the risk appetite thresholds and disclosure is agreed by the AEO.

"Risk" is a standing agenda item for the Humber and North Yorkshire LHRP and will focus on:

- Review of the top five risks within the NEY Risk Register being focussed on by the LHRP determined at the start of the planning cycle in Quarter 1
- Discussion of any newly identified risks for escalation to the NEY Risk Register
- Proposed or actual amendments to any of the risks on the NEY Risk Register.

Management and process for the ICB's internal EPRR Risks can be found at Section 9.

6.2 Shared Situational Awareness – Strategic Groups

Strategic fora for delivering joint health planning are known as Health Resilience Partnerships (HRPs). Covering Humber and North Yorkshire there are two health resilience partnerships

operating covering different footprints; Local Health Resilience Partnership which covers the ICB footprint and Regional Health Resilience Partnership which covers the NHSE NEY footprint.

Local Health Resilience Partnerships (LHRPs)

The Local Health Resilience Partnerships (LHRPs) are coterminous with ICB boundaries. HNY ICB has an LHRP to bring together partners to support collaboration, shared awareness and joint planning across the ICB footprint. The LHRP is chaired by the ICB AEO and acts as a Strategic forum across health and care (NHS Health, Public Health and Social Care) to develop:

- Joint understanding of the EPRR risks in and impact on the different sectors
- Integrated plans and risk management / mitigation strategies to support the whole system to respond
- Integrated delivery of strategies and plans to proactively prepare for and respond to incidents

Each ICB chairs an LHRP and our key partner LHRPs are:

- North East and North Cumbria
- South Yorkshire, and
- West Yorkshire

Regional Health Resilience Partnership (RHRP)

The Regional Health Resilience Partnership (RHRP) is coterminous with the NHS England Regional teams' boundaries and covers North Cumbria, the North East, Yorkshire and the Humber.

The RHRP acts as the Strategic Forum across the four North East & Yorkshire ICS footprints and provides a single collaborative forum between National EPRR work programmes and work and planning undertaken at a locality level.

The Terms of Reference and Agendas for both the LHRP and the RHRP are included as Appendix 2 and 3 to this policy respectively.

Operational Subgroups

The Strategic Groups mentioned above focus on the strategic aims and objectives for EPRR at local and regional level, however the collaboration and responsibility for delivering them sit at a Tactical and Operational level. The ICB therefore has an Operational EPRR Group sitting under the LHRP, which brings together local health organisations to collaborate and deliver the strategic aim and objectives. This group is chaired by the Head of Resilience and Operations.

Other subgroups or working groups may be stood up as required for focus pieces of work (for example, Vulnerable Persons Working Group or Outbreak Management Working Group).

Documentation produced by any of the subgroups ought to be reviewed by the Operational EPRR Group and then progressed to LHRP. Both the RHRP and LHRP also fulfil a wider governance function in relation to a collaborative approach to planning and preparedness.

Local Resilience Forums

In order to deliver the ICB's statutory responsibility to work collaboratively with partners, the work undertaken with Local Resilience Forums (LRF) is key due to the multi-agency breadth of services, knowledge and skills that are present. The ICB works with two LRFs:

- Humber LRF
- North Yorkshire LRF

The ICB engages, and collaborates, with the LRF partners as part of a health triumvirate of representatives covering:

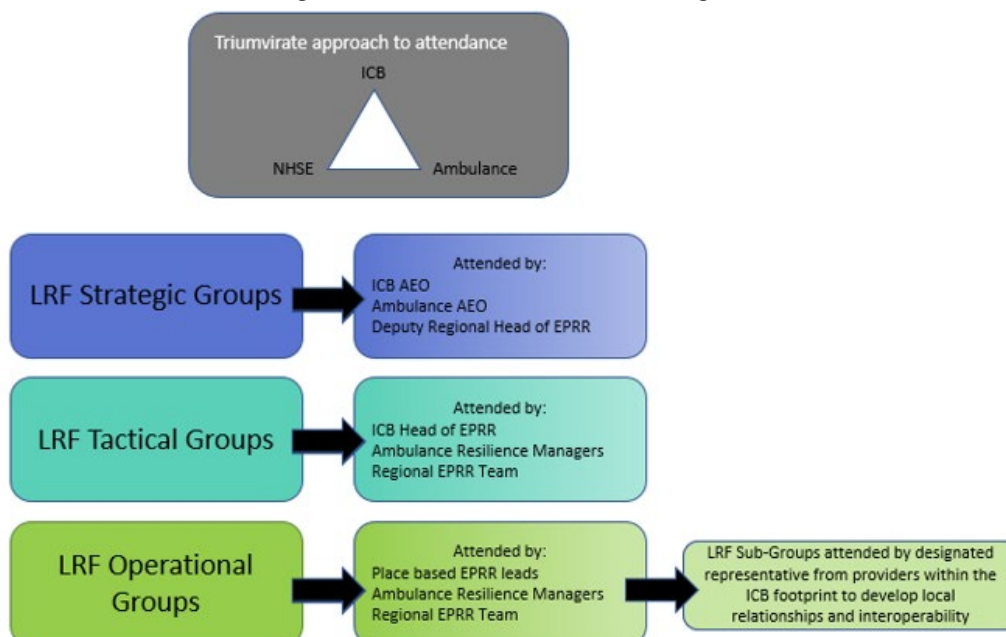
- Ambulance Services – as a Category One responder and blue light service
- ICB's – as Category One responders to represent health in their ICB,
- Regional EPRR – as a Category One responder to represent the wider health impacts and resources outside of the ICB

Representation at the LRF's

Each LRF has a number of meetings which the triumvirate partnership attends to ensure that health is fully engaged in planning, preparing, training, exercising, and responding to the full breadth of potential emergencies.

- **Strategic Groups** – Each LRF has a Strategic meeting (Executive/Board) which meets to agree the strategic aim and objectives of the LRF and to drive the resilience agenda within the LRF
- **Tactical Groups** – Each LRF has a Tactical meeting (Coordination/Working group) who meet to determine how to deliver the aim and objectives set by the LRF and to ensure and assure on the delivery of the LRF work programme. The reference in the below diagram to the Head of EPRR is to the Head of Resilience and Operations in Humber and North Yorkshire ICB.
- **Operational Groups** – Each LRF has a number of operational groups which undertake the delivery of key workstreams (for example Business Continuity, Training & Exercising, Warning & Informing) who report into the tactical groups

Within Humber and North Yorkshire there will be robust engagement with the LRF partners, whilst providing consistent attendance and engagement from the Health Triumvirate with the LRF workstreams. The diagram below sets out the LRF general structure.



It is critical that as part of the Health Resilience and Local Resilience Forum partnerships that a consistent and interoperable engagement is maintained which fosters sharing of information and joint working. By combining the above model with the revised health resilience structures, we have a continual feedback mechanism between both health and multi-agency partners which ensures:

- **Autonomy** - ensuring the right representation at the right meetings (clear delineation between Strategic, Tactical and Operational to ensure that all aspects of the health and LRF agendas are delivered)
- **Subsidiarity** – ensuring better alignment with local planning and ensuring decisions and actions are taken at the appropriate level and are the building blocks to the local response
- **Interoperability** – ensuring consistency for health planning and response to deliver a coordinated response to health EPRR when incidents or events will cross multiple ICB/LRF footprints

Appendix 4 demonstrates how the RHRP/LHRP model, alongside the above attendance model at Local Resilience Fora, will provide continuous improvement and ensure health engagement.

7.0 Response and Recovery

In addition to its responsibility to anticipate, assess, prepare, and plan for incidents and events as a Category one responder, the NHS is required to have arrangements in place to respond to and recover from such incidents should they occur.

Whilst each NHS organisation has its own statutory responsibility to have arrangements in place to respond to an incident, the coordination of that response will vary dependent on the nature, type, and scale of the incident.

This means that the incident could be managed by an organisation alone, with system coordination, regional coordination or even national coordination as seen in the COVID-19 pandemic. This hierarchy of coordination is described by the NHS England Incident Response Levels (table and diagram at the top of next page).

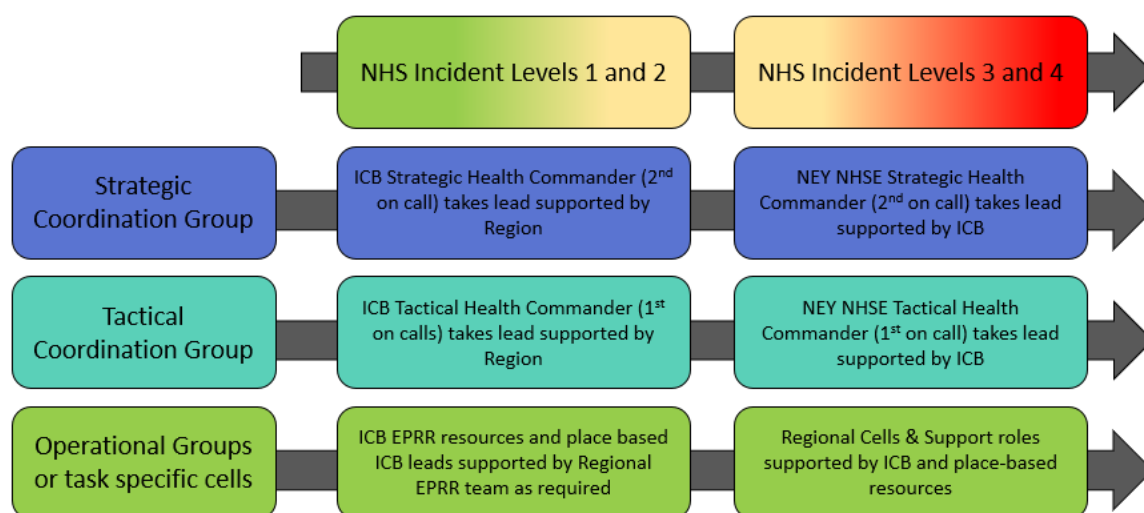
Further detail on how the NHS responds to an incident, the definitions and actions available for ICB staff and relevant support documents which should be utilised in responding to an incident are detailed in the Humber and North Yorkshire Command and Control Framework. This document should be used as guidance and direction for all staff within the ICB team when responding to an incident or event which requires support or coordination at an ICB level.

Incident Levels

Incident Level	Description	Coordinating Organisation
1	An incident that can be responded to and managed by an NHS-funded organisation within its respective business as usual capabilities and business continuity plans.	Led by affected provider organisation with support from their ICB
2	An incident that requires the response of a number of NHS-funded organisations within an ICS and NHS coordination by the ICB in liaison with the relevant NHS England Region	Led by ICB with support from the regional EPRR team
3	An incident that requires a number of NHS-funded organisations within the NHS England region to respond. NHS England to co-ordinate the NHS response in collaboration with the ICB. Support may be provided by the NHS England Incident Management Team (National)	Led by NHS England North East & Yorkshire regional team
4	An incident that requires NHS England national command and control to lead the NHS response. NHS England Incident Management Team (National) to co-ordinate the NHS response at the strategic level. NHS England (Region) to coordinate the NHS response, in collaboration with the ICB, at the tactical level.	Led by NHS England national team

Incident Response Arrangements with Multi-agency partners

In responding to a health specific incident which requires support from multi-agency partners, or where an incident or event is one that automatically triggers a multiagency response the coordination and leadership of the NHS will vary depending on what level of NHS Incident Level the incident falls into. The below table details at what level the leadership and coordination responsibility sit when responding to an incident where either a Strategic Coordination Group (SCG) or Tactical Coordination Group (TCG) is called.



Lessons identified from incidents

Where the ICB is involved in an incident (whether for the ICB itself or one of its provider organisations), lessons identified will be shared via EPRR Health Partnership arrangements as part of continual improvement process.

The Command and Control Framework outlines full requirements for the debriefing process, including a specific action card and links to the Incident Debrief Form. Providers will be invited to share reports or lessons they identify following any internal incidents and those requiring a systemwide response.

8.0 On-Call Arrangements

The ICB is responsible for ensuring appropriate leadership during emergencies and other times of pressure. Incidents, emergencies, and peaks in demand can occur at any time of day or night, so each organisation must have an appropriate out of hours on-call system with the ability to represent and lead the NHS at both Strategic and Tactical levels.

Details of the ICB on call arrangements can be found in the Humber & North Yorkshire ICB On-Call Arrangements Policy. In summary at all times there is a Strategic Health Commander and up to three Tactical Health Commanders available to respond to incidents wherever they occur. During office hours the ICB EPRR Team will integrate with and supplement the on-call capacity as required.

9.0 Risk

As per the joint understanding of risk principles outlined in Section 6, Humber and North Yorkshire LHRP is responsible for horizon scanning for risks affecting the health economy in its geographical footprint and escalating them to be placed on the NEY Risk Register for monitoring.

Humber and North Yorkshire ICB is still required, as an individual organisation, to have a process for recording and escalating internal risks, or internal perspectives on shared risks; e.g. climate impacts; which will have organisation specific controls and mitigations to reflect the specific working arrangements. For example, as the organisation has a flexible approach to working arrangements combining both remote and office based working, this is a positive factor when infection control measures are considered, but a negative factor when IT failure is being considered. This will enable a clear thread to be demonstrated around EPRR risks from an ICB risk perspective through LHRP risk, RHRP risks and to national risks

Humber and North Yorkshire ICB's organisational risks are managed in accordance with the ICB's Risk Management Policy; which utilises pre-determined Risk Appetite Scores to determine the type and level of response / monitoring. Those identified as out of the pre-determined Risk Appetite Scores will be escalated to the Corporate Risk Register (CRR); and all risks which are identified as threatening the delivery of the ICB's strategic objectives will be reflected on the Board Assurance Framework.

General principles to be applied to EPRR risks are:

- Any EPRR associated risks should be notified EPRR team in the first instance, for review by Head of Resilience and Operations. This will be recorded on the HNYICB EPRR Team Risk Register.
- If the risk requires immediate escalation and response, the Head of Resilience and Operations should discuss this with the AEO and Director of Planning and Performance to determine whether an immediate response is required under the ICB's Command and

- Control Framework or whether immediate measures need to be put in place to mitigate the risk.
- This and any other EPRR risks will be discussed with the ICB's AEO at the AEO EPRR Governance meeting held every quarter prior to LHRP. The AEO can either decide that
 - The risk has the potential to affect other organisations and therefore needs to be escalated to LHRP. The LHRP will follow the process described in Section 6.
 - The risk only affects HNYICB and can be managed by the EPRR Team with the appropriate links to place. Updates will be required to the AEO at the AEO EPRR Governance meeting every quarter.
 - The risk only affects HNYICB but requires escalation to the HNYICB Executive Team for discussion and possible escalation in accordance with the ICB's Risk Management Policy.

10.0 Annual Workplan and Governance

The ICB is required to participate in the annual self-assessment process against the NHS Core Standards for EPRR. This self-assessment process will usually produce an action plan where the organisation is either partially or non-compliant with a specific standard. This workplan will be entered onto the master EPRR action tracker held and monitored by the EPRR Team.

Any actions associated with EPRR led meetings; including the LHRP, health operational groups; or with exercises, incidents or training sessions will also be tracked via the EPRR action tracker.

Progress against the workplan will be reviewed in the most appropriate forum (LHRP or Operational Groups as required) and in the EPRR AEO Governance Meeting every quarter prior to the LHRP.

The combination of the actions arising from the risk assessments to minimise or remove the risk and the master EPRR action tracker will be combined to frame a risk based EPRR workplan.

11.0 Training and Exercising

Training and Exercising is a critical component of delivering the ICB's statutory responsibilities around EPRR including delivery of the EPRR Strategy.

Training

All staff are responsible for ensuring they can support the effective identification of a potential or actual incident/emergency, including business continuity incidents, take steps to reduce the risks of a potential incident developing into an actual incident or take action in an incident in conjunction with the appropriate command and control to respond and deliver appropriate actions on behalf of the organisation.

To support this there is a need to provide general training for all staff so that they understand their potential roles and responsibility in the event of an incident as well as more bespoke technical training for incident commanders / responders who have a specific response role for incidents.

Each ICB and provider in the North East and Yorkshire Region has agreed to adopt the same set of Personal Development Portfolios (PDPs) authored by the NHS England NEY Regional Team. These PDP's have been based on the Minimum Occupational Standards for EPRR 2022; and are currently available for three different levels of commander:

- Strategic Commander (HNYICB Second on-call staff)
- Tactical Commander (HNYICB First on-call staff)
- EPRR Subject Matter Expert (members of the ICB EPRR team)

The usage and assurance of personal training portfolios will be supported by the EPRR as required. In addition, a Training and Exercising Framework is being developed to support individuals with their training requirements. This will mirror the NHS England NEY Regional Team Training and Exercising Framework.

Compliance with the mandatory courses specified in the PDPs will be monitored through LHRPs and then accordingly RHRPs every quarter to identify areas where support is required.

Exercising

In supporting the competence and capability of those individuals who have a role to play in both planning for and responding to a wide range of EPRR scenarios, we must supplement training with exercising.

Roles, alongside the individuals identified to fulfil them should be exercised regularly in order to determine the effectiveness of the role/function, and to support individuals to test and play their roles within a safe environment.

Through the exercising process individuals have opportunities to practice their skills and increase their confidence, knowledge and skill base in preparation for responding in a live incident and it must be evident that the exercise is an opportunity to develop their skills and to test the “role” rather than the individual.

Additionally plans which are developed to allow organisations to respond efficiently and effectively should be exercised to ensure they are fit for purpose and encapsulate all necessary functions and actions to be carried out in an incident as part of continuous improvement principles and should ensure wider health engagement and the inclusion of multi-agency partners on a regular basis in order to ensure a collaborative and interoperable response.

Training & Exercising Requirements of NHS Organisations

Each NHS funded organisation has a set of minimum requirements identified in regard to training and exercising (detailed in the NHS England EPRR Framework and EPRR Core Standards).

As a minimum, organisations are required to undertake the following:

Type of exercise	Minimum frequency	Overview
Communications exercise	every six months	To test the ability of the organisation to contact key staff, other NHS, and partner organisations. This should include any communications methods or technology used as part of their response and be conducted both in-hours out-of-hours on a rotational basis and should be unannounced
Table-top exercise	every 12 months	The table-top exercise brings together relevant staff, and partners as required, to discuss the response, or specific element of a response, to an incident. They work through a particular scenario and can provide validation to a new or revised plan. Participants are able to interact and gain knowledge of their own, and partner organisations’ roles and responsibilities

Type of exercise	Minimum frequency	Overview
Command post exercise	every 3 years	The command post exercise (CPX) tests the operational element of command and control and requires the setting up of the Incident Coordination Centre (ICC). This provides a practical test of equipment, facilities and processes and provides familiarity to those undertaking roles within the ICC. It can be incorporated into other types of exercise, such as the communications or live play exercises
Live play exercise	every three years	The live play exercise is a live test of arrangements and includes the operational and practical elements of an incident response. For example: simulated casualties being brought to an emergency department or the setting up of a mass countermeasure centre, or mass evacuation.

If an organisation activates its plan for response to a live incident or activates their ICC this replaces the need to run an exercise, providing lessons are identified and logged and an action plan developed.

As part of the Humber and North Yorkshire EPRR Principles there is an expectation to enhance and maintain interoperability between health organisations and multi-agency partners, including the LRF. Wherever possible, opportunities to engage wider partners in training and exercising opportunities should also be explored including opportunities to exercise with partner Integrated Care Boards and their local health partners (this should also include testing communication arrangements and information flows).

Lessons identified from training and exercising

Lessons identified from both training and exercising within the ICB, and wider where appropriate, will be shared through EPRR Health Partnership arrangements as part of continual improvement process.

Following an exercise or training event, the Exercise Feedback and Findings Form should be completed by the attendee (link [HNYICB Exercise Evaluation and Feedback Form](#)). The EPRR Team will also log the event on the Exercise Log. Any actions outlined on the Exercise Feedback and Findings Form will be entered onto the Master EPRR Action Plan. Actions are review quarterly with the AEO at the AEO and EPRR Governance Meeting prior to the LHRP.

12.0 Assurance

The minimum requirements which NHS funded organisations must meet are set out in the Core Standards. These standards are in accordance with the CCA 2004, the NHS Act 2006 (as amended) and the Cabinet Office Expectations and Indicators of Good Practice set for Category 1 and 2 Responders.

Annually each NHS organisations is required to undertake a self-assessment against this set of minimum standards culminating in their Board to issuing a Statement of EPRR Compliance which must be published in their annual report.

A revised process for core standards assurance for 2024 was agreed prior to the commencement of the process, comprising of:

- Initial organisational self-assessment and subsequent informal peer review
- AEO sign off and submission of organisational self-assessments.

- 1:1 meetings between the ICB and submitting organisation (comprising of the AEO and Head of EPRR from both the ICB and the organisation) to discuss evidence of any progress made and provide any challenge to the organisational self-assessment.
- Confirm and challenge sessions through LHRP
- Final submissions to boards with statement of compliance.

There will also be required regional arrangements, for example an ICB-to-ICB peer review and RHRP confirm and challenge with ICBs.

13.0 Financial Requirements

The ICB is responsible for identifying and budgeting for its financial commitments regarding delivery of the EPRR agenda. This includes:

- Funding of the internal EPRR staffing costs including the EPRR Team and the on-call response
- Agreeing funding contributions to North Yorkshire LRF and Humberside LRF paid by the ICB on behalf of the whole ICS health system
- Identifying and tracking the ICB's financial impacts and contributions at times of response to an incident
- Working with partner organisations, generally NHSE and Local Authorities, at times of an incident to establish an equitable funding regime – part of this may be delivered through the provision of commissioned services to support incident response

Financial Impacts of Incidents

In the event of responding to an incident or event, it is expected that financial considerations should not impact on the speed or scale of the response required.

Each organisation has a requirement to monitor and assess its own financial impacts associated with the response to an incident and will then work with the Integrated Care Board to determine any funding arrangements, noting that unless an incident moves to national level 4 response there is limited likelihood of additional funding to be made available through the Department of Health & Social Care. Therefore, funding will have to be identified from existing resources. If a national level 4 incident is declared, and additional funding identified, this will be coordinated by the regional finance team.

Humber and North Yorkshire ICB are responsible for financing the response to incidents affecting the health and care services and population in their geography alongside the relevant local authority (see arrangements for responding to health protection incidents specifically, below). Robust work is taking place to review the existing arrangements to respond to health incidents across HNY, with some resulting recommendations expected in the next few months.

Local Resilience Forum contributions

The 2 Local Resilience Forums within the Humber and North Yorkshire require contributions from each Category One responder to resource the secretariat functions and wider programmes of training, exercising or work programme requirements.

The ICB will finance these contributions on behalf of the wider health (excluding Ambulance Services who pay independently as a blue-light organisation) organisations within their footprint.

This agreement should be discussed and recorded annually through the Local Health Resilience Partnership.

Financing Health Protection Incidents

Outside of any agreements outlined for responding to generic incidents, the ICB continued to recognise pre-existing agreements around funding provision for health protection incidents and outbreaks in order to safeguard the response to outbreaks within the ICB (or the wider region).

Health Protection Incidents will continue to be funded from three sources:

- The ICB in which the outbreak occurs,
- The Local Authority in which the outbreak occurs
- NHS England's directly commissioned Vaccination and Immunisation Team and UK Health Security Agency (UKHSA) to the extent that their specialist services are utilised.

This approach should be signed off by the ICB Executive as part of its readiness to operate principles and be discussed and recorded annually as part of their annual assurance process.

14.0 Business Continuity

Within Humber and North Yorkshire ICB Business Continuity sits within the Corporate Directorate.

As such the differing responsibilities for Business Continuity is split between two teams, with the Corporate Team leading on the development and implementation of the ICB business continuity plan/arrangements and the EPRR Team, part of the Operational Directorate, being responsible for assuring the plans, systems and processes put in place. Jointly this delivers the core standards outlined around business continuity.

Corporate Team Responsibilities – oversight/development of internal ICB Business Continuity Planning:

- Internal ICB Business Continuity Planning – Leading and supporting business continuity impact analysis (including at a strategic level) and Business Continuity Planning for the ICB from both an organisational team and a subject matter perspective to ensure that the ICB can continue to deliver it's core functions at times of compromised operating scenarios
- Supporting the wider ICB during business Continuity Incidents affecting ICB organisational ability to deliver internal services
- Internal Business Continuity Risk Assessment – identifying, reviewing and responding to identified operational risks within the ICB

EPRR Team (Operational Team) – assurance, exercising and training

- Assurance of internal Business Continuity systems and processes – as identified in the EPRR standards and undertaken through the annual EPRR assurance process
- Business continuity awareness training – ensure training needs identified as part of the organisational EPRR training needs analysis is provided
- Exercises / Incidents – include business continuity impacts in any exercises run by the EPRR Team, recording any lesson's identified and ensuring that the Corporate Business Continuity Lead is taking steps to address.

15.0 Public Sector Equality Duty

Humber and North Yorkshire ICB aims to design and implement services, policies and measures that meet the diverse needs of local services, populations and workforce, ensuring that none are placed at a disadvantage over others.

Potential adverse impact on any protected group identified through the QEIA will be monitored as part of the routine work to monitor compliance with the policy.

16.0 Governance Arrangements

In order to ensure that this policy and the EPRR Policies listed in Section 17 below reflect the needs of the wider ICB, all EPRR related Policies will be reviewed:

- On an annual basis to ensure to ensure no areas have been superseded
- When changes to legislation or best practice are notified
- As a result of learning lessons from an incident, exercise or training event
- Every 3 years a full review will be undertaken

These reviews and changes undertaken will be recorded in the amendments log at the start of the document.

To reinforce this, a process of consultation will be undertaken with our partner organisations on our EPRR Policies at the following points:

- On initial development
- On further material changes arising from changed legislation or changes in operational practice
- Every 3 years if no material changes made in the interim

A record will be kept and stored with the master version of EPRR Policies which identifies:

- Organisations to whom the document has been circulated for Consultation
- Those that have responded
- The content of the response
- Actions taken to address any queries raised as part of the response

Any changes made to the policy resulting from consultation will be recorded in the amendments log at the start of the document.

The AEO will oversee the governance arrangements and will ensure that appropriate consultation, response logs and amendments occur. The Head of Resilience and Operations will be responsible for ensuring the process is undertaken in a timely, equitable and transparent process.

The ICB Board holds responsibility for signing off EPRR Policies, but operational response plans are delegated to the ICB Executive Committee.

17.0 Associated Documentation

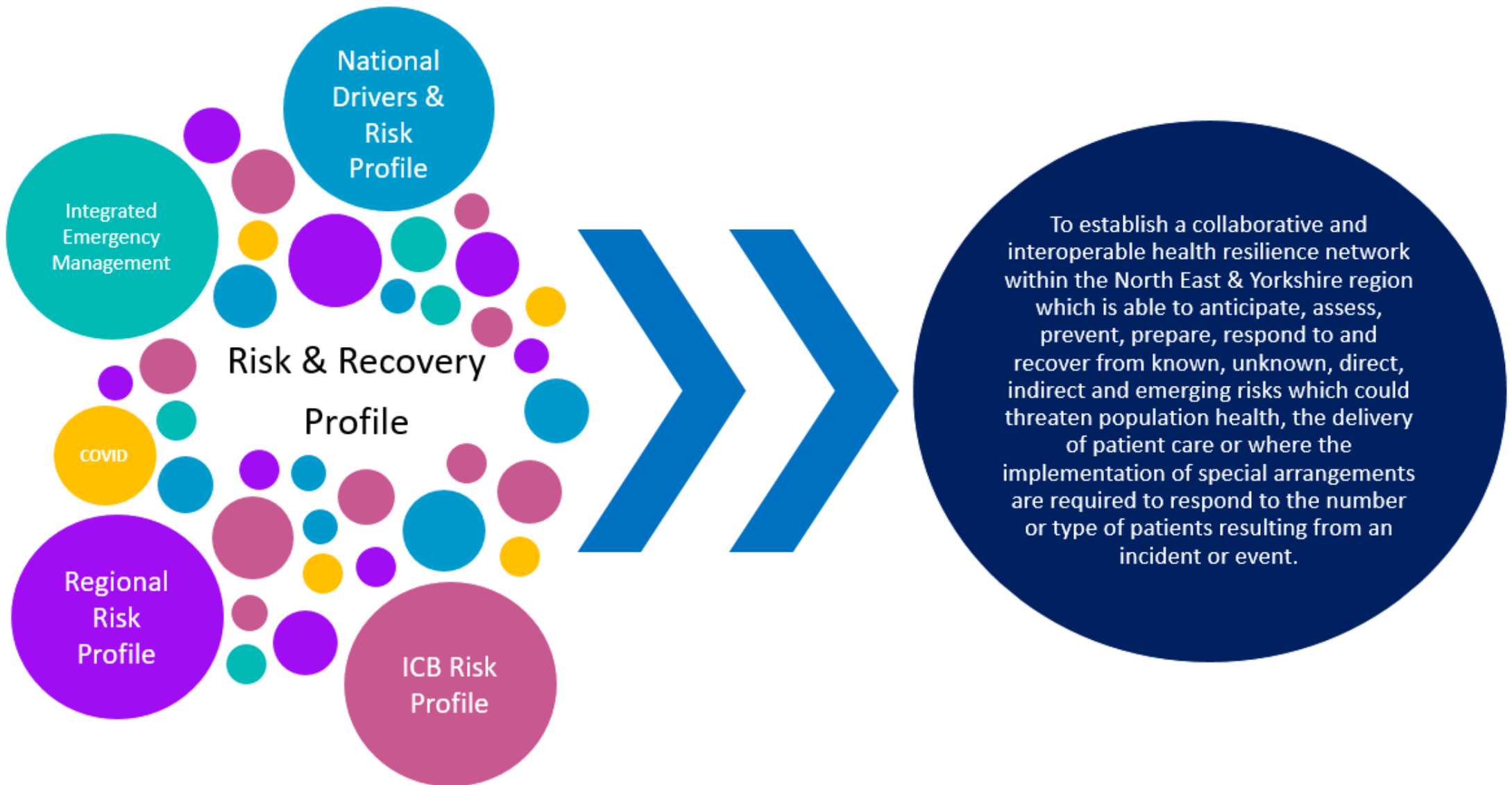
The following organisational policies / related procedural documents should be read in conjunction with this policy:

- HNY ICB EPRR Command and Control Framework
- HNY ICB EPRR On-Call Arrangements Policy
- HNY ICB Records Management requirements
- HNY ICB Business Continuity Policy and Plan
- HNY Adverse Weather Plan
- HNY LHRP Information Sharing Protocol

18.0 Appendices

1	North East & Yorkshire Regional EPRR Strategic Ambition	Page 20
2	Local Health Resilience Partnership Terms of Reference	Page 21
3	Regional Health Resilience Partnership Terms of Reference	Page 27
4	Local Resilience Forum & Health Resilience Partnership Engagement	Page 30

Appendix 1 – North East & Yorkshire Regional EPRR Strategy



Humber and North Yorkshire Local Health and Resilience Partnership (LHRP) Terms of Reference

Authorship:	Deputy Chief Executive and Chief Operating Officer
Board / Committee Approved:	ICB Board
Approved date:	July 2024
Review Date:	July 2025
Equality Impact Assessment:	N/A
Target Audience:	ICB and its Committees and Sub-Committees, ICB Staff, agency and temporary staff & third parties under contract
Policy Number:	
Version Number:	1.1

1.0	Overview	Error! Bookmark not defined.
2.0	Context	Error! Bookmark not defined.
3.0	Strategic Aim	Error! Bookmark not defined.
4.0	Responsibilities of the LHRP's	Error! Bookmark not defined.
5.0	Key Objectives	Error! Bookmark not defined.
6.0	Membership	Error! Bookmark not defined.
7.0	Format & Frequency of meetings	Error! Bookmark not defined.
8.0	Local Health Resilience Partnership Finance ...	Error! Bookmark not defined.

1.0 Overview

Local Health Resilience Partnerships (LHRP's) are responsible for overseeing the health Emergency Preparedness, Resilience and Response (EPRR) arrangements across a geographical footprint, which is traditional coterminous with an Integrated Care Board (ICB). LHRP's are strategic fora which bring together the senior decision makers responsible for EPRR within each organisation in order to support the delivery of the NHS wide objectives for EPRR.

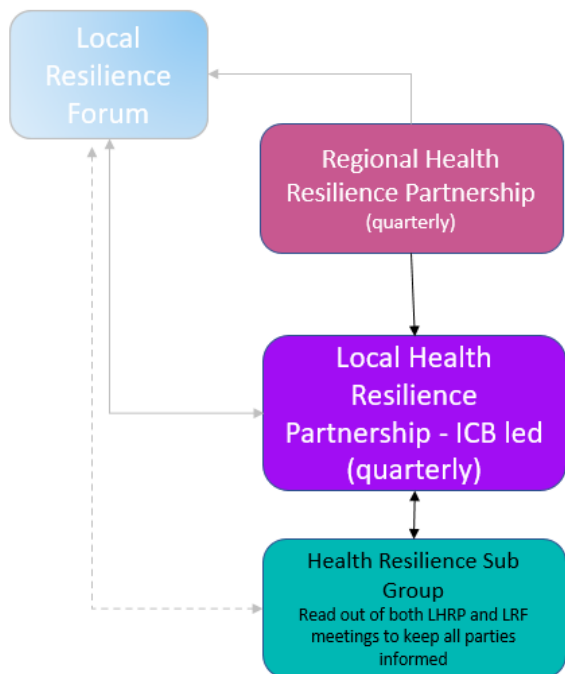
LHRP's serve a planning and preparedness function and do not have a responsibility to respond to an emergency or incident. Unlike LRF's they have no collective role in the delivery of an emergency response. Within the partnership each organisation remains responsible and accountable for its effective response in line with its statutory duties and obligations.

2.0 Context

The North East & Yorkshire region is divided into 4 separate ICB areas each with its own Local Health Resilience Partnership –

- Humber & North Yorkshire
- North Cumbria & North East
- South Yorkshire and
- West Yorkshire

The 4 LHRP's will feed up into the North East & Yorkshire Regional Health Resilience Partnership:



3.0 Strategic Aim

“To ensure that the NHS within each Integrated Care Board footprint is capable of responding to significant incidents or emergencies of any scale in a way that delivers:

- optimum care and assistance to the victims and their families,
- that minimises the consequential disruption to healthcare services and
- that brings about a speedy return to normal levels of functioning;
- it will do this by enhancing its capability to work as part of a multi-agency response across organisational boundaries”

4.0 Responsibilities of the LHRP’s

The key responsibilities of each of the Humber and North Yorkshire LHRP is to:

- Facilitate the production of local sector-wide health plans to respond to emergencies and contribute to multi-agency emergency planning
- Provide support to the NHS, UKHSA, OHID and the Directors of Public Health on the LRF in their role to represent health sector EPRR matters
- Provide support to NHS England North (North East & Yorkshire) and UKHSA in assessing and assuring the ability of the health sector to respond in partnership to emergencies at an LRF level
- Provide support to the 8 Local Resilience Forum’s (LRF’s) across the North East & Yorkshire delivering multiagency working, shared learning and resilience standards across the region

5.0 Key Objectives

The LHRP will give strategic leadership on EPRR for the health organisations and communities of their LRF area(s), providing guidance on delivering their duties under the Civil Contingencies Act (CCA) 2004, National policy and Regional level guidance. Specifically, the LHRP will work in conjunction with the LRFs to

- Regularly assess the local health risks and identify the priorities, taking into consideration the different needs of local communities to ensure that preparedness arrangements reflect current and emerging threats
- Set an annual EPRR work plan, based on information from the Regional Health Resilience Partnership, national planning assumptions, lessons learnt from previous incidents and emergencies, advice from the health communities and specific local health needs.
- Facilitate the production and authorisation of both local sector-wide and support the development of ICB health plans to respond to emergencies and contribute to multi-agency emergency planning.
- Ensure these plans include provision for mutual aid between organisations within the ICB area and liaise with regional colleagues and neighbouring ICB's where mutual aid is required on a wider geographical footprint (intra or inter regional)
- Provide a Strategic forum to raise and address concerns relating to health Emergency Preparedness, Resilience and Response (EPRR)
- Provide a Strategic forum for shared learning from events, exercises and incidents
- Provide Strategic leadership to plan the health response to incidents likely to involve the wider health and social care economies (more than one organisation)
- Ensure that health is represented cohesively on the LRF and similar EPRR planning groups in order to foster and support regional resilience and multi-agency working
- Delegate Tactical and Operational tasks to be delivered at an ICB level with nominated representatives via the Local Health Resilience Sub-Groups
- Notify the RHRP of work which will impact across multiple LHRP/ICB footprints and which should be coordinated and led by the Regional EPRR team, working collaboratively with ICB and provider EPRR leads
- Provide support to NHS England in ensuring that member organisations develop and maintain effective health planning arrangements for incidents and events.

Specifically, to ensure:

- That the plans reflect the strategic leadership referenced and thus will ensure robust service and local level response to emergencies
- Coordination between health organisations is included within the plans
- 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
- That the health sector is integrated into appropriate wider EPRR plans and structures of civil resilience partner organisations within the ICB

- That co-ordination and understanding between the LRF and local health providers is reviewed and continually improved, including arrangements to facilitate mutual aid between neighbouring LHRP's/LRF's where appropriate
- That arrangements (including trigger mechanisms for activation and escalation are in place for providing and maintaining health representation at any multi-agency meetings during actual or threatened emergencies (including representation at TCG's and SCG's)
- That there is a mechanism to ensure all local parties in EPRR keep the LHRP informed of any potential or actual incidents, so that planned handling, leadership and any escalation process can be followed effectively.

6.0 Membership

The LHRP, covering Humber and North Yorkshire, remains a Strategic Forum for local organisations to facilitate Health emergency preparedness and planning at an LRF level and will be jointly chaired by the ICB Accountable Emergency Officer and a nominated DPH from one of the Local Authorities in HNY.

In continuing the collaborative working in place prior to the formation of ICB's, the Humber and North Yorkshire LHRP will continue co-chairing agreements with a lead Director of Public Health. Given the health and care responsibilities of ICB's, attendance by an ADASS representative or lead Director of Adult Social Care in order to maintain the ICB Triumvirate for chairing arrangements will be encouraged.

The LHRP may decide to invite Subject Matter Experts (SME's) from within health, and from our multi-agency partners where they have a special interest in the agenda, have been invited to present to the group or are felt to be a partner who should be directly engaged in health resilience planning.

Members of the LHRP will comprise of Strategic Health Leaders from across the region, in the event that the designated representative is unable to attend the meeting the expectation is that any deputy must have:

- the authority to take decisions on behalf of their organisation
- the authority to approve plans and policies and
- the authority to commit resources on behalf of their organisations/systems

LHRP membership will be as follows:

- Integrated Care Board
 - Accountable Emergency Officer (chair)
 - EPRR Lead
- NHS England
 - Locality Director
 - Regional EPRR team (as required)
- Health Organisations
 - Accountable Emergency Officers of all health organisations
- Local Authorities

- Directors of Public Health
- Directors of Adult Social Care
- UKHSA (local health protection team)
- Ambulance Services
 - Head of EPRR from the relevant Ambulance Trust
- LRF Chair/Manager (optional)

7.0 Format & Frequency of meetings

The North East & Yorkshire LHRP's will meet, as a minimum, quarterly and align their meeting schedule with the Regional Health Resilience Partnership. Meeting structures can vary to meet the needs of the locality and will be directed by the Accountable Emergency Officer

All meetings will be formally documented, and minutes shared with all relevant health organisations within the LHRP area and will be brought to the LRF by the co-chairs. These minutes will be publicly available on request, subject to appropriate consideration of any restricted/sensitive items.

Any reports or items to be tabled must be submitted a minimum of ten working days prior to the next LHRP meeting and subsequent papers and minutes will be circulated to LHRP members a minimum of seven working days before the next meeting.

8.0 Quoracy

The quorum for the LHRP will be 70% of its membership and should be of balanced representation. Required attendees are:

- NHS Health Organisations: Accountable Emergency Officer or director level representative with delegated authority to authorise plans and commit resources on behalf of their organisation. Members should bear in mind that their AEO will need to attend at least 1 meeting in 12 months to be compliant with core standard 37.
- Ambulance trusts: Head of EPRR
- Local Authorities: Director of Public Health and Director of Adult Social Care
- UKHSA: member of the local health protection team.

Any other attendees not included in the above list will not count towards quoracy.

Chairmanship of this meeting should be between the ICB AEO and one of the Directors of Public Health within Humber and North Yorkshire.

9.0 Local Health Resilience Partnership Finance

LHRP meetings will be held within NHS or Public Health facilities. Costs associated with the meetings will be met by the hosting organisation. Additional costs for task and finish groups or identified pieces of work will be borne by the member organisations "where they fall" (i.e. there is no expectation for cross charging of organisations for time spent attending meetings, travel expenses or hosting meetings).

In the event a planned activity indicates a specific spending need, members will discuss and agree any expected costs and avenues of funding during the planning phase, and prior, to establishing a formal working group.

Appendix 3 – Regional Health Resilience Partnership Terms of Reference

Overview

The North East and Yorkshire (NEY) Regional Health Resilience Partnership (RHRP) is responsible for overseeing the health Emergency Preparedness, Resilience and Response (EPRR) arrangements across the NHS England NEY geographical footprint. The RHRP is a strategic forum which bring together the senior decision makers responsible for EPRR within our 4 ICB's and partner agencies to support the delivery of the NHS wide objectives for EPRR.

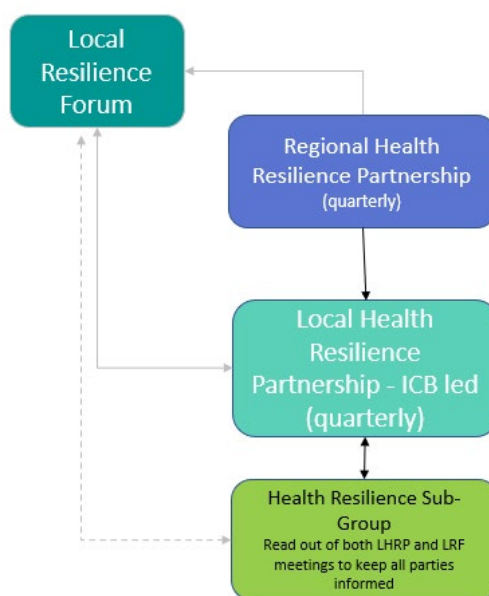
The RHRP serves a planning and preparedness function and does not have responsibility to respond to an emergency or incident. Unlike LRF's they have no collective role in the delivery of an emergency response. Within the partnership each organisation remains responsible and accountable for its effective response in line with its statutory duties and obligations.

Context

The North East & Yorkshire region has 4 separate Integrated Care Boards areas:

- Humber & North Yorkshire
- North Cumbria & North East
- South Yorkshire and
- West Yorkshire

Each ICB is required to have a Local Health Resilience Partnership which feeds up into the Regional Health Resilience Partnership:



Strategic Aim

“To ensure that the NHS within the North East & Yorkshire region is capable of responding to significant incidents or emergencies of any scale in a way that delivers optimum care and assistance to those affected, that minimises the consequential disruption to healthcare services and that brings about a speedy return to normal levels of functioning; it will do this by enhancing its capability to work as part of a multi-agency response across organisational boundaries”

Key objectives

The RHRP will provide strategic leadership on EPRR for the health leaders across our Integrated Care Boards and provide guidance on delivering their duties under the Civil Contingencies Act (CCA) 2004, National policy and Regional level guidance.

The RHRP will work with the ICB Strategic Leaders to:

- Deliver the Strategic aim and objectives as outlined in the NHS England North East & Yorkshire EPRR Policy
- Share situational awareness and a joint understanding of risk in regards to EPRR at National, Regional and Local levels
- Direct the EPRR Portfolio across the region and facilitate the production of sector-wide health plans to respond to emergencies which require regional coordination and to contribute to multi-agency emergency planning
- Provide a regional forum to assess and assure the ability of the health sector to respond in partnership to emergencies at an LRF level
- Provide a Strategic forum to raise and address concerns relating to health Emergency Preparedness, Resilience and Response (EPRR)
- Provide a Strategic forum for shared learning from events, exercises and incidents
- Delegate Tactical and Operational tasks to be delivered at an ICB level with nominated representatives from health organisations via the Local Health Resilience Sub-Groups
- Undertake tasks which will impact across multiple LHRP/ICB footprints to be coordinated and led by the Regional EPRR team, working collaboratively with ICB and provider EPRR leads

Membership

The North East & Yorkshire Regional Health Resilience Partnership will be chaired by the Regional Head of EPRR has the delegated accountability and authority for delivery of the regional EPRR portfolio on behalf of the NHS England Board.

The RHRP members will have a core membership, which represents the wider spectrum of NHS health, Public Health & Social Care.

Additionally the RHRP may decide to invite Subject Matter Experts (SME's) from within health, and from our multi-agency partners where they have a special interest in the agenda, have been invited to present to the group or are felt to be a partner who should be directly engaged in health resilience planning.

Members of the RHRP will comprise of Strategic Health Leaders from across the region, in the event that the designated representative is unable to attend the meeting the expectation is that any deputy must have:

- the authority to take decisions on behalf of their organisation
- the authority to approve plans and policies and
- the authority to commit resources on behalf of their organisations/systems

The RHRP membership will be as follows:

- NHS England:
 - Regional Deputy Director of EPRR & System Resilience (chair)
 - Regional Heads of EPRR
- Partner organisations:
 - OHID Regional Director
 - UKHSA Regional Director(s)
- ICB Accountable Emergency Officers (AEO)
 - Humber & North Yorkshire
 - North Cumbria & North East
 - South Yorkshire
 - West Yorkshire
- Ambulance Services Accountable Emergency Officer:

- North East Ambulance Service
- Yorkshire Ambulance Service
- East Midlands Ambulance Service – Primarily represented in Midlands
- Association of Directors of Adult Social Services

Format & Frequency of meetings

The North East & Yorkshire RHRP will meet as a minimum, quarterly. These meetings will take place virtually via Teams, with an annual face to face session once per year to undertake a formal governance review and complete the EPRR Annual Assurance Process.

All meetings will be formally documented, and minutes shared with members and appear as an agenda item on each of the four Local Health Resilience Partnerships. These minutes will be publicly available on request, subject to appropriate consideration of any restricted/sensitive items.

Any reports or items to be tabled must be submitted a minimum of ten working days prior to the next RHRP meeting and subsequent papers and minutes will be circulated to RHRP members a minimum of seven working days before the next meeting.

Regional Health Resilience Partnership Finance

RHRP meetings will be held virtually or within NHS or partner facilities, with any costs associated with the meetings met by the hosting organisation.

Additional costs work allocated to Local Health Resilience Partnerships and/or Local Health Resilience Sub Groups will be borne by the member organisations “where they fall” (i.e. there is no expectation for cross charging of organisations for time spent attending meetings, travel expenses or hosting meetings).

In the event a planned activity indicates a specific spending need, members will discuss and agree any expected costs and avenues of funding during the planning phase, and prior, to establishing a formal working group.

Appendix 4 – Local Resilience Forum & Health Resilience Partnership Engagement

