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

- Response of the adult social care and community health care system
- Coping with excess deaths (an additional 800,000 bodies)
- Communicating legal, moral and ethical considerations
- Keeping different sectors working with reduced staff numbers.

13. There are a number of risks in the NRA that, although not owned by DHSC, the response to them would have a significant health element as they would result in large numbers of casualties such as a terrorist attack or large scale accident. DHSC has responsibility for a specific 'mass casualty' planning assumption in the NRPA to ensure that the NHS is able to respond to an incident resulting in a large number of casualties.

14. There are a number of other Chemical, Biological, Radiological and Nuclear (CBRN) threats that would require a response from the three Emergency Services which include a significant health element as casualties would require medical treatment. A stockpile of medical countermeasures is in place in the event of a large scale incident and has been deployed recently for the nerve agent incident in Salisbury. A review of our response to an Anthrax attack is underway and will be tested through a series of exercises in October 2018 and May 2019.

15. There are also a number of risks in the NRA that would challenge the delivery of health and social care such as severe weather or loss of essential services. A cross-Government review of severe power loss is underway and a Ministerial exercise to test sector preparedness will be held in November 2018.

16. CONTEST, the Government's counter-terrorism strategy, was refreshed in June 2018. It has four work streams: *Pursue:* to stop terrorist attacks; *Prevent:* to stop people becoming terrorists or supporting terrorism; *Protect:* to strengthen our protection against a terrorist attack; and *Prepare:* to mitigate the impact of a terrorist attack. DHSC has policy input to the Prevent, Prepare and Protect workstreams working with other government departments and the NHS through NHS England.

17. Under the Prepare strand DHSC is responsible for ensuring the NHS is prepared for a terrorist attack and is able to mount a suitable response. The NHS has well-rehearsed major incident plans which would be implemented in any event resulting in mass casualties. Specialist Hazardous Area Response Teams (HART) are in place in all ambulance trusts who are trained to work in a variety of hazardous environments including in an marauding terrorist firearms attack (MTFA). We are reviewing this capability in light of the Paris attacks in 2015 and in Manchester and London in 2017.

Resilience

18. We seek assurance from NHS England and Public Health England on an annual basis to ensure they are aware of the risks in the NRA and have suitable plans in place to respond to and mitigate for these risks, where possible. We produce an annual Health Sector Security Resilience Plan which sets out the capability

across the health and social care sector for maintaining business as usual and identifies gaps and new programmes of work to fill these.

International response

19. The UK Public Health Rapid Support Team (UK-PHRST) is part of the UK's emergency response to international disease outbreaks. The team includes epidemiologists, data specialists, logisticians and other public health experts who can deploy at 48 hours' notice to situations where specialist expertise might mitigate the health threat. They deploy either at the request of individual governments or via the WHO-Global Outbreak Response Network (GOARN) and have also deployed with DFID's Emergency Medical Team. Since the UK-PHRST was established at the end of 2016 they have deployed to Ethiopia (cholera), Nigeria (meningitis), Sierra Leone (flooding), Madagascar (plague), Bangladesh (Diphtheria), Nigeria (Lassa) and most recently to the Democratic Republic of Congo for the Ebola outbreak.

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