Moral and Ethical Aspects to Pandemic Influenza

Recommendation

1. To:
   - agree to the establishment of an expert group to advise Government on moral, ethical and faith considerations in advance of and during a pandemic; and
   - provide views on the group's objectives, membership and relationship with existing pandemic influenza advisory structures.

Issues

2. This paper proposes an approach to ensure that the UK Government and the Devolved Administrations have access to moral and ethical advice to inform pandemic influenza planning and response.

Background

3. In a severe influenza pandemic, Governments are likely to need to make difficult decisions which would raise significant moral and ethical considerations. This could include (but is not limited to) prioritising finite healthcare resources, managing excess deaths and allocating limited stocks of pandemic-specific vaccination once available. The Scientific Advisory Group in Emergencies (SAGE) provides scientific advice, NERVTAG provides pandemic expertise in peacetime, and a Health Strategic Action Group (HSAG) would be formed to offer health advice during a crisis (see Annex A), but there is no equivalent group for moral and ethical input for Government decision making. The need for such advice was clear in the Tier 1 Exercise Cygnus, for example in consideration of excess deaths and population triage. The Prime Minister-chaired National Security Council (Threats, Hazards, Resilience and Contingencies) meeting in 2017 agreed that the Government should engage moral and ethical leaders on sensitive pandemic influenza planning issues (it is not envisaged that other risks set out in the National Risk Assessment require such scale of advice). This work has been developed by the Department of Health and Social Care (DHSC) and the Cabinet Office Civil Contingencies Secretariat (CCS), with input from Devolved Administrations (DAs).

4. In 2006, on recommendation of the then Chief Medical Officer, DHSC established a Committee on Ethical Aspects of Pandemic Influenza (CEAPI). CEAPI largely provided advice on medical ethics and developed a high-level ethical framework for planners and policy-makers at both national and local level that was published in 2007 and remains extant. CEAPI also provided advice during the H1N1 influenza pandemic. Furthermore in 2009 the Ministry for Housing, Communities and Local Government produced related guidance on Faith Communities and Pandemic Flu[1]. While CEAPI provides a potential model, the remit and membership base of CEAPI would benefit from being refreshed and broadened

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7618/1219379.pdf

to include moral, ethical, faith/secular and community considerations so they can advise effectively on issues beyond those focussed solely on medical care.

Proposed Objectives

5. The proposed key objectives with respect to moral and ethical advice would be to ensure:
   - moral and ethical (including faith) considerations are taken into account during the development of pandemic influenza preparedness policy (prior to a pandemic); This could involve reviewing the PFRB outputs at the end of year two.
   - officials' advice and Government decision-making during a pandemic is informed by moral and ethical (including faith) considerations and supports the dissemination of key messages. This is most likely to be through a full meeting of the group, although it could (as with other committees) have members co-opted into structures that are only stood up during a response.

Options for provision of moral and ethical advice

6. Through cross-Government engagement involving the Devolved Administrations, who are keen to see a four nation approach, we think there are two principal options:
   a. establishing a loose network of advisors/experts consulted on an individual basis; or
   b. creating a more formal group of experts to work collaboratively on an ad-hoc basis.

In addition, there is a choice whether the group should be:

   c. 'peacetime only', with members potentially co-opted into bespoke arrangements during the response. This is the NERVTAG model.
   d. response only, as for example with the HSAG.
   e. A 'stand-up/stand-down' responsive model to be drawn on as needed. This is what we will also be exploring for an expert committee on pandemic vaccines.

7. A looser network would enable more flexible, issue-specific engagement with experts in that particular field. It would also be less resource intensive when there is no pandemic occurring. However, during a severe pandemic there is likely to be limited time available to engage with a range of disparate people or organisations. A more formal group would avoid this piecemeal approach, and this would be valuable as a holistic view is likely to be needed.

8. There is crossover between the more formal model and the approach taken by other pandemic influenza monitoring and modelling groups such as the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) and the Scientific Pandemic Influenza Subgroup on Modelling (SPI-M). There is merit in early engagement which would support complex policy development which would be hard during a pandemic.

9. We also want to get maximum value from the expertise of the group, while also being mindful of the demands on the time of the external experts, and of the resource requirements at working and senior level in government (see paragraph 13). No resource has been identified yet. **We would therefore recommend option (b) and option (e) together.**

Membership and Governance

10. Our engagement across Government and the DAs indicates that a broader membership base (with a chair identified from within the group) would provide a single voice on these issues, ensuring coherence with other pandemic influenza advisory structures. We would recommend membership to include representatives of faith/secular communities, relevant academics, medical health professionals, legal experts, media/communications professionals, adult social care experts and laypeople. There is unlikely to be a definitive view on how to ensure an appropriate breadth of representation given the diversity of moral and ethical (including faith) considerations, however an advisory group could seek other specialist input as required. MHCLG are well-placed to recommend appropriate membership from faith communities given their leadership in Faith Engagement for HMG and consultation with faith leaders through crises such as the Grenfell Tower fire. It may be possible to appoint members of this committee directly, or recruitment may need to be through competition (clarity on this will need to be sought from the DHSC and MHCLG appointments teams). Keeping the group a manageable size will help ensure discussion remains as constructive as possible. Given the sensitivity of the issues being considered, we would ensure members complied with protocols for working with Government.

11. During a pandemic SAGE is activated, jointly-chaired by the Chief Medical Officer for England and the UK Government Chief Scientific Adviser, and reports to COBR. Having a senior sponsor within Government who could act as a link between the moral and ethical group would help to ensure that their views are more fully represented at COBR. There is no clear single sponsor but as many of the issues continue to have a strong health focus, a joint senior sponsorship role may be most pragmatic from MHCLG (where the Director of Integration is willing to take this role) joint with DHSC. We would also consult with the Devolved Administrations to ensure UK-wide representation and approach.

12. While noting the upfront resource required to establish this advisory group, we would not envisage them meeting in person more than twice a year. Further engagement could take place virtually, as required.

Resourcing and costs

13. Forming and maintaining this group would have resource implications for the departments involved. Using NERVTAG as a model, expenses could be in the region of around £5,000 a year. Recruitment of members of an advisory group could require around 0.25 full time equivalent (FTE) of a member of staff at HEO/SEO level for three months. Maintaining the group by recruiting any new members, and providing the secretariat would take another 0.25 FTE HEO/SEO,

alongside senior time before, during and after each meeting. These resources have not yet been identified.

Next Steps

14. We would be keen to get your views on:
    - the proposed objectives, as outlined at paragraph 5;
    - the recommended format, as outlined at paragraph 8;
    - the potential membership of a new group, building on the thematic areas identified at paragraph 10; and
    - the senior champion/sponsor for this group within Government, as outlined at paragraph 11.

15. Subject to your views, we will put advice to Ministers in DHSC and Cabinet Office. To support this work we would like to undertake engagement with potential members and endeavour to hold the first meeting with a newly formed group to agree a terms of reference and work-plan Q4 of this year.