Department of Health & Social Care

UK Health Security Agency

NHS England

Office for Life Sciences

Health and Social Care Pandemic Preparedness Portfolio (PPP)

DRAFT Programme Initiation Document Overview - March 2023

DHSC Pandemic Preparedness Team

Introduction

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NSRA Risk 78 (Pandemic) Planning Assumptions:

The central **pathogen agnostic scenario** for a respiratory pandemic assumes no mitigation, i.e. the impact of the successful deployment of countermeasures (e.g. clinical countermeasures or non-pharmaceutical interventions) has not been reflected in the estimates because:

- there may be no available countermeasure; and/or,
- one or more countermeasures deployed in response to the pandemic may fail.

Central assumptions of the RWCS (as included in the 2020 NSRA) are that:

- **85%** of the population become infected during the pandemic;
- **50%** of the population become infected and experience symptoms;
- **4%** of cases (symptomatic infections) require hospital care
- **25%** of cases requiring hospital care require the highest levels of critical care;
- the pathogen has a Case Fatality Rate ratio of **2.5%**, resulting in **840,000** deaths;
- peak illness rates of around **10-12%** (measured in terms of new cases (symptomatic infections) as a proportion of the population) are expected in each of the weeks during the peak fortnight of a pandemic wave; and
- average workplace absence rates due to illness of **20%** during the peak weeks. Some small organisations (5 to 15 staff) or small teams within larger organisations where staff work in close proximity may experience higher absence rates of **30-35%**on any given day.

With regards to the **timing and progression** of the RWCS pandemic, it is assumed that:

- from start to finish, the “emergency stage” of the pandemic in the UK will last **at least 9 months** and potentially significantly longer and may come in a single wave or multiple waves;
- The number of waves will depend on the characteristics of the disease, public behaviour, and whether the government intervenes to reduce transmission, and the period of highest prevalence could be considerable shorter than the pandemic as a whole; and
- the timing, size and shape of the pandemic is expected to vary in different parts of the UK. Local epidemics could peak more quickly or slowly and at a higher or lower level than the national epidemic.

Pandemic Preparedness Dashboard – *Our future approach to providing ongoing, programmatic assurance on the health and social care system's preparedness for a future pandemic*

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1 NHS Resilience [NHSE]

1.1	Secondary / acute care scale capacity	NHSE
1.2	Broader resilience, incl. primary care, palliative care, pharmacy, sexual health services, elective planning & recovery	NHSE
1.3	Workforce: doctors, nurses, specialists, training	NHSE
1.4	Excess deaths management	NHSE

2 Social Care Resilience & Minimising Transmission [DHSC]

2.1	Workforce resilience	DHSC
2.2	Securing and distribution of grant funding to LAs	DHSC
2.3	Deployment of clinical countermeasures including PPE and vaccines	DHSC

3 Diagnostics [UKHSA]

3.1	Domestic diagnostics capability	UKHSA
3.2	Roll-out strategy, including the ability to scale up at pace	UKHSA
3.3	Stockpiling of reagents and consumables to support the first four months of a pandemic	UKHSA

4 Surveillance and Risk Assessment [UKHSA]

4.1	Horizon scanning capability	UKHSA
4.2	Emerging threat analysis and assessment	UKHSA
4.3	Disease outbreak and hospital pressures modelling	UKHSA
4.4	International and cross-government integration	UKHSA

5 Vaccines – Policy, Supply, Storage and Distribution [UKHSA & DHSC]

5.1	Maintain existing vaccine capability e.g. APA PSA	UKHSA
5.2	Explore medium term resilience through a PPV stockpile	UKHSA
5.3	Explore long term resilience for priority pathogens through engagement with industry.	UKHSA

6 Medicines – Policy, Supply, Storage and Distribution [UKHSA & DHSC]

6.1	Build a PPP medicine stockpile	UKHSA
6.2	Consider wider strategic medicine capabilities for example ITU medicines	UKHSA

7 PPE – Policy, Supply, Storage and Distribution [UKHSA & DHSC]

7.1	Establish PPE stockpile that delivers a minimum level of resilience (historic PIPP volumes)	DHSC
7.2	Explore longer term resilience e.g. peak Covid-19 volumes	DHSC
7.3	Establish capability for UK-made PPE	DHSC
7.4	Channels are maintained for the rapid deployment of PPE to the health & care system	DHSC

Pandemic Preparedness Dashboard – *Our future approach to providing ongoing, programmatic assurance on the health and social care system's preparedness for a future pandemic*

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8 NPIs, incl. Ports and Borders [DHSC / UKHSA]

8.1	Effective and proportionate deployment of NPIs	UKHSA
8.2	Mitigation / management of impacts of NPIs on health and social care sectors (insofar as possible)	UKHSA
8.3	Cross-sector border health operating model	UKHSA
8.4	Data sharing agreements to facilitate border health interventions	UKHSA

9 International Pandemic Preparedness [DHSC / UKHSA]

9.1	International agreements on pandemic preparedness	DHSC / UKHSA
9.2	Supporting international capacity to reduce risk of outbreaks / support effective response	DHSC / UKHSA
9.3	Clinical trials	DHSC / UKHSA
9.4	Sample sharing	DHSC / UKHSA
9.5	Bilateral and multilateral engagements	DHSC / UKHSA

10 Contact Tracing and Local Health Protection / Public Health Workforce [UKHSA]

10.1	Contact tracing capability, incl. scale capacity	UKHSA
10.2	UKHSA's workforce ability to support and surge the wider health and social care system	UKHSA
10.3	Local authority public health workforce is able to respond and surge to a pandemic	UKHSA

11 EID incl. HCID Policy [TBC]

11.1	Detection and risk assessment	DHSC / UKHSA
11.2	Border interventions	DHSC / UKHSA
11.3	Containment or suppression measures	DHSC / UKHSA

12 Legislation [DHSC]

12.1	Draft pandemic legislation in place	DHSC

Coordinating Functions [DHSC apart from where indicated]

12 Policy: incl. advice to Ministers; strategic finance and prioritisation; alignment with wider national strategies
13 Planning Framework: RWCS and planning assumptions; clinical scenario planning and response options
14 Portfolio Management, Governance and Assurance
15 Operational preparedness: response playbook, CONOPS and exercising [UKHSA]
16 X-HMG Coordination and Engagement via PDCB
17 X-UK Coordination and Engagement, including OTs and CDs

Supporting Functions

18 Communications and Guidance – Incident Response [UKHSA]
19 R&D [DHSC]
20 Clinical Trials [DHSC/UKHSA]
21 Data and Analysis [UKHSA]
22 Expert Scientific and Clinical Advice [DHSC/UKHSA]

Surveillance and Risk Assessment - Lead: UKHSA.

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Preparedness Assessment
• Further work being required to understand the status of the capabilities across UKHSA – particularly those from the lessons identified work • The NBN work is funded for an initial 12-week discovery phase, and we are waiting on the outcome of this. There is currently no funding agreed for the next phases of the project. • The IPSN work has stagnated and requires additional encouragement from UKHSA and global colleagues to ensure this is not lost. However it should be noted that ultimately, the success/failure of IPSN is beyond UK control. • The Public Health Monitoring programme has plans to pivot to a BAU model and requires funding commitment beyond FY23/24. PHM's data maturity is likely to achieve its full potential in coming years, with ambitions to provide UKHSA analysts and consultants with access to row-level data to conduct sophisticated predictive analysis and advance exploitation of data through linkage and triangulation. • Development of a steering group to assign responsibilities for the capabilities and a better understanding of the work occurring across government and the health sector

Objective	Key deliverables (against objectives)
1. The ability to develop and optimise and supplement horizon scanning capability for emerging threats	**1.1** [UKHSA] Deliver the National BioSurveillance Network delivery phase **1.2** [UKHSA] Continue population surveillance through biological sampling and gathering community insights via the Public Health Monitoring Programme. **1.3** [UKHSA] Establish a shared reporting framework for pandemic specific surveillance, including triggers for various systems and workstreams **1.4** [UKHSA] Engage with private and government stakeholders to influence the creation of a national environmental surveillance capability that can be scaled up or down as required **1.5** [UKHSA] Identify and respond to priority research gaps to demonstrate environmental surveillance value and assure confidence in its usage
2. The ability to analyse and assess threats to effectively prepare the country	**2.1** [UKHSA] Development of Heath Security Threat Analysis **2.2** [UKHSA] These capabilities are also related to some within the Emerging Infectious Diseases programme, see objectives 1 and 2.
3. The ability to align surveillance activities with lessons learned from recent pandemics and outbreaks	
4. The ability to influence and integrate across broader surveillance work within government and internationally	**4.1** [UKHSA] Ensure alignment across all surveillance activities across UKHSA, government and the wider health system **4.2** [UKHSA] Continue to provide global thought leadership through programmes such as NVAP , IPSN and WHO Pandemic Instrument **4.3** [UKHSA] Provide leadership and develop best practice through annual and trigger evaluations and reviews of activities
5. The ability to model scenarios, nowcast and model a range of projections for disease outbreaks, hospital pressures and other key scenarios, drawing on expertise and systems across HMG and those developed by academic, public sector or industry partner	**5.1** [UKHSA] Support with modelling and forecasting relating to hospital pressures **5.2** [UKHSA] Develop a modelling capability relating to climate change **5.3** [UKHSA] Quantification of population mixing patterns **5.4** [UKHSA] Scenario models **5.5** [UKHSA] Real-time inferential models

Surveillance and Risk Assessment - Lead: UKHSA.

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Objective	Key deliverables (against objectives)
6. The ability to coordinate the expansion of surveillance systems to monitor early emergence to estimate numbers of people infected in the population, without reliance on persons seeking healthcare.	**6.1** [UKHSA] To identify, optimise and test systems which estimate numbers of people infected in the population, without reliance on persons seeking healthcare
7. The ability to ensure surveillance systems provide the required data to determine key pathogen and disease characteristics (such as dominant transmission routes, force of transmission, course of disease including modelling for longer term sequelae from the outset, immunity strength etc.).	**7.1** [UKHSA] Continue to develop specialist laboratory testing to support pandemic surveillance **7.2** [UKHSA] Develop a strategy for the implementation of specialist laboratory surveillance
8. The ability to detect infected persons as early as possible prior to testing confirmation to support clinical and public health interventions	
9. This programme will ensure surveillance systems provide timely assessments and projections of burden on health and social care services, working jointly with relevant partners (NHSE, DHSC for ASC) to ensure these are appropriate to different settings.	
10. The ability to provide an assessment of trends through mortality data including excess mortality.	

Key risks / issues to escalate:

- Funding and resourcing across some functions is uncertain.

Non-Pharmaceutical Interventions, incl. Ports and Borders – Shared DHSC / UKHSA

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Objective	Key deliverables (against objectives)
1. To ensure our ability to proportionately deploy NPIs that disrupt the transmission of a given pandemic pathogen and reduce pressure on healthcare systems.	**1.1** Production of an evidence base for the employment of NPIs, including their effectiveness in reducing disease transmission and protecting the vulnerable and their broader impact on the health and social care sectors. [This is also captured under *Objective 2.3*] [TBC] **1.2** [DHSC] Vaccine certification preparedness – the period review of lessons learned from COVID-19 vaccine certification to assure their ongoing applicability in the context of 'today'
2. To ensure the health and social care system's ability to mitigate / manage (as far as possible) the effects of employing NPIs is flexibly prepared for a future pandemic response.	**2.1** [Impact assessment of public behaviour changes during a pandemic on health and social care. NB: This is being undertaken in response to cross-government PDCB commission. [DHSC] **2.2** The tracking and implementation of COVID-19 lessons learned in relation to the use of NPIs will support our knowledge of and planning for the effects of NPIs on the health and social care system. **2.3** Production of an evidence base for the employment of NPIs, including their effectiveness in reducing disease transmission and protecting the vulnerable, and their broader impact on the health and social care sectors. [TBC] [This is also captured under *Objective 1.1*]
3. To ensure our ability to provide enhanced protection to the immunosuppressed is prepared to support the health and social care system to flexibly respond to the risk of a pandemic.	**3.1** [DHSC] Enhanced protection preparedness – periodic review of lessons learned from the COVID-19 Enhanced Protection Programme (EPP) and QCOVID [DHSC] to assure applicability in the context of 'today' Delivery of NHS Digital cohort capability to enable rapid identification and contact of clinically vulnerable individuals. **3.2** [DHSC] Evaluation of 'Shielding' programme- statistical evaluation of the efficacy of the COVID-19 'Shielding' programme to support decision-making during a future response (led by SRE).
4. To develop a border health operating model with clear coordinating structures	**4.1** The project will develop a scalable cross-sector operating infrastructure to ensure a capable and coordinated response to border health hazards, including appropriate upstream/downstream facilities and scale up/down capability.

Non-Pharmaceutical Interventions, incl. Ports and Borders – Shared DHSC / UKHSA

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Objective	Key deliverables (against objectives)
5. To develop a border health operating model with clear coordinating structures	**5.1** The project will develop a scalable cross-sector operating infrastructure to ensure a capable and coordinated response to border health hazards, including appropriate upstream/downstream facilities and scale up/down capability.
6. To build border health intervention capability	**6.1** This project will build a border health response capability with the development of a comprehensive all-hazard toolkit ((including standard operating procedures, response guides, screening protocols and communications) with defined roles and responsibilities for specific border health interventions. Targeted training will be designed and delivered.
7. To update legislation to ensure that border health interventions are compliant with international health regulations	**7.1** This project will update legislation to enable UKHSA and delivery partners to deliver improved compliance capability for international health regulations and ICAO standards, Capabilities include surveillance and entry/exit controls that are IHT compliant.
8. To implement data sharing agreements with partners (including MoUs) to facilitate border health interventions	**8.1** This project will deliver data sharing agreements (including MoUs) with partners to build capability in UKHSA and the border health system to detect, analyse and respond to border health threats
9. TB Screening	**9.1** This project will develop capability in TB screening and quality assurance through the use of IT systems. The project is in progress under the leadership of UKHSA in collaboration with external stakeholders. The capabilities developed for international IT screening systems will be of value in a pandemic scenario.

Key risks / issues to escalate:

- Risk that uncertainty regarding the nature of a future pandemic creates challenge in terms of identifying the proportionality of different NPIs in advance. This in turn creates a risk that broad preparedness planning is harder to justify across health and social care and wider government.
- Risk that lessons learned regarding the wider impacts of NPIs on society prevent their use in a future pandemic, thereby creating further pressure on the health and social care system in a future pandemic scenario.
- Risk that the breadth and, to a great extent, inevitability of the impacts of NPIs on the health and social care system mean advance planning is in many cases difficult and/or difficult to justify.
- Ports and border approach may be dependant on other international approaches to emerging pandemics which is why MOUs will be important.
- Ports and borders policy will be dependant on legislation which may be difficult to develop quickly in response to an outbreak.
- Alignment with DAs

UK Activity to Support International Pandemic Preparedness – Shared DHSC/UKHSA

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Preparedness Assessment
At present, there are two major pieces of international work being negotiated at WHO and a multilateral digital sequence information (DSI) sharing framework being negotiated through the Convention for Biological Diversity (CBD) which will affect international preparation for, response to and recovery from pandemics or health outbreaks. Alongside these are the G20 and G7 health tracks which may have complementary or competing aspiration to other international work, and the UK continues to deliver on its support to strengthen other countries' health security including through our ODA investments. This work is progressing, however there is a risk that negotiating blocs mean agreement cannot be reached.

Objective	Key deliverables (against objectives)
1. To play a leadership role in ensuring that international agreements on pandemic preparedness and response are suitable for HMG interests and function effectively in the context of an outbreak	**1.1** [DHSC] working with FCDO to support constructive negotiations across the Pandemic Instrument, International Health Regulations, and G7/G20 – supported by UKHSA providing technical expertise and operational rational **1.2** [DHSC] to lead on engagement at multilateral fora such as the World Health Assembly and WHO Executive Board whilst working with FCDO to support pandemic preparedness discussions in other fora's such UNGA
2. The ability to build international capacity to reduce the risk of outbreak event and to support effective response, and ensure the UK has access to appropriate international support if required	**2.1** [DHSC] IHR Strengthening Project supports ODA-eligible partner countries to strengthen capacity and compliance **2.2** [DHSC] UK Public Health Rapid Support Team supports outbreak response in ODA-eligible countries, and the UK Vaccine Network supports development of vaccines for diseases with epidemic potential in LMICs **2.3** [DHSC] Working with FCDO to define a future medical countermeasures mechanism/platform and an approach to the future of dose donation, to support equitable access **2.4** [UKHSA] Coordinating the UK's contribution to the 100 Days Mission domestically and internationally and working in collaboration with the International Pandemic Preparedness Secretariat to drive forward global mission objectives.
3. The ability to support coordinated, well-designed and well-implemented clinical trials for both vaccines and therapeutics in response to disease outbreaks with pandemic potential	**3.1** [DHSC] leading work to support the development of a clinical trials collaboration framework under the Global Health Security Initiative (GHSI) building on commitments from the UK's G7 Clinical Trials Charter **3.2** [DHSC] leading the Group of Friends for the WHA Clinical Trials Resolution to develop recommendations for improved policy frameworks to enable well-designed and well-implemented multi-country trials within routine practice. **3.3** [DHSC/NIHR] Support to funder collaboration forum (Glopid-R) and wider industry engagement
4. The ability to share samples and materials in the event of disease outbreaks with pandemic potential	**4.1** [DHSC] Continue to support the work of the Global Health Security Initiative including on sample sharing **4.2** [UKHSA] provide technical expertise and views to aid these processes
5. The ability to use bilateral and multilateral engagements to understand the wider health security environment and maintain situational awareness.	**5.1** [DHSC] making strategic use of multilateral fora to support bilateral and plurilateral discussions, including GHSA **5.2** [DHSC and UKHSA] supporting appropriate bilateral dialogues, MoUs and joint statements on preparedness

Key risks / issues to escalate:

- Risk that the negotiation process for the IHR amendments will stall significantly due to irreconcilable differences in views of the purpose and scope of the regulations and proposed changes – mitigated by continued targeted bilateral and plurilateral engagement
- Risk of further fragmentation of genomic sequence data sharing platforms and regulation – mitigated by close XWH working and alignment

NOTE: International surveillance is out of scope here and covered under the surveillance PID, the broader global health agenda e.g. maternal mortality is also out of scope

Contact Tracing and Public Health Workforce / Local Health Protection - Lead: UKHSA

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Preparedness Assessment
• Work is ongoing to determine current and desired capability. Improvements to accessibility and digital elements of the contact tracing process. While some elements of tracing are relatively mature, there is still work underway to ensure tracing could be effectively stood up in the event of another major pandemic. • Planning for Public Health Workforce / Local Health Protection within the portfolio is still in formative stage.

Objective	Key deliverables (against objectives)
1. Review plans for rapid scaling of contact tracing services to respond to health emergencies.	**1.1** Define plan for scaling up contact tracing services **1.2** Evaluation of and lessons learnt from contact tracing pre-pandemic, in COVID 19, mpox, and GAS **1.3** Review and learn from scientific evidence and publications on contact tracing (UK and internationally) **1.4** Determine current capacity and capabilities **1.5** Determine dependencies and tools needed including data capture, data flows, counter measures, guidance. **1.6** Establish required capacities and capabilities **1.7** Establish required data flows and infrastructure, and data capture **1.8** Establish dynamic evaluation incl. KPIs
2. To identify and build upon the challenges and benefits of contact tracing to improve the end-to-end process	**2.1** Identify and implement digital solution enhancements to improve efficiency **2.2** Introduce self-service facilities **2.3** Determine current capacity and capabilities
3. To ensure contact tracing is equitable across users and minimises barriers to use.	**3.1** Ensure an interpretation and translation service is in place across the contact tracing process for end users. **3.2** Establish communication channels **3.3** Determine engagement strategies with relevant stakeholders
4. To ensure contact tracing effectiveness can be continually monitored, both in dormancy and during scale up, to support the health and social care system to flexibly respond to the risk of a pandemic, as identified in NSRA risk 78.	**4.1** Define KPIs of contact tracing **4.2** Testing and evaluation of contact tracing with suppliers

EID and HCID Policy - Lead: UKHSA

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Preparedness Assessment
A number of capabilities require a full capacity assessment. These include the priority areas of: • Detection and characterisation of novel pathogens • Data infrastructure (see 'Science Research, Advice and Data Preparedness PID'), specialist epidemiology and FFX • Assessment and management of cases in the community

Objective	Key deliverables (against objectives)	
1. To ensure detection of an EID threat in the UK and abroad, including risk assessment and informing of partners is prepared to support the health and social care system	**1.1** Emerging infection risk horizon scanning **1.2** Risk assessment **1.3** Engage clinical partners **1.4** Detect novel pathogen in the UK	**1.5** Detect known pathogen in the UK **1.6** Global situation review
2. To ensure sufficient pathogen characterisation, outbreak modelling and development of ongoing risk assessment capability is prepared to support the health and social care system	**2.1** Subject matter expert engagement **2.2** Data management **2.3** Epidemiology **2.4** Sequencing **2.5** Virology **2.6** Modelling	**2.7** FFX analysis **2.8** Clinical Characterisation protocols **2.9** Vaccine evaluation **2.10** Sero-surveillance **2.11** Serological assays
3. To ensure the ability to assess border interventions and support for their implementation is prepared to support the health and social care system	**3.1** Assess potential impact of border interventions **3.2** Pre departure testing (arrivals) **3.3** Arrivals testing (airside or landside) **3.4** Airside health clearance **3.5** Measures for rail, ferry entry **3.6** Support for border closure or other restrictions	**3.7** Quarantine facilities for entrants **3.8** Medevac **3.9** Arrivals / immigration data **3.10** Engage Das **3.11** Co-ordination across Whitehall **3.12** Targeted communications

EID and HCID Policy - Lead: UKHSA

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Objective	Key deliverables (against objectives)	
4. To ensure delivery of containment or suppression measures in the UK are prepared to support the health and social care system.	**4.1** Incident management response structures **4.2** Scale PCR testing for viral pathogen in hospitals **4.3** Scale PCR or rapid testing in community **4.4** Evaluation of commercial assay **4.5** solation of cases **4.6** Ability to transport cases securely **4.7** Contact tracing **4.8** Local & Regional management **4.9** Advice and guidance **4.10** Case assessment and management in the community **4.11** Disease Investigations **4.12** PPE supply	**4.13** Decontamination – healthcare **4.14** Decontamination – community **4.15** NPIs **4.16** Vector control – invertebrates **4.17** Vector control – animal **4.18** Food Safety measures **4.19** Specialist NHS services and capacity **4.20** Community engagement **4.21** Behavioural science **4.22** Engagement with resilience partners around national guidance and response plans
5. To ensure mitigation measures and of clinical countermeasure deployment are prepared to support the health and social care system	**5.1** Provide medical care for cases **5.2** Procure vaccine **5.3** Deliver vaccine	**5.4** Procure drugs for prophylaxis or treatment use **5.5** Clinical guidance **5.6** Therapeutics clinical trial

Key risks / issues to escalate:

- Priority areas requiring full capability assessment (sanctioned by the CPP board):
  - Detection and characterisation of novel pathogens
  - Data infrastructure (see 'Science Research, Advice and Data Preparedness PID'), specialist epidemiology and FFX
  - Assessment and management of cases in the community
- Interaction of EID risk (R79) with pandemic risk (R78) and trigger points
- Interaction between EID workstream and other pandemic preparedness workstreams needs clarification due to large levels of overlap

Communications – Incident Response - Lead: UKHSA

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Preparedness Assessment
Tentative agreement among stakeholders on objectives and deliverables, and project capabilities broadly agreed. RAG ratings have been agreed for a majority of the deliverables, with further engagement required on lessons learned.

Objective	Key deliverables (against objectives)
1.To ensure the ability of UKHSA to implement and deliver a scalable, resilient comms strategy within incident response, to flexibly respond to the risk of a pandemic.	**1.1** Create new risk communications function **1.2** Create and embed new operating model for risk communications **1.3** Update and develop new protocol and process documents for communications within incidents **1.4** Develop communications pandemic response plan **1.5** Develop a risk comms network
2. To ensure the ability of UKHSA to maintain the confidence of Ministers, delivery partners and the public during an incident, in order to support the health and social care system to flexibly respond to the risk of a pandemic.	**2.1** Ensure guidance team is set up for next pandemic **2.2** Profile key leaders **2.3** Media training **2.4** Response coordination **2.5** Operational communications
3. To ensure UKHSA's internal capability and capacity for an effective comms incident response is prepared to flexibly respond to the risk of a pandemic.	**3.1** Develop surge capacity **3.2** Develop surge capability **3.3** Ensure core workforce capability in support of effective comms activity
4. To ensure that UKHSA's communications during incident response acknowledges and learns from lessons identified through public health incidents, including, but not limited to the COVID-19 pandemic and the Mpox outbreak.	**4.1** Review all learnings **4.2** Stakeholder engagement on lessons learned.

Key risks / issues to escalate:

- Risk of conflating comms response e.g., work with the public etc. with our internal incident response
- How to deliver messages / tailor communications to hard-to-reach groups
- Duplicating commissions already ongoing within UKHSA.

Scientific Advice, Data and Analysis, R&D and Clinical Trials

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Preparedness Assessment
There are a number of well-developed capabilities, but work is required to ensure preparedness, ability to surge and to ensure available funding for emerging research and evaluation activities required for pandemic preparedness

Objective	Key deliverables (against objectives)
1. The ability to deliver effective data access, management, storage, modelling and analytical capabilities, including data platforms development and the underpinning of infrastructure in support of horizon scanning, as identified in NSRA risk 78.	**1.1** Improve access to UKHSA and wider health data and systems to work on **1.2** Improve access to relevant Global health streams **1.3** Create global links to international and partner health assessment teams **1.4** Develop ability to fuse open source and classified data in our assessments **1.5** Align with and leverage the UKHSA Data Strategy **1.6** PDCB Cross-Government Incident Response Data Collection Review [DHSC Lead]
2. Delivery of research-enabling capabilities for preparedness activity and incident response, such as: research prioritisation resources, evidence synthesis and evidence review services, knowledge mobilisation function, guidance development.	**2.1** Implement process for identification, validation and prioritisation of knowledge and evidence gaps **2.2** Establish Evidence Review Service **2.3** Implement process for prioritisation of evaluation, research and epidemiology activities **2.4** Establish evaluation service **2.5** Establish partnership working between CPP and UKHSA Behavioural Science and Insights Unit (BSIU) **2.6** Establish partnership working between CPP and UKHSA Central Economist team **2.7** Agree process and method for research funders to rapidly fund identified priorities **2.8** CPP's Evidence scoping and prioritisation project
3. Development and maintenance of partnerships and relationships with consortia, academia and the health sector (e.g. National Institute for Health and Care Research Health Protection Research Units, adult social care providers).	**3.1** Establish process for rapid identification of experts and set up advice networks where not elsewhere available
4. Delivery of advice supporting functions such as stakeholder management, academic liaison, including appropriate SACs membership, scope and alignment to provide a route for government to be informed of new policy-relevant insights.	**4.1** Develop mature knowledge mobilisation tools to translate learning from research into policy, practice and guidance **4.2** Enable research partnerships and collaborations
5. Coordination of other scientific capabilities and workstreams to respond to research requirements. These include pathogen genomics, high containment, vaccine development, biosafety, diagnostics, culture collections, behavioural science, evaluation and epidemiology [TBC].	**5.1** Agree mechanism to establish readiness of other scientific capabilities to rapidly respond to requirements

Key risks / issues to escalate:

- Lack of access to intelligence data; Resource availability and surge-mechanisms; Availability and speed of funding to address research priorities

Legislation – Shared DHSC / UKHSA

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Preparedness Assessment
Any future pandemic legislation would need to be tailored to the disease. Without knowing what the impacts will be on sectors, the government can only ever make a 'best guess' in advance, which poses a risk around the timely and appropriate application of legislation during a future pandemic response. We have identified workstreams for the Health Protection Powers Review (HPPR) Phase 2 that would seek to prepare the legislative landscape against a broad range of threats, however work on the HPPR is currently paused and can only resume with additional, dedicated resource.

Objective	Key deliverables (against objectives)
1. To ensure the UK's legal framework is prepared to support the health and social care system to flexibly respond to the risk of a pandemic, as identified in NSRA risk 78.	**1.1 [DHSC]** Health Protection Powers Review (HPPR) Phase 1 – Mapping of the current health protection powers landscape (Complete) **1.2 [DHSC]** HPPR Phase 2 Workstream 1: What Powers do we need? – cross-government review the powers and provisions within the PHA 84 and CVA against the NSRA variations and disease-agnostic cross-sectoral impacts identified from the PDCB public behaviour change assessment. **1.3 [DHSC]** HPPR Phase 2 Workstream 2: How do we deploy the powers effectively in a future health emergency? – this would initially consist of an exploration of options to legally define a health emergency; and consideration of the use of different parliamentary procedures to enable the govt. to move quickly in an emergency. **1.4 [DHSC]** Review of Coronavirus Act to identify lessons learned. **1.5 [UKHSA/DHSC]** Amendments of secondary legislation to enable enforcement of IHR standards at ports and borders. **1.6 [DHSC]** Review of list of notifiable diseases under the Health Protection Notification Regulations.

Key risks / issues to escalate:

- The ongoing development of a defined strategy for a future pandemic response poses a time risk to the development of appropriate legislation.
- Any future pandemic legislation would need to be tailored to the disease. Without knowing what the impacts will be on sectors, the government can only ever make a 'best guess' in advance, which poses a risk around the timely and appropriate application of legislation during a future pandemic response.
- There is a risk that in a future pandemic, it will be far harder to deploy broad legal powers in the way we did for COVID-19. Parliamentary and public expectations will be very different, and we will need to demonstrate lessons have been learned.

Adult Social Care (including workforce) – Lead: DHSC

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Preparedness Assessment
• The sector stands in a strong position to respond to a respiratory illness with similar characteristics to covid. • However wider system pressures are significant and the sector is still managing the tail of covid. This means additional burdens placed on the sector to manage a new disease will need to be carefully balanced to minimise or mitigate a detrimental impact on care delivery. • In addition the need to rapidly adapt to a different pathogen while maintaining covid protections, especially if this places additional IPC burdens, will place a significant pressure on the sector which will need to be managed closely.

Objective	Key deliverables (against objectives)
1. The ability to inform and shape the ASC policy response in line with the latest public health advice from UKHSA including: - Receive and seek public health advice via the SAGE Social Care Sub-Group or similar expert panel. - Maintain links with the DA policy position and evolution to maintain consistency or understand variation when it emerges. - Inform and clear ministerial advice to agree policy change in an agile manner. - Clear, publish and disseminate guidance to the sector to reflect the latest policy position at high pace.	[TBC]
2. The ability to keep the sector updated with the latest evidence and policy changes as well as work with them to shape policy response, improve operational delivery and co-produce guidance.	
3. The ability to ensure supply and operational deployment of clinical countermeasures, including PPE, Diagnostics such as testing and Vaccines to the Adult Social Care Sector in the event of a pandemic.	
4. The ability to collect, adapt and report on timely data from the sector and local authorities to: - Understand the impact, prevalence and variants (where relevant) of the disease in the sector. - Understand sector delivery confidence (staff absence, occupancy etc) to ensure care needs are met, a triage need identified and to support the management of wider health care system pressures.	
5. The ability to secure and distribute grant funding (subject to availability) to LAs to pass through to providers to support their delivery of pandemic interventions while maintaining market viability.	
6. The ability to ensure sector compliance with interventions and understand operational constraints, working in partnership with the CQC.	

Further Programmes

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The following programmes have been excluded from the dashboard as they are still in early formative stage:

- **Diagnostics**
- **PPE**; Policy, Supply, Storage and Distribution
- **Vaccines**; Policy, Supply, Storage and Distribution
- **Medicines**; Policy, Supply, Storage and Distribution
- **NHS Resilience and Workforce**
- **Public Health Workforce / Local Health Resilience** (part of Contact Tracing and Public Health Workforce / Local Health Resilience programme)

We are continuing to work with programme leads to finalise the scope of these programmes ahead of the next Board meeting.

Next Steps – Reporting Template

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Objective 1: *Please use this box to highlight the objective*

Programme Director Assessment: Overall Programme Preparedness	
Programme Director Preparedness Assessment	**Delivery Confidence (RAG)**
To the right, please indicate your overall assessment of preparedness for the programme objective by providing a RAG rating (see guidance on slide 11). *Please use this box to provide a short explanation of the confidence assessment, summarising how the programme delivery and capabilities within the programme combine to provide an overall level of pandemic preparedness.*	

Issues to escalate:

- *Please use this box to highlight any key issues or risks for escalation.*
-

- The reporting template will give an overview of each objective within the programmes by:
  - Indicating overall assessment for the programme and providing a short explanation
  - Highlighting high level deliverables to support objectives, indicating end dates and RAG status.
  - And noting risks to delivery of the capability and any mitigating actions.

- They will be completed quarterly, ahead of the PPP Board meetings

Objective 1: *Please use this box to highlight the objective*

PD:				
In order to ensure that this capability is prepared to flexibly support our response to the pandemic risk, this programme will deliver:				
Deliverables	**Baseline End Date**	**Forecast/ Actual End Date**	**Delivery Confidence (RAG)[1]**	**Comments on RAG status**
• *In this box, please outline the high-level deliverables that will support this objective.*			A/G	*Please use these boxes to provide a short explanation of RAG status.*

The risks to delivery of this capability are:		
Key Risks	**Overall Risk RAG[2]**	**Mitigation Actions**
Please use these boxes to provide a brief description of the risks to delivery of this capability, referring to specific deliverables listed above where relevant.		

Annex A – Historic PIPP Risks*

DRAFT

PIPP Risk Reference	Risk Description	Programme
PIPP-R-061	There is a system-wide risk that the current COVID-19 pandemic response would impact upon the health system's capabilities and capacity to respond to a concurrent (or near future) influenza pandemic (or severe outbreak). Reduction in defence in depth preparedness could lead to increased illness and mortality. DN: This is a risk to the wider health system which is not captured by the risks specified above, and therefore this risk has been drafted for DHSC to allocated to a risk owner. This is separate to the risk specifically carried by UKHSA	Overarching Strategic Risk
PIPP-R-052	There is a risk that programme resource will be reduced by need to prioritise COVID-19 response activities, reactive work triggered by COVID-19, NAO audits and legal cases. This could impact on the ability of the UKHS Team to progress the PIPP policy programme.	Overarching Strategic Risk
PIPP-R-063	Risk that PIPP's work programme is not aligned with wider strategic emergencies preparedness initiatives across government, including the National Resilience Strategy and Biosecurity Strategy.	Overarching Strategic Risk
PIPP-R-064	Note: UKHSA PREPAREDNESS workstream also affected by this risk. As roles and responsibilities are transferred to UKHSA and continue to be defined, there is a risk that the delivery of workstreams may be impacted by the transition. Changes to the ownership of specific programme elements and organisations structures may delay the delivery of some PIPP workstreams, and more broadly impact on the preparedness levels across the health system for a pandemic influenza event. This includes the transition and ownership of systems set up in response to COVID-19 being incorporated into BAU activity. [This risk supersedes risks PIPP-R-055, PIPP-R-056 and PIPP-R-060]	Overarching Strategic Risk
PIPP-R-066	Risk that HMG is unable to produce a timely replacement to the 2011 UK Influenza Pandemic Preparedness Strategy leading to a lack of clarity on future strategic direction and material loss in pandemic preparedness capability as the COVID-19 response is scaled down.	Overarching Strategic Risk
PIPP-R-059	There is a risk that the current COVID-19 pandemic response would impact upon Social Care capabilities and capacity to respond to a concurrent (or near future) influenza pandemic (or severe outbreak). Reduction in defence in depth preparedness could lead to increased illness and mortality.	Adult Social Care
PIPP-R-023	In the event of an influenza pandemic the number of patients requiring Critical Care is likely to rapidly exceed the availability of Critical Care facilities at a local and national level. An influenza pandemic would not need to be severe for this to occur because Critical Care facilities often run at close to capacity during normal operation.	NHS Resilience and Workforce
PIPP-R-041	Risk that the health and social care system may be unable to cope with an extreme surge in demand for services in the event of a pandemic. In addition to this, there is a risk that the guidance for extreme surge, including triage, may not be fully completed by the time of the next pandemic.	NHS Resilience and Workforce

*All PIPP risks are captured in the PPP Risk Register

Annex A – Historic PIPP Risks*

DRAFT

PIPP Risk Reference	Risk Description	Programme
PIPP-R-058	There is a risk that the current COVID-19 pandemic response would impact upon NHS capacity to respond to a concurrent (or near future) influenza pandemic (or severe outbreak). Reduction in defence in depth preparedness could lead to increased illness and mortality.	NHS Resilience and Workforce
PIPP-R-051	Although UK-EU arrangements are in place for cooperation on health security, and an MoU has been agreed between UKHSA and ECDC to work together to provide UK experts with access to a number of surveillance system functions, there is a risk that access to some information is limited or considered out of scope from provisions agreed. Though most influenza surveillance is based on WHO PIP systems this could lead to delays in response activity and reduced levels of scientific information for public health experts supporting that response.	Surveillance
PIPP-R-062	Potential for the UK to sign up to legally binding agreements (e.g. pandemic treaty) that don't directly align with PIPP proposals, particularly when it comes to equitable access to countermeasures.	UK Activity to Support International Pandemic Preparedness
PIPP-R-047	There is a risk that the complete depletion of PIPP stockpiles of PPE during the current COVID-19 pandemic means that we would be unprepared to respond in the event of a concurrent influenza pandemic (or any pandemic should it occur prior to replenishment of the stockpiles) with key staff groups not being provided with the necessary protection.	Clinical Countermeasures
PIPP-R-048	There is a risk that funding is not sufficient to secure access in advance to clinical countermeasures identified as critical to a future pandemic response. This may be due to an insufficient multi-year spending review settlement for 22/23 to 24/25; an increase in anticipated costs due to the ongoing Countermeasures Review recommending new or additional spending; or a rise in costs due to wider economic factors.	Clinical Countermeasures
PIPP-R-050	There is a risk that the efficient delivery of the countermeasures programme is impaired by significant divergence in the approach of the four nations, either due to deliberate policy decision or governance/operational barriers to joint approach. This includes the potential impact of the Northern Ireland Protocol divergence in regulatory systems for medicines as a result of EU Exit.	Clinical Countermeasures
PIPP-R-062	Potential for the UK to sign up to legally binding agreements (e.g. pandemic treaty) that don't directly align with PIPP proposals, particularly when it comes to equitable access to countermeasures.	Clinical Countermeasures

*All PIPP risks are captured in the PPP Risk Register