

4 Summary of roles

Area of policy response	WHO Phase 4	WHO Phase 5	WHO Phase 6	
	Small cluster of cases with limited person-to-person transmission	Large cluster(s) of cases with person-to-person transmission	Increased and sustained transmission in general population (pandemic confirmed)	
			UK alert level 1	UK alert levels 2–4
			Cases outside the UK	Outbreaks in the UK
Response and coordination				
Response, planning and coordination across central and local government	The CCC will meet as required to agree early policy decisions and to oversee completion of planning. Regional Civil Contingencies Committees (RCCCs) will meet as required to promulgate policy decisions/advice and maintain overview of response. Similar arrangements apply in the devolved administrations.		The Department of Health will adopt the lead department role. The CCC will meet regularly to maintain overview of the impacts on the UK, agree policy and allocate resources. As cases increase, RCCCs will meet regularly to maintain overview of regional impacts, identify resource issues and promulgate policy and information to the public. SCGs will coordinate local responses. Similar arrangements apply in the devolved administrations.	
Civil Contingencies Act 2004	Emergency regulations may be used if it is necessary and proportionate to do so and if the legal safeguards in the Act are met. The scope and content of emergency regulations will be dependent on circumstances at the time.			
Liaison with the business community	The Government will liaise and share information with the business community through established stakeholder groups. At local level, the business community will work with the LRFs. Similar arrangements will apply in the devolved administrations.			
Support from the Armed Services	As with guidance for other major emergencies, planners should not assume that military support will be available. Such assistance might be available in exceptional circumstances if life and property are in immediate danger, but planning for an influenza pandemic should take into account that support may not be available if local units are deployed on operations, that they may not have personnel available with either the skill or equipment to undertake specialist tasks and that military personnel will themselves be vulnerable to the illness.			

4.1 Multi-agency planning

Planning for and responding to the health, social care and wider challenges of an influenza pandemic require the combined and coordinated effort, experience and expertise of all levels of government, public authorities/agencies and a wide range of private and voluntary organisations. Preparations require the active support of communities and, critically, that individuals take personal responsibility for protecting their own health, supporting each other and contributing to disease containment efforts. To ensure an effective response, each organisation needs to understand its responsibilities and those of others, plan adequately, prioritise its efforts and take proactive steps to ensure the continuity of its services as far as possible. This section describes the roles and responsibilities of the main participants in the UK, and of the main international bodies with whom the UK works closely during the current planning Phase and would continue to work with during a pandemic.

4.2 International organisations

As an influenza pandemic will be an international public health emergency, the UK works closely with international bodies and other countries to encourage coordinated surveillance, planning, research, vaccine development and response.

4.2.1 World Health Organization

The World Health Organization (WHO) is the United Nations (UN) specialist agency for health. Through its Global Influenza Programme, it seeks to improve epidemic and pandemic influenza preparedness and responses by coordinating international surveillance, investigation and response. WHO also provides information, technical standard-setting documents, a checklist for national plans, field assistance to member states on request, international leadership, advocacy and advice to health authorities, the media and the public.

WHO has produced a planning framework through the *WHO global influenza preparedness plan* (2005) and a planning checklist, which are available at www.who.int/csr/resources/publications/influenza/GIP_2005_5Eweb.pdf and www.who.int/csr/resources/publications/influenza/FluCheck6web.pdf

4.2.2 World Organisation for Animal Health

The World Organization for Animal Health (OIE) is an inter-governmental organisation that collects, analyses and disseminates veterinary scientific information and provides expertise in the control of animal diseases.

4.2.3 European Union

The European Union (EU) Directorate for Health and Consumer Protection has a responsibility for facilitating coordination and collaboration between member states in the prevention and control of communicable disease. Several directorates have pandemic influenza policy interests, including agriculture/rural development, economy/finance, enterprise/industry, information, society and media, and research.

Decision 2119/98/EC established a European network between the European Commission (EC) and member states for the epidemiological surveillance and control of communicable disease. It also imposed obligations – including collaboration in preparedness and response, early warning and exchange of information – on the EC and member states. An Early Warning and Response System (EWRS) provides an alerting mechanism.

EC guidance on pandemic planning is available at http://eurlex.europa.eu/LexUriServ/site/en/com/2005/com2005_0607en01.pdf

4.2.4 European Centre for Disease Prevention and Control

The European Centre for Disease Prevention and Control (ECDC) was established as an agency of the EC in 2005 to support improved control of communicable diseases in Europe. Its role is to identify, assess and communicate current and emerging threats from communicable diseases. Key tasks include epidemiological surveillance, networking of laboratories, coordinating early warning and response, examining scientific opinions, providing technical assistance and communications. The centre works with the EC, member states, other agencies and international organisations to perform these tasks. It also funds and guides the European Influenza Surveillance Scheme (EISS), a clinical and virological surveillance network which collects data and information from member states and so monitors human influenza activity in Europe, including during a pandemic.

ECDC influenza information is available at www.ecdc.eu.int/Health_topics/influenza/Index.html and www.eiss.org/index.cgi

4.2.5 European Medicines Agency

The European Medicines Agency (EMA) is responsible for the protection and promotion of public and animal health through the evaluation and supervision of medicines for human and veterinary use. The agency would assess and authorise any new pandemic vaccine.

4.3 UK central government

The primary responsibility for developing preparedness plans for and an effective operational response to major emergencies in the UK rests with local organisations. However, given the national scale, complexity and international dimensions of a pandemic, strong central government coordination, explicit guidance and support will be critical at the planning and response phases.

4.3.1 Ministers and coordination of the response

A ministerial committee (MISC 32), comprising ministers from across central government departments and the devolved administrations, oversees and coordinates national preparations for an influenza pandemic. In the event of an increased threat (ie at WHO Phase 4 or above) and during the pandemic, the Government's dedicated crisis management mechanism – the Civil Contingencies Committee (CCC) – would be activated in support of the Department of Health. The CCC will direct central government activities, coordinate the wider response, make key strategic and tactical decisions on the countermeasures required and determine national priorities. The CCC will be guided by input from central departments and agencies and from local responders through Regional Civil Contingencies Committees (RCCCs) and the devolved administrations. It will work with the national News Coordination Centre to maintain public confidence. The Civil Contingencies Secretariat (CCS) is supporting the Department of Health as lead department in planning for a possible pandemic, in particular in coordinating cross-departmental planning. During a pandemic, the CCS would provide secretariat support to the CCC and would continue to provide the focus for cross-departmental coordination of the response. Parallel coordination arrangements are also in place in the devolved administrations.

4.4 Government departments

All government departments are directly or indirectly involved in preparing for an influenza pandemic and play an active role in informing and supporting contingency planning in their areas of responsibility. In the lead up to and during a pandemic, each remains responsible for its policy and business areas and for coordinating the response of its specific sectors.

Departments would also work with those sectors to maintain essential supplies and services, limit wider disruption and promote the continuation of everyday activity. In addition, departments and agencies are responsible for developing pandemic plans that consider the health and safety of their employees, ensure the continuation of their normal functions as far as practicable and include appropriate engagement with their stakeholders.

The following central government departments have specific roles in relation to pandemic preparedness and response. Each is also responsible for maintaining liaison with its devolved administration counterpart as appropriate to ensure consistency and coordination.

4.4.1 UK health departments (directorates in Scotland) and Chief Medical Officers

The Department of Health is the pre-designated lead government department to respond to an influenza pandemic. It also has overall responsibility for developing and maintaining the UK's contingency preparedness for the health and social care response; establishing national stockpiles of clinical countermeasures to support that response; maintaining liaison with international health organisations; and providing the information and guidance that other government departments, organisations and agencies need to develop their own plans and responses.

In the event of a pandemic, the Department of Health – in conjunction with the health departments (directorates in Scotland) of the devolved administrations – will initiate and direct the government health response, providing specialist advice and information to ministers, other government departments and responding organisations. It will also be responsible for the effectiveness of the health response, procuring a suitable vaccine, securing and distributing supplies of clinical countermeasures, maintaining international links to WHO and the ECDC, and leading and coordinating NHS activity in England. In order to provide a health focal point and reporting channel, the Department of Health will activate its major incident coordination centre in response to an increased international alert level. The centre will link with the NHS in England via strategic health authorities (SHAs), with the devolved administrations, the Health Protection Agency (HPA) and the CCC.

England's Chief Medical Officer acts as the UK Government's principal source of public health advice and information. Each of the devolved administrations also has a Chief Medical Officer and, working collaboratively, they will ensure a comprehensive and coordinated UK-wide public health approach. They will also give strategic and tactical health policy direction, form a central focal point for clinical advice and expertise, and provide leadership for health professionals and the NHS.

4.4.2 Foreign and Commonwealth Office

The role of the Foreign and Commonwealth Office (FCO) centres primarily on the safety and protection of British nationals living or travelling overseas. Advice on the potential for, and arrangements individuals should make in the event of, an influenza pandemic and what assistance nationals who are resident or

travelling can expect from UK missions is available through FCO mission websites or via personal correspondence to resident British communities overseas. The websites are updated regularly to reflect the latest information on the possible emergence of a human influenza pandemic.

Through its website, the FCO also takes the lead on issuing appropriate country-specific travel advice in consultation with the Department of Health, the HPA and the Department for Transport. This advice follows the WHO alert phases (section 5.4), wherever deemed to be appropriate and in line with ensuring the safety of British nationals. The FCO is also responsible for keeping other governments informed of disruption to key UK services – such as transport hubs – that may affect travel, business and trade during a pandemic.

4.4.3 Department for International Development

In conjunction with other government departments and aid donors, the Department for International Development (DFID) would activate emergency crisis response plans at WHO Phase 4. The overarching aims would be to support efforts to isolate and contain the outbreak, seek to prevent further outbreaks developing, identify the circulating virus strain and obtain samples for vaccine manufacture. DFID's major contribution would be in dealing with the humanitarian consequences, and response plans would be finalised once a coherent United Nations (UN) blueprint for an emergency response was in place. Options include:

- grant allocations to the UN, Red Cross and other non-governmental organisations (NGOs)
- support to the UN, Red Cross and other NGOs in the form of qualified technical personnel and/or the procurement and transportation of items to the affected region (often from the DFID stockpile, eg vehicles, blankets, food and medical supplies)
- advocacy and information.

4.4.4 Department for Environment, Food and Rural Affairs

The Department for Environment, Food and Rural Affairs (Defra) is the lead government department for food supply, water quality and supply, environmental issues, waste management, rural communities, animal health and welfare, and the farming and fishing industries in England. It works with these sectors to explore options for minimising the impact of a pandemic and to develop business continuity measures.

During a pandemic it would act as an intermediary between those sectors and the central response – facilitating the flow of information, monitoring the pandemic's impact through regular reporting and dialogue, and liaising with other government departments, national and international agencies and the sectors themselves to implement response measures and to ensure that key issues are raised at the appropriate forums.

Defra monitors influenza viruses in the animal reservoir, including assessing their potential impact on livestock, poultry and other animals. As some of these data may have relevance for public health protection, they are shared routinely through collaborative working between medical and veterinary laboratories (see section 5.3.4). Some influenza viruses can pass between humans and animals (notably pigs); Defra will assess the risk of the new human pandemic strain and prepare advice for reducing the risk of virus dissemination in the animal population, as appropriate.

4.4.5 HM Treasury

HM Treasury is responsible for monitoring and evaluating the economic impacts of a pandemic and, as part of the tripartite authorities (HM Treasury, the Financial Services Authority and the Bank of England), shares responsibility for maintaining financial stability in the UK. The authorities have been working with the financial sector – firms, infrastructure providers and overseas financial regulators – to ensure that the financial sector is prepared to deal with the consequences of a pandemic.

4.4.6 Department for Transport

The Department for Transport (DfT) works with all transport operators to ensure that they are aware of the implications of pandemic influenza, what it means for business continuity plans and the Government's assessment of risk, and to ensure that facilities and communication channels are in place to meet any additional requirements that may be placed upon them. DfT will consider taking measures to relax regulations, such as the rules governing drivers' hours, if this proved necessary in order to maintain essential services during a pandemic.

4.4.7 Department for Business, Enterprise and Regulatory Reform

The Department for Business, Enterprise and Regulatory Reform is working closely with the fuel, energy, telecommunications and postal services sectors to ensure that they recognise the impact a pandemic would have on the UK and to factor this into their business continuity plans so that any disruption to consumers is minimised. Should it become necessary, the Department and the

industry, in consultation with other stakeholders, would introduce a range of measures to ensure the maintenance of essential supplies and services.

4.4.8 Department for Children, Schools and Families

The Department for Children, Schools and Families (DCSF) is the lead government department for schools and for services to children, young people and families in England. It works with partners in these sectors (local authorities, schools, private and third sector providers of children's services and others) to help them develop business continuity plans and explore options for minimising the impact of a pandemic. DCSF's predecessor, the Department for Education and Skills (DfES), issued planning guidance to partners in all sectors, and DCSF will review this regularly and keep partners informed. DCSF's priority in a pandemic would continue to be the wellbeing of children and young people. In a pandemic, DCSF would work with its key partners such as local authorities and various national organisations to ensure effective communication with frontline providers.

4.4.9 Department for Innovation, Universities and Skills

The Department for Innovation, Universities and Skills (DIUS) is responsible for adult learning, further and higher education, skills, science and innovation – work previously looked after by both DfES and the Department of Trade and Industry (DTI). DIUS works with partners in these sectors to encourage them to develop and maintain business continuity plans and explore options for minimising the impact of a pandemic. The DfES issued planning guidance to partners in higher and further education in 2006, and DIUS will keep this guidance under review, and keep partners informed. In a pandemic, DIUS would work with representative bodies for the sectors for which it is responsible to ensure effective communication with frontline providers.

4.4.10 Ministry of Defence

During a pandemic, the Armed Forces' priority will continue to be to maintain critical military operations. As their own personnel will be equally vulnerable to illness, they may have little or no spare resource to provide military assistance to civilian authorities. Plans should not assume that local military units would provide support or have personnel available with either the requisite skills or equipment to perform specialist tasks.

4.5 Specialist advice

Chief Medical Officers will receive specialist advice on the health response from the UK National Influenza Pandemic Committee, which consists of clinical,

scientific and other experts drawn from a range of relevant organisations and agencies. The Government's Chief Scientific Adviser, the Government Office for Science, the Scientific Advisory Group and other expert committees inform and support this work.

4.6 Health protection agencies

The Health Protection Agency (HPA) in England – working in conjunction with its equivalent public health organisations in the devolved administrations – is the lead agency responsible for providing public health advice to the Department of Health and supporting all aspects of the public health response to an influenza pandemic. The HPA has a key role in international and national surveillance and intelligence gathering, informing public health policy development, contributing to global efforts to prevent or detect the emergence of a new virus and supporting NHS planning at all levels. In any period of heightened alert and as a pandemic develops, the HPA will provide the following specialist health protection services:

- reference virological and microbiological services
- coordination of and advice on the investigation and management of early cases and contacts
- detailed epidemiological data on the emerging virus (from WHO Phase 4 to UK alert level 2) and aggregate data thereafter
- data for national decisions such as choice of vaccine or antiviral strategy
- expertise, advice and operational support to the NHS through local and regional teams
- coordination of the collection and publication of UK-wide influenza surveillance data
- a real-time modelling capability.

4.7 Devolved administrations

The devolved administrations are responsible for the major areas of pandemic influenza planning and response in their respective countries.

4.7.1 Northern Ireland

Northern Ireland has an integrated system for the delivery of health and social services. The Department of Health, Social Services and Public Safety (DHSSPS) sets the strategic direction and allocates the annual budget for health and

personal social services. Responsibility for commissioning services lies with four health and social services boards (HSSBs), each covering defined geographical areas of the province and currently coterminous with a number of district councils. Responsibility for delivery of services lies with five trusts, which currently provide hospital-based services or community services (or a mixture of both), and a single ambulance trust.

The 'proper officer' function is currently the responsibility of each of the four Directors of Public Health in their HSSB area. In practice, this function may be devolved by the Director of Public Health to a consultant in communicable disease control, who will be a member of the public health team in their area.

The DHSSPS takes the lead in regional contingency planning for pandemic influenza and is represented in national UK pandemic planning structures by its senior medical officer/consultant epidemiologist with lead responsibility for communicable diseases. Pandemic planning work is progressed through a core DHSSPS pandemic planning group, which has a number of sub-groups that mirror those at national level. Each sub-group is charged with taking forward various streams of work. Each HSSB and health and social care trust has identified 'flu leads', who meet regularly as a group and oversee planning for their respective organisation.

Planning for the non-health aspects is coordinated across Northern Ireland government departments and other key organisations by the Civil Contingencies Group, Northern Ireland (CCG (NI)), chaired by the Office of the First Minister and Deputy First Minister (OFMDFM) through a Pandemic Influenza Sub-group and a Pandemic Fatalities Management Sub-group. Departments liaise closely with key stakeholders within Northern Ireland and with equivalent departments in the rest of the UK. The Civil Contingencies Policy Branch within OFMDFM is also represented on the UK MISC 32 Pandemic Working Group, and CCG (NI) provides regular updates on planning to the Head of the Northern Ireland Civil Service and Permanent Secretaries Group.

Northern Ireland shares a land border with the Republic of Ireland, and Northern Ireland departments maintain liaison with their opposite numbers in the Republic of Ireland to ensure that pandemic influenza planning issues are discussed and coordinated as far as possible.

4.7.2 Scotland

The Scottish Government's Cabinet Sub Committee – Scottish Executive Emergency Room (SEER) – keeps the Scottish Government's policy for managing the consequences of major disruptive incidents in Scotland under review and oversees pandemic planning.

At official level the Scottish Government's pandemic influenza preparedness work programme is managed by the Pandemic Review Group. This group, chaired by a senior official from the Justice Directorate, brings together policy leads from across the Scottish Government. The Scottish Emergencies Coordinating Committee's Sub-Group for Pandemic Influenza (SECC Flu) acts as a wider network, and also includes representatives of responder organisations.

Non-health preparations have focused on two areas: business continuity planning and corporate consequence management. Business continuity planning has been targeted at Scottish Government directorates, agencies and key stakeholders, with the onus on directorates to take work forward in their area of responsibility. Corporate consequence management work has mainly involved health, justice, finance, legal, transport and communications.

At local level, a multi-agency approach to planning is facilitated through the Strategic Coordination Groups (SCGs).

The Scottish Government Health Directorate is responsible for developing and implementing health policy, delivering healthcare services – including public health and health protection – and allocating resources. It carries out these tasks under the Cabinet Secretary for Health and Wellbeing, who is accountable to the Scottish Parliament. Healthcare services are delivered through 14 territorial NHS boards and seven special health boards. Area boards in a single healthcare system are statutorily responsible and accountable for the health of their population and the planning and delivery of services in their area, working with partner agencies such as the local authorities, police services and others.

At a very local level, community health partnerships exist to ensure that more integrated, community-based healthcare – including public health, health protection and other care services – is delivered across Scotland. These work in substantive partnership with local authorities and other key partners such as the specialist, voluntary and independent sector, to plan and deliver joint services devolved to them by the NHS Boards.

4.7.3 Wales

The Wales response to a pandemic aims to build on existing arrangements for managing any national emergency. A Pan-Wales Response Plan sets out the structure and recognises that the management of a pandemic will need to be in accordance with decisions made by Welsh Assembly ministers and by the UK Government.

Key elements of the Assembly's response include:

- the First Minister's Ad-Hoc Group, which will maintain policy oversight of the response

- the Wales CCC, which will manage the consequences of a pandemic, co-opting representatives of such services as the National Public Health Service Wales (NPHSW), police and the Wales Local Government Association
- an Emergency Coordination Centre Wales (ECCW), which will be established in Cardiff and linked to the NPHSW coordination centre, and a health advisory team will be established by NPHSW to provide public health advice to the Assembly and local responders
- Local Resilience Forums (LRFs), which will meet as local SCGs.

Pandemic planning integrates Welsh Assembly and UK Government arrangements with those at local level. The Welsh Assembly Government (WAG) is represented on UK groups at official and ministerial levels. The Pan-Wales Response Plan sets out arrangements for managing the consequences of any national emergency, and the *Wales framework for managing major infectious diseases* provides strategic guidance to the NHS and partner organisations. At local level, a multi-agency approach to planning is facilitated through the LRF structure.

Key elements of the planning structure include:

- the Wales Resilience Forum providing a national multi-agency overview of pandemic preparedness
- a designated senior director coordinating the WAG response (at official level)
- the Chief Medical Officer (Wales) chairing an influenza steering group comprising professional and policy leads to take strategic decisions about public health management and use of medical countermeasures appropriate to Wales
- LRFs addressing local requirements.

4.8 Health planning and response in England

At the operational level, planning and response in the health sector in England is delivered at regional and local levels through the following key players.

4.8.1 Directors of Public Health for the English regions

The Department of Health's Directors of Public Health for the English regions (who also act as the Directors of Public Health for the corresponding SHA) will play a key part in ensuring a strong public health input into contingency planning for an influenza pandemic at regional level. In their SHA role, they will also encourage, support and monitor local health planning and provide a public health focus should those plans be implemented.

4.8.2 Strategic health authorities

SHAs act as the regional headquarters of the NHS. In the event of an influenza pandemic, it is anticipated that some central decision-making powers – including decisions on service priorities and suspension of targets – will be delegated to them. SHA decisions will need confirmation by the Department of Health, which will also discuss any effect on annual health checks with the Healthcare Commission and liaise with Monitor where there is an impact on foundation trusts.

SHAs provide a critical link to their respective regional Government Offices and, through designated pandemic influenza coordinators, ensure the development, maintenance and testing of effective and integrated health response plans across their areas. During a pandemic, each will also coordinate the strategic response across its health economy, be responsible for the general oversight and coordination of the delivery of healthcare and ensure the most effective deployment of available resources. SHAs will also provide health advice and information to RCCCs, act as reporting links to the Department of Health, collate and forward monitoring information, provide a communications link and support media handling and the provision of public information.

4.8.3 Primary care trusts

Primary care trusts (PCTs) are responsible for assessing local risk and for commissioning, supporting and monitoring the development of integrated health response plans. They are also responsible for developing arrangements to maintain and support patients in a community setting and for ensuring that health plans take account of the needs of military bases, prisons or other establishments that may require specific planning in their area. Through designated pandemic influenza coordinators, PCTs provide a health input to LRFs, coordinate plans with those of neighbouring authorities and ensure that social care and other key partners – including private sector care and support service providers – are fully involved.

In the event of a pandemic, PCTs will coordinate and oversee the local health response and mobilise general practice and primary care resources. They will also provide advice and public information, collate and report operational information to the SHA, act as the health link with local SCGs (and with RCCCs via SHAs) and make contingency arrangements for the distribution or collection of antiviral medicines and delivering population-wide vaccination if required.

4.8.4 Foundation and other hospital, primary care and specialist health trusts

Foundation and other hospital trusts, primary care trusts and specialist health trusts are directly responsible for the provision of a wide range of health

services. Those organisations should support local planning and develop their internal contingency arrangements for responding to the additional demands whilst maintaining essential healthcare throughout an influenza pandemic. Plans should pay particular attention to the projected requirement for significant surge capacity, increased demand for specialist beds, patient transport, support to maintain patients in community settings, redeployment of staff at short notice, staff protection and strict infection control.

4.8.5 Health Protection Agency

The Health Protection Agency will provide advice and, where appropriate, operational support to health responders. More detail is provided at section 4.6.

4.9 NHS Direct/NHS Direct Wales/NHS 24

Demand for health advice and information is likely to increase significantly during a pandemic. NHS Direct and its equivalents in the devolved administrations will continue to play an important role in providing health advice and information through their normal telephone numbers, the NHS Direct Online website www.nhsdirect.nhs.uk and NHS Direct Interactive on digital satellite television, thereby alleviating pressures on other parts of the system.

In the event of the pandemic threat increasing, the Government will also activate a National Flu Line service from WHO Phase 5. Initially the service will provide advice, updated information and access to literature. At UK alert level 2 (WHO Phase 6) the service will expand to provide rapid assessment and where necessary access to antiviral treatment for symptomatic patients (see sections 9.8.1 and 10.7).

4.10 Regional and local planning/response – wider aspects

Planning and response at regional and local government level will focus on wider aspects, including support of the health response, the maintenance of social care and other essential local services and managing potentially large numbers of deaths. Central–local reporting and coordination arrangements are outlined in Figure 2.

Generic response arrangements at regional and local level are set out in detail in *Emergency Response and Recovery*, which is available at www.ukresilience.info/ccact/errpdfs/emergresponse.pdf

4.10.1 Regional resilience tier (England)

Government Offices represent central government in the English regions. Each has established a Regional Resilience Team and formed a Regional Resilience Forum, allowing key responders to plan together and improve the coordination and flow of information across and between regions and the centre. In response to wide-scale civil emergencies such as an influenza pandemic, RCCCs are likely to be established. Working closely with SHAs, the RCCCs would collate a regional picture of the evolving situation, provide an information channel between central (CCC in the Cabinet Office Briefing Room) and local tiers, identify issues that cannot be resolved locally, facilitate mutual aid, coordinate wider response efforts, advise on priorities, monitor progress and minimise disruption. RCCC members are likely to be drawn from the Regional Resilience Forums. Specific planning and response arrangements have been established for London and in the devolved administrations.

4.10.2 Local level

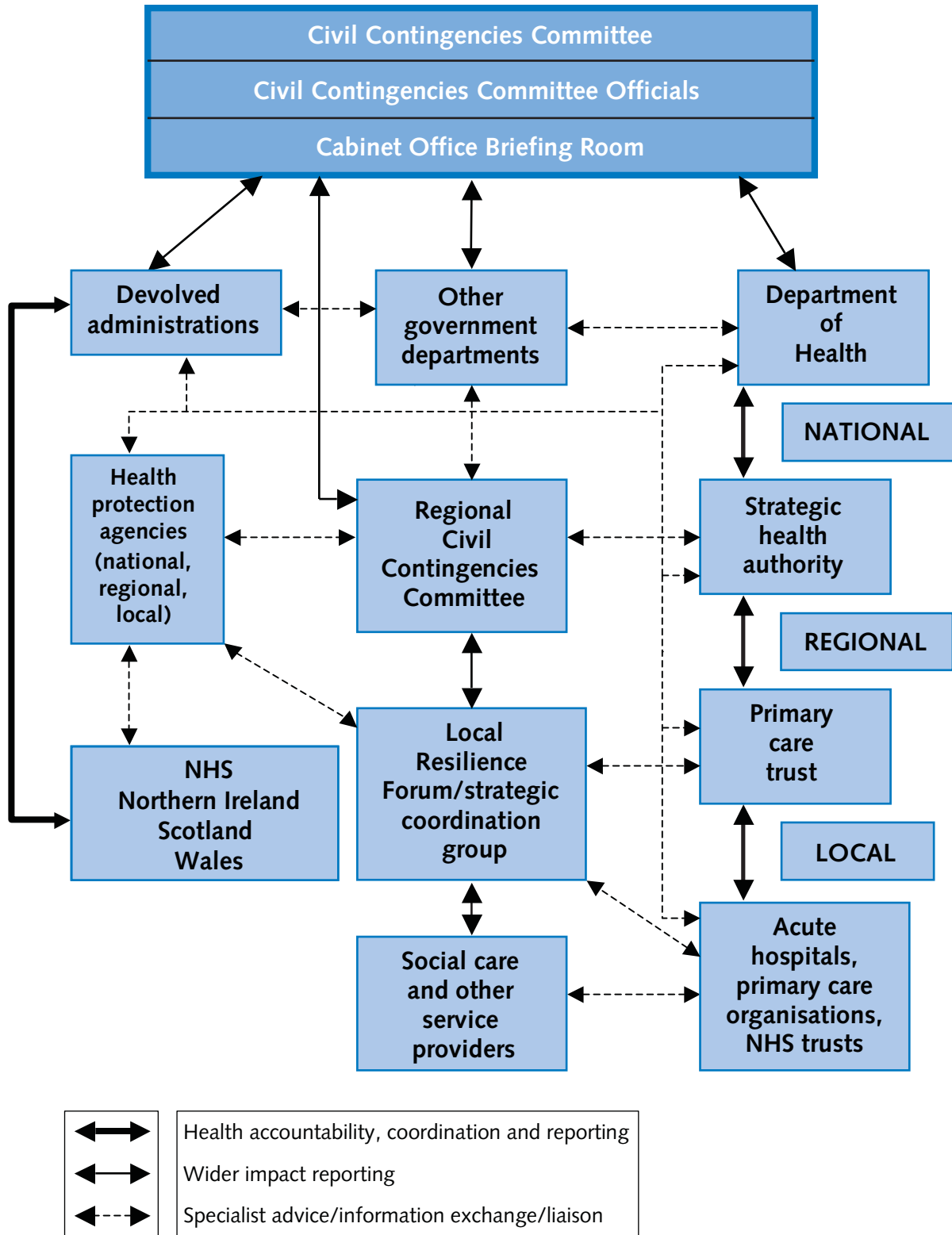
The LRF is the principal mechanism for the coordination of multi-agency planning at local level. Its membership includes all Category 1 responders (such as emergency services, local authorities and health bodies) which are subject to a range of civil protection duties under the Civil Contingencies Act 2004. In London, local influenza pandemic committees feed in at the RCCC level.

In the event of a pandemic influenza outbreak, it is likely that SCGs will be convened. The purpose of the SCG is to take overall responsibility for the multi-agency management of an outbreak at local level, working closely with PCTs. Membership of the SCG is likely to mirror the Category 1 membership at the LRF.

Local authorities play an important supporting role in planning for and responding to a pandemic influenza outbreak. They have responsibility for a wide range of functions including social care and children's services and crucially exercise a community leadership role. Additionally, in the event of an emergency that exceeds existing mortuary provision, the local authority will liaise with the coroner's office to provide emergency mortuary capacity.

As most influenza sufferers will need to be cared for in a community setting, developing integrated health and social care plans is a particularly important part of local planning. In addition, sustaining the provision or commissioning of a range of services on which many vulnerable people rely, including residential and nursing homes, is also important.

Figure 2: Central–local reporting/coordination arrangements



4.11 Other key contributors in planning/response

4.11.1 Voluntary sector organisations

Voluntary organisations offer a wide range of skills and experiences, and their membership often includes retired professionals. Many are routinely engaged in the provision of services to very vulnerable sections of the community and will therefore need to develop their own service continuity arrangements for a pandemic. Some also respond to emergencies as an integral part of their role and have personnel, expertise and facilities that could assist in providing surge capacity and support for statutory responders. Each can offer specific contributions, including providing social support to maintain sufferers in a community setting; assisting those experiencing stress, anxiety and grief; staffing telephone help-lines; or supplementing healthcare resources. Although voluntary aid assistance is generally coordinated and activated through local authorities, direct engagement between voluntary agencies and statutory providers in developing response plans will encourage realistic expectations, foster mutual understanding, identify training/protective requirements and avoid the risk of double counting. Organisations benefitting from the support of volunteers will need to ensure that they have adequate briefing, training, skills, personal protection and indemnity for the role that they are expected to perform.

4.11.2 Private sector organisations

Private sector organisations are increasingly responsible for the provision of many essential services, including the manufacture, supply and distribution of items critical to the response to an influenza pandemic and to minimising its social and economic effects. Planning to ensure the maintenance of supplies and services for as long and as far as that is possible is an essential part of developing effective response arrangements. Sector-specific emergency arrangements to build resilience and develop effective response frameworks are already required, and plans are in place in most key sectors. Those frameworks should recognise the unique nature of the disruptive challenges that an influenza pandemic is likely to present. A wider community of industrial and commercial organisations also plays a direct role in maintaining social normality and will want to minimise potential losses from disruption to business and promote a return to normality as soon as possible.

4.11.3 Employers, trade unions and other staff or professional associations

Working together, employers, trade unions and other staff or professional associations have a significant role to play in preparing for and responding to a pandemic and maintaining business continuity by educating and informing the

workforce, promoting measures that reduce the spread of infection, helping to maintain essential services and minimising social disruption.

4.11.4 Community networks

A pandemic would have significant impacts on local communities across the UK. Its course will be determined not only by what the Government does or the effectiveness of the health response, but also by the actions of a wide range of others as organisations, individuals and communities. Building and maintaining public confidence is a critical success factor. Through their leaders, well-prepared and informed communities will play a major role in supporting the planning for, response to and recovery from an influenza pandemic. Community networks can be particularly effective in such areas as disseminating information, supplying advice and reassurance, identifying those who may be at particular risk and providing support to the vulnerable. Such organisations should therefore be actively involved in developing and testing response plans.

4.11.5 Individual and social responsibility

Every part of society must prepare for a pandemic and will be part of the response. However well plans are prepared and implemented, their overall effectiveness will ultimately depend on the cooperation of individuals and their willingness to follow advice, take personal responsibility for their health and accept social responsibility for supporting each other. Plans must ensure that people's expectations of services in a pandemic are realistic and, if they are being asked to take increased risks or face increased burdens, that they are supported in doing so and that those risks and burdens are minimised as far as possible.

In inter-pandemic years, individuals should keep themselves informed, practice good hygiene habits and ensure that they are routinely vaccinated against seasonal influenza and pneumonia if they have been identified as being in a high-risk group. Should the threat increase, they should follow public health advice and consider how they and their dependants might prepare for such socially disruptive effects as potential school closures, shortages and travel constraints. Where possible, individuals should take active steps to put in place self-help measures in case of influenza and to ensure continuing care for any existing health conditions. They should also ensure that they have supplies of normal home remedies and other basic necessities, explore the potential for support from family and friends not resident with them ('flu friends') and consider how they might be able to assist others.

In the pandemic alert and pandemic stages, increased fear and apprehension are natural and individuals should listen carefully to government advice and instructions made available in the media, on the internet and in printed material. They should also familiarise themselves with local arrangements for accessing health and social care support – including antivirals – and follow public health advice and instructions. It is particularly important that anyone suspecting influenza-like symptoms should stay at home if ill and make telephone contact with health services through the National Flu Line service, rather than attending surgeries, hospitals or other health establishments.