

PANDEMIC INFLUENZA PREPAREDNESS UPDATE: DEPARTMENT OF HEALTH AND SOCIAL CARE (DHSC)**Issue**

1. This paper:
 - reminds the PIPP Board of the pan flu programme re-prioritisation that took place at the end of 2018 to free up resource for no deal EU Exit planning;
 - sets out the progress made on those areas of work that continued and new priorities that arose; and
 - sets out the proposed work programme for the next 6 months.

Action required

2. Board members are asked to:
 - note progress against priorities;
 - agree the proposed work programme for the next 6 months;

Pan flu programme re-prioritisation at the end of 2018

3. Following the scale up of EU exit work, and with the support of ExCo, DHSC reprioritised the pan flu portfolio. A snapshot of decisions at the time is an **Annex A**.

Progress report since last PIPP meeting*Draft Pan Flu Bill*

4. The draft Pan Flu Bill would introduce legislative easements and regulatory changes to assist with the implementation of the response in a pandemic. In relation to health and social care, it could allow for example, emergency registration of health professionals who have retired and hospital discharge without the requirement for a care package already being in place.
5. DHSC has finalised its suite of products including draft clauses and explanatory notes. However, there have been some delays in the Devolved Administrations completing their clauses and associated documentation due to policy and legal capacity being prioritised to EU Exit. CCS continue to work with the DAs to support them in finalising their contributions and DHSC EPRR Director recently visited each of the DAs in the summer to remind them of the importance of completing the Bill as soon as possible.
6. The intention was to put a 'for info' submission to UK ministers summarising the final bill during October. However, the DAs will not have completed their elements by then. A decision will therefore need to be made whether to defer the submission until all the DAs have completed their work or to provide an update submission in the interim.

Pan Flu vaccine APA re-procurement

7. The current UK contract is with Seqirus (based in Liverpool). It expires in May 2022. A work plan has been developed and work to initiate re-procurement is on track. This has included:
 - Two meetings of a JCVI/NERVTAG flu sub-group meeting to hear from manufacturers likely to have products suitable for use in a pandemic and to discuss PHE modelling outcomes.
 - Production of an Impact Assessment which confirmed that an APA would be beneficial (particularly because of the risk of a severe, multi-wave pandemic such as the one seen in 1918/19). This is currently with the Chief Economist for sign-off.

8. The intention is to seek ministerial agreement towards the end of this month/early November to proceed with the procurement. If this is approved the first meeting of the Pandemic Specific Vaccine Project Board (PSVB) chaired by PHE is scheduled for 12 November 2019. The PSVB will report into the PHE Pandemic Influenza Coordination Group and the DHSC PIPP Board. PHE will provide project assurance and liaise with the Cabinet Office Infrastructure and Projects Authority as required. [See PHE paper PIPP-1019-E for further details].

H7N9 MF59 Vaccine Clinical trial for Children

9. The PIPP Board, and the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) had agreed that a clinical trial is important to inform key policy questions related to future Advanced Purchase Agreement (APA) decisions including whether to procure MF59 adjuvanted vaccines for intended use in children, or to seek alternatives.
10. Funding for the clinical trial has been secured and a draft research proposal is being developed by the National Immunisation Schedule Evaluation Consortium (NISEC). The scope of the clinical research will be to determine the immune response provoked by MF59 adjuvanted vaccine in children who have been multiply-vaccinated as part of the UK seasonal LAIV programme. The manufacturer of the H7N9 -MF59 vaccine (Seqirus) has agreed in principle to donate the vaccine for this study. However, they cannot secure the funding (c£1m) for the manufacture of vaccine for this clinical trial until all approvals (including ethical) are in place. The research design, and gaining ethical approval is dependent on receiving the results from the Biomedical Advanced Research and Development Authority (BARDA) US H7N9 adult study. These results are currently expected in late Autumn 2019. This could enable ethical approval to be secured in early 2020, with manufacture starting in June/July 2020 and the study beginning in 2021.

Capital bid to incentivise companies to bring new vaccine technologies and their associated manufacturing facilities to the UK [NEW]

11. We have initiated work, with the support of the Permanent Secretary, on options to deliver secure vaccine supply (on-shore), as quickly as possible (at least a proportion within weeks not months) and without reliance on eggs (i.e. using cell or plant-based technologies).
12. There are at least three companies with relevant technologies licenced or in late stage development. None of these companies are considering basing the technologies and associated manufacturing in the UK (especially given uncertainties related to EU Exit) but have indicated that they might do so if the incentives were right. An Impact Assessment has been produced and a proposal submitted to HMT which seeks c£200m capital to offer as an incentive to bring two or more new technologies to the UK.
13. PHE modelling indicates that a biphasic vaccination strategy where 20% of the population is vaccinated after 2 months and a further 60% after 6 months could prevent an additional 5.7m cases of influenza and c50,000 deaths compared to single phase of vaccination after 6 months. A response from HMT is awaited but in the interim we have been garnering support from this proposal from key stakeholders across Whitehall such as the Deputy National Security Adviser, OLS, BEIS and other CSAs as well as UKRI, MRC and the Medicines Manufacturing Industry Partnership (MMIP) and the UK CMOs. We have also been liaising with commercial and legal colleagues about next steps assuming approval is given.

Moral and Ethical Advisory Group (MEAG)

14. In January 2019, DHSC ministers agreed to the formation of a MEAG to provide specialist advice to the UK Government on all aspects of moral, ethical and faith considerations before and during an influenza pandemic. It has since been agreed at official level that the MEAG should not only provide advice on pan flu, but also on live health related incidents (such as on supply issues) as needed.
15. We have consulted with colleagues in DHSC, the DAs, and GO Science to identify experts in moral and ethical issues and with MHCLG on faith representatives for the group. A subset of the proposed Group took part in EU-Exit Exercise Tiamat on 17 September. Formal invitations for the Group are expected to be sent out shortly with an introductory meeting of the Group taking place before the end of October if feasible. The intention is that DHSC/PHE/NHSE/DAs could put issues to the group via the CMO, the Clinical Advisory Group or via the DHSC Director of Emergency and Health Protection.

Risk Assessment for EU Exit

16. An updated risk assessment for EU Exit in relation to pan flu has been produced – see **Annex B**

NERVTAG recruitment

17. The DHSC team has supported NERVTAG to recruit a Behavioural Scientist and a Social Scientist and is in the process of working with the NERVTAG secretariat to recruit an expert in clinical virology with the aim for the individual to be in post by the December meeting.

NERVTAG action on clinical guidance

18. In Sept 2018, DHSC commissioned Health Protection Scotland (HPS) to review/update the 2009 pandemic influenza infection control guidance on behalf of the UK. They initiated a consultation process and are now updating the Guidance. Once complete, DHSC will commission NERVTAG to review and provide any advice on the infection control guidance ahead of its publication.
19. NERVTAG has recommended (and DCMO agrees) that the clinical guidance for the management of patients with influenza like illness during a flu pandemic is in need of updating. NHSE has agreed to co-ordinate this update. [Please refer to NHS Paper PIPP1019-F for further details]

De-prioritised areas of work

20. Areas of work that have been deprioritised are:

- *The Pandemic Flu Readiness Board (PFRB)* – this is the official level cross-Government group jointly chaired by DHSC and CCS. It last met in November 2018. The current intention is for the PFRB to meet again in January or February 2020 with an update letter sent to members in the interim stressing that pan flu remains one of the top UK risks and that preparedness, especially related to finalising the Bill should continue.
- *Workstream 1 - healthcare surge* – The briefing paper produced for the then CMO, CSA and CNO on population triage/ extreme surge management was signed off in December 2017. The next steps will be for NHS England to develop the service facing guidance and to resolve some outstanding questions from DAs.
- *Workstream 2 - adult social care* – The briefing paper which outlined plans to augment adult social and community care during a pandemic, was agreed by the former CMO,

CSA and CNO in July 2018. The next steps will need to be agreed in due course and take into account the EU Exit work that has happened subsequently on sector resilience.

- *Pandemic Influenza Public Health Communications Strategy* – This document outlines the key areas where multi-agency communications will be used in the event of a flu pandemic. The content was signed off by the four UK CMOs in May 2018 but needs further work to finalise it ahead of ministerial sign off. In addition, a Concept of Operations (ConOps) document to outline the communications command structure and the responsibilities of Departments, DAs and local level responders during an influenza pandemic needs to be developed.
- *Refresh of UK Pandemic Influenza Strategy* – The aim of this workstream is to update the content of the 2011 UK Pandemic Influenza Preparedness Strategy to ensure that UK Pandemic Influenza preparedness and response policy is accurate and up to date. The updated strategy will amalgamate and/or reference relevant pan flu documentation and will be designed for use by Health/Social Care staff and Local Resilience Groups, whilst remaining widely accessible.

Proposed work programme for the next 6 months

21. Subject to there being no significant high consequence infectious disease incidents to manage, it is proposed that DHSC priorities under the pan flu programme for the next 6 months are:

- Working with PHE to progress the APA re-procurement
- Securing funding in principle for the Capital Bid and commencing market engagement
- Holding at least one meeting of the Moral and Ethical Advisory Group (MEAG)
- Potential policy work around the H7N9 clinical trials
- Preparations for table top exercise for pan flu in 2020 – this is provisionally scheduled for April-July 2020 (dependent on EU Exit or other incidents).
- Routine governance (e.g. Perm Sec reporting, business cases)
- Attendance at expert and governance groups
- Oversight of work led elsewhere, including CCS work with DAs to conclude actions on the Bill, and NHS England work on clinical guidance and on surge guidance.

Conclusion

22. Board members are asked to:

- note progress against programme deliverables;
- agree the proposed work programme for the next 6 months.

Cheryl Cavanagh
October 2019

Annex A**Pan flu programme re-prioritisation at the end of 2018**

Work Area	Action
Pan Flu Bill	Continue
Perm Sec meetings on Pan Flu	Continue
Perm Sec written updates on Pan Flu	Continue
Quarterly Finance meetings	Continue
Clinical trials	Reduce
Pan Flu vaccine Advanced Purchase Agreement (APA) re-procurement	Reduce
Perm Sec action: schedule 2019/20 Pan Flu exercise	Reconsider Summer 2020
Perm Sec Brexit action on pan flu antibiotics	Move
NERVTAG recruitment	Move
Moral and Ethical Advisory Group - Membership and Recruitment	Stop
UK Pandemic Influenza Strategy Refresh	Stop
WS1 - healthcare surge (largely complete, DA engagement to develop plans outstanding)	Stop
WS2 - adult social care (largely complete for PFRB, CMO actions outstanding)	Stop
PFRB paper on NSC(THRC) update	Stop
PFRB Comms (completion of updated 4 Nations Strategy)	Stop
Perm Sec action: benchmark NHS readiness internationally	Stop
DHSC engagement in Clinical Countermeasures Board	Stop
DHSC engagement in National Pandemic Flu Service (NPFS) Board	Stop
NERVTAG action on clinical guidance	Stop
PIPP April meeting	Stop

Annex B**Pan Flu Preparedness – No Deal EU Exit risk assessment (September 2019)**

Risk of flu pandemic coinciding with No-Deal EU Exit is Low (but not impossible). In the event of a pandemic, there are some residual risks we cannot control including the risk of multiple, concurrent EU Exit incidents, but we have high confidence that we will be able to deliver our normal planned response. We assess this to be equivalent to Amber-Green in the Brexit workstreams.

Current Risk Rating**Target Risk Rating**

UK Pan Flu preparedness strategy is multi-faceted ('defence in depth'). Each strand has been considered in relation to risk posed by EU Exit:

Defence in Depth	Risk from EU Exit		Comments
Surveillance & modelling	Green		<ul style="list-style-type: none"> International collaboration on pandemics is coordinated by WHO and therefore not affected by EU Exit Place in EU networks undecided. DHSC has written to MSs re. routes of communication for PH incidents/emergencies of international concern (incl. pandemic) generally in no deal scenario
Reducing risk of transmission	Green		<ul style="list-style-type: none"> Hand and respiratory hygiene advice - not impacted by EU Exit PPE Stockpiles - all products with planned deliveries in 2019/20 reviewed by PHE. Some deliveries brought forward. All stocks around target levels PHE liaising with contracted suppliers re. contingency arrangements if prolonged period of border delays e.g. alternative sea routes/airfreight from EU No storage or distribution implications - operated solely in the UK.
Minimising serious illness and deaths	Green	Amber	<ul style="list-style-type: none"> PHE reviewed all antiviral and antibiotics stockpiles with planned deliveries in 2019/20. All antiviral deliveries on track for completion before 31 October. Some antibiotic deliveries delayed but work underway to get bulk of orders into UK before 31/10 PHE liaising with contracted suppliers re. contingency arrangements if prolonged period of border delays e.g. alternative sea routes/airfreight from EU No storage or distribution implications - operated solely in the UK.
Reduce pressure on NHS	Green		<ul style="list-style-type: none"> National Pandemic Flu Service not impacted by No Deal EU exit
Vaccine APA	Green	Amber	<ul style="list-style-type: none"> Current contract with Seqirus runs until May 2022 i.e. outside of EU No Deal exit timescale. At time of EU Exit, fill & finish (if needed) will take place in Spain & Germany and certain supplies will come from EU. No deal EU Exit could potentially slow the movement of supplies. Supplier contingencies include alternative shipping routes and air freight if needed. MHRA take on current EMA responsibilities irrespective of whether there is a deal incl. fast tracking any PSV licence application.
Surge plans	Green		<ul style="list-style-type: none"> Surge plans in a pandemic will involve population triage and triage by resource. It will have implications for the wider health and care system. Implementation of surge plans is not directly related to EU Exit although could be impacted if there is EU related disruption.

Other issues that have been considered as part of this No Deal EU Exit risk assessment are also considered to be a low risk in terms of UK Pan Flu preparedness:

	Risk from EU Exit	Comments
Reciprocal healthcare		<ul style="list-style-type: none">Existing exemption in our charging regulations for pan flu and other infectious diseases that might be a threat to public health covers all overseas visitors and is unchanged by EU Exit i.e. all overseas visitors would get NHS treatments without charge.Bilateral discussions on-going re. protecting UK citizens abroad but no specific pan-EU agreement on pan flu being discussed .
Exercise		<ul style="list-style-type: none">EU runs (through direct invitation and tender) exercises on various civil contingencies areas incl. pan flu.In no-deal EU exit, UK would not be a member of the Civil Protection Mechanism (CPM) and could miss opportunity to take part in or bid for exercises to test readiness and interact with other EU countries.Agreeing engagement with the CPM post EU Exit is part of wider EU Exit negotiations,If it is not possible to be a member of CPM, the alternative is UK led exercises and learning from other EU states, which can be carried out bi-laterally.