Introduction to Emergency preparedness, resilience and response (EPRR)

Emergency Response

1. During a major incident DHSC in conjunction with NHS England and Public Health England must provide a co-ordinated response to the challenge of risks set out in the National Risk Assessment (NRA) such as natural hazards, accidents, outbreaks and the enduring threat of terrorism. In 2017/18 DHSC coordinated the response to 10 incidents. These included the terrorist attacks in London and Manchester, the Wannacry cyber attack, hurricanes in the overseas territories. In 2018 we have co-ordinated the health response to the two nerve agent incidents in Salisbury and Amesbury.

2. In emergencies, the Secretary of State is accountable for the health response to emergencies, supported by the Chief Medical Officer (CMO), DHSC and with a direct line of sight to the front line through NHS England and Public Health England.

3. Incidents are dealt with at the most appropriate level, in most cases at local level with escalation occurring when necessary. However, for major, national incidents there will be a national co-ordination function led by DHSC, bringing together NHS England and PHE at a national level. PHE provides specialist scientific expertise and carries out disease surveillance to inform outbreaks. NHS England coordinates clinical expertise and specialist resources.

4. During disruptive incidents the DHSC Incident Response Centre (IRC) acts as a conduit between organisations across the health sector. It delivers:
   - Management and coordination of required resources
   - Provision of specially trained and security cleared staff 24/7, volunteer staff, and subject matter experts (SMEs)
   - Reporting operational demands
   - Information gathering and dissemination and ability to handle sensitive information
   - Assisting decision-making to support the implementation of the DHSC-wide response

5. For major incidents requiring national coordination a COBR meeting may be called and will be attended by Ministers and will normally be chaired by a senior Minister from the Lead Government Department (this will be dictated by the nature of the incident) or the PM in some instances. It is likely that DHSC would be the lead department during public health type emergencies (e.g. serious outbreak of an infectious disease) or any major event affecting provision of health and care services (e.g. industrial action in the NHS). The DHSC Minister will be expected to report any impacts on the NHS and/or public health and invite representatives from NHS England or PHE to provide input.

Emergency Preparedness

6. This Civil Contingencies Act 2004 outlines the national response to civil emergencies; establishing roles and responsibilities for those involved in

emergency preparation and response at the local level. The Act divides local responders into 2 categories, imposing a different set of duties on each. 'Category 1' are those organisations at the core of the response to most emergencies (DHSC, the emergency services, local authorities, NHS bodies, PHE). 'Category 2' organisations are 'co-operating bodies' e.g CCGs. They are less likely to be involved in the heart of planning work, but will be involved in incidents that affect their own sector.

7. Category 1 responders are required to carry out exercises and training of staff in emergency planning. Through PHE we fund an extensive exercise programme to test preparedness across the NHS for a range of scenarios. DHSC also participates in a cross government programme of exercises to ensure the health and social system has effective, well tested plans in place. As part of this programme, Ministers will be invited to participate in Tier 1 exercises and to participate in COBR style meetings. There will be a national counter-terrorism live play exercise in November 2018 which will require DHSC ministerial participation.

8. The Health and Social Care Act 2012 requires and includes:
   - local health resilience partnerships (LHRPs) to be put in place to coordinate joint working and planning for EPRR across all health bodies
   - NHS organisations to nominate accountable emergency officer to assume executive responsibility and leadership at service level for EPRR
   - Secretary of State's powers of direction during an emergency, giving them broad powers of direction when considered appropriate.

9. The National Risk Assessment (NRA), is an assessment of the most significant risks that the UK and its citizens could face over the next five years. The risks cover three broad categories; natural events, major accidents and malicious attacks. To assist with national and local planning, the government provides a list of common consequences coming out of the NRA in the National Resilience Planning Assumptions (NRPA).

10. DHSC is responsible for three of the risks in the NRA:
    - Pandemic Influenza
    - Emerging Infectious Disease
    - A cyber related risk

11. There are specific programmes of work underway in DHSC to plan for all of these risks including pandemic flu. Pandemic Influenza is considered as one of the most significant risks in the NRA due to the likelihood of a pandemic occurring and the impact it would have. The UK is acknowledged as being amongst the global leaders in preparing for a pandemic.

12. Following a national-level exercise in 2016 and a subsequent National Security Council (Threats, Hazards, Resilience and Contingencies) meeting in February 2017, a cross-Government Pandemic Flu Readiness Board (PFRB) was established to develop and manage the UK's preparedness for a flu pandemic (of any strain). The first year of the programme included the following work streams:
    - Prioritising the pressure on hospitals