

## **PFRB Briefing**

**27<sup>th</sup> November 2019**

### **1. PFRB Introduction**

1.1. Prior to work being paused the Cross-Government Pandemic Flu Readiness Board (PFRB) was coordinating a programme of work across central government to increase national capability to respond to a pandemic influenza outbreak.

1.2. The programme of work was going to produce a range of guidance documents; including:

- Pandemic Flu Bill – ongoing.
- Pandemic resilience standard – in draft.
- UK Influenza Pandemic Preparedness Strategy – paused.
- Excess Deaths guidance – ongoing.
- Communications – ongoing.

### **2. Annotated agenda**

**Item 1 – Welcome, Introduction, Review of Actions and Progress Update**  
(Papers 1 and 2) (Work stream leads) (25 mins)

2.1. I'm not sure if the actions will be brought up as most departments have paused their pandemic flu work due to Yellow Hammer (YH) planning. This isn't a full list of actions but ones where I considered us to have a greater interest.

**ACTION:** DfE to consider alternative policy levers e.g. relaxing enforcement regulation, to reduce risk of 16 – 18 year old students attending Further Education when all schools are closed.

2.2. **Line to take** - We would encourage engagement with local partners to determine the level of impact on workforce availability from any blanket closures of education settings.

**ACTION:** MHCLG to encourage LRFs to respond to the ongoing consultation on the Pandemic Flu Resilience Standard.

2.3. We paused work on pandemic flu prior to completing this action. The engagement group reviewed this standard before it went out to consultation. LRFs were involved in the resilience standard consultation

but CCS were concerned with the low number of responses to this standard.

2.4. **Line to take** - We have contacted CCS to determine what resilience standard work can be taken forward at this time.

**ACTION:** DHSC to share the existing text of the Strategy when commissioning updated text.

2.5. **Line to take** - We would like to see the entirety of the new text once available and ensure that the LRF engagement group is utilised at an early stage.

**ACTION:** ALL members to share recommendations for membership of the Moral and Ethical Advisory Group with DHSC and MHCLG.

2.6. To note: this was being led by DHSC with support from MHCLG.

**ACTION:** DHSC, CCS and MHCLG to produce a briefing document for LRF Liaison Advisors to engage LRFs that are less engaged with this risk.

2.7. Work was paused on pandemic flu prior to commencement of this action.

2.8. **Line to take** - We feel that this would be a good product to support re-engagement of LRFs in the PFRBs work programme.

**Item 2 – Work Programme Forward Look (Paper 3) (CCS / DHSC) (25 mins)**

2.9. **Line to take** – With agreement from the PFRB, LRFs would benefit from understanding the work programme in 2020 and where the engagement group could be best utilised.

**Item 3 – Progress Review and Upcoming priorities (Paper 4) (MHCLG) (15 mins)**

2.10. You will lead this agenda item, focussing on MHCLG and LRFs activities; providing a brief overview of Paper 4, impact of YH3 on LRF pandemic flu work and re-engagement of LRFs in pandemic flu.

2.11. Refer the PFRB to Paper 4.

**Lines to take:**

- RED has continued to support LRFs with pandemic flu preparatory work at the local level with resilience advisors supporting LRFs.
- We have paused other pandemic work supporting OGDs because of YH and are now undertaking a review of work priorities. Pandemic flu is

a priority for us but will depend on OGDs prioritisation, as well as the preparation that is required for YH3. We will keep this prioritisation under regular review.

2.12. Impact of Yellow Hammer: LRF work and exercise programmes have been affected by YH planning as LRFs have prioritised the development of their YH plans and exercising their arrangements.

**Lines to take:**

- From work carried out in 2018 to understand LRF pandemic flu exercising we expected to see LRFs continue with their programmes of work.
- Resilience advisors have been involved in several LRF pandemic flu work programmes but to fully understand the impact of YH preparedness we will need to collate LRF information; this can be achieved prior to YH3.

2.13. LRF re-engagement: The LRF engagement group and wider LRF community will need to be re-engaged to support the PFRBs workstreams and continue to increase preparedness for a pandemic.

**Lines to take:**

- The production of a briefing document for LRFs will increase awareness of the national programme of work and help re-engage LRFs (reliant on CCS and DHSC).
- We will re-programme the LRF engagement group meetings for post YH3 – this will require confirmation from work programme leads of appropriate dates. To note: the areas not covered by the group include, Concept of Operations: Communications (DHSC), UK Pandemic Influenza Strategy (DHSC), Volunteers (DCMS).
- We welcome the release of the pandemic flu resilience standard, this will support LRFs to focus on pandemic flu.
- The exercise 'support programme' discussed at the PFRB (July 2018) should be developed in 2020 with LRF implementation in 2021/22 (reliant on CCS, DHSC, PHE and NHSE).
- Moving pan flu documentation into one area for local planners to access will support their local work. We welcome working to move to a single area on resilience direct for pan flu documentation.

**Item 4 – Terms of Reference for the Moral and Ethical Group (Paper 5)**  
(DHSC) (20 mins)

2.14. DHSC have suggested that MHCLG no longer need to co-sponsor the group given the expanded remit. In addition to providing advice on pan flu the group can be used to address issues arising from healthcare related incidents more generally.

**Lines to take:**

- We are content with this approach; the MHCLG Faith Engagement Team will support this work when required.

**Item 5 – AOB and Next Steps (5 mins)**

**3. Potential areas of challenge**

3.1. Previously CCS has pushed for MHCLG to lead on the review of the guidance for local planners.

3.2. We have resisted this because it set a precedent of us owning guidance for the local tier and out of the documents 37 pages we would be able to update 4 of them with the remaining information coming from OGDs development of other guidance documents.

**3.3. Lines to take; if needed:**

- Any guidance for local planners should be developed once the UK pandemic flu strategy and the communications concept of operations has been published.
- Following the publication of the pan flu resilience standard and other guidance documents a gap analysis should be completed to determine if the guidance for local planners is still required required.

3.4. CCS had requested that LRF pandemic flu exercising be prioritised by LRFs. As LRFs plan their exercising programme a year in advance and follow a cycle of reviewing and exercising their plans we suggested that a review of what support could be offered to LRFs.

**3.5. Lines to take; if needed:**

- We have continued to support LRFs with plan development and exercising.
- We would welcome the development of any exercising support for LRFs.

Name Redacted