# Paper 4 - Pandemic Influenza – Local Tier Engagement

# **Background**

At the Pan Flu Readiness Board on 16<sup>th</sup> November, it was agreed that MHCLG (then DCLG) would increase our knowledge of capability to respond to an outbreak of pandemic influenza at the local level by:

- a) conducting one-to-one interviews with LRFs (December 2017);
- b) organising workshops with local partners to drill down into issues identified by the interviews (January February 2018);
- c) considering how best to continue local engagement beyond March.

MHCLG provided a paper to the Pan Flu Readiness Board on the 24<sup>th</sup> January covering the results of the one-to-one interviews; this paper contains the key initial findings from the workshops with a proposal for continued local engagement; for the Board's approval.

# 1. Pandemic Influenza Workshops

MHCLG RED resilience advisers facilitated four local workshops (Leeds, Birmingham, Bristol, London) in January and February 2018. Thanks to Cabinet Office, Department for Education, Department of Health and Social Care, Devolved Administrations and Her Majesties Prison and Probation Service for their support.

These workshops brought together <INSERT NUMBER > representatives from a wide cross section of LRF organisations (see **Annex A** for a full list of organisations): including:

- Borough/District Council.
- County Council.
- PHE.
- NHS Trust.

- Military.
- Unitary Authority.
- Utility company.

The workshops included a mix of presentations from government and key sectors, and then discussion sessions, focussing on key issues, such a business continuity, excess deaths and comms. The synopsis for each of these discussion areas is set out below.

#### Overview of the workshops

The workshops demonstrated that some organisations and LRFs are very well prepared, having already undertaken extensive planning and identified where further clarity within national guidance is required; whereas others were seeking support at the beginning of their planning process. One clear point

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from attendees at all of the workshops was that national guidance needed to be up-to-date, accessible and available from a single source.

Content captured from the four workshops is contained in **Annex B**.

#### **Central Guidance**

Central guidance is a key tool to enable local planning. Both the *UK Influenza Pandemic Preparedness Strategy 2011* and *Preparing for Pandemic Influenza: Guidance for Local Planners 2013* were singled out as supporting local work; although attendees were clear that these needed to be updated to reflect changes to the sector and organisations.

Workshop attendees were also clear that co-locating all available guidance and de-conflicting information across different sets of guidance would facilitate local planning.

The following areas were highlighted as missing or inadequate within current central guidance to effectively support local planning:

- Financial planning.
- Use of National assets.
- Body storage.
- Legislative changes.

- Moral and Ethical decision making.
- Body movement.
- Communication.

# **Local Pandemic and Business Continuity planning**

Whilst all areas represented had multi-agency plans or frameworks in place, there was a range of plan maturity across LRFs with regard to exercise, testing and review of arrangements. Some organisations stated that they were holding off on reviews until national guidance had been updated.

Discussions not only covered pandemic and business continuity planning but also touched on specific capabilities where attendees were concerned about the ability of local arrangements to cope during a pandemic incident. These were:

- Mass fatalities.
- Winter pressures.
- School resilience.

- Communication.
- Mortuary capacity.
- Body movement/disposal.

It was also clear that some attendees were making assumptions about the availability of support from organisations that they would normally rely upon during an emergency response that may not in fact hold true in a pandemic

event. For some attendees there is also additional work to be done to identify the impacts of reducing service delivery.

# Information Sharing

Attendees had generally taken steps to identify the information that would be required by both single organisations and LRFs during a pandemic, and had set up information sharing protocols between organisations to achieve this. Locally work has been taking place to develop the use of Resilience Direct.

Attendees were clear (and unanimous) that they wanted more clarity on information requests from central government and an agreed reporting rhythm to reduce duplication and streamline the arrangements.

There was agreement that a strong, nationally led, communications strategy would be beneficial with the ability to tailor messages to the local situation.

The following areas were identified as needing to have their communication and engagement arrangements updated:

- Academies / Private schools.
- Universities.
- GPs.

- Care homes.
- 3<sup>rd</sup> party providers.
- Minority Groups.

School resilience was consistently identified as an essential element of local response arrangements but also an area for concern; additional central guidance is needed to support planning and engagement in this area.

### **Excess Deaths**

CO is holding a specific workshop on excess deaths later this month; however, discussions at these workshops suggested that excess deaths planning and preparation is well developed across the LRFs. This planning had allowed attendees to identify specific areas of concern (that were consistent over the four workshop). These were:

- Capacity (mortuary, undertakers).
- National resources (NEMA).
- Body storage solutions.
- Financial impacts.

- Public concern.
- Coronial boundaries.
- Body collection.
- Legislative options.

Attendees felt that clear legislative arrangements, moral and ethical guidance and funding arrangements were needed to address these issues; especially as a number of LRFs stressed that they have had to activate excess deaths arrangements and assets to cope with the current winter pressure. Attendees were concerned that if this is the case for a normal winter how will the arrangements fare during a pandemic, and will arrangements be sufficient.

# 2. On-going Local Tier Engagement

Attendees were positive about continuing to engage with this workstream, at and several volunteered to be involved in a working group. The collaboration between central government, DAs and the local tier at these events was highlighted as a benefit that shouldn't be lost.

There are several ways in which this local engagement can be taken forward.

Does the Board agree that CO, DHCS and MHCLG should develop a sustainable engagement model, possibly including use of Resilience Direct?

# 3. Outputs

Once the outputs from this work have been finalised LRFs (and wider local partners) should be included in any dissemination strategy.

The next LRF Chair's conference is March 22<sup>nd</sup> 2018, which could provide good timing for disseminating early findings ahead of the reports being available.

Does the Board have any further suggestions?

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