

**The Frimley Clinical Commissioning Group (CCG) Emergency
Preparedness and Resilience and Response (EPRR) Policy
April 2021**

Policy number	CORP14
Version	5
Approved by	Governing Body
Document Author	Managing Director of Bracknell Forest and Executive Lead for Urgent and Emergency Care – Fiona Slevin-Brown
Date of approval	12.10.21
Next due for review	12.10.24

Version control sheet

Document Control	
Version:	5.0
Ratified by:	Internal Resilience Group
Date Originally Ratified:	August 2017
Name of Originator/Author:	EPRR Director
Name of Responsible Individual:	Accountable Emergency Officer
Date Updated	March 2021
Review Date:	June 2021
Target Audience	All Frimley CCG staff

Version Control and Amendments	Date	Author
Updates in terminology for the Frimley CCG (throughout the document)	March 2021	Gail King
1.1 Addition of Coordination in conjunction with Command and Control	December 2020	
Change of terminology to the EPRR Director role (throughout the document)		
1.2 Update of key dates for National guidance documents		
2.1 Role of collaborated CCGs as Category Two Responders		
3.1 No includes Major/Critical Incidents		
4.3 Primary Care Networks added		
6.0 Aim and Objectives updated		
7.0 Link to the HIOW & TV LRF Information Sharing Protocol added		
7.1 New paragraph on Resilience Direct added		
8.0 All updated		
8.5 Links to the new National Security Risk Assessment added		
8.14 Links made the to changes in the National Threat Level		
9.2, 9.3 and 9.4 text updated		
10.1-10.5 definition of roles updated		
10.7 link made to the SE Regional Communications Team		
11.1 Updated to include Microsoft Teams and Resilience Direct		
12.0 Addition of the Joint Decision-Making Model		
14.10 & 14.11 Definitions updated		

Equality Statement

Frimley Clinical Commissioning Group (CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Throughout the development of the policies and processes cited in this document, the CCG has:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who have shared a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing those services are provided in an integrated way where this might reduce health inequalities.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

The CCG embraces the four staff pledges in the NHS Constitution. This policy is consistent with these pledges. Please see the Equality Impact Assessment Checklist in Appendix J.

Contents

Section		Page
1	Introduction	3
2	What is EPRR?	5
3	Policy Statement	6
4	Scope of the Policy	6
5	Purpose of the Policy	6
6	Aim and Objectives of the Policy	7
7	Information Sharing	7
8	Supporting Framework	8-9
9	Command, Control and Coordination	10
10	Duties / Organisational Structure	10
11	Raising awareness / Implementation / Training	12
12	The National Decision-Making Model	13
13	Monitoring Compliance of the Policy	13-14
14	Definitions	15-16

National EPRR Core Standards relevant to the EPRR Policy

Domain 2 Governance	Ref 2
---------------------	-------

Emergency Preparedness Resilience and Response (EPRR) Policy

1.0 INTRODUCTION

- 1.1** The Frimley Clinical Commissioning Group is classified as Category 2 Responder by the Civil Contingencies Act 2004. As a consequence, all Clinical Commissioning Groups (CCG's) are required to put in place Emergency Plans which enable an effective response to a Major Incident or Emergency, mitigating their effects and ensuring that critical services are maintained. The CCG's response, irrespective of the nature of Incident, should be one that is proportionate, coordinated with partner agencies and which is managed through an effective Command, Control and Coordination structure.

This document now brings together the former three CCGs to form a Frimley CCG EPRR Policy

- 1.2** The requirement to undertake Emergency Preparedness, Resilience and Response (EPRR) activity is mandated for NHS Service Providers by:
- The Civil Contingencies Act 2004
 - Health and Social Care Act 2012
 - NHS Act 2006
 - NHS England EPRR Framework (2015)
 - The Annual NHS England Core Standards
 - NHS Standard Contract
- 1.3** Failure to comply with the requirements set out within the Legislation, Guidance and the NHS contract may expose the CCG's to reputational and financial risk. Ultimately a failure to comply with the provisions set out within the Civil Contingencies Act, may lead to legal action being taken against the Frimley CCG.
- 1.4** EPRR activity with the Frimley CCG is the responsibility of the Accountable Emergency Officer (AEO) with the development of plans and processes being undertaken by the EPRR Director. Governance and oversight of arrangements are to be provided through the CCG Internal Resilience Group.
- 1.5** The Frimley CCG is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

2.0 WHAT IS EMERGENCY PREAREDNESS RESILIENCE AND RESPONSE?

The NHS needs to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

Category 2 Responders such as CCG's, must show they can deal with such incidents, this programme of work is referred to in the health community as **Emergency, Preparedness, Resilience and Response (EPRR)**.

NHS funded organisations must also be able to maintain continuous levels in key services to patients when faced with unplanned disruption from identified local risks such as severe weather, fuel shortages, IT failure, supply shortages or industrial action. This is known as **Business Continuity Management (BCM)**.

2.1 Legislative Framework

The key current Legislation and Guidance that applies to Emergency Planning, Response and Resilience (EPRR) includes:

- The Civil Contingencies Act (2004) and related guidance:
 - a) Emergency Preparedness – Statutory Guidance to the CCA 2004
 - b) Emergency Response and Recovery – Non statutory guidance accompanying the CCA 2004

The Civil Contingencies Act sets out the key legislative framework for Emergency Planning in the UK identifying core (Category 1) and supportive Organisations (Category 2). The Act places 7 Civil Protection Duties on Category 1 responders which form a cycle - Risk Management, - Emergency Planning including Business Continuity Management, - Warning and Informing the Public, Cooperation and Sharing Information.

Category 2 Responders are required to cooperate with Category 1 Responders and share information. Collaborated CCGs are currently Category 2 Responders. However, during the Covid-19 response the Integrated Care Systems (ICSs) which the CCGs are part of, have been working as a Category 1 Responder.

- The Health and Social Care Act (2012), The Health Protection (Local Authority Powers) Regulations 2010 and associated guidance:
 - a) The NHS England Emergency Preparedness Framework 2015
 - b) Care Quality Commission (Registration) Regulations 2017
 - c) UK Influenza Pandemic Preparedness Strategy 2011

The Health and Social Care Act 2012 brought about significant reorganisation of NHS and aimed to put clinicians into key leadership roles.

The Act requires NHS organisations to have procedures in place for dealing with emergencies: to work in co-operation with others to ensure appropriate co-ordination of emergency procedures. Guidance includes plans for specific Health and Social emergencies.

3.0 POLICY STATEMENT

3.1 The Frimley CCG will comply with its current legal and contractual responsibilities as a Category 2 Responder in respect of Emergency Preparedness Resilience and Response.

We will do this by:

- Our active membership and engagement with the Local Health Resilience Partnerships
- Our active membership and engagement with Local Resilience Forums
- Supporting the response and recovery phases of any Major/Critical or Business Continuity Incidents
- Supporting and taking part in appropriate EPRR exercises organised at national, regional and local level
- Undertaking our duty to support NHS England and NHS Improvement in any response to a Major/Critical/Business Continuity Incident. The Manager on Call is responsible for the management of surge capacity and to decant operations as a consequence of any incident and working with all its providers
- Internal oversight by the Frimley CCG Internal Resilience Group

4.0 SCOPE OF THE POLICY

- 4.1** This EPRR Policy applies to the Frimley CCG and is applicable to all staff. It provides the underpinning rationale for the development of the ICS (Place) Plans supporting EPRR.
- 4.2** All staff have a duty to be fully aware of the nature and scope of their role and responsibilities with regards to this document and any associated plans (Frimley CCG Incident Response Plan), policies and procedures.
- 4.3** The Primary Care Networks are required to maintain their own EPRR and Business Continuity Plans and processes under their contractual arrangements.

5.0 PURPOSE OF THE EPRR POLICY

The purpose of this EPRR policy is to:

- Set out the requirement for the Frimley CCG to develop plans and procedures in relation to EPRR;
- Mandate that the Frimley CCG will comply with governing legislation, guidance and identified best practice;
- Ensure plans will be developed on a risk-based approach in consultation with key stakeholders and all relevant risk registers;

- Ensure EPRR arrangements will be supported by a training and exercise programme to embed the process and the overall EPRR functions;
- Ensure oversight of EPRR will be undertaken by the Accountable Emergency Officer, EPRR Director and the CCG Internal Resilience Group

6.0 AIM AND OBJECTIVES OF THE POLICY

Aim:

To direct EPRR activity within the Frimley CCG ensuring effective arrangements are in place to deliver appropriate and safe care to patients during an emergency or incident (as defined by CCA 2004). Also, to ensure plans are in place for the Business Continuity Management of services provided by the Frimley CCG and its key suppliers and contractors.

Objectives:

- Undertake EPRR activity in compliance with statutory requirements;
- To develop flexible arrangements for responding to emergencies and incidents, which are scalable and adaptable to suit a wide range of generic and specific scenarios;
- Ensure training and exercising of plans and procedures takes place to promote and embed EPRR arrangements within the Frimley CCG;
- To ensure that the Frimley CCG has adequate plans to prepare for, respond to and recover from Major Incidents;
- To ensure that the Frimley CCG has assurance that local NHS funded Health Services and the Local Health System has adequate plans to prepare for, respond to and recover from Major Incidents.

7.0 INFORMATION SHARING

Under the CCA 2004, responders have a duty to share information with partner organisations. This is seen as a crucial element of civil protection work, underpinning all forms of cooperation.

Relevant information must also be shared with partner organisations. Working collaboratively will improve organisational cohesion and ensure patients and the public are safeguarded during an incident.

The Frimley CCG will work within the Hampshire & Isle of Wight and the Thames Valley LRF Information Sharing Protocol 2020.

7.1.1 Resilience Direct (RD) has been running since its inception in 2014, it is hosted and maintained by the Cabinet Office.

RD is the method of storing and sharing information across multi-agencies – both Category 1 and Category 2, along with other organisations, whether private or voluntary. It is security cleared to 'Official – Sensitive and therefore the security of the site is constantly monitored by the security services. All key documents from the

Frimley CCG and the Frimley ICS will be stored here including this EPRR Policy.

8.0 SUPPORTING FRAMEWORK

- 8.1** The EPRR Policy and supporting framework set out the basis upon which the Frimley CCG EPRR work streams will be undertaken. The Frimley CCG plans will be developed in accordance with legislation, guidance, identified good practice and lessons identified.
- 8.2** The Frimley CCG will appoint an Accountable Emergency Officer in accordance with the requirements of the Health and Social Care Act 2012.
- 8.3** The Frimley CCG will appoint a designated post holder(s) to undertake EPRR and Business Continuity Management (BCM) activity with an appropriate level of budget and resource.
- 8.4** The Frimley CCG Internal Resilience Group, formed of key internal stakeholders, will provide the CCG Audit Committee on behalf of the Board and where appropriate, Frimley ICS Urgent and Emergency Care Board with additional assurance of the arrangements for EPRR; incorporating the remit of Business Continuity Management. This group will be chaired by the Accountable Emergency Officer or the EPRR lay member operating under its agreed Terms of Reference.
- 8.5** A risk assessment process will be undertaken in relation to perceived hazards and risks. This will take account of incidents which may potentially impact upon the Frimley CCG's ability to deliver its core functions and its ability to maintain patient care. The risk assessment process will take account of those risks identified within the National Security Risk Assessment (NSRA), the LRF Community Risk Register and the LHRPs Risk Registers

Our EPRR Risk Framework will be recorded within a single risk system for the Frimley CCG.

This will be tabled for review at the Internal Resilience Group on a quarterly basis.

- 8.6** Plans both generic and specific will be developed in consultation with key stakeholders and both internal and external partners (where appropriate). Engagement with stakeholders forms part of the Frimley CCG mitigation of risk, ensuring clarity of roles and responsibilities and identifying key actions that need to be considered.

The Annual EPRR Work Plan is informed by lessons identified from:

- Incidents and Exercises
- Identified Risks
- Outcomes from the annual EPRR Assurance Process

- 8.7** Plans will be appropriately distributed in accordance with their associated security classification. Wherever possible these will be available on Resilience Direct, Microsoft Teams folders and the intranet.
- 8.8** The Frimley CCG will develop and maintain a robust Command, Control and Coordination structure adhering to the recognised Gold (Strategic) Silver (Tactical) and Bronze (Operational) structure providing 24/7 capability.
- 8.9** Plans and supporting structures will be scalable so as to provide a proportionate response to an emergency or incident responding dynamically based on available intelligence.
- 8.10** The Frimley CCG will actively engage with multi-agency partners through the LRFs and the LHRPs to support the development of joint plans and capabilities and through the participation in exercises.
- 8.11** A log will be maintained by the EPRR Team to record the activation or exercising of plans and capabilities to demonstrate activity undertaken in support of EPRR and the associated assurance process.
- 8.12** The delivery of EPRR training either generic or plan specific, will similarly be recorded on a training tracker support the assurance process.
- 8.13** Following an incident activation or exercise, a debrief will be conducted by EPRR Director to identify any areas for improvement or areas of good practice. The learning identified will inform the development of other plans and where appropriate will be shared with health and multi-agency partners.
- 8.14** All plans will be the subject of regular review. This process will be triggered by:
- The individual plan review dates. A log of all planned reviews will be maintained by the EPRR Director and overseen by the Frimley CCG Internal Resilience Group.
 - Any identified changes to National Threat Level, identified risk or any other significant change which affects how a plan will operate.
 - Following activation of an incident or an exercise, to incorporate identified learning and good practice.
- 8.15** Plans and procedures will have a version control and amendment process. All changes to EPRR plans and procedures will be subject of scrutiny and approval by the appropriate forums
- 8.16** All EPRR plans and procedures including Business Continuity Plans will take into account of any changes in the organisations functions and / or organisational, structural and staff changes.
- 8.17** Plans will take into account any updates to internal risk assessments, external community risks and any changes in the NSRA.

8.18 An expectation that a Lessons Identified Tracker is produced and added to, following exercises, any incident and have a corrective plan put into place where necessary.

8.19 The Frimley CCG will work with all health partners, multi-agency partners and the NHS England and NHS Improvement South East EPRR Team as part of the planning, response and the wider assurance processes.

9.0 COMMAND, CONTROL AND COORDINATION

9.1 The Frimley CCG single point of contact for receiving notification of a Major/Critical Incident or Business Continuity Incident is designated as the Manager on Call. Escalation of a notification will be to an Executive Managing Director (AEO) and Accountable Officer.

9.2 Where an incident requires a defined management response, the Frimley CCG will activate the Incident Coordination Centre (ICC). The ICC will operate for as long as required to deal with the incident including management of the recovery process.

9.3 The Manual of Operations Plan details clearly the process for opening the ICC including the specific associated plans and action cards for key roles located within the ICC which detail how to manage the incident.

9.4 The ICC will be responsible for coordinating all responses from the health providers in relation to situational reports (SITREPS) as well as approving decisions and assisting with mutual aid requests.

9.5 There are dedicated rooms and telephone lines for the ICC and a single point of contact email account nehfccg.frimley-ics-systemresilience@nhs.net for the exclusive use of the ICC.

9.6 Reporting will follow the normal chain of command. Upwards to NHS England and Improvement and downwards to the provider organisations. Reporting to the LRFs will also be done within normal reporting arrangements.

10.0 DUTIES / ORGANISATIONAL STRUCTURE

10.1 Accountable Officer: Has ultimate accountability for activities of the Frimley CCG and is the overall lead for Emergency Preparedness. Chief Executives of organisations commissioning or providing care on behalf of the NHS will designate the responsibility for EPRR as a core part of the organisations governance and its operational delivery programmes. Chief Executives will be able to delegate this responsibility to a named director, the AEO.

10.2 Accountable Emergency Officer:

Chief executives of organisations commissioning, or providing care, on behalf of the NHS are responsible for the identification of an Accountable Emergency Officer who is the board-level director responsible for EPRR and who will have executive authority and responsibility for ensuring the organisation complies with legal and policy requirements. They should be a highly visible, senior and

authoritative individual who provides assurance to the board that strategies, systems, training, policies and procedures are in place to ensure an appropriate response from the Providers in the event of a major incident or civil contingency event.

- 10.3 The Board Lay member for EPRR:** The AEO will be supported by a non-executive director or other appropriate Board member to endorse assurance to the Board that the organisation is meeting its obligations with respect to EPRR and relevant statutory duties under the CCA 2004 and the NHS Act 2006 (as amended). This will include assurance that the organisation has allocated sufficient experienced and qualified resource to meet these requirements.

The Frimley CCG Board: Has a responsibility for signing off the CCG EPRR Annual Assurance Return and for holding the AEO to account for compliance to ensure the Frimley CCG is meeting its statutory duties in respect of EPRR

- 10.4 Managing Director/s:** Have responsibility for contributing to the development of the Frimley CCG EPRR plans and procedures and for ensuring the implementation of those plans and any associated/linked plans, to ensure the safety and wellbeing of patients and staff. They are responsible for management of any incident at Gold (Strategic) level.

- 10.5 On Call Managers:** Are responsible for the management of any incident at Silver (Tactical) level as the Incident Manager.

- 10.6 Heads of Department:** Have a day-to-day Bronze (Operational) responsibility for managing incidents and Business Continuity issues within the Frimley CCG. In the event of plans being activated, will act as Interim Tactical Commanders (Silver Command) until the Manager on Call is on site or has formally taken command of the incident, they will then take the role of Bronze Commander. All requirements for departmental escalation and requests for plan activation must be routed through the chain of command.

- 10.7 Communications Team:** The Communications Team is responsible for cascading key information to the public, internal staff, LRFs and LHRP partners in a variety of forms and for being present at key meetings. The Communications Team is the single point of contact between the Frimley CCGs and the press/media and as such has a key role as members of the Gold/Silver/Bronze Teams.

They must liaise at all times with the South East NHS England and NHS Improvement Communications Team.

- 10.8 All Staff:** Have a duty to be familiar with this EPRR Policy and its associated documents.

11.0 RAISING AWARENESS / IMPLEMENTATION / TRAINING

- 11.1** Copies of this Policy will be held electronically on the shared drive, on the Frimley CCG Resilience Direct pages and within the Micro Soft Teams generic folders. It will be available for staff to access. The EPRR Director will additionally hold a paper copy of the document in the System Resilience Office.
- 11.2** This Policy underpins EPRR within the Frimley CCG and will be used by the EPRR Team to develop generic and specific associated plans.
- 11.3** External trainers / EPRR Team will deliver generic and specific training in relation to EPRR where necessary this will be based upon Training Needs Analysis and will support individuals Continuing Professional Development. Other training will be accessed for any On Call participant as required.
- 11.4** All plans developed as a result of this Policy will detail any specific Training and Exercising requirements associated with their implementation.
- 11.5** The CCG's response to Major/Critical/Business Continuity Incidents will be exercised according to the requirements of current Government legislation and Government approved guidance. In addition, the EPRR Work Plan will include the planned exercise programme for the coming year. Exercises that are mandated for inclusion on the plan include the following:
- Communication Exercise, every 6 months (minimum)
 - Tabletop Exercise, every 12 months (minimum)
 - A "Live" Exercise every 3 years (minimum)

The attendees / participants will share information on lessons identified from the training, exercising, emergencies or Incidents with the EPRR Director and the Accountable Emergency officer if appropriate in order to share with the wider NHS and multi-agency partners through the LHRPs and LRFs.

12.0 THE NATIONAL DECISION-MAKING MODEL

To support the response processes, the Frimley CCG will use the Joint Emergency Services Interoperability Programme (JESIP) Decision Making Model: **The Joint Decision Model (JDM)**

The model would be applied when agreeing a strategy to ensure an effective, coordinated response.

As the JDM is a continuous cycle, it is essential that the results of those actions are fed back into the first box – gather and share information and intelligence



13.0 MONITORING COMPLIANCE OF THE POLICY

- 13.1 The CCG Internal Resilience Group will monitor compliance with this Policy and will meet on a planned monthly / quarterly basis to oversee the development and implementation of EPRR on behalf of the Frimley CCG
- 13.2 Compliance will be assessed against NHS England and NHS Improvement EPRR Core Standards and the associated assurance process along with the EPRR Work Plan, both of which are standing agenda Items at the Internal Resilience Group meetings.
- 13.3 The Accountable Emergency Officer will provide assurance to the CCG Board via the EPRR annual assurance return. This return will be signed off by the Board.

13.4 External monitoring of compliance will be undertaken by NHS England and NHS Improvement through the EPRR annual assurance process and assessment grading (Non-Compliant to Fully Compliant) and in respect of other specific areas on an as required basis.

13.5 Overall Monitoring

Area for Monitoring	How	Who by	Reported to	Frequency
Adherence of compliance to the EPRR Core Standards Guidance issued by NHSE/I annually	Review and monitor EPRR Guidance	EPRR Director	Internal Resilience Group	As required
Compliance of the Frimley CCG with Core Standards for EPRR	Written report Reported in Annual Report	Accountable Emergency Officer	CCG Board	Annually
Production and Revision of EPRR plans and procedures as required by EPRR Core Standards	Plans and procedures to be sent to appropriate staff and presented to relevant committees for approval Written updates to report upon progress presented to the Internal Resilience Group	EPRR Director	Internal Resilience Group	As required Monthly / Quarterly
Ensure Organisational Risk Assessments and Risk Registers are informed by the NSRA and the LRF Community Risk Registers		EPRR Director	Internal Resilience Group	Frimley CCG Risk Register is approved annually but reviewed when required at the Internal Resilience Group

14.0 DEFINITIONS

14.1 Emergency Preparedness: The extent to which emergency planning enables the effective and efficient prevention, reduction, control, mitigation of and response to emergencies.

14.2 Resilience: Ability of the community, services, area or infrastructure to detect, prevent and if necessary, to withstand, handle and recover from disruptive challenges.

14.3 Response: Decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by Emergency Responders.

14.4 Emergency: Defined under Section 1 of the Civil Contingencies Act 2004 as:

- (a) An event or situation which threatens serious damage to human welfare in a place in the United Kingdom.
- (b) An event or situation which threatens serious damage to the environment of a place in the United Kingdom.
- (c) War, or Terrorism, which threatens serious damage to the security of the United Kingdom.

14.5 Incident: For the NHS, incidents are classes as either a:

- Major Incident
- Business Continuity Incident
- Critical Incident

Each type of Incident will impact upon service delivery, requires the implementation of contingency plans and has the potential to undermine public confidence.

14.5.1 Major Incident¹: An event or situation, with a range of serious consequences, which requires special arrangements to be implemented by one or more emergency responder agency.

14.5.2 Business Continuity Incident: An event or occurrence which disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level. This could include a surge in demand that requires the temporary re-deployment of resources.

14.5.3 Critical Incident: Any localised Incident where the level of disruption results in the organisation temporarily or permanently

¹ NHS England revised definition July 2016

losing its ability to deliver critical services, patients may have been harmed or the environment is not safe – requiring special measures and support from other agencies, to restore normal operating functions.

- 14.6 Command:** This is the exercise of vested authority that is associated with a role or rank within an organisation, to give direction in order to achieve defined objectives. It is also the authority and capability of an organisation to direct the actions of its own personnel and the use of its equipment.
- 14.7 Control and Coordination:** This is the application of authority, combined with the capability to manage resources, in order to achieve defined objectives.
- 14.8 Multi-agency:** involving cooperation between several organisations. In Emergency Preparedness, Resilience and Response, the main agencies are Police, Fire, Ambulance and Local Authorities.
- 14.9 EPRR:** Collective name given to Emergency Preparedness Resilience and Response, which is the NHS England and NHS Improvement method of undertaking Emergency Preparedness and Response in the UK.
- 14.10 Local Resilience Forum (LRF):** A multi-agency forum formed in a Police geographical area of the United Kingdom made up of emergency responders from all health and multi-agency partners and other specific supporting agencies. They are a requirement laid down in the Civil Contingencies Act 2004.
- 14.11 Local Health Resilience Partnership (LHRP):**
- Local Health Resilience Partnerships (LHRP) provide a strategic forum for local organisations within health and social care to facilitate health sector Emergency Preparedness, Resilience and Response (EPRR) activities at Local Resilience Forum (LRF) level. Health and Social Care being comprised of commissioners, providers and Social Care services.