



Cabinet Office

National Resilience Standards for Local Resilience Forums (LRFs)

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National Resilience Standards for LRFs

Standard #15

PANDEMIC INFLUENZA PREPAREDNESS

Desired outcome

An LRF has multi-agency pandemic influenza plans that are agreed, understood and validated, and will support joint preparedness and the response and recovery effort to a very severe influenza pandemic.

Note that this standard is a risk-specific complement to generic capability standards, notably: *Local Risk Assessment, Emergency Planning, Interoperability, Business Continuity Management and Local Recovery Management*. The expectations set out in those standards apply to this risk.

Summary of legal duties (mandatory requirements)

The Civil Contingencies Act (CCA) establishes the legislative framework for LRFs and the statutory duties applying to emergency responder organisations notably: cooperation and information sharing, risk assessment, contingency planning, business continuity management and the provision of advice and assistance to the public. Notably there is a requirement that Category 1 responders maintain plans to ensure that they can continue to exercise their functions in the event of an emergency as far as is reasonably practicable. This duty relates to all critical functions, not just their emergency response functions. Additionally the [Policing and Crime Act 2017](#) establishes a statutory duty for blue light services collaboration, the [Data Protection Act 2018](#) provides statutory cover for sharing personal data in an emergency under substantial public interest conditions, and the [Health and Social Care Act 2012](#) outlines the role of the Director of Public Health and the duty to share a patients' information in order to facilitate the provision of healthcare.

How to achieve good practice in this area

A Local Resilience Forum (LRF) should have a Pandemic Influenza (Pan-Flu) plan that:

- a) Is directed and proportional to the public health risks set out in the National Security Risk Assessment and Community Risk Registers
- b) Sets out roles and responsibilities for the full range of responders and supporting organisations, and details clear and agreed multi-agency ways of working to manage risk, respond to and recover from a pandemic.
- c) Is based on existing arrangements and multi-agency ways of working wherever possible, adapting and augmenting them as necessary to meet the specific challenges of a pandemic.
- d) Is tailored to local circumstances and challenges that have been identified in the community risk register.
- e) Is scalable to deal with the full range of national planning assumptions, including those for excess deaths, staff absences and clinical attack rate and case-fatality ratio.
- f) Is based on the current and best available scientific evidence (links below).
- g) Sets out arrangements for multi-agency blue light services collaboration during a flu pandemic, as required by the Policing and crime Act 2017.
- h) Includes arrangements to identify and assist existing vulnerable groups and can also identify people who may become vulnerable in a flu pandemic, which should be agreed with partners and tested.
- i) Sets out expectations of local institutions and stakeholders, including prisons, universities, social care providers, undertakers and the voluntary sector, reflecting national guidance and local need.
- j) Includes roles and responsibilities for closure, if required, and subsequent re-opening of the full range of educational establishments.
- k) Sets out multi-agency recovery arrangements to promote the earliest possible return to normality, including preparedness for a further wave of infections.
- l) Is formally adopted and supported by the leaders of responders and supporting organisations, and signed off by the LRF as a partnership.
- m) A comprehensive and agreed anti-viral distribution strategy, led by NHS England.
- n) Linked to the ethical framework, and have a method for using the principles it contains as a checklist to ensure all ethical aspects have been considered throughout dynamic decision making at all levels.
- o) Recognition of the need for, and ability to deliver, a concurrent response during the duration of a pandemic.

Additionally, a Local Resilience Forum should have:

- a) Clear and agreed multi-agency ways of working to implement the plan, including triggers and agreements between organisations (including MoUs where appropriate) in relation to excess deaths, communications and arrangements to manage additional burdens on health and social care services, including prioritisation of care.