



4 October 2006

Dear Colleague,

## **CO-ORDINATION OF THE MULTI-AGENCY RESPONSE TO AN ANIMAL DISEASE OUTBREAK IN ENGLAND**

**I am writing to you as part of CCS's role in supporting Lead Government Departments in clarifying the respective roles of agencies and structures involved in the response to an animal disease outbreak in England. The purpose of this note is to notify you of some amendments that have been made to co-ordination arrangements in the light of the lessons-learned from the recent outbreak of Avian Influenza in Norfolk.**

After the outbreak of low pathogenic avian influenza in England in May 2006 a number of lessons were identified on how response structures and processes could be improved. These focused on improving the information flow between the full range of agencies involved in the management of an animal disease outbreak and the wider consequences.

In order to implement these lessons a number of revisions are being made to Defra's Generic Contingency plan which will be re-issued later this year. The revised arrangements are reproduced in Annex A to this letter. It is important that all agencies involved in the multi-agency response to an animal disease outbreak make themselves familiar with the provisions of the revised arrangements and work with local and regional partners to be clear about how the revised arrangements will be reflected in planning frameworks in your area. Organisations with a particular interest include:

- Divisional Offices of the State Veterinary Service;
- Regional Resilience Teams in Government Offices;
- Local authorities (in particular emergency planning, trading standards and communications teams);



- Health Protection Agency;
- Environment Agency; and
- Police services

It is important that the full range of partners work together to foster relationships and encourage information sharing between your organisations and the disciplines within them to promote and assist communication during an outbreak.

This information supersedes any previous guidance on the structure of a local multi-agency response to animal disease outbreaks in England and will be enshrined in the revised Defra Generic Exotic Animal Disease Contingency Plan which will be published later this year. Please forward this information as you feel necessary within your organisations to ensure that all necessary members of your team are aware of the revised arrangements.

If you have any further queries or would like any further advice, please contact Kash Thompson on 020 7276 5111 ([kash.thompson@cabinet-office.x.gsi.gov.uk](mailto:kash.thompson@cabinet-office.x.gsi.gov.uk);) or Will Creswell on 020 7276 0391 ([will.creswell@cabinet-office.x.gsi.gov.uk](mailto:will.creswell@cabinet-office.x.gsi.gov.uk)).

**WILL CRESWELL**

Head of Animal Diseases Desk,  
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***Local response gateway: preparing together***



## Annex A

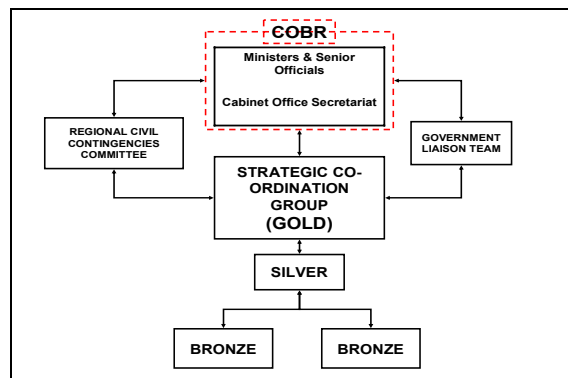
### Co-ordination of the Multi-Agency Response to an Animal Disease Outbreak in England

#### Issue

1. Clarifying the respective roles of agencies and structures involved in the response to an animal disease outbreak in England.

#### Generic UK Response Arrangements

2. The local response is the basic building block of emergency response arrangements in the UK as set out in the Cabinet Office publication, 'Emergency Response and Recovery' (ERR). These arrangements are based around the establishment of a Strategic Co-ordination Group (SCG) to co-ordinate the activity of the emergency services and other local responders, normally under the chairmanship of the local police commander. The terms Gold, Silver and Bronze are used to describe the strategic, tactical and operational levels of command. Where the emergency requires significant central government engagement in support of the local response, a Government Liaison Office is deployed (normally from the appropriate Regional Government office) to provide a two-way link between the two. In the event of a wide area emergency, the regional tier in England may be used to co-ordinate the action of a number of SCGs, where necessary by convening a meeting of the Regional Civil Contingencies Committee (RCCC).



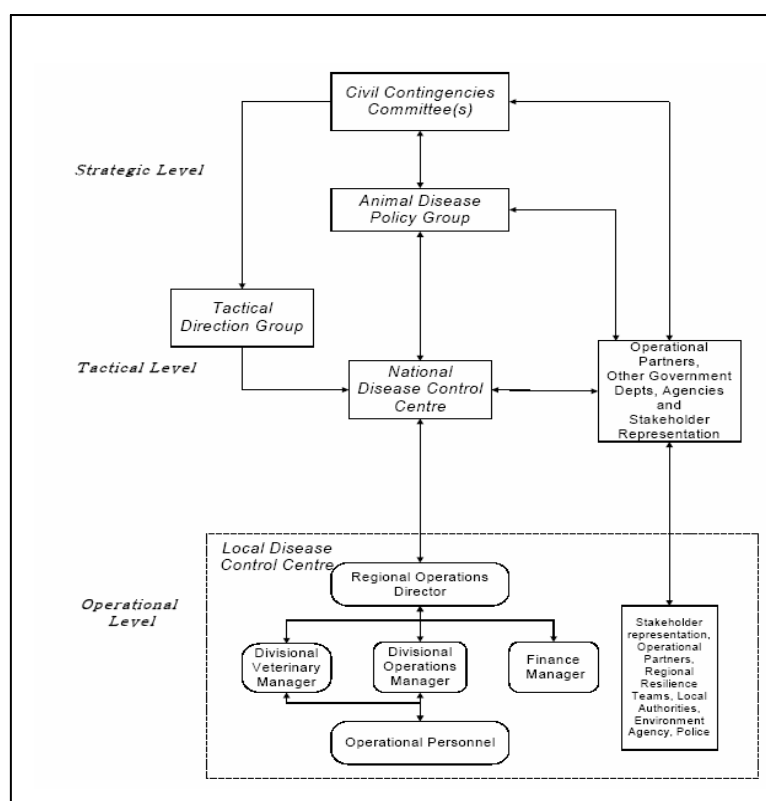
**Diagram A**

#### Current Response Structure for Animal Disease Outbreak

Unlike most other emergencies, in an exotic animal disease outbreak, a central government department is directly responsible for both the national and local response. This is because an outbreak has the potential to spread rapidly and quickly become a national issue. In accordance with EU legislation, a Local Disease Control Centre (LDCC) led by a Defra Regional Operations Director (ROD) is established at the local Animal Health Divisional Office (AHDO) of the State Veterinary Service (SVS) to manage the outbreak. Defra's National Disease Control Centre (NDCC) is established in London to provide strategic direction to the disease control



operation. Key local stakeholders (e.g. Local Authority trading standards officers, Environment Agency, HPA etc) involved in managing the disease outbreak are represented in the LDCC.



**Diagram B**

- In practice, while the terminology is different, the concept is similar to the generic 'local response'. The nature of animal disease, the immediate impact of an outbreak on the export trade and the importance of the consistent application of policies means that a nationally rather than a locally driven response is required. The ROD's role is analogous to the Police Silver Commander, with the NDCC home to the Gold commander (with COBR when activated providing multi-agency co-ordination across all elements of the response at the national level). The LDCC role is focussed on all aspects of animal disease control such as culling and disposal of animals, movement restrictions in the immediate area of the case, and associated issues such as the welfare of staff involved in the operation.
- The LDCC is not designed or suited to manage the wider impacts of any outbreak such as any associated concerns over public health or wider stakeholder management. This is always possible as outbreaks of exotic animal diseases and the operation to control them are likely to have an impact on the rural community but it can also be a significant issue where a disease raises major human health concerns such as an outbreak of AI. In such circumstances there is a need to manage



concerns and ensure a timely flow of information to ensure a coherent, integrated and consistent local, regional and national response.

### **Proposed Refinements to Response Arrangements for Animal Disease Outbreaks**

7. To ensure that the disease control operation and the wider local response are integrated effectively the following refinements to the current response arrangements are proposed for implementation in any future animal disease outbreak. This sets out a flexible framework that can be tailored to meet the needs of a wide range of scenarios:
- i) On confirmation of a case of an exotic animal disease, Defra/SVS will establish an LDCC and invite representatives from key local stakeholders to join them to manage the animal disease outbreak. Defra/SVS communications will produce initial communications messages and top lines brief (including lines from FSA and HPA as appropriate) and will cascade these to regional teams for cascade locally. The GNN will liaise to ensure the lines reflect the local position.
  - ii) The ROD will brief the appropriate Regional Resilience Director (RRD) and agree on whether convening a RCCC is an appropriate and proportionate response to the outbreak. If it is agreed then a request will be made via DCLG to this effect. Additionally the ROD should invite a member of the RRD's team to join the LDCC along with other local stakeholders involved in the management of the outbreak.
  - iii) Unless there are strong reasons to the contrary, the expectation is that the Regional Resilience Team (RRT) will convene a meeting of the Regional Civil Contingencies Committee (RCCC) to brief responders on developments and report back any concerns i.e. the RCCC meets at level 1 (for briefing). At this stage, unless significant wider impacts (e.g. health, economic, social, environmental) emerge that require a co-ordinated local response, it is not expected that local SCGs will be convened (though local representatives will of course wish to cascade information to local networks). The RCCC will be able to take an overview of the wider impacts of an outbreak which may cross local boundaries, engaging local partners as necessary.
  - iv) If it is not considered necessary for the RCCC to convene, the RRD and the ROD, in consultation with the chair (designate) of the SCG, need to agree if a local SCG should be convened to cover wider consequences. Local stakeholder representatives at the LDCC have a responsibility to report back to their senior managers and other relevant people in their organisations, not just their specific disciplines, to keep them informed on the progress of the disease control operations. Local authorities should ensure that there are effective internal flows of information

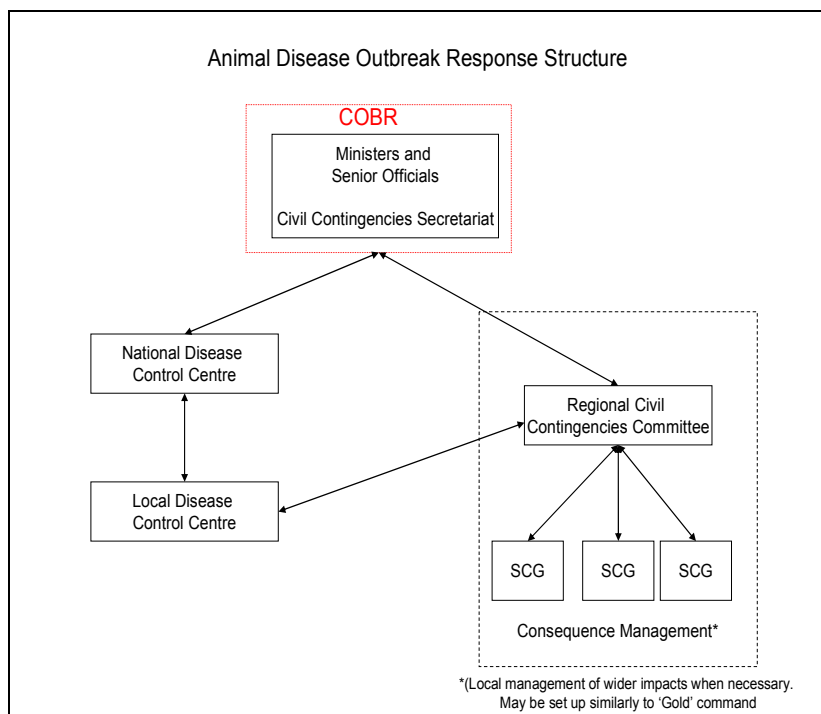


on all necessary elements of the response, especially between trading standards and emergency planning disciplines.

- v) Where a local SCG is established, they will work in close collaboration with the Regional teams who will be taking a close interest in the wider impacts work on behalf of central government (e.g. public information, public health issues and economic impact). Where an RCCC is not established, SCGs will liaise with the RRD to facilitate regional co-ordination and effective flow of information to the centre. Where an RCCC is established alongside several SCGs it is likely to meet at level 2.

No two incidents are the same and while these arrangements set out default arrangements for planning purposes, in practice, they may need to be tailored to meet the precise circumstances at the time.

This would look like:



**Diagram C**

**Organisational Responsibilities**

8. Defra is the lead government department in England and, through the State Veterinary Service (an Executive Agency of Defra and operating in England Scotland and Wales), the primary local responder. The lead Minister is therefore directly responsible for both national strategy and delivery of the local response.

- A Defra minister will normally chair meetings of CCC in COBR providing strategic direction to the overall response.



A senior Cabinet Office official will normally chair meetings of officials (CCC(O)).

- The Chief Veterinary Officer is responsible for the operational response to the outbreak, reporting to Defra ministers.
- A Defra official will be appointed as ROD to manage activities at a local/regional level to contain the outbreak. The ROD will also be responsible for working alongside the RRD to ensure that information on the local response is shared with other responders and that any emerging wider issues are identified and their handling agreed.
- 9. *The National Disease Control Centre* will be established on confirmation of a disease outbreak. The responsibility of the NDCC is to provide tactical and operational guidance for the LDCC. Defra/SVS communications team will ensure a 'top line brief' and key messages (including HPA/FSA etc lines as appropriate) are produced and will distribute these to RRTs quickly for cascade locally. GNN will liaise with local stakeholders to ensure local issues and wider impacts are reflected in the communications briefings.

10. *The Local Disease Control Centre* will be established at a State Veterinary Service (SVS) Animal Health Divisional Office. Each Centre is managed by the ROD or Divisional Veterinary Manager (DVM) who is directly responsible to the Director of Operations (Chief Executive of the SVS).

The responsibilities of the local centres during an outbreak are to control and eradicate the disease and return affected premises to a disease-free status. They are not responsible for responding to wider impacts arising from the outbreak, though the LDCC will work in close collaboration with partners working on wider consequence management issues as appropriate.

10. Regional Resilience Teams are responsible for ensuring that any wider impacts that are, or may, affect the region are identified and addressed at an appropriate level. The RRD will liaise with the ROD to agree a mutually convenient location for any meeting of RCCC and ensure that public information and other briefing material is cascaded to regional and local stakeholders. The RRD in consultation with the ROD will be responsible for agreeing advice to local responders as to whether SCGs should be established locally to share information locally on the outbreak and manage any wider impacts. (Where SCGs are convened, they will normally be chaired by the lead local authority and will work in close collaboration with the RRD who will provide co-ordination of the wider impacts work through the RCCC mechanism). The RRTs will also be responsible for ensuring briefing and central messages are quickly disseminated to local authorities and other operational partners as required.



11. Cabinet Office will agree in consultation with Defra (including the ROD) and DCLG (including the RRD) whether meetings of RCCC should be convened and in which regions. Cabinet Office will also ensure that a co-ordinated top lines brief is prepared, in consultation with Defra and other departments, and shared with national, regional, and where appropriate local stakeholders.
12. Local authorities - in conjunction with other local partners - should be ready to convene local SCGs where necessary to share information on the outbreak and to manage any wider impacts that emerge. The LGA would normally be represented in COBR via DCLG/RCU. They will work with the GNN as required to ensure local issues and impacts are reflected in communications packages. They will ensure effective communications within their organisation of information reported by their representative at the LDCC.
13. The Health Protection Agency's role is to ensure the potential impact of the consequences of infectious diseases, especially zoonoses, on public health or on the health of staff involved in disease control operations, is minimised. Nationally, this would be achieved by issuing public health guidance and ensuring any health issues are raised in the NDCC or CCC/CCC(O) meetings. Locally this may involve, for example, the administration of prophylactic measures such as anti-viral drugs to staff involved in the disease control operation.

Cabinet Office  
4 October 2006

