Department of Health

PANDEMIC INFLUENZA POLICY UPDATE - FEBRUARY 2015

1. This paper sets out our current position on the three areas we have identified as critical for the success of the pandemic influenza preparedness programme. The three areas are:
    - Population-level triage
    - Social Care
    - Excess deaths.

2. These are particularly relevant to effective delivery of a rescheduled tier one exercise (Exercise Cygnus), which may happen as early as this Autumn or next Spring, but these issues are also important for an effective pandemic response.

Background

3. As part of the process of making sure we have appropriate up to date policy positions in advance of the rescheduled Exercise Cygnus, we are reviewing our work programme.
4. There are three critical areas of the programme where sufficient progress has not yet been made (due to their complexity in the most part): Population-level Triage, Social Care and Excess Deaths.

Population-level Triage

5. Following Phase 1 of Exercise Cygnus in May 2014, CMO sought assurance that effective population-level triage (critical care surge management) plans were in place across the NHS.

6. To be clear, population-level triage in this context is both;
    a) a situation where the principles of normal triage are reversed such that critical care is preferentially provided for individuals who are most likely to benefit (minimising the overall number of avoidable deaths) rather than those in greatest clinical need; and
    b) the identification of individuals for early discharge.

7. In scoping out the issues we believe there are six main areas of focus:
    - National policy and operational guidance in relation to (low to high) surge management;
    - National policy and operational guidance in relation to extreme surge management and reverse triage;
    - National policy and operational guidance in relation to catastrophic scenarios beyond extreme surge management and reverse triage;
    - Governance and authorisation for triggering phases of critical care surge management response (including extreme surge management, reverse triage and beyond);
    - Guidance for healthcare professionals in an influenza pandemic working outside their normal area of expertise or working with insufficient resources;
    - Postponing the treatment of patients who may become more vulnerable to pandemic influenza as a result of that treatment.

8. We have been considering this area with NHS England, to identify what if anything is required to ensure that NHS organisations have operational plans to handle extreme surge/population-level triage. They have sent a request to NHS organisations to see which have plans already in place and several have responded with information or a copy of their

plans. We are collating the responses we have received and will then be discussing the outcomes with NHS England. We will share the information and next steps with the Board.

Social Care

9. In all but a mild influenza pandemic, there will be significant challenges in maintaining social care services. Estimates suggest that up to 1.3 million adults rely on social care support provided by or through local authorities. In addition to maintaining services for those who will continue to rely upon them, there may also be short-notice demand from people with pandemic influenza who are no longer able to cope independently, and others whose normal care arrangements have been disrupted. Finally, it is likely that (given their demographic) SC workers will need to take time off work to care for relatives, particularly children, who are ill.

10. We have been looking at the state of readiness of the social care sector as part of our planning. Much of the existing SC provision is independent/voluntary so we do not have many levers open to us to affect that sector. There remain areas where we do not feel we are yet in a position to assure DH ministers that the SC sector can demonstrate and deliver resilience in a pandemic.

11. In speaking with DCLG, DH SC Division and local SC colleagues we believe the following to be the main areas on which we need to focus:
    - responsibility and accountability within DH and across Whitehall for SC planning for a pandemic;
    - links between NHS and SC at local level;
    - reporting arrangements and communications in a pandemic, including how we ensure that ministers remain sighted;
    - distribution of facemasks from the national stockpile to social care workers;
    - vaccinating SC workers;
    - DH operational documentation.

12. We are arranging a workshop this Spring with SC representatives to review what guidance they need in the future to prepare for an emergency, including a pandemic. Planning includes discussions with DH EPRR to ensure that the workshop covers generic issues for social care resilience. We are continuing to involve NHS England in discussions, as – particularly at local level – there is a need for clarity over NHS and social care responsibilities, especially where time is short and staffing depleted. One option for a relatively "quick win" would be to reissue the portfolio of nine DH operational SC documents, amended to reflect the NHS's organisational changes. However, we want to explore whether this guidance would be sufficient for SC commissioners and providers. We also want to discuss the outcome of these SC discussions with PHE colleagues, particularly with regard to distribution of facemasks.

Excess deaths

13. We have spoken to Cabinet Office (CO) and Department for Communities and Local Government (DCLG) in formulating our advice and progress report on excess deaths. To be clear, DH's responsibility regarding excess deaths is:
    - Policy on death certification;
    - Providing enough doctors who are suitably trained and with the necessary support to issue death certificates during a pandemic;
    - NHS capability and capacity to deal with excess deaths.

14. In the event of an influenza pandemic there could be a large number of deaths and this could exceed current capacity to certify and register deaths, store the deceased and arrange burial or cremation. Home Office had responsibility for overarching policy on excess death, sitting alongside mass casualties, but it has never comfortably sat with them and no proactive programme of work was in place. CO has agreed to oversee excess death policy, partly in light of Cygnus, but they do not have a formal programme of work in this regard and it's unclear what level of priority they are giving it.

15. There is still a lack of assurance mechanisms to confirm that local authorities (LAs) have appropriate plans in place. DCLG have a role in advising local planners via the LRFs but unless an LA has asked DCLG to advise on their plans, they are not privy to them. DCLG does not have an assurance role. LAs do not have responsibility for transportation or storage of the deceased until there is a 'public health' risk, i.e. above local planning levels of 215,000 deaths across the country.

16. DCLG understand that LAs have adequate plans in place up to the 215,000 national excess deaths threshold. However, each LA has a different plan, and without testing them (we understand they have never been tested) we are not in a position to know if they are adequate.

17. DCLG do have operational advice that has been circulated at a local level with regards to *'Good Practice Guide for the collection and storage of the Deceased'*, *'Reduction in Choice – Disposal & Funeral Services'* and *'Death Management during a Flu Pandemic - Reporting Template for LRFs/SCGs'*.

18. Reporting arrangements and assurance mechanisms for social care and excess deaths throw up the same fundamental issue - unlike the processes in place for the NHS, no-one nationally formally holds LAs to account for their planning and resilience. We are discussing this issue with DH SC and DCLG colleagues to try to identify a solution.

Conclusion

19. Work on these three critical areas remains a priority, with the overall aim of reaching a position on all three where we can be confident in reporting to ministers that there are robust plans in place and that the service is appropriately supported.

20. You are asked to note the current position.

Name Redacted

Pandemic Flu Lead, DH