



The Association of Directors of Public Health Consultation Response

Civil Contingencies Act 2004

Objectives and Scope

The [Civil Contingencies Act \(CCA\) 2004](#) provides a legislative framework for emergency preparedness in the UK. It establishes a clear set of roles and responsibilities for those involved in emergency preparation and response at the local level, as well as providing emergency powers which can be used by UK Government as a last resort to make emergency regulations to help deal with the most serious of emergencies.

The Government is consulting as part of the Post-Implementation Review 2027 of the Civil Contingencies Act 2004. [This consultation](#) will inform the review of the CCA 2004 and the Regulations and provide a vehicle for gathering qualitative and quantitative evidence from a wide range of stakeholders who make up the UK's resilience system.

About ADPH

ADPH is the representative body for Directors of Public Health (DsPH), and is a collaborative organisation, working in partnership with others to strengthen the voice for public health, with a heritage which dates back over 160 years. We also work closely with a range of Government departments, including [DHSC](#) and [UKHSA](#), as well as the four CMOs, NHS, devolved administrations, local authorities and national [organisations](#) across all sectors to minimise the use of resources as well as maximise our voice.

ADPH aims to improve and protect the health of the population by:

- Representing the views of DsPH on public health policy.
- Advising on public health policy and legislation at a local, regional, national and international level.
- Providing a support network for DsPH to share ideas and good practice.
- Identifying and providing professional development opportunities for DsPH.

ADPH response

Section 3: Resilience structures

This section invites views on whether current resilience structures arising from the CCA 2004 and the Regulations remain fit for purpose and explores how they could evolve to enable a whole-of-society approach to resilience in future.

Local Resilience Forums in England and Wales

Local Resilience Forums (LRFs) in England and Wales are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, and others. These organisations are known as Category 1 responders, as defined by the CCA 2004. LRFs are supported by organisations, known as Category 2 responders, including utilities, transport operators and certain health bodies.

LRFs are not a legal entity and do not have powers to direct their members. They operate a partnership model under the CCA 2004, which places a collective duty on Category 1 and Category 2 responders to co-operate and support multi-agency co-operation across the full resilience cycle of preparation, response and recovery.

1. Are LRFs and Strategic Co-ordinating Groups (SCGs)/Tactical Co-ordinating Groups (TCGs)/Recovery Co-ordinating Groups (RCGs) working effectively to deliver multi-agency preparedness, response and recovery?

- Yes
- **Somewhat**
- No

Please explain your answer, providing detail on the barriers to effective delivery and evidence where possible.

- These groups are good co-ordinating mechanisms for rapid onset acute emergencies, that require a blue light response and also have an important role overseeing recovery.
- Because LRFs are not legal entities or formal organisations, their efficacy can be variable. The strength of LRFs is determined by the strength and quality of its constituent organisations, how well they work together to plan for and respond to emergencies, and the quality of the LRF support infrastructure that enables this partnership to run effectively.
 - For example, there is variability in how LRFs coordinate preparedness and response to health focused or health related emergencies, eg complex outbreaks such as recent meningococcal clusters.
- There is a lack of consistency in what roles and responsibilities LRF deliver through the LRF infrastructure, and what is delivered on behalf of the LRF by partner organisations (eg producing LRF plans). Local emergency planning teams have variable capacity, and clarity is needed on what a 'core' LRF product is and who is responsible for producing this.

2. How appropriate is the current funding and partner contributions model to support LRF activity?

- very appropriate
- appropriate
- neither appropriate or inappropriate
- **inappropriate**
- very inappropriate

Please explain your answer, providing evidence where possible.

- Whilst some areas have successfully implemented joint funding arrangements, this is not universal. National Category 1 responders will be represented on multiple LRFs and in some areas, it has been challenging to agree funding arrangements at LRFs for these organisations.
- The model of funding varies greatly across geographies, meaning it is difficult to compare areas.
 - For example, some LRFs coordinate a lot of activity where they are funded to do so, while in other areas, partners undertake the activity on behalf of members within a defined geography (which is sometimes on a regional footprint).
 - This is particularly challenging for organisations that work across LRF boundaries and are required to contribute in different ways, in different areas, such as through funding or action on behalf of an LRF.
- Budget pressures across the public sector also mean that LRF budgets are becoming increasingly limited.
- A national funding model, that supports core LRF infrastructure costs should be agreed, with a core set of responsibilities that this should cover (for example secretariat support, out of hours capability, and training).

Strengthening the Local Resilience System in England and in Wales

LRFs in England and Wales play an important role in supporting multi-agency co-ordination. However, there are recognised challenges within the current model. LRFs were established in 2004, primarily to support preparedness for, and response to, localised, short-term incidents. The risk landscape has since evolved, with increasing frequency of complex, prolonged and cross boundary challenges.

This sub-section seeks views on potential options to strengthen the local resilience system, to ensure they remain effective in preparing for and responding to a complex and evolving risk environment.

3. What difference would putting LRFs on a statutory footing have on co-operation and multi-agency preparedness? Please explain your answer, providing evidence where possible (max 250 words).

- Currently, LRFs use police boundaries as their geographical footprint. However, Category 1 responders are bound by their statutory duty to plan and respond, so there needs to be local agreement on whether this is the best footprint on which to discharge health emergency planning and response responsibilities.
- Putting LRFs on a statutory footing could potentially benefit areas requiring investment in infrastructure, but this needs further exploration.
 - For example, where investment in infrastructure is required to address risks such as flooding or heatwaves, placing LRFs on a statutory footing could ensure necessary actions are taken by partners who are not category 1 responders.
- Putting LRFs on a statutory footing could have a positive impact, increasing their prominence and reinforcing their role and influence across partner organisations, especially in governance and ways of working including funding.
- It will also be important to consider the role of Strategic Authorities (SAs) alongside existing agencies.

4. What are the implications of current LRF geographical boundaries for supporting multi-agency preparedness, response and recovery? Please explain your answer, providing evidence where possible (max 250 words).

- The current LRF boundaries on police footprints work well for blue light led incidents, but as health boundaries change and SAs develop, increasingly the LRF footprints will be a challenge for multiagency preparedness, response, and recovery.
 - For example, Somerset's NHS cluster covers two LRFs in totality and one partially.
- A regional footprint may work better for health oversight of planning, response, and recovery. However, this is not without complications, as areas at the edge of a region may need to work with organisations or services based in another region, complicating relationships and coordination.
 - NHS restructuring is a particular concern as NHS organisations increasingly operate across footprints that do not align neatly with individual LRFs.
- Local Health Resilience Partnerships (LHRPs) sometimes collaborate with providers to undertake planning and response responsibilities in some local areas when responding to complex incidents requiring a multi-agency response. However, it would be beneficial to clarify and agree the role of LHRPs relating to LRFs.
 - DsPH play an essential assurance role as part of their statutory duty to protect the health of their local populations. DsPH test this by engaging with LHRPs and LRFs, and may be trained to support major responses, acting as strategic or tactical advisers, or through Scientific and Technical Advice Cells (STACs).
- There can be challenges with devolved nation boundaries. For example, a chemical leak into a river in a devolved nation that is a tributary of a larger river that is the boundary between the devolved nation and England.
- Further work is needed in this area, and there must be clear national protocols regarding information sharing and communications flow and cross boundary working, roles and responsibilities.

5. What functions currently being delivered by individual LRFs could benefit from being delivered at a national or regional scale with co-operating LRFs? Please explain your answer, providing evidence where possible (max 250 words).

- Health focused planning, response, and recovery co-ordination would benefit from being delivered at a regional level with, for example, incidents with high likelihood of regional involvement and mutual aid, such as mass casualty or mass fatality incidents.
- National delivery would benefit incidents such as pandemics, providing a larger geographical planning footprint.

6. What resources would be required to support the further professionalisation of the LRF workforce (e.g., minimum staffing, competency frameworks, training/exercising requirements, career pathways, shared services)? Please explain your answer, providing evidence where possible (max 250 words).

- Professionalising the LRF workforce requires investment in dedicated capacity, nationally consistent skills, and clear career pathways.
- Every LRF should have a minimum funded core team, including a Chief Resilience Officer and specialist resilience staff, reducing reliance on part-time arrangements and improving accountability and preparedness.
- A national competency framework, based on the [National Occupational Standards for Resilience and Emergencies](#), should underpin recruitment, training, appraisal, and progression, ensuring a consistent standard across all responders.
- Mandatory continual professional development, accredited training, and regular multi-agency exercising should become the norm, aligned to the [National Resilience Standards for Local Resilience Forums](#).
- Resilience should be established as a recognised profession, supported by apprenticeships, professional accreditation and leadership pathways, alongside greater use of shared services and regional hubs to provide specialist expertise and improve value for money.
- These measures together would create a more skilled, resilient, and sustainable workforce, better equipped to meet the growing complexity of modern risks and emergencies.
- Consideration also needs to be given to health protection skills and training for example in relation to outbreak management and response and how this is maintained and accessed by local DsPH and their teams at the appropriate level and in collaboration with UKHSA.
- As local system leaders, DsPH and professionally trained public health staff may have a tactical or strategic role around the leadership of/response to health-related emergencies at local or LRF level. It is important that professional competency is developed or maintained through appropriate training.

Strategic Authorities and Mayors in England

The [English Devolution and Community Empowerment Act 2026](#) introduces new measures to expand devolution and empower Mayors and local communities. It represents a significant step in local government reform and stronger place-based leadership. By giving Mayors a more consistent set of functions, the English Devolution and Community Empowerment Act 2026 strengthens their role as visible, democratically accountable leaders with the authority to drive change – and to support more resilient places, where local public services are better prepared to respond to and recover from significant emergencies.

Currently, the roles and responsibilities of SAs and Mayors in local resilience have not been defined in either legislation or accompanying guidance. In the [UK Government Resilience Action Plan](#), the UK Government committed to clarify and enhance the role of SAs, and Mayors, in local resilience, including through guidance and legislation as required, with the aim of putting a more resilient and accountable system in place.

- 7. If SAs were given a more defined role as a responder within the local resilience system, what should their core responsibilities be? Please explain your answer, providing evidence where possible (max 250 words).**

- Providing SAs with a defined role within the resilience system would duplicate and compete with the responsibilities of category 1 responders, and the assurance role of DsPH and RDsPH in protecting the health of their local populations.
- SAs should therefore have a convening role.
 - Mayors have a direct line to the Ministry of Housing, Communities, and Local Government, and its SoS, which could be beneficial.
- If they were to be a responder, there would be a need to clarify SAs' responsibility in resource deployment within the Authority area and role in C3 arrangements within local arrangements. This would be particularly critical where geographies of SAs do not align with LRF.

8. How might directly elected Mayors of SAs provide visible leadership and accountability for resilience or emergency preparedness, response and recovery in their area? Please explain your answer, including consideration of the powers, levers or formal mechanisms they would need to discharge that accountability effectively (max 250 words).

- The creation of more SAs presents a big opportunity for Mayors, who have a high-profile platform and a wide reach and influence, to provide visible, regional leadership.
- Holding providers, not just category 1 responders, but wider public services, such as utilities companies to account for emergency planning and preparedness.
- Mayors' role in response would need to link in with C3 arrangements to ensure accountability and responsibility are clear to ensure SCG decision making is understood by all partners involved in a response.

9. How should Foundation SAs without Mayors, and areas without SAs, work with Local Resilience Forums to strengthen local resilience leadership and accountability? Please explain your answer, providing evidence where possible (max 250 words).

- Foundation SAs and areas without SAs could play a formal role in resilience leadership, helping to strengthen accountability, integration and long-term planning without duplicating the statutory responsibilities of LRF partners.
- Their greatest value is in connecting resilience with wider priorities such as economic growth, transport, housing, climate adaptation, and population health. This aligns with the UK Government Resilience Framework, which calls for stronger local leadership and the integration of resilience into place-based policy and investment.
- A clear national framework defining these roles, and clarifying the relationship between roles in SAs, LAs, and LRFs, would improve consistency, strengthen local accountability and embed resilience more effectively within wider public service reform and place leadership.
- It is also important that there is a clear line between assurance and oversight, and decision making around plans and preparedness for emergencies.