

bust. If commercial airline flights were not available as countries closed their borders, repatriation would be needed on a scale far greater than the recent collapse of Thomas Cook;

- f) on freight, the capacity of aircraft and cross-Channel cargo lorries would need to be monitored. There had been an uptick in cargo flights so the market may be changing on its own. Rules would need to be loosened such as the Working Time Directive as applied to lorry drivers. Plans developed during preparations for a no deal Brexit could be used if needed;
- g) there were fewer people travelling by train and the rail network was fragile. From the following day, Transport for London would run a Saturday service;
- h) the OECD had estimated that global trade could fall by 3.75 per cent that year. The leaders' statement following the G7 phone call the previous day had been well-received and should be repeated with the G20. As the protectionist threat was greater than in 2008, new barriers to trade in goods and services needed to be avoided. Interventions in response to the crisis should be explored, such as reducing tariffs on medical supplies;
- i) Local Resilience Forums (LRFs) would be vital. They were at the heart of the strategic response. The NHS needed to work closely with them. Military planners had been dispatched to help provide a command and control function to support them. Within 72 hours the LRFs needed to be providing basic food and medicine;
- j) there had been a fantastic response from individuals and businesses across the UK. Volunteering was welcome if pointed in the right direction. There should be a structure in place and signposting to how to get involved. Volunteering offers would need to be triaged and deployed. As the public were keen to help financially, the National Emergency Committee would be used;
- k) to free up hospital beds, over 30,000 patients were expected to leave hospital into social care, imminently. This required authorities to work closely together: Chief Executives and Directors of Social Care in Local Authorities were being partnered with their opposite numbers in the NHS to ensure that services were jointly commissioned. They would work with the LRFs and military planners to ensure social care provision was available. It was likely that particular care homes may end up needing support;