

LGA submission to review of the response to the 2009 influenza pandemic: Call for Evidence

9 April 2009



1. Introduction

- 1.1. The LGA is the single voice for local government. As a voluntary membership body, we are funded almost entirely by the subscriptions of over 400 member authorities in England and Wales. We lobby and campaign for changes in policy and legislation on behalf of our member authorities and the people and communities they serve.
- 1.2. The LGA Group is made up of six organisations – the Local Government Association, the Improvement and Development Agency, Local Government Employers, Local Authority Co-ordinators of Regulatory Services, Local Partnerships and the Leadership Centre for Local Government. Our shared ambition is to make an outstanding contribution to the success of local government.
- 1.3. In an emergency that requires national coordination the roles and responsibilities of key agencies, including the LGA, is set out in the Central Government's Concept of Operations (CONOPS). Since 2006, the LGA has attended meetings of the Civil Contingencies Committee, colloquially known as COBR, to represent the strategic interests of councils and their communities during times of national emergency.
- 1.4. The 2004 Civil Contingencies Act introduced a statutory duty on local authorities to ensure that they can continue to perform their functions in the event of an emergency, so far as is reasonably practicable.
- 1.5. The 2009 influenza pandemic involved council departments in many different aspects of the crisis. Maintaining frontline services on which many vulnerable people rely, such as residential and nursing homes, remained a top priority, and councils were able to put in place robust business continuity plans to maintain essential services.
- 1.6. The following submission is based upon responses and evidence collected from LGA Group member authorities through our national swine flu survey (November 2009)¹ and also comments received from local authority officers in their capacity as advisors to the LGA Group, it therefore concentrates on the points most relevant to local government.
- 1.7. As we are now in purdah, this submission is based on officer input and does not represent the political view of the LGA; however we will use it to inform our thinking into this area.

submission

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¹ LGA Swine Flu Survey is available at www.lga.gov.uk/lga/aio/7134131

2. What Went Well

2.1. LGA national role.

- 2.1.1. Building upon the experience of the salt shortage last winter and the 2007 floods, the LGA set up a dedicated policy unit, drawing on resources from across the LGA Group and implemented a set of regular briefings and tailored guidance for councils. Key outputs included:
- A special LGA Group swine flu briefing event in Birmingham in July 2009 aimed at sharing lessons learnt from the first wave.
 - A special swine flu guide for elected members which helped other parts of the country gear up for the second wave.
 - A survey sent to all emergency planning officers across England and Wales. The final report was published in December 2009.
 - Online advisory notes on the human resource implications of swine flu.²
- 2.1.2. These outputs are available for download at www.lga.gov.uk/swineflu. We believe these resources will be helpful to you in both reviewing the factual background and considering lessons to be learned.
- 2.1.3. The key issues we responded to in relation to 2009 influenza pandemic included the definition of an essential service, school closures, management of the dead, impact on particular communities (e.g. rural) and relaxation of performance indicators.
- 2.1.4. Overall, we felt the issues we raised at COBR were generally well received, for example LGA lobbying helped to ensure that front line social care workers were eligible for the swine flu vaccine and that government made available extra funding to cover most of the costs incurred by councils.
- 2.1.5. Our survey of emergency planning officers showed that LGA support was widely valued. 80 per cent of respondents had used the swine flu briefings whilst 58 per cent had used the weekly bulletin for emergency planners, and the majority who had used these resources found them useful. Our experience has led to the development of the LGA civil emergencies strategy which will be launched in May 2010.

2.2. DH Social Care Flu Resilience support.

- 2.2.1. The sector was generally positive about the appointment of a National Director for Social Care Flu Resilience and the contribution to improving preparedness for pandemic flu in social care organisations. There are specific comments in the later sections related to some of the guidance and tools, which were produced to help the sector carry out their own assessment of their state of readiness.

² Available from www.lge.gov.uk/lge/core/page.do?pagelid=1184678

2.3. Local Partnership Working.

- 2.3.1. Local authorities, working with health colleagues and other partners on the local resilience forums, were quick to ensure that people received the help and information they needed and that front line services were kept running in all but the most exceptional circumstances. For example, Birmingham City Council the largest single local authority in the UK experienced one of the first large clusters of swine flu cases. In common with other local authorities, Birmingham City Council with partners had also been preparing for a possible flu pandemic for a number of years. Response plans were in place not only to deal with the impact of a flu pandemic across the council but also to describe how the council will work in collaboration with key agencies.
- 2.3.2. The council set up a “gold” group of the most senior officers to take strategic decisions and a “silver” group of tactical level officers to ensure day-to-day co-ordination of response across the council, quickly solving any problems. The Resilience Team also established a multi-agency co-ordination group to assist NHS colleagues.
- 2.3.3. The arrangements enabled the council to develop rapid solutions to matters such as the management of school outbreaks and closures, keeping the public informed, providing councillors and council staff with regular briefings, supporting the NHS by providing extra translators and assisting in the identification of future anti-viral collection centres.

2.4. Overview and scrutiny.

- 2.4.1. Birmingham City council also provided examples of good practice with regard to overview and scrutiny. When swine flu originally struck in Birmingham, the Birmingham City Council Health Overview & Scrutiny Committee (OSC) quickly came to the conclusion that it would be a useful exercise to scrutinise how the various agencies were coping and what lessons could be learned from the experience. The point of this review was to quickly work out any areas where improvements could be made and for those changes to be made quickly.³

3. Areas for improvement

- 3.1. A number of local authorities have fed back some challenges which affected their ability to implement or change swine flu business continuity management. We have highlighted a number of areas for improvement:

- 3.2. **Greater appreciation of the local impact of decisions taken.**

Although generally the relationship between primary care trusts-(PCTs) and councils were good, we also received feedback that this was an area for improvement in some local areas. The main issue seems to be that because swine flu was officially classified as a health emergency some PCTs did not

³ 4.8. The final report of the Birmingham OSC was published in September 2009 is available at www.birmingham.gov.uk

appreciate the potential role of councils and were reluctant to involve them in the local response or did so quite late in the response. Stronger messages from central government which reinforces the importance of local cooperation would help in future.

3.2.1. Improved coordination of information from central government departments to local authorities.

There were some concerns expressed about information overload and duplication. This was particularly evident in the surplus of official websites set up to disseminate information regards the pandemic, and a perception that national organisations wanted to be seen to be saying something and perhaps over focus on minutia. For example one authority reported:

“Large essays on the swine flu pandemic are unwelcome by local media, and information overload and fatigue can become a problem. Messages need to be short, to-the-point, and kept up-to-date and relevant.”

3.3. Greater transparency for funding decisions.

3.3.1. The most notable example of where greater clarity was needed was over the DH funding allocated to local authorities meet the cost of social care vaccinations. As one council pointed out to us:

“Vaccination for social care workers at the same time as healthcare workers was necessary as not vaccinating the two groups at the same time would defeat the point. However, the rollout of the programme via Occupational Health has been a very burdensome process as most LAs had to set up clinics and work out the logistics for delivery from the scratch.”

3.4. Managing revised planning assumptions.

3.4.1. There were some concerns that the National Flu Service model had been created to deal with a more severe flu pandemic and that given the generally mild characteristics of swine flu it might have seen as an overreaction. One solution therefore is to create flu plan and operational strategies which are more flexible to anticipated downgrades in virulence. For example a Metropolitan Borough Council reported to us at the time:

“We are now in the second wave which again has followed a lot of hype about how serious the situation is. Both waves now have been very mild and my concern is if there is a third wave it may be difficult to get people to engage again as they may think it will once again not have the expected impact.”

3.5. Managing the increasing in reporting requirements.

3.5.1. During the outbreak Local Authorities were expected to assess their area and report one Social Care Condition level (SocCon level) for Adult Social Care Services and one for Children’s Social Care Services. There

were some concerns that the level of reporting required was an extra burden adding to the reporting systems that they already have in place at the time when councils needed to concentrate on delivering services.

4. Conclusion.

- 4.1. Thank you for the opportunity to submit evidence to review, we remain keen to work with government as this review develops. If you should like discuss any aspect of this submission, please contact LGA via civil.contingencies@lga.gov.uk