

LRF Pandemic Flu Preparedness

Executive Summary

The LRF pandemic flu questionnaire was developed and commissioned to support the work of the Pandemic Flu Readiness Board (PFRB) prior to Covid-19. This summary of LRF responses represent the situation at the point of collection in February 2020 and has been repurposed to support preparations for Covid-19. A range of actions are recommended in this report that fall to the local and national tiers to take forward (Appendices 1).

LRF pandemic Flu preparedness provides a good foundation for the Covid-19 Reasonable Worst-Case Scenario (RWCS) with the responses reassuringly indicating that all LRFs (38) have an overarching Pandemic Flu Plan with nearly all LRFs reporting 'significant' or at least 'some' partner engagement on Pandemic Flu planning. Areas of leading practice were highlighted with some regions working across LRF boundaries on planning and exercising.

However, in many cases assurance and exercising of these plans has not taken place in recent years, indicating that LRFs would benefit from support assuring their plans and the opportunity to look at some examples of leading practice put forward by other LRFs.

The greatest area of concern raised by LRFs and highlighted by the lower number of LRFs (28) with an Excess Deaths plan, was the local and national preparedness for the Excess Deaths RWCS; especially as local capacity struggles to cope with seasonal variations in mortality rates.

From the excess deaths plans reviewed, generally there was a lack of clarity about local capacity across the death management process and where steps could be taken to increase capacity and relieve pressure, whilst still maintaining existing processes. In this area LRFs would most benefit from additional support.

Signed by?

coffins) or short shelf life items cannot be stockpiled in advance and, when they may need them, there is likely to be demand drawing on the same resources possibly nationally and even internationally.

They also flagged that there's no National resources for supply and no national stockpile to draw on and questioned where responsibility lies for providing necessary equipment as well as for providing site management and security.

They noted that financial support could allow them to purchase items which have a long lead time and not held routinely by responders.

RECOMMENDATION 8 – government to identify resource and financial assistance for local areas to meet the Covid-19 excess deaths RWCS.

LRF concerns

LRFs were all asked what elements of the Pandemic Flu arrangements, if any, they are most concerned about with a full set of responses in Appendices 2.

Areas of concern were highlighted about excess deaths guidance, consistency of ethical decisions and multi-faith response as well as funding and legislative changes. Generally, concern is about a lack of timely national support to local areas including provision of supplies and guidance. They want to ensure the national response does not lag behind the local response and that intervention from government comes early enough to ensure a consistent, defensible, national approach that does not leave one area up for scrutiny compared to others.

RECOMMENDATION 9 – government to continue to share guidance on pandemic preparedness to allow LRFs to review their arrangements.

Concerns broadly covering one or more of the following, often interlinked, areas:

- Excess Deaths;
- Supply of Appropriate Equipment/Medicines;
- C3;
- Logistics;
- Information/guidance from Central Government;
- Health and Social Care sector capacity;
- Ethics/Complex Decisions;
- Skilled staff; Roles & Responsibilities;
- Critical Care;
- Testing/'First few hundred';
- Finance;
- Legislation;
- Essential Services;
- Business Continuity;
- Planning assumptions (incl. modelling tools);
- Scope of Plan;
- Communications;
- Recovery;
- Quarantine;
- Vulnerable people;