Cabinet Office

PREPARING FOR PANDEMIC INFLUENZA

SUPPLEMENTARY GUIDANCE FOR LOCAL RESILIENCE FORUM PLANNERS

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Contents

Acronyms

CCC:	Civil Contingencies Committee
CCC (O):	Civil Contingencies Committee (Officials)
CCS:	Civil Contingencies Secretariat
CLG:	Department of Communities and Local Government
COBR:	Cabinet Office Briefing Room
CRIP:	Common Recognised Information Picture
DAs:	Devolved Administrations
DCSF:	Department for Children, Schools and Families
DEFRA:	Department for Environment, Food and Rural Affairs
GO:	Government Office
HMRC:	HM Revenue and Customs
HPA:	Health Protection Agency
LA:	Local Authority
LRF:	Local Resilience Forum
MMU:	Media Monitoring Unit
OFT	Office of Fair Trading
OGD:	Other Government Department
PASA:	NHS Purchasing and Supply Agency
PCT:	Primary Care Trust
PRU:	Pupil Referral Unit
RAG:	Red, Amber, Green
RCCC:	Regional Civil Contingencies Committee
RRD:	Regional Resilience Director
SCG:	Strategic Coordinating Group
SITREP:	Situation Report
Wales	Wales Civil Contingencies Committee
WHO:	World Health Organization

1. Introduction

In the UK, the primary responsibility for planning for and responding to any major emergency rests with local organisations, acting individually and collectively through Local Resilience Forums (LRF) and Strategic Coordinating Groups (SCG). With this in mind the Civil Contingencies Secretariat (CCS) launched a programme of work to ensure that multi agency pandemic flu plans at the LRF and Regional / Wales levels are fit for purpose.

An effective local response will require the cooperation of a wide range of organisations and the active support of the public. Many important features of a pandemic will not become apparent until after it has started (i.e. when person-to-person transmission has become sustained) and at this time there may be very little time to develop or finalise preparations, so plans must use as their base UK planning assumptions and presumptions as outlined in the National Framework. This will enable them to be:

- Constructed to deal with a wide range of possibilities
- Based on an integrated, multi-sector approach
- Built on effective service and business continuity arrangements
- Responsive to local challenges (e.g. rural issues) and needs
- Supported by strong local, Regional / Wales and UK leadership.

Achieving these strategic objectives will require the development, maintenance, testing and, when necessary, implementation of operational response arrangements that are:

- Developed on an integrated and multi-agency basis
- Able to respond promptly to any changes in UK alert levels
- Able to combine local flexibility with national consistency and equity

- Capable of implementation in a flexible, phased and proportionate way
- Based on the best available scientific evidence
- Based on existing services, systems and processes wherever possible, augmenting, adapting and complementing them as necessary to meet the unique challenges of a pandemic
- Understood by and acceptable to service providers and the general public
- Adaptable to other threats, to the extent that this is practicable without compromising their effectiveness for pandemic influenza
- Able to be implemented in advance of a pandemic if this action has significant potential to mitigate the effects of a pandemic and, where possible, other threats or hazards
- Designed to promote the earliest possible return to normality.

This guidance should be read in conjunction with the CCS document *Preparing for Pandemic Influenza: Guidance to local planners (including checklist for Local Resilience Forum planners), available from:*

www.ukresilience.info/pandemicflu/guidance/regional_local.aspx

The latest planning information and guidance can be found at http://www.ukresilience.gov.uk/pandemicflu.aspx

1.1 Aim of document

This guidance has been produced following an initial analysis of the LRF pandemic influenza multi-agency plans in order to:

- Correct common misunderstandings and / or reinforce key messages
- Share best practise from current LRF plans
- Share additional national information on the role of LRFs with respect to the non-health response
- Provide information beyond that already circulated in the LRF Guidance
- Provide a tool for plan development at LRF level
- Provide a tool for future validation of plans at the regional/Wales level.

1.2 Structure

Section One of this document provides an introduction to multi-agency planning.

Section Two provides information on each of the essential elements of LRF plans and those areas considered to be the least well developed following the initial analysis of plans. Under each of these sections additional information is provided by lead government departments on the key planning components and issues which should be considered and addressed as part of the local/regional or Wales planning process. Common misunderstandings have also been addressed.

Annexes A to C provide information to support the provision of surveillance data.

1.3 Multi-agency planning

A multi-agency plan is a plan for a particular emergency or situation which is maintained by more than one Category 1 responder acting jointly. They should be developed for risks that require a formal set of procedures and plans governing all responders in order to ensure a successful and combined response. Response to an influenza pandemic outbreak is considered by central government to be one such risk.

Multi-agency plans are important tools for bringing together key planning partners, consolidating partnership working and ensuring that the various plans to deliver particular aspects of the response fit together and complement each other. They are also essential for ensuring that all responding organisations are aware of the expectations on them from others and are aware of the wider impacts of the elements of the response for which they may lead.

Multi-agency plans should describe the control and coordination procedures for combined response to an emergency, including, for example, the procedures for setting up the Strategic Coordinating Group (SCG). They should also cover specific topics, for example the management of excess deaths during a pandemic, which are likely to be unworkable without careful pre-planned cooperation of various Category 1 responders, as well as involvement of some Category 2 responders, and other private organisations. For pandemic influenza the key elements of the multi-agency plan are described in more detail in this document.

Multi-agency plans should be supported by single agency business continuity plans.

Pandemic influenza planning groups should have been established to bring together Category 1 and Category 2 responders, and other organisations to develop a multi-agency approach. Although Category 2 responders are governed by their own legislation and regulations in regard to emergency planning, the requirements of the Act are that they should cooperate with Category 1 responders' in connection with the performance of their duties and,

on request, provide information to them in connection with those duties. Organisations not specifically named in the Act should not be discouraged or excluded from cooperation with Category 1 and 2 responders in developing planning arrangements. On the contrary they should be encouraged.

Note: It is the responsibility of public bodies and service providers to ensure that their behaviour (both in planning for and responding to an influenza pandemic) complies with the law. With this in mind local service providers should participate as fully as possible in LRF planning; however, private businesses must not enter into any agreements with each other or public bodies that would infringe Article 81 of the European Commission Treaty or the Competition Act 1998. Similarly, LRFs and Local Authorities should not take forward planning practises which would see service providers infringe on European Union or UK competition laws. For more information please visit www.oft.gov.uk.

2. Key Elements of Planning

2.1 Setting the scene

The national planning assumptions and presumptions, as detailed in *The National Framework for Responding to an Influenza Pandemic* should be applied locally and regionally in order to provide a picture of the possible impact of the pandemic within each region and to ascertain possible capability gaps. This should include the possible number of pandemic influenza cases and additional deaths within a locality.

2.2 Roles and Responsibilities

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.

To facilitate planning in this area LRF plans should:

- Collate, agree and document information relating to the roles and responsibilities of the following organisations: LRF/SCG, RCCC/WCCC, HPA, Strategic Health Authority (in England only), Coroners, Funeral Services, Neighbouring LRFs, GOs (in England only), PCTs (in England only), NHS organisations (and independent health and social care providers), Social Service providers, Police, Fire Service, Prisons (as appropriate), Court Service (as appropriate), Local Authority Environmental Health, Local Authority Children's Services, Voluntary Sector, Other relevant Category 2 responders, Port Health (as appropriate).

- Collate, agree and document the departments responsible for the following: management of excess deaths, management of vulnerable people, communication, school closures, social services and data collection/surveillance (see section 2.6).

- Document and formalise support the LRF will provide to health service providers.

- Align the changing roles of organisations to different WHO phases and UK Alert levels and ensure this is understood and documented. For example, there may be different roles in the planning phases compared to response phases.

- State the roles, responsibilities and Terms of Reference for committees sitting below the LRF or SCG.

Since a pandemic will have a significant impact on staffing levels it is appropriate to consider deputy members for committees. Local travel disruptions and caring for loved ones may make it appropriate to hold meetings remotely. These issues and technical support should be considered to help ensure smooth running during the response.

2.3 Command and control

Clear triggers for the transition from an LRF to an SCG should be agreed and documented. There may be more than one possible trigger, for example:

- Based on national guidance
- Isolation of the virus within the local population
- Isolation of the virus in the UK

These triggers should be agreed and aligned across the region where possible.

Members of the SCG should be similar to that of the LRF and include those organisations listed above (in section 2.2). Given that pandemic influenza is a complex risk with complex response requirements it may be necessary to establish a number of subgroups that sit under the SCG to deal with specific elements of the response and to enable the SCG to remain focussed on the strategic response. Sub-groups to consider are: communications, deaths, scientific advice, vulnerable people, health and social care**.**

Membership/chairmanship and the Terms of Reference of the SCG and subgroups should be documented and agreed prior to the start of a pandemic. Mechanisms for data collection and reporting lines between SCGs, subgroups, and RCCC/WCCC should be agreed. This would be most appropriately documented in a flow chart and using pre-determined situation reports (see section 2.6).

Command and control structures should be agreed across the region, including how SCGs will report to RCCC/WCCC and the timing of meetings and reporting deadlines.

2.4 Excess Deaths

The Local Authority is the organisation responsible for leading on the planning for excess deaths. However, Local Authorities' plans should be carefully coordinated with those of other Category 1 and 2 responders and private organisations. The coordination of plans should be undertaken in meetings of the Local Resilience Forum. An over-arching multi-agency plan should be drawn up and agreed by the LRF planning committee.

The Home Office guidance *Planning for a Possible Influenza Pandemic: A Framework for Planners Preparing to Manage Deaths* provides detailed information on this issue, including a description of the phased transition to Different Ways of Working. The information below provides a summary of the key components which are most relevant to LRF planners.

It is important that all planners are aware of the national planning assumptions for pandemic influenza. All planners should assume that the pandemic influenza virus will have a 50% clinical attack rate and a 2.5% case fatality rate.

LRFs should:

- Set up planning committees including ALL personnel that are involved in the death management process. In addition to Category 1 and Category 2 responders, LRFs should make contact with coroners, funeral directors, mortuary managers and burial and cremation authorities. Faith communities should also be invited to contribute to the planning process.
- Produce a multi-agency plan which aims to mitigate the effects of an influenza pandemic upon the death management process through:

    i) bringing together the analysis of local capabilities set out in local authority plans and identifying the points at which it will be necessary to depart from normal ways of working;

    ii) formalising the agreement of ALL those engaged in the death management process to move to different ways of working at

these pre-determined stages[1]; and

iii) providing precise details of how the SCG will function during a pandemic.

- Establish a basis and schedule of communications between the LRF and its membership, and between the LRF and Regional Resilience Teams / Welsh Assembly Government.

- Encourage business continuity planning in all organisations involved in the management of excess deaths.

- Identify potential difficulties in the death management process, and consider how these problems will be addressed

- Discuss any salient issues arising in relation to pandemic influenza or pandemic influenza planning during LRF meetings.

LRF Plans should:

- Document the predicted impact of the pandemic influenza national planning assumptions on their locality. This should include a projected number of additional deaths per week over a 15 week period and the total number of excess deaths for a locality based on population figures.

- Document the Phase Two Different Ways of Working which may be implemented locally to alleviate the pressure on the death management process. This should include information on how these will be implemented, triggers for doing so and agreements between sectors.

- Document roles and responsibilities.

- Include full details of any relevant contracts or memoranda of understanding between Forum members and other parties.

- Include plans for the gathering of local information and data from

[1] Such agreements affecting businesses should not contravene EC and UK competition law – see the Note under 1.3 above

relevant organisations in order to inform the local and national response.

- Set out the mechanism by which the SCG will monitor the effectiveness of Phase Two Different Ways of Working.
- Contain full contact details for SCG membership, other important local service providers (e.g. local coroners' offices), local and national healthcare agencies and the RCCC or WCCC.
- Indicate how public messages will be communicated.
- Contain a schedule for the regular review and testing of the plan itself.
- Describe a detailed procedure for the activation, day-to-day operation and deactivation of the SCG.
- Provide a detailed description of data reporting arrangements.
- Forecast the possible financial consequences of an influenza pandemic, and how any action will be funded.

The SCG will:

- Activate the LRF-agreed plan which stipulates multi-lateral implementation of different ways of working across local business areas.
- Gather and disseminate data/information on the impact of additional deaths on the death management process, and identify any current or potential shortcomings. Data should be reported up to RCCC or WCCC and to national healthcare agencies as prescribed in the LRF plan. National / regional / Wales messages should also be disseminated at a local level.
- Continually assess the effectiveness of the agreed multi-agency plan and make modifications to the response (Phase Two Different Ways of Working) as appropriate.
- Provide formal requests to Ministers, through RCCC / WCCC, for Phase

Three Section One and / or Phase Three Section Two Different Ways of Working.

- Decide which Phase Three Section One Different Ways of Working are adopted locally (subject to prior agreement by the CCC).

- Inform all parties and the local population of any Ministerial decisions to implement Phase Three Section Two Different Ways of Working. These measures will be mandatory so clear understanding and communication messages are essential.

A useful tool for calculating the impact of an influenza pandemic on local services is provided at http://www.ukresilience.info/~/media/assets/www.ukresilience.info/flu_lrf_excel%20xls.ashx

2.5 Communications

Cascading information

The Department of Health will inform the Cabinet Office, the health departments of the devolved administrations (directorate in Scotland) and the Health Protection Agency (HPA) should the World Health Organization (WHO) declare a pandemic or update threat assessments. The Cabinet Office will alert other government departments and work with the Department of Health to develop, update and circulate top-line briefings via the News Coordination Centre (NCC). The Department of Health will also alert health and social care organisations and professionals in England through strategic health authorities and via the Chief Medical Officer's established public health link mechanism. Similar arrangements are in place in the devolved administrations. Messages would include clinical information for health professionals. Other government departments will arrange sector-specific briefings.

Foreign nationals visiting or resident in the UK should maintain contact with their respective embassies, which should receive regular briefings, advice and information from relevant government departments at a national level.

The Local Resilience Forum will play a crucial role in ensuring an effective cascade of information.

National communications

The Department of Health will be the primary source of health-related messages and will work closely with the Cabinet Office, the devolved administrations, other government departments and the HPA to deliver a nationally coordinated communication strategy. Effective internal two-way communication will also be vital to an effective response in a pandemic. Strategic health authorities / boards will play a key part in linking to health services and will support and coordinate the activities of primary care trusts and other local NHS organisations in delivering locally tailored press notices and key fact sheets, and in identifying suitable spokespeople in England. Appropriate arrangements will also be put in place by the devolved administrations.
All mainstream information and campaign materials need to be accessible to

the widest possible audience, including hard-to-reach groups. Explanatory leaflets, a guide explaining pandemic influenza and other informative material are already available on the web. An information pack has been distributed to GP surgeries, pharmacies and NHS Direct call centres and walk-in centres. Plans for a print and broadcast advertising campaign and a public information film have also been developed and will be held on standby. A national leaflet door drop will be activated at WHO Phase 5.

Chief Medical Officers have an important professional leadership role in a pandemic. In conjunction with expert groups, professional bodies and health protection agencies, they will provide multidisciplinary advice and information and may need to adapt initial guidance as the characteristics of the emerging influenza virus become more apparent or if pressures on capacity, pharmaceuticals or other supplies make tactical changes necessary.

Further information on health communication in a pandemic is available at http://www.dh.gov.uk/pandemicflu

Local communications

The LRF is the principal mechanism for the coordination of multi-agency planning at local level, bringing together the key responders in the area.

Ensuring that communication plans are an integral part of all local responders' pandemic plans is essential and the checklist below covers the main areas that LRFs should consider.

For example, as most influenza sufferers will need to be cared for in a community setting, developing integrated health and social care plans will be a particularly important part of local planning – how will the message about specific local provision get out to this group? 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 – what channels will be most effective in getting local message out to these groups?

Checklist for pandemic flu communications

Aims and Objectives	What are the specific aims and objectives of your communication plan?
Target audience	Who are all the audiences that you need to get this message out to – it will not be a question of one message for all audiences and there will be different requirements / messages, for example, for internal audiences (i.e. getting the information to staff) from those for external audiences – getting the message out to partners, stakeholders, the public and the media, business, the vulnerable or those with special needs?
Message	What is the message you are getting out – has the content been adapted for individual audiences, have different messages for different phases been identified?
Channels	What channels are being used to get the message out – web, via the media, in-house produced material, local newsletter etc? What engagement has there been with the local Regional, Wales Media Emergency Forum?
Spokesmen	Have spokesmen been pre-identified and have they been media trained?
Managing the local co-ordination	Who leads on managing this process? Have individuals been identified within organisations – who is going to co-ordinate this information locally?
Working with national co-ordinators	Who will lead on Co-ordination and communication with the News Co-ordination Centre i.e. at national level?

2.6 Data collection/surveillance

The national pandemic flu battle rhythm is provided at Annex A. This is subject to change depending on a) ministerial approach, b) severity of the pandemic and c) available resources. However this should be used as the basis for planning. Of particular note is that situation reports from Regional Resilience Directors (Government Offices)/Welsh Assembly Government will be required by 19:00 reporting the situation in their regional area as at 17:00.

To prevent multiple requests to the regions/Wales for information/data CCS have developed a regional pandemic flu situation report with Other Government Departments to summarise the information required at a national level. With this in mind one regional report should be submitted to CCS and other Government Departments daily (inline with the battle rhythm). This information will then be collated into a national situation report and fed into CCC and CCC (O) meetings as required. The regional situation report is attached at Annex C. This provides details on the information from regions that may be required nationally during a pandemic. This should be used as the basis to agree local and regional reporting mechanisms.

LRF and regional/Wales plans should include:

- Agreed local/regional/Wales battle rhythm to ensure national deadlines are met.
- Agreed LRF/LA reporting templates to facilitate reporting into RCCC or WCCC.
- Agreed responsibilities for collecting information.
- Agreed information flows to ensure local, regional/Wales and national information is correctly disseminated.
- Agreed arrangements for obtaining health information which is relevant to the LRF response.

LRFs should:

- Exercise the data collection and reporting processes.
- Ensure arrangements are in place for local health information to be made available to LRFs. They will also need to put in place effective communications on the local health situation and response during a pandemic.

2.7 Social measures[2]

2.7.1 Education

As detailed in *The National Framework for Responding to an Influenza Pandemic*, subject to the impact of the pandemic, the Government may recommend that schools and early years/childcare settings close to children when the first clinical cases are confirmed in the LRF area and that they remain closed until the local epidemic is over. This would include: all schools all nurseries, playgroups and group early years and childcare settings.

There are some exceptions to this rule. Childminders (individuals who look after a small number of children in their own home) would not be advised to close unless they or their own children were ill; however they would be asked to turn away symptomatic children. Some schools would not close during a pandemic as there may be more risk to the children associated with closing these schools than keeping them open during a pandemic. This is not a clearly defined subset, but may include children with severe autism, where families would require assistance to provide suitable care and there would be inadequate suitable accommodation in their own LA. A useful indicator may be whether the schools offer 50+ weeks accommodation in a year, though there could be some with term-time provision who would remain open. It will be the decision of the head teacher whether such schools should stay open and planning authorities to decide whether to withdraw children.

When a pandemic reaches the UK, the Government will decide, based on the scientific evidence available at the time, whether to advise schools and group early years and childcare settings to close to children when the pandemic reaches their area.

If evidence suggests that a pandemic will not be very severe, and the Government therefore issues no advice to close, there is probably no role for LRFs or SCGs in Department for Children Schools and Families (DCSF) sectors or devolved equivalents.

[2] Welsh planners should refer to the Welsh version of this guidance.

Procedures to follow when closure is advisable

If the Government considers the pandemic severe enough to advise schools and group early years and childcare settings to close, then the procedures are as follows (first published in 'Planning for a human flu pandemic – Guidance to schools and children's services', issued in July 2006 by the Department for Education and Skills).

1 Communicating initial decision

The Civil Contingencies Secretariat (CCS) will advise all Government Offices (GOs) that the UK Government has taken this decision, and that the message needs to be cascaded to schools and early years and childcare settings. The GOs will then notify the SCGs in their areas, Local Authority (LA) Chief Executives being updated through their role on the SCG. The LA Chief Executives will advise their Directors of Children's Services, who are responsible for ensuring that all schools and settings are told of the decision, to advise closure following confirmation that the pandemic has reached their area.

2 When the pandemic reaches an area

The DCSF policy is that advice to close would be activated on the basis of LRF areas, with all schools and group early years and childcare settings being advised to close when the pandemic reached their area – the advice might be activated in several LRF areas at the same time.

The Health Protection Agency (HPA) will notify CCS that the pandemic has been identified in a given LRF area. CCS will advise the relevant Government Office, who will inform the SCG. LA Chief Executives, advised through the SCG, will inform their Director of Children's Services, who will as quickly as possible get the message through to all schools (including independent

schools) and providers of group early years and childcare. In most cases, we would expect schools and settings to close at the end of the day when they get the message and remain closed until advised that it is judged safe to re-open.

3 Re-opening after closure

Based on evidence from the local Health Protection Unit, the HPA would decide that the infection rate in an area has fallen to a level where schools and early years and childcare settings could be advised to re-open in relative safety (they should never be told that it is 'safe' in absolute terms as it is possible that there will be further cases).

HPA would advise the Civil Contingencies Committee. If members of that committee agree, CCS will relay the message to the relevant Government Office. The GO will advise the SCG, and the LA Chief Executives on the SCG will ask their Directors of Children's Services to get the message through to schools and providers of childcare and early years services. Schools and providers would contact parents, but we would also expect local authorities to put appropriate messages on their website.

SCGs should:

- Effectively communicate decisions around the closure and re-opening of schools and group early years and childcare settings.
- Assess the impact of school closures on the locality ensuring the effective implementation of mitigating activities.

LRF plans should:

- Document reporting lines. Data on school closures/reopening (as detailed below) will need to be gathered each day and included in situation reports. In most cases, we anticipate that these data will be provided direct from local authorities to GOs without any LRF or SCG involvement (although clearly this would be for local determination and agreement, and GOs would need to ensure SCGs are aware of the data for their area).

- Document roles and responsibilities with regard to school closure and re-opening. For example, it is the responsibility of local authorities to ensure that they have up-to-date contact details for all schools (including independent schools) and registered providers of early years and childcare services.

Though it is for local authorities to make their own plans, LRFs may wish to ensure that local authorities have taken appropriate steps. In terms of children's services, it would be reasonable to expect that LAs will:

- Hold contact details for all schools and early years and childcare settings, including how to contact head teachers and setting managers when their school/setting is closed;

- Have business continuity plans for their own children's services;

- Have procedures for collecting data about the closure of schools and settings and have agreed (via the Regional Resilience Teams) how this is to be shared with GOs;

- Have communications plans that cover the issue of communicating with parents about closures;

- Hold plans for supporting schools with some form of remote learning in the event of extended schools closures.

2.7.2 Vulnerable people

Vulnerable people are defined as those 'that are less able to help themselves in the circumstances of an emergency'. In the event of a pandemic, these may include: children (the situation may be exacerbated by school closures), older people, mobility impaired, mental/cognitive function impaired, sensory impaired, individuals supported by health, LAs or the independent sectors within the community, individuals cared for by relatives, homeless, pregnant women, minority language speakers, tourists, travelling community.

In February 2008, the Civil Contingencies Secretariat issued guidance for emergency planners and responders *'Identifying People who are Vulnerable in a Crisis'*. This is available at:

http://www.ukresilience.info/upload/assets/www.ukresilience.info/vulnerable_guidance.pdf

The guidance primarily focuses on the principles of identifying and building relationships with bodies responsible for vulnerable people, so that the potential scale and mechanism for response can be agreed before an emergency occurs.

Although the guidance is focussed on non-pandemic type emergencies, the key elements of planning for identifying people who are vulnerable in a crisis are relevant to LRF pandemic planning. Individuals cared for by relatives may be particularly vulnerable as their carers may become ill with pandemic – similarly, the impact on vulnerable children may be exacerbated as a result of school closures.

LRFs should carry out the four key stages of establishing an emergency plan for identifying people who are vulnerable in a crisis:

1. **Building Networks**

The most effective way to identify vulnerable people is to work with those who

are best placed to have up-to-date records of individuals and who will be aware of their needs. This may range from care homes (older people) to the local hotel industry (tourists).

2. Creating Lists of Lists

It would be impossible to maintain a central up-to-date list of vulnerable people. Therefore it is recommended that lists of organisations (likely to be your key planning partners, who hold and maintain the key vulnerable people data) and establishments (such as care homes) are made, with their contact details, and should be updated regularly. They can then be easily contacted in the event of a pandemic to provide relevant information.

3. Agreeing Data Sharing Protocols and Activation Triggers

Once relevant agencies have been identified and networks developed, agreed data sharing procedures can be put in place, which should have the flexibility to adjust to changing circumstances with clear agreed triggers between responders.

4. Determining the Scale and Requirements

By building networks and agreeing data sharing protocols, the potential scale of requirements of vulnerable people can be estimated in advance of an emergency, **without divulging information about individuals**. This information can then feed into your pandemic planning in terms of resources and equipment.

From these generic key stages of identifying people who are vulnerable in a crisis, LRFs pandemic plans should:

- Document the overall lead agency for vulnerable people in emergencies and the roles and responsibilities of agencies involved in the care of vulnerable people.

- Contain contact details for all key voluntary organisations in their area providing social care.

- Document Terms of Reference, membership and responsibilities of any subgroups set up to manage vulnerable persons during a pandemic.

    - You should consider bringing together your key partners responsible for managing the overall planning process for vulnerable persons during a pandemic through a Humanitarian Assistance sub-group

- Summarise communication methods and messages for vulnerable people within your community. This should include pre-pandemic phases and pandemic phases.

- Pull together a list of partners that can be used to gather relevant information on vulnerable people in the event of a pandemic.

- Include an estimate of the number and type of potentially vulnerable people for a region and their needs during a pandemic.

    - Ideally these estimates should be accompanied with geographical information of where the people might be found – for example, in a particular hospital, tourist area or housing area

- Include plans for managing the additional burdens that will be placed on social care by the pressures on hospital places.

- Include plans to support local social care providers and voluntary organisations in the development of their business continuity plans.

- Include plans for managing urgent assessments and provision of services to reduce the possibility of inappropriate hospital referral.

During a pandemic LRF/SCGs should:

- Maintain the level of support required by people who are vulnerable – the nature of a pandemic means that this is the key consideration for LRFs. This will require working with the vulnerable people's lead agency to identify what support mechanisms are affected by the pandemic impacts, and diverting resources to vulnerable people to ensure that they receive the required level of support.

- Notify all social care commissioners and providers.

- Give consideration to the closure of day services, particularly where they involve large gatherings of users at one venue (planning for such closures and the ongoing support of those users affected should be part of a previously agreed multi agency plan).

This will mean:

- Hold meetings, as required, of your vulnerable persons sub-group.

- Put out vulnerable people messages, as required, according to your plan.

- Confirm particulars of data / information required, and invoke trigger for collecting that data.

2.8 Support to the health response[3]

2.8.1 Antiviral distribution

Current stockpiles

The UK has established a stockpile of oseltamivir (Tamiflu) antiviral medicine that allows for the treatment of all symptomatic patients at clinical attack rates of up to 25%. Work is underway to increase this stockpile to cover 50%. This would be enough to ensure treatment for all those that become symptomatic, in a 'reasonable worst case' scenario where the maximum predicted attack rate is reached. A move to prioritisation of treatment would only be made if information became available to suggest that demand for antiviral treatment would outstrip supply. In this instance, priority groups would be set at a national level.

Antiviral medicines need to be made available to all patients who have been symptomatic for less than 48 hours, and preferably within 12 hours from reporting symptoms indicative of influenza. A National Flu Line service will be available at WHO Phase 6, UK alert level 2, to provide symptomatic members of the public with rapid access to assessment, advice, triage and if appropriate, authorisation of antiviral medicine treatment. NHS Direct will set up and manage this service.

The National Flu Line service is currently in development and is scheduled to be in place by October 2008. Further enhancements to the system will be introduced subsequently.

During the pandemic, the Department of Health will:

[3] Welsh planners should refer to the welsh version of this guidance

- Pre-distribute to PCTs, within an estimated 24 hours of UK alert level 2 being announced, initial allocations (2 weeks supply) based on a 25% clinical attack rate and their resident population. After the initial supply of antivirals, further allocations will be made on an ordering and re-supply basis, and will be adjusted to reflect the actual attack rate, transient populations, supply position and demand.

- Establish a national coordination centre to receive orders for further supplies of antivirals, to coordinate the transportation of antivirals to the PCT collection points and other identified points of use, and to monitor and manage the national antiviral stockpile.

Local

LRFs will need to understand local plans for the delivery of antivirals and support PCTs as appropriate. In particular, it is PCTs' responsibility to:

- Identify collection points (the locations from which antivirals can be collected on referral from the FluLine or a healthcare professional), and other locations that may need antiviral medicines on their premises. All antiviral collection points and points of use must have appropriate operational, business and resilience procedures in place which are kept under review.

- Make arrangements for the issuing of antiviral medicines at these local collection points (e.g. on referral from the National Flu Line), monitor consumption of antivirals across the locality (using a nationally developed stock management and reporting system), and liaise with NHS Direct on contributing clinical resource to support the operation of the National Flu Line service.

- Ensure plans are in place to enable authorisation and delivery of antivirals locally where people are unable to access antivirals via the Flu Line or do not have a FluFriend to collect their antivirals for them and

ensure a ‘back up’ plan is in place in the event that the Flu Line Service is not functioning as required.

- Nominate a team of appropriately skilled staff who are responsible for antiviral distribution coordination within the PCT. This team should be part of the PCT coordination centre.

2.8.2 Pre-pandemic vaccine

The UK has limited stocks of an A/H5N1 vaccine purchased specifically for the protection of healthcare workers. NHS occupational health departments should provide the professional lead in planning for, and ensuring the delivery of, immunisation of those NHS staff groups for whom they are responsible. PCTs will be responsible for providing the necessary vaccine, overseeing the suitability and completeness of local arrangements, and ensuring monitoring of vaccine coverage among healthcare workers. SCGs should support PCTs as required.

2.8.3 Pandemic-specific vaccine

The UK will secure sufficient pandemic-specific vaccine to protect the population as soon as it is available (likely to be at least four to six months, i.e. well after the first wave of the pandemic strikes the UK). Once vaccine production has started, it would take over 12 months to receive delivery of the full quantity of vaccine so initial clinical prioritisation will be unavoidable. Responsibility for the choice of priority groups lies at national level and would take into consideration ethical concerns as well as scientific factors, such as the incidence and risk of clinically severe disease in different population groups, and the possible impact on slowing the spread of disease by prioritising particular population groups.

The delivery arrangements for a pandemic-specific vaccine are being reviewed with key stakeholders, including PASA and the NHS Business Services Authority (April 2008). Given that specific pandemic vaccine can be provided by manufacturers only at a limited rate, that it will be provided in relatively space-saving multi-dose vials and that it should be used promptly, it is less likely that a specific pandemic vaccine will cause major distribution or storage problems nationally or locally.

2.8.4 Adult Social Care

Local Authority Adult Social Care Provision will have a crucial role to play in support to the health response during a pandemic and should be adequately represented in the development of all written multi-agency pandemic influenza plans. LRFs may want to satisfy themselves that LAs have put in place effective arrangements for the assessment and subsequent provision of services including, for example, domiciliary care and care home placements during a pandemic. This should include the ability to regularly obtain and update information on the day-to-day capacity of domiciliary care and care home providers to accept, assess and provide services to new referrals. See section 2.6.2 for more information on vulnerable people.

Annex A: Battle Rhythm

This section summarises the likely battle rhythm during an influenza pandemic. This is subject to change by Ministers during a pandemic depending on severity of the pandemic and arising issues.

[Note: this sets out the battle rhythm at the height of the pandemic. Before cases are detected in the UK and during the recovery phase, meetings may be less frequent]

1. The CCC is likely to meet mid-morning (most likely at around 11:00a.m.). CCC (O) will meet prior to meetings of CCC (most likely at around 9.00a.m.) to prepare the ground, to consider papers for Ministers or to consider other issues as directed by CCC. The Cabinet Office will draw up the agenda and circulate a situation report in advance of each meeting of CCC and CCC (O). After each meeting, the Cabinet Office will prepare a note summarising the key points to emerge, work commissioned and decisions taken, and, for CCC, any issues on which Ministerial guidance is sought. Papers will be commissioned as necessary from Departments.

2. Departments will be operating on a 24/7 basis, particularly those engaged in the operational response, or in management of Parliamentary, media and public issues, at least during the first weeks of the emergence of a pandemic in the UK. Where pressures are less, some Departments will be working "extended days". Pressures for all Departments may reduce towards the end of each wave. To take into account staffing requirements during a pandemic, Departments have designated alternates to staff in key leadership or other roles in case they themselves suffer sickness.

Information flows

3. To service the battle rhythm set out above, a consolidated situation report will be provided in time for each morning's meeting of CCC (O). To do this, inputs will be sought as follows:

a. From DH and HPA by 07:00 summarising the most up to date UK situation (health effects).[4]

b. From Regional Resilience Directors (GOs) by 19:00 reporting the situation in their region as at 17:00.

c. From other Departments, the Devolved Administrations and others by 07:00 reporting the situation (wider effects/national impacts) as at 17:00.

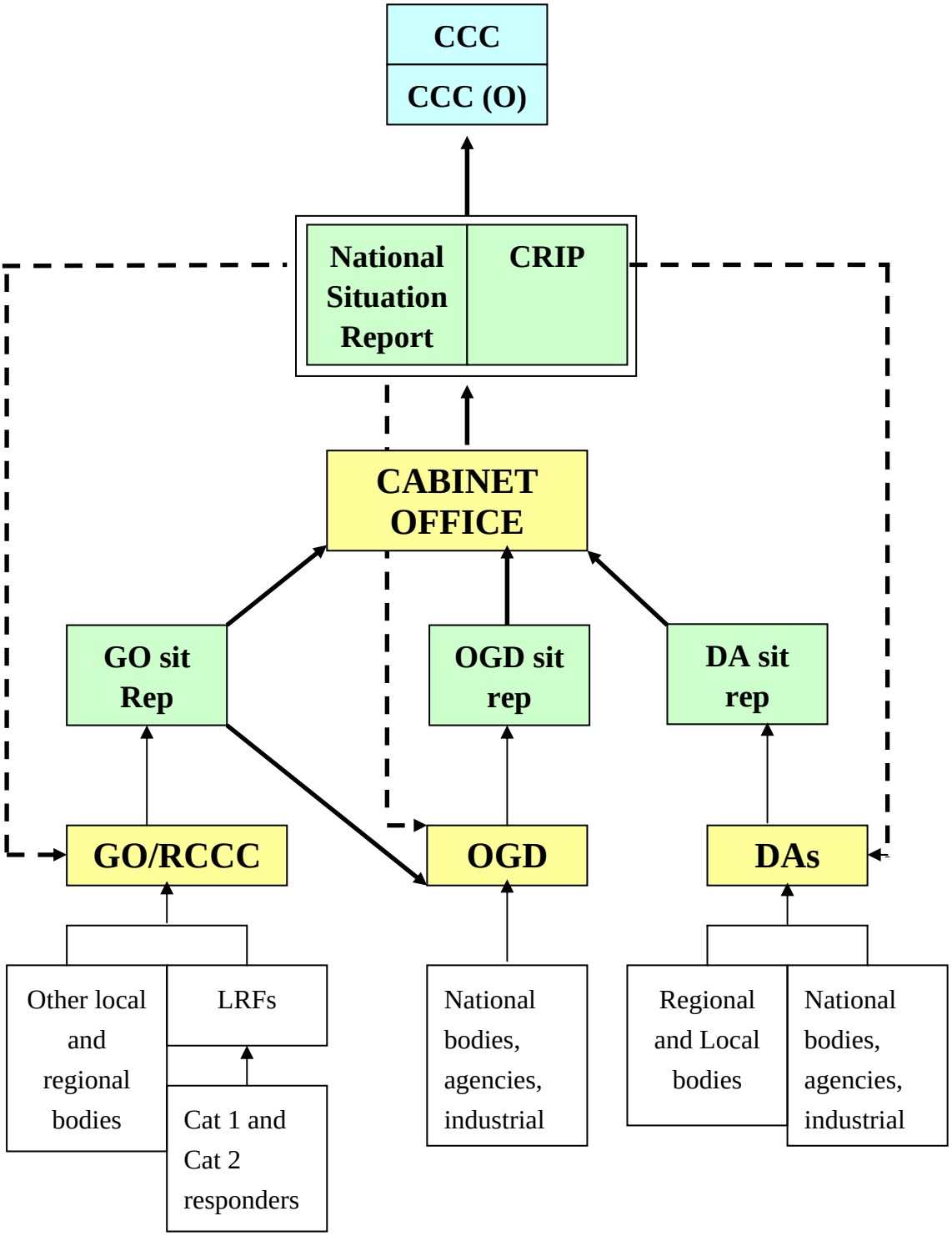
d. News updates from Government News Network and Media Monitoring Unit.

4. Compiled national situation reports will be distributed by the COBR Situation Cell to Ministers, Departments and to regional and local operational levels.

5. The Common Recognized Information Picture will be briefed into CCC and CCC (O) meetings and will be drawn from the national situation report.

[4] The data on cases and deaths will describe the situation as at 15:00 the previous day. The latest data on the impacts on the health service will be for 2 days previously covering 24 hours starting at 08:00 2 days before the CCS situation report. Where information is not provided on a daily basis (e.g., deaths), the latest figures will be used to describe the current situation.

Annex B: Information flows during an influenza pandemic



1. This outlines information flows for non-health surveillance data during UK phases 1-5 of an influenza pandemic. GOs will be asked to provide one situation report which will cover the information requirements of all central government departments and inform the regional/local elements of the national situation report. During UK phases 1-4 this information

may be limited depending on the regional situation. In addition government departments will provide situation reports covering the national aspects of their policy areas.

2. The nature of a pandemic makes it difficult to predict with absolute accuracy the exact information requirements as issues may arise placing new requirements on departments and GOs. With this in mind there may be the need for some direct requests from departments to GOs. However, to reduce burden and duplication of resources this should not be the usual route; information should all be encompassed into the one situation report.

3. Information will flow back to GOs, central government departments and DAs from the Cabinet Office once all information has been collated.

4. In general terms GOs are required to provide information on the regional and local picture whereas departments will provide information on the national picture and details of emergency arrangements in place/regulations being considered for relaxation. Both GOs and departments will be expected to include status on business continuity.

Annex C: Regional Situation Report

Central Government Situation Report for Pandemic Influenza

1. This document builds upon, but is consistent with, the draft situation report which has been circulated by CCS for consultation. It provides additional information on the likely information requirements from the regions during an influenza pandemic.

2. RRDs, central government departments and the Devolved Administrations have been given the opportunity to comment on an earlier version of this document and the information needs during an influenza pandemic. These comments have been incorporated into this draft.

Introduction

3. During an influenza pandemic, as with other emergencies, decisions need to be based on the best available information on the current situation and operational response. However, it is also recognised that a balance will need to be achieved to ensure that enough information is made available to Ministers and officials to allow them to make informed decisions to facilitate the response, whilst not placing too many additional burdens on those gathering information at a time when resources will be under significant pressure.

4. With this in mind the Cabinet Office have been working with other Government Departments to produce a draft GO Situation Report, specifically for pandemic influenza, that covers all of the likely regional information requirements and will therefore mitigate against multiple information requests. Information from these GO situation reports, along with national and international situation reports will be used to populate a complete national situation report, CRIP, and also allow for informed decision making.

5. It is also essential that those responsible for data collection are aware of the requests that are likely to be placed on them during an influenza pandemic

so that the necessary preparations can be put in place. By sharing and finalising this information now it will allow for the relevant plans to be put in place to capture this information, ensure consistency and aid central government collation.

6. By setting out clearly GO requirements in this way we hope to:

- Prevent multiple channels of data requests and data capture during a pandemic
- Formalise the information dissemination process
- Raise GO, LRFs and others awareness of the information they will be required to gather
- Allow plans to be put in place to gather this information, including the formalisation of reporting from the local and regional resilience tier
- Raise ministerial awareness of the type of information that will be available during a pandemic

7. GOs will not be expected to include material on health effects in situation reports. CCS is working closely with colleagues from the Department of Health, Health Protection Agency and Devolved Administrations to produce a UK based health situation report, which will include surveillance information and service pressures.

The Situation Report

8. This situation report summarises the information that will be required from GOs. It is not expected that all of the information presented will need to be updated daily, this will depend on the emerging situation and arising regional issues. Much of this information will be required on an exception

basis, i.e. only when/if problems arise. However, processes will need to be put in place in order to gather this information when it becomes available.

9. As the pandemic picture develops and issues arise the information requirements may change. This document therefore acts as guidance on the type of information that will be requested and/or made available during a pandemic influenza outbreak and is subject to change as more information on the pandemic becomes available.

Guidance for Completing the Situation Report

10. **This section provides some brief guidance on how to complete the Pandemic Influenza Situation Report. It is not intended to be comprehensive or prescriptive.**

Section 1: Departmental / Government Office Key Issues

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with the key issues that the reporting agency is currently dealing or require wider visibility i.e. that assistance may be called for. This section should also note if there are any restrictions on the report's distribution i.e. "for central government departments only".

Section 2: Key Issues for CRIP

- This section is used to direct the Cabinet Office / COBR Situation Cell to specific issues that the author believes should be reflected in the incident Common Recognised Information Picture (CRIP) produced by the Situation Cell. It will be for the Situation Cell to decide whether the information recommended is incorporated.

Section 3: Current Situation

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with the key issues relating to the situation. It should describe the current situation in sufficient detail for, if necessary, decisions to be made. Suggested topics that should be covered are provided at the end of this note.

- We have provided an indication of the information, specific to pandemic influenza which is likely to be required here. This includes information/data on: essential services, cremation and burial services and transport. It will also include other topics more likely on an exception basis. These are also listed.

Section 4: Operational Response

- This is used to provide Cabinet Office / COBR Situation Cell and agencies with the reporting agency's operational response to the situation. It should describe the operational response in sufficient detail for, if necessary, decisions to be made. Suggested topics that should be covered are provided at the end of this note.

- We have provided an indication of the information, specific to pandemic influenza which is likely to be required here. This includes information/data on: education (school closures), cremation/burial services, military support, mutual aid.

Section 5: Resources & Readiness

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with any resourcing and readiness issues that the reporting agency is currently dealing with or require wider visibility.

Section 6: Next Steps / Forward Look

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with information relating to what action is planned to take place over the coming reporting period or longer as appropriate.

- For pandemic influenza specific consideration should be given to those areas listed under sections 3 and 4.

Section 7: Political / Policy

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with the key political or policy issues. Issues reported should have relevance to either central government and/or the wider responding community.

Section 8: Media and Communications

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with the key media and communications issues. Issues reported should have relevance to either central government and/or the wider responding community.

Section 9: Manpower and Staffing Issues

- This section is used to raise any manpower or staffing issues related to the incident either centrally or in responding agencies.

- For ease duration reporting during an influenza pandemic a template is provided. This information should be supplied in the form of a RAG status, with supporting/supplementary information.

Section 10: Other Issues not covered elsewhere

- This section is used to provide other information that does not fit well elsewhere in the report.

Section 11: Information Requirements / Requested Clarification

- This section is used to seek information or clarification from Cabinet Office / COBR Situation Cell or other agencies. Where the information or clarification would be sourced from a specific agency this should be identified. This section does not negate the need to contact agencies directly but does provide a record of requested information or matters for clarification.

Section 12: Background / Overview

- This section is used to provide Cabinet Office / COBR Situation Cell and agencies with any background details that would assist the reader in understanding the situation or specific key issues being reported.

Section 13: Next SITREP will be issued at

- This section is used to warn when the next situation report is due. If it is the last report then this should be stated.

Section 14: Contacts

- This section should provide details of key contacts that can be contacted 24/7. Where a contact is not available 24/7 this must be clearly stated and their availability listed i.e. office hours. At least one out of hours contact must be provided.

Section 15: Attached tables, Maps, etc.

- Where maps and images are of a large size, they should be provided as separate compressed files so as not to be blocked by some agency firewalls. All attachments should be uniquely identified (with a clear linkage to the relevant situation report) and listed to ensure that data is not lost.

SITREP Number:	**XX**

	DD-MMM-YY		**HH.MM**
Lead Official:			
Alternate Contact:			

This Situation Report provides key information and data on the present situation it has been validated by the relevant departmental / agency officials. The information contained herein can be disseminated to other agencies as necessary – where clarification is required the lead official should, in the first instance, be contacted.

New information is highlighted using [insert appropriate method]

1. Department / Government Office Key Issues

2. Key Issues for CRIP

Contents

3. Current situation

Specific data information is likely to be requested on the following:

Essential Services

In the table below, please use a 'traffic light' system to describe the local situation (the national picture will be provided by lead government departments):

R = pandemic influenza having significant impact on the ability to deliver priorities

A = pandemic influenza having impact but managing within current resources

G = very small impact

Please provide details to support the assessment where issues have been identified.

Service	Local/Regional Impact [detail of local or regional shortages, outages, panic buying, business continuity issues and projections going forward.
Fuel	
Oil	
Gas	
Electricity	
Telecommunication network	
Postal Services	
Food	
Water	
Broadcasting (inc. print media)	
Waste Management	

Cremation and burial services

In the table below, please use a 'traffic light' system: Green = no problem; Green/Amber = minor problems; Amber = significant problems, but coping; Amber/Red – major problems; Red = services at or near breakdown. Please provide details to support the assessment where issues have been identified.

LA name	Cremation	Funeral	Burials	Coroners	Registrars	Funeral

		services				**arrangements**
…						
Regional Picture						

In addition ad hoc information will be required on issues/ concerns in the following areas:

Transport - Regional rail disruptions. Providing details of any station closures, line closures, cancelled services etc. Road Issues Details of regional or local road disruptions

Tourism - Details of impact on local/regional tourism industry – hotel cancellation, impact on visitors attractions.

Animal Health - Details of impact on Animal health and welfare.

Judicial process - Details of impact on regional/local judicial processes.

Community cohesion - Details of community Safety/Community Cohesion Issues

Business Issues - Businesses affected

Social care/welfare Homecare, Vulnerable People/Groups

Mutual Aid / Military Support - aid requested and/or in place

4. Operational Response

Including specific data on:

Education

	Still open	**Closed**	**Re-opened**

	Schools	Pupils	Schools	Pupils	Schools	Pupils
Primary						
Second'y						
Academy						
Special						
Indep't						

Notes:

1 Independent and non-maintained special schools should be recorded as 'special', not independent.

2 Middle schools deemed primary should be recorded as 'primary' and middle schools deemed secondary as 'secondary'.

3 PRUs should be recorded as 'secondary'.

4 Nursery schools should not be recorded in this table, but in that for early years and childcare settings below.

5 This will require input from each LA and collation by the GO

Early years and childcare settings

LA Name	No. settings still open	No. settings closed	No. settings re-opened

Plus information as deemed appropriate on any operational processes in place in the follow

- Transport
- Animal Health
- Judicial process
- Community cohesion
- Business Issues
- Social care/welfare Homecare, Vulnerable People/Groups

5. Resources and Readiness

6. Forward look

7. Political/policy

8. Media and Communications

- Media coverage
  - o
- Media tone / Current themes
  - o
- Key Lines to take / Public messages
  - o
- Warning and Informing / Public Advice
  - o
- Ministerial / VIP Visits
  - o
- Good News
  - o
- Forward Look
  - o

- Other media issues
  - o

9. Manpower and staffing issues

Provided on an exception only reporting basis.

Organisation	RAG status	Issues/Impact inc. changes to priorities or other countermeasures

R = pandemic influenza having significant impact on the ability to deliver priorities

A = pandemic influenza having impact but managing within current resources

G = very small impact

10. Other information not covered elsewhere

- Point #1
- Point #2

11. Information Requirements / Requested Clarification

- IR-01: **Priority** : xxx
- RC-01: **Priority** : xxx

- IR-02: Routine : xxx
- RC-02: Routine : xxx

12. Background / overview

13. The next Sitrep will be provided at

15. Contacts

Departmental Operations Centre

Telephone:

Fax:

Email:

Other Key Contacts

(a) [ ]

Telephone:

Fax:

Email:

(b) [ ]

Telephone:

Fax:

Email:

(c) [ ]

Telephone:

Fax:
Email:

ANNEX D - Useful Links

The following documents are all available on the UK Resilience website at: **http://www.ukresilience.info/pandemicflu.aspx**

National

- A National Framework For Responding To An Influenza Pandemic (DH / Cabinet Office)
- Explaining Pandemic Flu: A Guide From The Chief Medical Officer
- Overarching Government Strategy To Respond To Pandemic Influenza – Analysis Of The Scientific Evidence Base

International

- WHO Global Health Preparedness Guidance

Regional/Local

- Preparing For Pandemic Influenza - Guidance To Local Planners (Including Checklist For Local Resilience Forum Plans)

Health and Social Care

- Pandemic influenza: surge capacity and prioritisation health services provisional guidance (DH)
- Infection Control Guidance For Childminders (DCSF)
- Infection Control Guidance In Residential Settings (DCSF)

Ethics

- The Ethical Framework For The Response To Pandemic Influenza (DH)

Management of deaths

- Guidance On The Management Of Death Certification And Cremation Certification (DH)

- Planning For A Framework For Planners Preparing To Manage Deaths (Home Office)

- Summary Of The Responses To Consultation On The Guidance Document - Planning For A Possible Influenza Pandemic: A Framework For Planners Preparing To Manage Deaths (Home Office)

Education / Childcare

- Full Guidance For Schools, Providers Of Childcare, Early Years And Other Children's Services And Local Authority Children Service Departments (DCSF)

- Summary Version Of Guidance For Schools (DCSF)

- Summary Version Of Guidance For Childcare And Early Years Providers (DCSF)

- Model Pandemic Flu Plan For Schools (DCSF)

- Model Pandemic Flu Plan For Further Education Colleges (DCSF / DIUS)

- Guidance For Further Education Colleges (DCSF / DIUS)

- Guidance For Higher Education Institutes (DCSF / DIUS)

- Information For Parents. Department For Children, Schools And Families (DCSF)

Work place/Business

- Introductory Material On Pandemic Influenza For Businesses And Other Organisations

- Pandemic Flu Checklist For Businesses

- Guidance: Contingency Planning For A Possible Influenza Pandemic

- Pandemic Flu Workplace Guidance (HSE)
- Advice On Working With Influenza Viruses (HSE)

Further information on pandemic flu can be found on the following pages:

- Department of Health – Pandemic Influenza pages **http://www.dh.gov.uk/en/Publichealth/Flu/PandemicFlu/index.htm**

- Health Protection Agency – Pandemic Influenza pages **http://www.hpa.org.uk/webw/HPAweb&Page&HPAwebAutoListName/Page/1191942171181**

- European Centre for Disease Prevention and Control **http://www.ecdc.europa.eu/**

- European Union **http://europa.eu/index_en.htm**

- World Health Organisation – Influenza pages **http://www.who.int/csr/disease/influenza/en/index.html**