



London Borough of Hackney & City of London Corporation

**Combined Multi-Agency Pandemic Influenza Plan
2020-23**

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1 INTRODUCTION

Pandemic influenza presents a real challenge to the economic and social wellbeing of any country, as well as a serious risk to the health of its population. It has been classified by the Cabinet Office as the number one threat to the UK population. The impact of a pandemic influenza outbreak on individuals and societies can be reduced by being well prepared. This requires having a comprehensive plan in place that is flexible enough to respond to outbreaks of various intensities and able to engage the active support of individuals and communities.

1.1 AIM

The aim of this document is to provide a framework for coordinating the London Borough of Hackney/City of London Corporation's multi-agency response to an influenza pandemic. This document is in line with London Resilience Partnership Pandemic Influenza Framework and should be used in conjunction with existing business continuity and emergency preparedness plans.

1.2 OBJECTIVES

The main objectives of the document are to:

- Provide local leadership for a coordinated pandemic response
- Identify trigger points for escalation
- Identify key areas of responsibility between agencies
- Provide a framework for communications between responding agencies to ensure a coordinated response
- Summarise and collate key plans and procedures which would be activated in the event of an outbreak of pandemic influenza

1.3 RELATED DOCUMENTS

- [London Resilience Partnership Pandemic Influenza Framework, version 7.0 \(2018\)](#)
- [Guidance on the Roles and Responsibilities of Clinical Commissioning Groups \(CCGs\) in preparing for and responding to an influenza pandemic \(2017\)](#)
- [Operating arrangements for NHS England \(London\) during an influenza pandemic, NHS England \(2014\)](#)
- [Pandemic Influenza Response Plan, Public Health England \(2014\)](#)
- [Preparing for Pandemic Influenza, Guidance for Local Planners, Cabinet office, LRF guidance \(2013\)](#)

- [Pandemic Influenza: Guidance on the management of death certification and cremation certification, Department of Health \(2012\)](#)
- [UK Influenza Pandemic Preparedness Strategy, Department of Health \(2011\)](#)
- [Planning for a Possible Influenza Pandemic, A Framework for Planners Preparing to Manage Excess Deaths, HM government \(2008\)](#)

2 BACKGROUND

2.1 WHAT IS INFLUENZA?

Influenza is an acute infectious viral illness that spreads rapidly from person to person when in close contact. It is characterised by the sudden onset of fever, chills, headache, muscle pain and usually a cough – with or without a sore throat - or other respiratory symptoms.¹ The acute symptoms generally last for about a week, although a full recovery may take longer, typically three weeks.

2.2 WHAT IS PANDEMIC INFLUENZA AND HOW IS IT TREATED?

Pandemic influenza occurs when a novel influenza virus appears, against which the global human population has little or no immunity, thus its spread is global. Once a fully virulent virus emerges, global spread is considered inevitable. It is highly likely that another influenza pandemic will occur at some time. However, it is impossible to forecast its exact timing or the precise nature of its impact. As most people are likely to have no immunity to the pandemic virus, infection and illness rates could be much higher than during normal outbreaks/epidemics of seasonal influenza.

Influenza is a difficult infectious disease to control because the virus spreads easily from person to person via the respiratory route when an infected person talks, coughs or sneezes. It also spreads through hand-to-face contact if hands are contaminated. Closed communities such as schools or residential homes are particularly at risk, bringing extra challenges to authorities managing such institutions.

When a pandemic occurs, the new virus may infect large swathes of the population over a relatively short period of time. It may be associated with extensive mild to moderate illness in the population or significant severe illness and mortality in certain age or patient groups within the population. It may significantly disrupt the normal functioning of society if large numbers of patients require hospitalisation, staff absenteeism impairs the delivery of essential services and there is a high death rate.

With respect to treatment, in many respects pandemic influenza can be treated in the same way as seasonal influenzas; with good hygiene measures reducing the spread of infection and usual self-care measures (staying at home, keeping warm, and drinking plenty of fluids and the use of over the counter medicines). Like seasonal influenza, more intensive treatment, such as hospitalisation, will be required during a pandemic for those with more severe illness and pressures on the health and social care system are likely to quickly emerge.²

2.3 PREVIOUS INFLUENZA PANDEMICS

Three pandemics occurred in the 20th century (1918, 1957 and 1968), with the first pandemic of the 21st century in April 2009. The 20th century pandemics ranged in severity from something resembling a severe outbreak of seasonal influenza to a major event where

¹ Flu, NHS website: <https://www.nhs.uk/conditions/flu/>

² DH UK Influenza Pandemic Preparedness Strategy 2011

millions of people became ill and died. They also varied with respect to a number of waves of disease, age groups affected and symptoms caused. Planning at the start of the 21st century was based on these events; however, the 2009 pandemic did not manifest as anticipated, thus illustrating the uncertainty underpinning the science behind pandemic preparedness.

Table 1: Influenza Pandemics of the last 100 years

Pandemic	Areas of emergence	Estimated case fatality ratio	Estimated attributable excess mortality worldwide	Age groups most affected
1918-19 “Spanish Flu”	Unclear	2-3%	20-40 million (UK 250,000)	Young adults
1957-58 “Asian Flu”	Southern China	0.1-0.2%	1-4 million (UK 33,000)	Children
1968-69 “Hong Kong Flu”	Southern China	0.2-0.4%	1-4 million (UK 30,000)	All age groups
2009-10 “Swine Flu”	Mexico	<0.025%	18,500 (confirmed) (UK 474)	Children, young adults and pregnant women

2.4 HOW WILL PANDEMIC INFLUENZA AFFECT SOCIETY?

Pandemic influenza represents a unique scenario in terms of prolonged pressures on workforce. Society is likely to face social and economic disruption, significant threats to the continuity of essential services, lower production levels, shortages and distribution difficulties.

Individual organisations may also suffer from the pandemic’s impact on business and services. Large numbers of staff are likely to be absent from work at any one time due to sickness and increased hospitalisation. Staff illness will lead to increased caring responsibilities and exacerbating staff shortages. E.g., childcare if schools closed, elderly if no or reduced social care, meals on wheels etc.

There are likely to be difficulties with transport and supply chains (especially “just-in-time” supplying), as well as:

- Effectiveness of antivirals and how, and to whom, they would be distributed.
- Inability to bury/dispose of the dead in a timely way, which could pose issues for certain groups, such as Orthodox Jewish and Muslim communities.
- Shortage of storage facilities for the dead.
- Additional risks and/or complications arising for those without suitable accommodation and bespoke planning will be needed at a local, regional and national levels to address this.

In view of this as part of the planning process, organisations are expected to have business continuity plans to ensure ongoing delivery of critical services throughout a pandemic. Nationally, pandemic preparedness is led by the Department of Health, through Public Health England and NHS England. Local planning is coordinated by Borough Resilience Forum – in Hackney it is the Hackney Emergency Planning Board (HEPB) and in the City of London

Corporation Resilience Steering Group. Individual organisations are responsible for developing their own business continuity plans.

3 PLANNING

3.1 PLANNING ASSUMPTIONS

The following planning assumptions are based on latest Department of Health guidance contained within the UK Influenza Pandemic Preparedness Strategy, 2011. These consider learning from the 2009 “Swine Flu” pandemic. The worst-case scenario below is based on 50% of the populations of Hackney and the City of London experiencing symptoms.

Table 2 Potential impact on City & Hackney’s populations in the event of a Pandemic Flu Outbreak over a 15-week period

Hackney Population – 273,526³	Residents affected
50% experience symptoms	136,763
Health Services provide advice/treatment 30% of symptomatic	41,028
1-4% of symptomatic patients could require hospital care (2% illustrated)	2,735
Up to 2.5% of those with symptoms could die as a result of influenza if no treatment proved effective (1.5% illustrated)	2,040
Combined workforce of Hackney Council and Homerton Hospital absent on any given day (20%)	1,560
City of London Population – 8,700⁴	Residents affected
50% experience symptoms	4,350
Health Services provide advice/treatment 30% of symptomatic	1,305
1-4% of symptomatic patients could require hospital care (2% illustrated)	87
Up to 2.5% of those with symptoms could die as a result of influenza if no treatment proved effective (1.5% illustrated)	65

A clinically significant pandemic is most likely to be caused by a new subtype of the Influenza A virus. An influenza pandemic could emerge at any time anywhere in the world, including in the UK. It could emerge at any time of the year. Regardless of where or when it emerges, it is likely to reach the UK quickly.

It will not be possible to stop the spread of, or to eradicate, the pandemic influenza virus, either in the country of origin or in the UK, as it will spread too rapidly and too widely. From arrival in the UK, it will probably be a further one to two weeks until sporadic cases and clusters of disease are occurring across the country.

Initially, pandemic influenza activity in the UK may last for three to five months, depending on the season. There may be subsequent waves of activity weeks or months apart. Following

³ The ONS mid-year population estimate for 2016 put Hackney's population at 273,526

⁴ The ONS mid-year population estimate for 2018 put City of London's population at 8.700

an influenza pandemic, the new virus is likely to re-emerge as one of several seasonal influenza viruses.

Relevant planning assumptions are:

- Up to 50% of the population could experience symptoms of pandemic influenza spread over one or more pandemic waves, although the nature and severity of the symptoms would vary from person to person.
- Self-care should be encouraged wherever possible and appropriate.
- Health services should be prepared to provide advice and treatment for up to 30% of all symptomatic people in primary care.
- Between 1-4% of symptomatic patients could require hospital care, depending on the severity of illness caused by the virus.
- Up to 2.5% of those with symptoms could die as a result of influenza if no treatment proved effective. These figures might be reduced by the impact of countermeasures.
- In a widespread and severe influenza pandemic affecting 50% of the population, between 15-20% of staff might be absent on any given day during peak weeks. The two largest employers in Hackney are Hackney Council with 4,300 staff⁵ and Homerton Hospital with 3,500⁶ who between them could face staff shortages in any given day of around 1560 staff (20%).

3.1.1 Staff Absence and Business Continuity

The difficulties in maintaining essential services could be exacerbated further within organisations as a result of high levels of staff absence – over 50% of all staff possibly requiring time off at some stage over the pandemic period through:

- Sickness or fear of infection;
- Care-providing responsibilities (especially if schools in the local area are closed);
- Stress;
- Bereavement (or other psychosocial impacts);
- Transport disruptions.

Although existing business continuity plans for other disruptive challenges provide a good starting point for planning for an influenza pandemic, it must be recognised that pandemic influenza presents a unique scenario in terms of prolonged pressures through reduced workforce and potentially increased workload (between 15-20% of staff might be absent on any given day during peak weeks). Organisations are, therefore, expected to have business continuity and contingency plans to ensure that critical services and outputs continue to be delivered throughout an influenza pandemic.

Each organisation needs to estimate the level of staff absence and its potential impact on its own activities. The level of staff absence will depend to some extent on the composition of

⁵ 4366 *Headcount as at 31/03/2017 <https://hackney.gov.uk/knowning-our-workforce>

⁶ <http://www.homerton.nhs.uk/about-us/>

the workforce and the environment in which people work. In order to derive estimates for the total numbers likely to be absent, employers should consider the demographics of their work teams, including the percentage who have childcare or other family care responsibilities, 'normal' absenteeism levels and options for home or remote working. Due to the human resources implications of pandemic influenza, succession planning (e.g. ensuring deputies are identified in advance of a pandemic and fully trained to take a leadership role if required) is a critical consideration in contingency planning.

Any measures put support surge management, alternative working arrangements, critical service support and non-critical service reduction should be implemented as required.

3.2 PLANNING AND PREPAREDNESS PHASE

The table below summarises the organisational responsibilities of agencies at borough level during the planning and preparedness phase of an influenza pandemic as set out by the Cabinet Office guidance document 'Preparing for Pandemic Influenza: Guidance for local planners, 2014'.

Table 3: Local organisational responsibilities in the planning, preparedness and response phase

Planning & Preparedness Phase		
Org.	Lead Implementer	Key actions and outputs
All organisations (additional organisational specific actions are listed below)		<ul style="list-style-type: none"> • Each organisation to establish a Pandemic Flu Lead to remain aware of international developments and review emerging information and guidance; • Monitor and evaluate risks and impacts for areas of responsibility; • Identify and mitigate where possible critical vulnerabilities; • Undertake business continuity and resilience planning in the context of a pandemic flu scenario; • Ensure that planning is an integrated activity and that all plans are regularly maintained and exercised; • Communicate plans with employees, contractors, and affiliated organisations; • Communicate relevant messages to the public through appropriate channels; • Consolidate and test preparedness arrangements; • Familiarise themselves with overall UK Government advice on pandemic flu planning;
Local Health Community	Homerton Hospital, East London Foundation Trust and City and Hackney –	<ul style="list-style-type: none"> • Review arrangements for providing an effective and sustainable response during an influenza pandemic in conjunction with local partners; • Ensure that planning is an integrated activity and that all plans are regularly maintained and tested; • Liaise with LBH/CoL and other local partners (e.g. through the Borough Resilience Forum) to ensure

Planning & Preparedness Phase		
Org.	Lead Implementer	Key actions and outputs
	out of hours GP service	<p>plans are joined up (e.g. around arrangements for managing the demands of the excess death projections);</p> <ul style="list-style-type: none"> • Ensure that vulnerable people within the community are identified and plans put in place to address their needs.
	City and Hackney Clinical Commissioning Group (Accountable Emergency Officer)	<ul style="list-style-type: none"> • Identify a Pandemic Influenza Executive Lead to lead internal organisational pandemic planning activities in light of national and international developments, advice and guidance; • Undertake internal business continuity planning in the context of pandemic influenza; • Communicate plans with employees, contractors, and affiliated organisations; • Participate in relevant planning groups to discuss, plan, exercise and share best practice; • Ensure early engagement of communications professionals to devise, deliver and maintain internal, external and stakeholder/ cross-partnership communications before, during and after a pandemic; • Work with their commissioned service providers, in planning for surge in relation to elective work and the possible financial implications if there is ongoing disruption to normal service levels over the period of a pandemic and its recovery phase; • Participate in appropriate assurance processes regarding their arrangements and be assured that their commissioned services have adequate provisions in place for managing a pandemic; • Work with NHS England Regional and Area Teams to identify appropriate local providers to support the delivery of a pandemic influenza response, particularly regarding the provision of antiviral collection points through community pharmacies⁷;
	Primary Care: GP Confederation	<ul style="list-style-type: none"> • Identify a Pandemic Influenza Executive Lead to lead internal organisational pandemic planning activities in light of national and international developments, advice and guidance; • Review arrangements for providing an effective and sustainable response during an influenza pandemic; • Participate in relevant planning groups to discuss, plan, exercise and share best practice;

⁷ NHS England are in the processes of agreeing a national service specification so they can commission antiviral collection points through community pharmacies. Once this is agreed with the PSNC they will identify and commission sites.

Planning & Preparedness Phase		
Org.	Lead Implementer	Key actions and outputs
		<ul style="list-style-type: none"> • Communicate relevant messages to the public through appropriate channels; • Consolidate and test preparedness arrangements; • Work with neighbourhood teams.
	Pharmacies: Local Pharmaceutical Committee (LPC)	<ul style="list-style-type: none"> • Identify a Pandemic Influenza Executive Lead to lead internal organisational pandemic planning activities in light of national and international developments, advice and guidance; • Participate in relevant planning groups to discuss, plan, exercise and share best practice; • Undertake internal business continuity planning in the context of pandemic influenza; • Consolidate and test preparedness arrangements; • Establish a strategy for the provision of antiviral collection points through community pharmacies.
NHS England		<ul style="list-style-type: none"> • Establish the Pandemic Influenza response arrangements at NHS England; • Review and finalise directly commissioned response arrangements e.g. Anti-Viral Collection Points; • Pandemic specific vaccination arrangements and delivery locations for the National Stockpile⁸.
Public Health England		<ul style="list-style-type: none"> • Intelligence Gathering • Enhanced surveillance • Diagnostic development • Provision of communications to public and professionals • Anti-viral procurement
East London Health & Care Partnership	8 Authorities in the north east of London (NEL)	<ul style="list-style-type: none"> • 20 organisations across NEL have worked together to develop a sustainability and transformation plan (STP); • They have developed a range of integrated service models and commissioning arrangements;
London Ambulance Service	LAS Pandemic Flu Leads	<ul style="list-style-type: none"> • Link at a local level to the Borough Resilience Forum (BRF); • Participate in local and regional planning groups to discuss, plan and share best practice where appropriate.
LBH and CoL	Nominated LA Representatives	<ul style="list-style-type: none"> • In the case of a pandemic flu outbreak the BRF in LBH would take on the role of Multi –Agency Pandemic Influenza Response Group. Within the CoL this role will be taken by the Resilience Steering Group;

⁸ The intent is that vaccination will be delivered through the usual routes (general practice and pharmacy) and that this will be negotiated at the time of a pandemic to ensure the best process for patients.

Planning & Preparedness Phase		
Org.	Lead Implementer	Key actions and outputs
		<ul style="list-style-type: none"> • Emergency Planning to undertake business continuity and resilience planning in the context of a pandemic flu scenario; • Provision of business continuity advice and assistance to business and voluntary organisations; • LBH & CoL Departments to implement Business Continuity Plans; • Manage issues such as access to buildings that may need to be closed to prevent spread; • Community Safety, Enforcement and Business Regulation officers will link with PHE to undertake the investigative element of the outbreak. The service also operates a 24/7 OOH service manned by a Manager and a duty EHO; • Have plans in place to deal with a reduced workforce that may result in failure to deliver key services such as waste collection; • Ensure that business continuity arrangements include plans for managing the demands of the excess death projections and are understood by local partners and are factored in to local multi-agency plans; • Planning will need to consider arrangements for additional mortuary capacity, death certification, internment arrangements and to give due consideration to diverse faith and ethnic requirements; • Ensure that vulnerable people within the community are identified and plans put in place to address their needs; • Ensure plans are in place to access surgical face masks from national stockpile; ensure plans are in place to protect front-line staff from infection risk, including offering the flu vaccination to at risk staff and determining which staff need surgical face masks.
	Adult Social Services	<ul style="list-style-type: none"> • Put in place plans for a pandemic, including business continuity plans to help cope with staff shortages; • To ensure there is sufficient personal protective equipment (PPE) for all front-line staff in the event of a pandemic; • Ensure that all staff have received training on how to use PPE and infection control;

Planning & Preparedness Phase

Org.	Lead Implementer	Key actions and outputs
		<ul style="list-style-type: none"> • Run a marketing campaign to promote the importance of infection control and free flu vaccination for front line staff; • Ensure all providers have a current and maintained business continuity that adult services may check through its quality assurance role; • LBH's ASC will be working to the Homerton Hospital flu pandemic plans, there is a Bi-lateral agreement between hospitals to carry out assessments in the event of a pandemic in order to limit the spread of infection and also ensures more staff availability; • Ensure all staff have received training in Infection control and how and when to use PPE; • Ensure front line staff are aware of receiving free flu vaccinations.
	Schools, Childcare and Early Years Settings	<ul style="list-style-type: none"> • Put in place outline plans for a pandemic, including business continuity planning to cope with staffing shortages e.g. cover arrangements if head and/or deputy are ill in the pandemic, supply cover for absent staff etc; • Respond promptly to any request from LBH for up-to-date contact details for the school, so that they are able to receive information efficiently; • Take note of any new guidance, review plans regularly, and ensure contact lists are kept up to date.
	Communications and Public Health	<ul style="list-style-type: none"> • To ensure mechanisms are in place for effective communication pathways between PHE, LBH/CoL communication teams, LBH/CoL public health teams, the public as well as local businesses.
	Hackney Learning Trust/CoL Education and Early Years Service	<ul style="list-style-type: none"> • Prepare plans to discharge legal duty to provide education "at school or otherwise" for children who for any reason "may not for any period receive suitable education unless such arrangements are made for them".
Met Police / CoL Police	Nominated Police Reps	<ul style="list-style-type: none"> • Link at a local level to BRF. Participate in local and regional planning groups to discuss, plan and share best practice where appropriate.
London Fire Brigade	London Fire Brigade Reps	<ul style="list-style-type: none"> • Link at a local level to BRF. • Participate in local and regional planning groups to discuss, plan and share best practice where appropriate.

Planning & Preparedness Phase		
Org.	Lead Implementer	Key actions and outputs
Voluntary Organisations	Nominated Voluntary Org. Reps	<ul style="list-style-type: none"> • Link at a local level to Multi-agency Pandemic Influenza Group where invited; • Participate in local and regional planning groups to discuss, plan and share best practice where appropriate.

3.3 PERSONAL PROTECTIVE EQUIPMENT (PPE)

Managers need to undertake risk assessments to identify likely needs/ requirements for PPE in preparation for the event of a pandemic. Confirmation is awaited regarding centrally procured PPE however as a guide the following should be taken into account by managers:

- Taking a risk assessed approach with your Occupation Health/specialist advice for Identification of any PPE levels or precautions you may need;
- Process for procurement;
- Any specialist fitting requirements;
- Disposal;
- Storage/Availability;
- Where to find health advice during before/during an outbreak – PHE Website: www.gov.uk/government/organisations/public-health-england;
- A guidance publication can be found at: www.gov.uk/guidance/pandemic-flu.

NHS distribution will be through direct delivery to NHS sites. Social care PPE will be delivered to nominated single locations for each borough. The borough is then responsible for onward distribution.

PPE stockpile is for Health and Social care only and is predominately used to protect staff from droplet particulates when caring for patients in scenarios where aerosol particulates are generated.

There is no provision at government level for the provision of PPE to other agencies, Registrars, Housing teams or to other Emergency Services. The rationale for this is based on the fact it will not limit their contact to any potential influenza virus in the community.

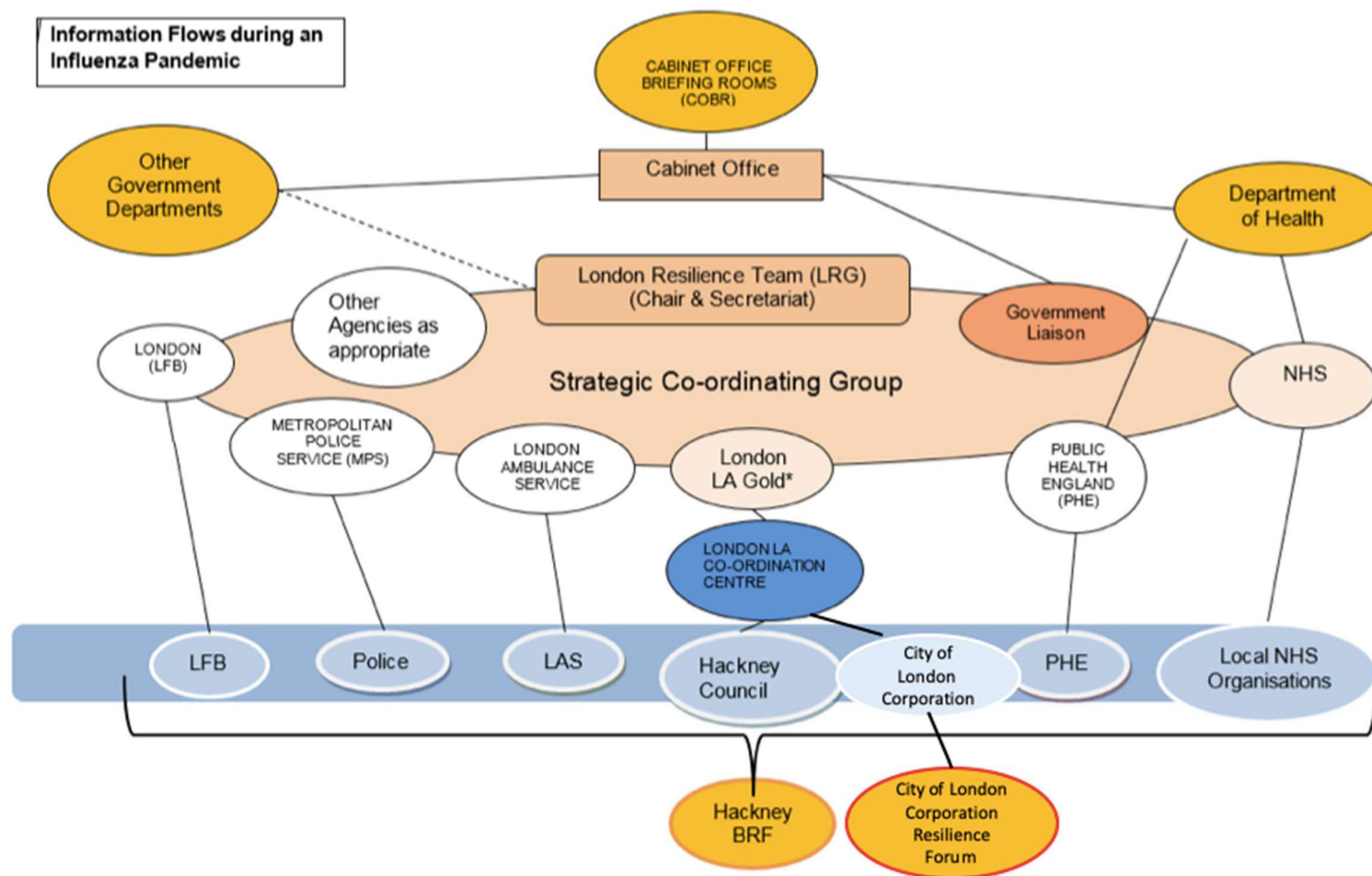
4 RESPONSE

4.1 PLAN ACTIVATION AT NATIONAL LEVEL

Both internationally and nationally, processes are in place to ensure that information will quickly start to circulate throughout the resilience community about an emerging influenza issue that could lead to a pandemic. In the UK this information will be managed according to the 5 response phases: Detection, Assessment, Treatment, Escalation, Recovery (DATER) as described in the UK Influenza Pandemic Preparedness Strategy 2011. The stages are not linear and it is possible to move back and forth between them or jump phases. Each phase sets out the actions and priorities for the response, reflecting the situation as it affects the UK.

Table 4: UK DATER Response Phases

Detection (Led by Public Health England)	<ul style="list-style-type: none"> • Intelligence gathering. • Enhanced surveillance. • Diagnostic development. • Provision of communications to public and professionals.
Assessment (Led by Public Health England)	<ul style="list-style-type: none"> • Collection of clinical and epidemiological data including the first few 100 (FF100); • Estimates of impact and severity in the UK; • Reducing risk of transmission by; <ul style="list-style-type: none"> ○ Actively identifying cases; ○ Treatment. • Antiviral prophylaxis for close / vulnerable contacts.
Treatment (Led by NHS England)	<ul style="list-style-type: none"> • Advising on treatment of individual cases and population treatment; • If necessary using the National Pandemic Flu Service; • Consideration of enhancing public health measures such as localised school closures; • Depending on the development of the pandemic, preparation for targeted vaccinations will begin by NHS England as the vaccine becomes available.
Escalation (Led by NHS England)	<ul style="list-style-type: none"> • Escalation of surge management arrangements; • Prioritisation and triage of service delivery, aiming to maintain essential services; • Resilience measures encompassing robust contingency plans.
Recovery (Led by HEPB)	<ul style="list-style-type: none"> • When influenza activity is significantly reduced or within acceptable parameters; • Normalisation of services; • Restoration of business as usual; • Post incident review; • Steps to address staff exhaustion; • Planning and preparation for resurgence of influenza.



* To ensure that local government is represented during catastrophic events the London Gold Resolution was established. This means one chief executive speaks for all 33 boroughs. This Chief Executive is referred to as Local Authority Gold.

4.2 PLAN ACTIVATION AT LOCAL LEVEL⁹

As per Gold procedures, the Chief Executives (CEs) of Hackney Council / City of London Corporation or his nominated deputy will seek advice on detection and assessment from PHE and treatment from NHS London contacts and will decide at what point and at what level this plan is activated. Regularity of meetings as well as location to be determined by the CE or nominated deputy at the time¹⁰. Location of meetings should have teleconferencing facilities as well as screens/streaming capacity to access up to date local and national news.

4.2.1 Detect and Assessment Phase¹¹

Detect: The focus in this stage would be intelligence gathering from countries already affected, enhanced surveillance within the UK, developing diagnostics specific to the new virus, and providing information and communications to the public and professionals. The indicator for moving to the next stage would be the identification of the new influenza virus in patients in the UK.

Assessment: The focus of this stage would be collection of detailed clinical and epidemiological information on early cases on which to base early estimates of impact and severity in the UK. Additionally, it will focus on reducing the risk of transmission and infection with the virus within the local community and actively finding cases, self-isolation of cases and suspected cases, treating cases / suspected cases and using antiviral prophylaxis for close / vulnerable contacts, based on a risk assessment of the possible impact of the disease. The indicator from moving from this stage would be evidence of sustained community transmission of the virus i.e. cases not linked to any known or previously identified cases.

Table 5: Local organisational responsibilities in the detect and assessment phase

Detect and Assessment Phase		
Org.	Lead Implementer	Key actions and outputs
Local Health Community	Homerton Hospital and East London Foundation Trust and City & Hackney – out of hours GP service	<ul style="list-style-type: none"> • As required activate business continuity and pandemic response plans, working with key stakeholders; • London wide and local coordination and communication arrangements should be activated; • Review the categorisation of services into essential and non-essential services. The Hospital will determine which services are deemed non-essential; • Consider initiating measures to enhance and preserve essential supplies and finalise plans for pre-distribution of any stockpiled items;

⁹ In the event of an emergency, patient data confidentiality may need to be broken for the sake of protecting population level health

¹⁰ If the LAS is to be involved, a location with teleconferencing facilities is essential as it would very difficult for them to send anyone in person for a scenario that is likely to involve more than one borough.

¹¹ The five phases are described in the UK Influenza Pandemic Preparedness Strategy 2011 and include: Detection, Assessment, Treatment, Escalation and Recovery

Detect and Assessment Phase		
Org.	Lead Implementer	Key actions and outputs
		<ul style="list-style-type: none"> • Review the identification of vulnerable people in the community; • Prepare to distribute antivirals should the national stockpile be pre-distributed to the NHS prior to them being made available to the public (PHE responsibility); • Provide data on a regular basis to NHS England.
	Pharmacies: Local Pharmaceutical Committee (LPC)	<ul style="list-style-type: none"> • Support the stockpiling and distribution of anti-virals; • Review the identification of vulnerable people in the community; • Provide messages for reception and other staff and regularly update; • Identify methods of communicating with the public; • Ensure appropriate methods available for individuals with hearing, visual and other disabilities; • Ensure appropriate methods available for limited English-speaking populations.
	City and Hackney Clinical Commissioning Group (Accountable Emergency Officer)	<ul style="list-style-type: none"> • Support the national pandemic response arrangements as laid out in Department of Health and NHS England guidance issued prior to or during a pandemic occurring; • In line with other guidance, ensure 24/7 on-call arrangements remain robust and maintained, particularly with respect to surge and responding to major incidents; • Lead the management of pressure surge arrangements with their commissioned services as a result of increased activity as part of the overall response; • Support NHS England Regional and Area Teams in the local coordination of the response, e.g. through tried and tested surge capacity arrangements, appropriate mutual aid of staff and facilities, and provision of support to the management of clinical queries; • As necessary share communications with locally commissioned healthcare providers through established routes; • Participate in the multi-agency response as appropriate and agreed with NHS England Regional and Area Teams to ensure a comprehensive local response;

Detect and Assessment Phase		
Org.	Lead Implementer	Key actions and outputs
		<ul style="list-style-type: none"> • Maintain close liaison with local NHS England colleagues, particularly when considering changes to delivery levels of NHS commissioned services; • Enact business continuity arrangements as appropriate to the developing situation to ensure critical activities can be maintained; • Maintain local data collection processes to support the overall response to the pandemic, including completion and submission of relevant situation reports and participation in coordination teleconferences; • Throughout the pandemic, undertake and contribute to appropriate, timely and proportionate debriefs to ensure best practice is adopted through the response.
	Primary Care: GPs / GP Confederation	<ul style="list-style-type: none"> • Enact business continuity arrangements as appropriate to the developing situation to ensure critical activities can be maintained; • Review the identification of vulnerable people in the community; • Provide messages for reception and other staff and regularly update; • Identify methods of communicating with the public; • Ensure appropriate methods available for individuals with hearing, visual and other disabilities; • Ensure appropriate methods available for limited English-speaking populations.
	NHS England	<ul style="list-style-type: none"> • Establish regular engagement regime with NHS Commissioners and providers in London; • Establish a Recovery Working Group; • Oversee and coordinate the NHS response in London.
	Public Health England	<ul style="list-style-type: none"> • Intelligence gathering; • Enhanced surveillance; • Diagnostic development; • Provision of communications to public and professionals Collection of clinical and epidemiological data; • Estimates of impact and severity in the UK by (1) Actively identifying cases (2) Treatment (3) Antiviral prophylaxis for close/vulnerable contacts.
London Ambulance Service	LAS Pandemic Flu Leads	<ul style="list-style-type: none"> • Attend meeting of the BRF to review plans in light of any new information and guidance. Within the Group, review the categorisation of services into essential and non-essential services;

Detect and Assessment Phase		
Org.	Lead Implementer	Key actions and outputs
		<ul style="list-style-type: none"> Attend meetings of the London Partnership Meeting as required.
LBH/CoL	LA Chief Executive or nominated Deputy/ On call Gold Director	<ul style="list-style-type: none"> As required, activate business continuity and pandemic response plans, working with key stakeholders (based on advice/guidance including that from the Director of Public Health); Activate London wide and local coordination and communication arrangements.
	Public Health	<ul style="list-style-type: none"> Seek advice on detection and assessment from PHE and treatment from NHS London contact; Relevant personnel to attend meetings of the BRF and review plans in light of any new information and guidance.
	Adult Social Care	<ul style="list-style-type: none"> As required activate business continuity and pandemic response plans, working with key stakeholders; Intelligence Gathering; Identify people that have been moved out of care and monitor for any symptoms; Restrict the movement of front-line staff; Constantly monitor changes by receiving information updates from the daily situational reports. These will be requested from providers daily.
	Communications ¹²	<ul style="list-style-type: none"> Identify individuals within organisations with responsibility for coordinating and disseminating information; Prepare a holding statement for issue when the first cases are reported/confirmed in the borough; Business (local) communications and engagement would work alongside general communications in developing specific messaging. Focus on determining current impact on businesses and issues caused as a result.
	General	<ul style="list-style-type: none"> Within the BRF the Head of Emergency Planning will have reviewed the categorisation of LBH services essential and non-essential services; To identify numbers of surgical masks for at risk frontline staff, source masks from national stockpile and distribute with training to relevant staff. This should be done prior to the pandemic and staff identified and trained;
	Schools, Childcare and	<ul style="list-style-type: none"> As required activate business continuity and pandemic response plans, working with key stakeholders.

¹² See Communications Checklist Annexe 5.1

Detect and Assessment Phase		
Org.	Lead Implementer	Key actions and outputs
	Early Years Settings	
	Hackney Learning Trust (LBH Education Service)/ CoL Education, Culture and Skills Unit	<ul style="list-style-type: none"> • Activate London wide and local coordination and communication arrangements; • Inform Schools, children's centres and childcare providers of developments; • Issue / re-issue business continuity and pandemic response plans, and London wide and local coordination and communication arrangements; • Monitor and report school closures across the borough.
Met Police / COLP / BTP	Nominated Police Reps	<ul style="list-style-type: none"> • Response plans should be ready for instant implementation. As required activate business continuity plans, working with key stakeholders; • Activate local coordination and communication arrangements; • Attend meetings of the Borough Resilience Forum review and plans in light of any new information and guidance; • Within the Borough Resilience Forum, review the categorisation of services essential and non-essential services.
London Fire Brigade	London Fire Brigade Reps	<ul style="list-style-type: none"> • As required activate business continuity and pandemic response plans, working with key stakeholders; • Activate London wide and local coordination and communication arrangements; • Attend meetings of the BRF review any plans in light of any new information and guidance; • Within the BRF, review the categorisation of services essential and non-essential services.
Voluntary Organisations	Nominated Voluntary Org. Reps	<ul style="list-style-type: none"> • As required activate business continuity and pandemic response plans, working with key stakeholders; • Activate London wide and local coordination and communication arrangements; • Attend meetings of the BRF review any plans in light of any new information and guidance; • Within the BRF, review the categorisation of services essential and non-essential services.

4.2.2 Treat and Escalate phase

Treat: The focus of this stage would be treatment of individual cases and population treatment via the national pandemic flu service (NPFS) (if necessary), enhancement of the health response to deal with increasing numbers of cases, considering enhancing public health measures to disrupt local transmission of the virus, such as localised school closures based on public health risk assessment.

Depending on the development of the pandemic, this time should also be used to prepare for target vaccinations as the vaccine becomes available. Arrangements will be activated to ensure that necessary detailed surveillance activity continues in relation to samples of community cases, hospitalised cases and deaths. When demands for services start to exceed the available capacity, additional measures will need to be taken. This decision is likely to be made pan-London or local level as not all parts of the UK will be affected at the same time or to the same degree of intensity. The excess deaths check list is outlined in the next section 4.3.

Vaccination – this will be delivered through business as usual routes using processes, people and locations that the public and healthcare workers are familiar with. There will be at least 4-6 months until sufficient vaccine, from time of the outbreak become available to start a campaign – therefore the finalisation of contracting etc. will be addressed when needed.

Anti-Viral Collection Points (ACP's): The intent is to commission the service through community pharmacies. Discussions are ongoing with PSNC re the cost of the service, however it has been agreed in principle. NHS regularly seeks updates from them on progress with this. Identification of locations will be led by NHS England pharmacy commissioning teams, seeking input from local partners as necessary to inform with local knowledge.

Escalate: The focus of this stage would be escalation of surge management arrangements to health and other sectors, prioritisation and triage of service delivery with the aim to maintain essential services, resiliency measures, encompassing robust contingency plans and considerations of de-escalation of response if the situation is judged to have improved sufficiently.

Table 6 summarises the organisational responsibilities of agencies at the borough level during the 'Treat and escalate'¹³ phase of an influenza pandemic.

Treat and Escalate Phase		
Organisation	Lead Implementer	Key actions and outputs
Local Health Community	Homerton Hospital, East London Foundation Trust	<ul style="list-style-type: none"> • Implement business continuity plans; • Meet NHS England (London) and DH SitRep requirements (see below); • Attend Borough Resilience Forum meetings; • Assess, discuss and note the epidemiological and operational guidance and strategic direction provided by NHS England (London) and/or PHE (to be ratified)

¹³ Ditto above ([UK Influenza Pandemic Preparedness Strategy 2011](#))

Treat and Escalate Phase		
Organisation	Lead Implementer	Key actions and outputs
		<p>and provide direction for local operational management teams;</p> <ul style="list-style-type: none"> • Meet regularly to review incoming information from all partners and make decisions relating to health, social care and community issues; • Monitor capacity against projected impact; • Adjust plans according to epidemiological data; • Maintain daily assessments of spread, and impact on services; • Review planning assumptions and response plans in light of emerging information; • Issue antivirals through agreed distribution mechanisms; • Manage initial cases and contacts as advised; • Cooperate with PHE to investigate, report and treat the first few cases.
	City & Hackney Clinical Commissioning Group (Accountable Emergency Officer)	<ul style="list-style-type: none"> • Ensure 24/7 on-call arrangements remain robust and maintained, particularly with respect to surge and responding to major incidents; • Lead the management of pressure surge arrangements with their commissioned services as a result of increased activity as part of the overall response (North East London Commissioning Support Unit - NELCSU - to provide support); • Support NHS England Regional and Area Teams in the local coordination of the response, e.g. through tried and tested surge capacity arrangements, appropriate mutual aid of staff and facilities, and provision of support to the management of clinical queries; • As necessary share communications with locally commissioned healthcare providers through established routes; • Maintain close liaison with local NHS England colleagues, particularly when considering changes to delivery levels of NHS commissioned services; • Maintain local data collection processes to support the overall response to the pandemic, including completion and submission of relevant situation reports and participation in coordination teleconferences (North East London Commissioning Support Unit - NELCSU - to provide support); • Throughout the pandemic, undertake and contribute to appropriate, timely and proportionate debriefs to ensure best practice is adopted through the response.

Treat and Escalate Phase		
Organisation	Lead Implementer	Key actions and outputs
	City & Hackney Urgent Health Social Enterprise (CHUHSE) – out of hours GP service	<ul style="list-style-type: none"> • Implement business continuity plans; • Attend Borough Resilience Forum meetings; • Assess, discuss and note the epidemiological and operational guidance and strategic direction provided by NHS England (London) and/or PHE (to be ratified); • Monitor capacity against projected impact; • Adjust plans according to epidemiological data; • Maintain daily assessments of spread, and impact on services; • Review planning assumptions and response plans in light of emerging information; • Issue antivirals through agreed distribution mechanisms; • Manage initial cases and contacts as advised; • Cooperate with Public Health England to investigate, report and treat the first few cases.
	Local Pharmacy Committee/ Pharmacies	<ul style="list-style-type: none"> • Review planning assumptions and response plans in light of emerging information; • Issue antivirals through agreed distribution mechanisms; • Manage initial cases and contacts as advised; • Cooperate with PHE to investigate, report and treat the first few cases; • Cooperate with PHE to investigate, report and treat the first few cases; • Provide messages for reception and other staff and regularly update.
	GPs/GP Confederation	<ul style="list-style-type: none"> • Adjust plans according to epidemiological data; • Maintain daily assessments of spread, and impact on services; • Review planning assumptions and response plans in light of emerging information; • Issue antivirals through agreed distribution mechanisms; • Manage initial cases and contacts as advised; • Cooperate with PHE to investigate, report and treat the first few cases; • Provide messages for reception and other staff and regularly update; • Ensure appropriate methods available for individuals with hearing, visual and other disabilities; • Ensure appropriate methods available for limited English-speaking populations;

Treat and Escalate Phase		
Organisation	Lead Implementer	Key actions and outputs
		<ul style="list-style-type: none"> • Liaise with voluntary organisations to produce culturally appropriate messages and language specific documents; • Consider how to reach vulnerable groups;
	NHS England	<ul style="list-style-type: none"> • Provide regular situation reports on the status of the NHS in London to Central Government, sharing with Regional partners; • Ensure business as usual and NHS services are maintained as far as appropriate; • Ensure treatment of cases through NHS services; • Enhance the Health response to deal with increasing numbers of cases; • Activate directly commissioned response arrangements; • Potentially prepare for pandemic influenza specific vaccination through directly commissioned services; • Oversee the distribution of national stock piles to frontline NHS providers; • Escalate surge management arrangements in partnership with Clinical Commissioning Groups/ Commissioning Support Units (as per winter arrangements); • Prioritise and triage service delivery to maintain essential services; • Enact business continuity arrangements to maintain own services as necessary.
	Public Health England	<ul style="list-style-type: none"> • Support the ongoing response; • Liaise with BRF; • Disseminate and share information; • Maintain readiness for a subsequent wave or significant winter pressures.
London Ambulance Service	LAS Pandemic flu Leads	<ul style="list-style-type: none"> • Implement business continuity plans; • Attend BRF meetings.
LBH/CoL	LA Chief Executives (or On-call Gold Directors)	<ul style="list-style-type: none"> • Inform all relevant staff of developments; • Implement organisation's business continuity plans. • Advise the Group Director of Children, Adults and Community Health) and Director of Education (and equivalents in CoL) if Government (DfE) consider pandemic severe enough to close schools and childcare settings. This only likely in the event of insufficient staffing levels to maintain safe teacher to child ratios. General advice from PHE will be to keep schools and childcare settings open for as long as possible to avoid to ensure key services are staffed;

Treat and Escalate Phase		
Organisation	Lead Implementer	Key actions and outputs
		<ul style="list-style-type: none"> Set up a Silver Chaired sub-committee on Business Continuity Planning to assess risks to essential and non-essential services for the borough. (e.g. Social Care/Essential non-essential services); Set up a Silver Chaired sub-committee on Recovery of commissioned and non-commissioned services.
	Public Health	<ul style="list-style-type: none"> Provide regular situation reports on the status from PHE & NHS partners; Attend meetings of the BRF and adapt communication materials and methods accordingly; Support the ongoing response; Liaise with Borough Resilience Forum; Disseminate and share information.
	Communications (see full check list Section 5)	<ul style="list-style-type: none"> Consider and agree proactive/reactive communications strategies, with regard to various channels, e.g. media, social media, website; Prepare a holding statement for issue when the first cases are reported/confirmed in the borough; Confine preparation of local messages to cover only situations not covered by national messages e.g. specific local arrangements for collection of medicines; Ensure no local announcements are made prior to consultation with Strategic Response Groups; Prepare for local reaction to national announcements before they are made; Ensure initial communications around unconfirmed cases focus on facts and avoid speculation; Provide messages for receptions, contact centres and other staff and regularly update.
	Adult Social Services	<ul style="list-style-type: none"> Implement Business Continuity Plans; Liaise with service providers and ensure daily situational reports are provided.
	Schools, Childcare and Early Years Settings	<ul style="list-style-type: none"> Implement organisations' business continuity plans; Schools and childcare providers to make final decision on whether to close unless directed or advised to close by the DfE given statement highlighted above.
Hackney Learning Trust/Col Education, Culture and Skills Unit		<ul style="list-style-type: none"> Inform schools and childcare providers about Government advice to close schools in areas affected by pandemic.
Met Police / COLP / BTP	Nominated Police Reps	<ul style="list-style-type: none"> Implement organisations' business continuity plans; Attend meetings of the BRF and highlight any significant public order issues. The group will initially meet weekly with an escalation of frequency as necessary.

Treat and Escalate Phase		
Organisation	Lead Implementer	Key actions and outputs
London Fire Brigade	London Fire Brigade Reps	<ul style="list-style-type: none"> • Implement organisations' business continuity plans; • Attend meetings of the BRF. The group will initially meet weekly with an escalation of frequency as necessary.
Voluntary Organisations	Nominated Voluntary Org. Reps	<ul style="list-style-type: none"> • Implement organisations' business continuity plans; • Attend meetings of BRF. The group will initially meet weekly with an escalation of frequency as necessary.

4.2.3 Excess deaths¹⁴

The London Borough of Hackney (LBH) and the City of London Corporation are responsible for leading on the planning for excess deaths. Other relevant agencies include:

- Public mortuaries (mortuary managers)
- NHS trusts
- Coroners service
- Registrars
- Funeral providers
- Cremation and burial services providers
- GPs (certification)
- Police services
- Faith communities
- Bereavement organisations
- PHE: Infection control advice
- NHS England: Liaison with NHS mortuaries
- City and Hackney Urgent Health Social Enterprise (GP Out of hours service, CHUHSE) confirmation of death.

¹⁴ Excess deaths is covered by London Guidance and a local plan is due to be revised following a review of London Guidance

CHECK LIST: EXCESS DEATHS	
No.	Recommended Action
1	Establish emergency contact points for local service providers to report pressure points
2	All organisations involved in management of excess deaths to refer to own business continuity planning
3	Refer to analysis of local capabilities for information on when it is necessary to depart from normal ways of working (phase2)
4	Refer to agreed protocols regarding moving to different ways of working during the pandemic and decide a schedule for reviewing the new way of working
5	Check and monitor mortuary spaces Temporary mortuary space may need to be acquired In the peak week modelling predicts there could be 101 extra mortuary spaces required each day
6	<ul style="list-style-type: none"> - Check and monitor GP/temporary medical staff availability for additional death certifications - Check and agree CHUHSE/GP shift fill for additional visiting capacity to confirm death out of hours
7	Check and monitor funeral directors' capacity
8	Check and monitor cremation capacity <ul style="list-style-type: none"> - Can more land be made available - Can capacity be increased - Discussion with faith groups/funeral directors regarding increasing burials to relieve pressure on crematoriums
9	Check and monitor burial capacity
10	Check and monitor registrar's availability
11	Check and monitor casket availability Consultation with funeral directors re lead time for acquisition and stockpiling of caskets
12	Check and monitor transport and driver availability
13	Ensure accurate and up to date information regarding different ways of working are communicated to the local community

4.2.4 Situational Awareness

Situational Awareness Information is crucial to the understanding and response to any major incident. For pandemic flu this is particularly important, as the inter-dependencies of agencies on each other's continued resilience over potentially several months will become crucial. During a pandemic, each organisation will be required to supply situation reports to their host Government Department which will be fed to Cabinet Office Briefing Rooms (COBR).

Additionally, each organisation will provide reports to the London Resilience Group (LRG), as secretariat to the London Partnership Meeting, to produce an overall London picture. The London Common Recognised Information Picture (CRIP) will provide key information and data on the present situation in London. Examples of reportable intelligence are detailed below.

Frequencies (or battle rhythm) will be determined by:

- the severity of the pandemic
- the scale of the challenges arising
- available resources

Agency Examples of possible reporting lines:

AGENCY	Examples of possible reporting lines
PHE	<ul style="list-style-type: none"> • Enhanced surveillance and epidemiology • Transmission and spread, e.g. circulating strain and severity
NHS	<ul style="list-style-type: none"> • Surge, including primary care • Impacts on elective work • Critical care capacity • Mortality and morbidity data
Local Authorities	<ul style="list-style-type: none"> • Impacts on local critical services • Social care provision • Impacts on cremation and burial services • Community concerns • Business issues • Local support to the health service/voluntary and community inputs and mutual aid issues and solutions • Public communication activity and media coverage • Requests for assistance
Other Agencies	<ul style="list-style-type: none"> • Impacts on service delivery • Staff absenteeism • Public communication and media coverage • Requests for assistance

4.3 RECOVERY PHASE

4.3.1.1 National and Regional Recovery Priorities

The Recovery phase in the Department of Health Strategy encompasses normalisation of services, restoration of business as usual services, evaluation of the pandemic, planning and preparation for a resurgence in activity, and targeted vaccination, when available.

Second and subsequent pandemic waves have occurred in some previous pandemics, weeks or months after the first. Therefore, in anticipation of this likelihood, all sectors should recognise the need to revise and maintain response plans to respond to further waves. Recovery may occur between waves or at the end of the pandemic.

All organisations, and the wider community, will have to recover from the health, social and economic impacts of the pandemic. The nature of these impacts – and whether and at what level action needs to be taken – will depend in large part on the scale and severity of the influenza pandemic.

Health and social services may experience persistent secondary effects for some time, with increased demand for continuing care from:

- Patients whose existing illnesses have been exacerbated by influenza;
- Those who may continue to suffer potential medium- or long-term health complications;
- A backlog of work resulting from the postponement of treatment for less urgent conditions.

The pace of recovery will depend on the residual impact of the pandemic, on-going demands, backlogs, staff and organisational fatigue and continuing supply difficulties in most organisations.

4.3.1.2 London Recovery Processes

Pan-London coordination of recovery from a pandemic will utilise the London Recovery Protocol to develop and implement an agreed recovery strategy (this process will begin during the response phase). The protocol draws on the National Recovery Guidance and details the Recovery Management arrangements for London when dealing with an “emergency” as defined in the Civil Contingencies Act 2004.

4.3.2 Local Recovery Process

Local Recovery will start in the Treat and Escalate Stage when a Recovery Sub-Committee will be set up. The Chair will be appointed by On-Call Gold or LA Chief Exec and it will focus on re-establishing essential and non-essential services. The Recovery phase encompasses normalisation of services, restoration of business as usual services.

The pace of recovery will depend on the residual impact of the pandemic, on-going demands, backlogs, staff and organisational fatigue and continuing supply difficulties in most organisations.

This phase should also consider mental health and wellbeing of staff and residents likely to be requiring support, mindful that those services offering support will also be stretched.

Signposting to NHS support such as Improving Access to Psychological Therapies (IAPT) programme for grief/PTSD/anxiety and any work based mental health support services in place.

4.4 REVIEW

This plan will undergo a full review every three years, or in the event of an incident, significant organisational change or due to a change in legislation. A light touch review for currency will take place on an annual basis.

4.5 UK PROPORTIONATE RESPONSE LEVEL

Table 7 shows the UK proportionate response levels

Event Type	Nature and scale of illness	Healthcare delivery impacts	Impact on wider society	Public messages
Initial Phase	<p>Reports of sporadic influenza cases in the community.</p> <p>and/or</p> <p>Limited influenza local outbreaks in schools, care homes, prisons etc</p> <p>and/or</p> <p>Increased ratio of influenza cases in critical care.</p>	<p>Response led by Public Health England services supported by primary care and pharmacy services.</p> <p>Detection, diagnosis and reporting of early cases through testing and contact tracing.</p> <p>Local areas may start initial preparations to use National Pandemic Flu Service (NDFS) and Antiviral Collection Points (ACPs).</p> <p>Normal health services continue.</p>	<p>Possible public concern arising from media reporting of cases.</p> <p>Possible school closures to disrupt the spread of local disease outbreak, based on public health risk assessment.</p> <p>Review and update of pandemic response plans.</p>	<p>Advice on good respiratory and hand hygiene.</p> <p>Advice about how to obtain further information e.g. to consult Government and NHS websites and other channels for up to date information.</p> <p>Establish transparent approach to communicating emerging science, the level of uncertainty about severity and impact, and the likely evolution of the situation.</p>
Low Impact Event	<p>Similar numbers to moderate or severe seasonal outbreaks.</p> <p>In the vast majority of cases, mild to moderate clinical features.</p>	<p>Primary and hospital services coping with increased pressures associated with respiratory illness.</p> <p>No significant deferral of usual activities.</p> <p>Intensive care units (ICUs) nearing or at maximum pressure.</p>	<p>Increase in staff absence due to sickness – similar to levels seen in seasonal influenza outbreaks.</p> <p>Consider arrangements for sickness absence surveillance.</p>	<p>As above; plus:</p> <p>Information about antiviral medicines and tailored messages for children, pregnant women, elderly and other at-risk groups (in liaison with expert bodies and support groups).</p> <p>Employers planning in advance for</p>

Event Type	Nature and scale of illness	Healthcare delivery impacts	Impact on wider society	Public messages
		Antiviral Collection Points (ACPs) established in hotspots only.	No significant or sustained impact on service and business capacity.	sickness absence, service reprioritisation and alternative ways of working.
Moderate Impact Event	Higher number of cases than large seasonal epidemic. Young healthy people and those at-risk groups severely affected. and/or More severe illness	Health services no longer able to continue all activity. Local and regional decisions to cease some health care activity. ICUs under severe pressure. National Pandemic Flu Service (NPFS) and local ACPs activated. Contingency plans for supporting care at home and respite care.	Potential disruption to gas, electricity and fuel supplies if peak staff absence coincides with technical or weather-related supply difficulties. Prepare to implement business continuity arrangements for management of excess deaths, if necessary. Widespread teacher and pupil absence in educational settings. Supply chain disruption.	As above; plus: Information on the National Pandemic Flu Service (NPFS). Information on collection of Medicines. Infection control and business continuity advice for specific occupations e.g. funeral directors, registrars, cemetery and crematorium managers, police etc. Managing expectations of Critical Care.
High Impact Event	Widespread disease in the UK. Most age-groups affected and/or Severe debilitating illness with or without	GPs, community pharmacies, district nurses and social carers, independent sector, residential homes and voluntary organisations fully-stretched trying to support essential care in the community.	Emphasis on maintaining supplies and staffing. Transport, schools, shops affected by sickness and family care absences.	As above; plus: Messages about progress of the pandemic, availability of healthcare and other services. Advice on how to minimise risks of transmission.

Event Type	Nature and scale of illness	Healthcare delivery impacts	Impact on wider society	Public messages
	severe or frequent complications.	<p>Consequential pressure on secondary care.</p> <p>Hospitals can only provide emergency services.</p> <p>Demand outstripping critical care services supply even at maximum expansion</p> <p>NPFS working to capacity and ACPs under pressure.</p>	<p>Numbers of deaths putting pressure on mortuary and undertaker services.</p> <p>Possible implementation of national legislative changes to facilitate changes in working practice (e.g. death certification, workers' hours, sickness self-certification requirements, Mental Health Act, benefits payments).</p>	<p>Information on how to support family members and neighbours.</p> <p>Advice on where to get help for emergencies.</p> <p>Truth about how services are coping and what they are doing to cope.</p> <p>Explanation of triage systems to align demand and capacity.</p>

5 CHECK LISTS

Each of the following check lists (Communications, Health and Social Care, Education and Excess Deaths) provide guidance for the Hackney Emergency Planning Board and for organisations represented on it on responding to an influenza pandemic.

5.1 CHECK LIST 1: COMMUNICATIONS

Local arrangements to support central and regional government in communicating advice to the local population (including businesses) and public messages should be established in line with “London Gold Communication Strategy” which is implemented through the Borough Emergency Control Centre (BECC) which will be opened and run through the Emergency Planning team as and when required.

Should the Pandemic Influenza Plan be activated, the Communications Emergency Plan would be activated.

No.	Recommended Action
	Responsibilities
1	Identify individuals within organisations with responsibility for coordinating and disseminating information
3	Confirm local arrangements to support central Government in communicating advice and identify who will be the spokesperson to disseminate public messages to the local population
2	Internal comms to consider how to share advice to staff and communicate the impact on business with them – a lot of it would be the same as shared with the public, but there will be business- specific info too
	Resourcing
4	Develop a protocol for pooling limited comms resources locally to form a joint communications team and maintaining a minimum presence overnight where necessary
5	Provide protocol/plans to ensure adequate staffing levels
	Messages
6	Consider and agree proactive/reactive comms strategies covering various channels, e.g. media, social media, website.
7	Prepare local messages on specific local arrangements – e.g collection of medicines
8	Ensure no local announcements are made prior to consultation with Strategic Response Groups
9	Prepare for local reaction to national announcements before they are made
10	Ensure initial comms around unconfirmed cases focus on facts and avoid speculation
11	Provide messages for reception and other staff and regularly update
	Systems
12	Provide information on where to access flu pandemic materials, including information on differentiating the various flu types (seasonal, avian, pandemic)
13	Identify methods of communicating with the public: <ul style="list-style-type: none"> - Ensure appropriate methods available for individuals with hearing, visual and other disabilities; - Ensure appropriate methods available for limited English-speaking populations; - Liaise with voluntary organisations to produce culturally appropriate messages and language specific documents - Consider how to reach vulnerable groups
14	Make and record arrangements for poster distribution – in line with national plans

No.	Recommended Action
15	Ensure no local announcements are made prior to consultations with centre and partners
	Target Groups
16	If necessary, make arrangements to brief local media around pandemic planning arrangements
17	Provide scripts for reception and other front-line staff e.g. call centres
18	Individual service areas - Contact providers of outsourced services to ensure their business continuity arrangements are in place
19	Prepare messages for those that have been in close proximity to suspected or actual cases - likely using national guidelines/materials
20	Prepare and document process by which flu messages are to be passed on by schools, nurses, public health, education when cases are identified in schools (removal of sick children, sick parents avoiding school premises, business as usual, closure arrangements)
21	<p>Local Businesses communications channels:</p> <ul style="list-style-type: none"> - Social media using LBH Comms avenues ad business specific twitter @hackneybusiness and investinhackney.org. - Through East End Trades Guild - Federation of Small Businesses - Hackney Business Network e-newsletter - WorkSpace provider contacts who can cascade to their tenants - Social Enterprise Partnership - Email signature updates - LBH Business Forums - CoL Business Healthy system
22	Work with colleagues to identify voluntary organisations who need to be kept informed
23	Identify key local media contacts
24	Make arrangements to brief local media around pandemic planning
25	Ensure communication materials reach all vulnerable audiences
26	Regularly target staff remaining at work to maintain morale and contact those who are off sick regarding welfare considerations.
27	Compile communication situation report
28	Update reporting templates/tools

5.2 CHECK LIST 3: HEALTH AND SOCIAL CARE

London Borough of Hackney / City of London Corporation are responsible for coordinating the social care response to pandemic influenza locally, in the context of their wider responsibilities under the Civil Contingencies Act 2004. As most influenza sufferers will need to be cared for in a community setting, developing integrated health and social care plans is particularly important. In order to allocate staff to essential services, provision of day care is likely to cease during a pandemic.

Organisation	Recommended action
London Borough of Hackney/CoL Adult Social Care	1. Regularly obtain and update information on the day-to-day capacity of domiciliary care and care home providers to accept, assess and provide services to new referrals
	2. Ensure that essential services are maintained in care homes
	3. Monitor staffing levels in care homes. Where concerns arise as to staffing levels, consider housing staff on site if possible and consider ‘pairing up’ with other care homes for staff sharing arrangements
	4. Ensure plans have been established to sustain patients in the community, including community care such as: delivery of medicines, meals on wheels, community nursing
	5. Obtain regular updates from services that support people in the community on the services ability to continue delivering essential services such as meals on wheels
	6. Consider use of assistive technologies and community equipment such as Careline, to assist people to remain in their homes
London Borough of Hackney/CoL	7. Domiciliary care providers will need to prioritise their services and staff to ensure remain able to meet essential services
	8. In home care providers need to be aware to contact clients before home visits to determine whether people in the home have influenza like symptoms, discuss the postponing of non-essential services and to consider allocation of staff so that those who have contracted and recovered from influenza care for symptomatic patients
NHS England	9. Ensure provision for additional home visiting service during pandemic (aiming to keep GPs in practices), contact Out of Hours providers for Hackney/ CoL regarding work force
	10. Consider nurse practitioners who work for Out of Hours services who could cover staff shortage (where qualified to do so)
	11. Commence planning to facilitate mass vaccination of the whole community, including enclosed communities (e.g. care homes), locations for vaccination to take place and plans to vaccinate vulnerable groups
London Borough Hackney/CoL Adult Social Care, City and Hackney CCG and NHS England	12. Monitor ability of borough to provide end of life care. Liaise with St Joseph’s Hospice. Most support likely to be delivered at home but if additional provision required LA may consider use of community halls and shelters.
	13. Maintain an updated list of contact details for organisations in the area providing social care, including voluntary and private sectors

Organisation	Recommended action
	14. Identify the overall lead agency for vulnerable people ¹⁵ and the roles and responsibilities of agencies involved in their care
	15. Document terms of reference, membership and responsibilities of any subgroups set up to manage support for vulnerable persons during a pandemic
London Borough of Hackney/CoL Adult Social Care, City and Hackney out of hours GP service and ELFT	16. Estimate the number, type and needs (e.g. specialised equipment or care) of potentially vulnerable people in Hackney/CoL
	17. Set out how these needs will be met, how barriers will be addressed and how additional burdens placed on social care by pressures on hospital places, patient illness, staff absenteeism will be managed
	18. Describe steps to be taken to undertake urgent assessments and support or adapt services to reduce the possibility of inappropriate hospital referral
Metropolitan Police / COLP	19. Anticipate that operational or logistical assistance may be required for maintenance of public order (request for police support is likely to be in the context of reduced police availability)

¹⁵ Vulnerable people are defined as those ‘that are less able to help themselves in the circumstances of an emergency’. In the event of a pandemic, these may include: children (the situation may be exacerbated by school closures), older people, mobility impaired, mental/cognitive function impaired, sensory impaired, individuals supported within the community, immune-compromised children and adults, those with underlying health conditions, individuals cared for by relatives, homeless, pregnant women, and those in need of bereavement support.

5.3 CHECK LIST 4: SCHOOLS, COLLEGES, CHILDREN CENTRE'S, EARLY YEARS SETTINGS, CHILD MINDERS

London Borough of Hackney / City of London Corporation are responsible for ensuring that, in the event of the Department for Education deciding to close schools, that all maintained schools and settings are informed. They will be expected to close by the end of the day on which they receive the message, and remain closed until it is judged safe to re-open.

Hackney Learning Trust will undertake to also inform Hackney academies, free schools and funded Early Years' providers of any recommendation or directive to close. However, it will be for the appropriate maintaining body to confirm this decision.

This check list should be read in conjunction with Hackney Learning Trust's (HLT) Business Continuity and Incident Management Plans, individual School Emergency Management Plans and any relevant Human Resources policies.

The City's Education, Culture and Skills Unit will undertake to inform the maintained primary school in the City, and the private schools within the Square Mile of a decision to close schools. It will co-ordinate with the Early Years and Education service to inform early years settings and child care settings.

No.	Recommended Action for Hackney Learning Trust
1.	To consider localised closures in liaison with head teachers and Chairs of Governors, taking into consideration the risk to public health.
2.	To consider any impact or implications for schools undertaking or students attending public examinations or SATs tests and advising schools and parents.
3.	Where schools have been closed and will be re-opening, in liaison with head teachers and chairs of governors, to consider a staged re-opening to prioritise re-entry of particular student groups.
4.	To maintain an up-to-date list of child care facilities / childminders available in Hackney which can be referenced by those who are seeking alternative child care provision.
5.	To compile daily situation reports during the pandemic from information available from each education or child care provider for submission to HEPB, Department for Education (DfE) or other institutions as specified in the national guidance on reporting.
6.	Ensure relevant information on education from national organisations are disseminated
Recommended Action for Schools & Settings	
7.	For individual schools, and other education and childcare providers to undertake risk management activities prior to, during and following influenza pandemic period.
8.	To complete a capacity mapping exercise to assess the ability of staff to cover members of staff if they are absent.
9.	To assess minimum staffing levels to allow the school or setting to open safely, given the number of children attending.
10	In the event that minimum staffing levels are threatened, to consider re-assigning staff internally, or acquiring temporary staff
11	To assess the need to reprioritise in order to make best use of the available resources.
12	To communicate closure notices to staff, parents/carers and students as quickly as possible – including school management of update / status messages that are consistent, reviewed regularly to reflect the current position and published in a central point (such as the school's website), backed up by other forms of communication as appropriate.

5.3.1 Check List 5: Human Resources

Action Plan 5: Human Resources	
Recommended Action	
Responsibilities	
1	This action plan draws information from existing HR protocols and provides guidance and a framework for planning and decision making at Borough level.
Introduction	
2	<p>An Influenza Pandemic is likely to be more sustained and widespread than other types of emergency situations. The duration of the demand for healthcare and services and the levels of staff absence and stress on staff may be unprecedented.</p> <p>This Human Resources action aims to ensure that an appropriate balance is maintained in each of the organisations in respect of supporting staff during an Influenza Pandemic and the personal impact it may have on them and continuing to provide essential services to the community. The action plan aims to detail how the organisations will be able to achieve flexibility within the workforce to ensure appropriate service provision.</p>
Supporting Staff	
3	<p>Flexible Working</p> <p>During an Influenza Pandemic the organisations covered by this action plan will require their staff to work flexibly, both in terms of their role and working arrangements (please see Redeployment section).</p> <p>However, the organisations also recognise that staff may require additional flexibility during an Influenza Pandemic and that this flexibility may mean that the member of staff is able to remain at work. The duration of the change should be agreed in advance. Written records should be kept of any changes to working arrangements. This will not affect specific staff's statutory right to request flexible working.</p>
4	<p>Transportation</p> <p>It is not anticipated that the availability of fuel will become a significant problem during an Influenza Pandemic. Most staff employed in the organisations covered by this action plan will however be viewed as key workers and given priority access to fuel should there be a shortage. In respect of staff who are not key workers or use public transport, it is anticipated that during an Influenza Pandemic the public transport network will be affected, in that a reduced service is likely to be provided.</p> <p>Staff will therefore be encouraged to identify and use car sharing arrangements. In order to support this, the organisations covered by the action plan could vary staff's start and finish times, where reasonably practicable, when this will mean that a car sharing arrangement can be made.</p> <p>In addition, should the Estates Services of the organisations covered by this action plan be staffed to the necessary level, arrangements may be made for vehicles owned by the organisations to collect and return staff to central points where public transport continues to be accessible.</p>
5	<p>Accommodation</p> <p>There may be need to organise accommodation near places of work if transportation severely affected.</p>

Action Plan 5: Human Resources	
Recommended Action	
6	<p>Counselling</p> <p>Counselling services and religious facilities may be in high demand during an Influenza Pandemic. The availability of these services may also be adversely affected during an Influenza Pandemic. The organisations covered by this action plan could agree to share any resources they have in respect of these services during an Influenza Pandemic.</p> <p>Assistance from partner organisations could also be requested via existing Mutual Aid agreements.</p>
7	<p>Occupational Health Services</p> <p>Staff may be able to access support from the Occupational Health Service that each organisation covered by this action plan contracts with. During a Pandemic, the Occupational Health Service will be able to advise staff regarding their own health and fitness to work.</p> <p>It is likely therefore that Occupational Health Services may be in high demand; however, their availability may also be adversely affected during an Influenza Pandemic. The organisations covered by this action plan could agree to share any resources they have in respect of these services during an Influenza Pandemic.</p> <p>Assistance from partner organisations could also be requested via existing Mutual Aid agreements.</p>
Working Hours	
8	<p>During an Influenza Pandemic, organisations may need staff to be flexible in respect of their working hours to ensure that the necessary services can continue to be provided.</p>
9	<p>Part time staff</p> <p>If the need arising in specific staffing areas/groups part time staff may be invited to increase their contractual hours for a specified period of time. Staff will not however be obliged to do so.</p>
10	<p>Flexible working arrangements</p> <p>Staff on other types of flexible working arrangements may be asked to temporarily alter these arrangements if the need in specific staffing areas/groups arises. Staff will not however be obliged to do so.</p>
11	<p>Additional Hours</p> <p>The organisations covered by this action plan do not normally allow staff to work for them in excess of 48 hours per week. However, if the need arises in specific staffing areas/groups during an influenza pandemic, this rule and the organisations' policies covering this area may be wavered. Staff, if they agree, will be able to work in excess of 48 hours per week, so long as their working, when averaged over a 17-week period does not exceed 48 hours per week and therefore breach the Working Time Regulations. This therefore means that staff exceeding the 48-hour working limited cannot be considered until week 4 of the pandemic, when the peak of the pandemic should become evident.</p> <p>Managers and staff must take a shared responsibility in monitoring working time to ensure that it does not exceed the statutory maximum and also that the health and safety of the member of staff, the community and their colleagues is not adversely affected. Should this start to occur the hours should be reduced immediately to the usual contracted amount.</p>

Action Plan 5: Human Resources	
Recommended Action	
	If the need arises, staff, if they choose, can agree to opt out of the 48 hour working hours limit. They must complete an opt out form that will only be relevant for the duration of the influenza pandemic. Managers must ensure that staff who have opted out do not work hours that put their or other's health and safety at risk.
12	<p>Reimbursement for additional hours</p> <p>Staff who have worked additional hours during the Pandemic may be entitled to time off in lieu (TOIL) in accordance with organisations' normal provisions. If the time cannot be taken back during the normal time period because of the Pandemic, it will be paid at the appropriate rate.</p>
13	<p>Rest Breaks</p> <p>Staff will continue to receive the appropriate rest breaks or compensatory rest.</p>
Leave arrangements	
14	<p>Staff may need to be flexible about their leave arrangements so that adequate operational cover is maintained. The following will apply at alert level 3 and 4 of the influenza pandemic:</p> <p>See Below:</p>
15	<p>Annual Leave</p> <p>Every effort will be made to ensure that all annual leave agreed in advance of the Pandemic will be honoured. Managers will discuss with employees whether it is possible to cancel or defer pre-booked annual leave should it be necessary to maintain staffing level. Any staff who wishes to cancel pre-booked leave may do so.</p> <p>In accordance with the Working Time Regulations all staff must take a minimum of 20 days of annual leave. Annual leave will be managed according to the individual contracts of the member organisations.</p>
16	<p>Special Leave</p> <p>Authorised leave (paid/unpaid) which must be provided by law will continue to be granted. This includes:</p> <ul style="list-style-type: none"> • Public duties; • Jury service; • Political purposes; • Service in non-regular forces <p>Given the pressures on service provision, staff should keep time off for public duties to a minimum during the Pandemic.</p> <p>Personal leave – compassionate, carers, domestic, etc. It is recognised that during a Pandemic, staff are likely to need more time off to cope with their personal circumstances. All Special Leave arrangements (paid and unpaid) that currently exist will continue to apply. Management will need to balance operational needs with staff's personal situations. It is possible therefore that managers may need to prioritise requests with bereavement leave for a close relative taking precedent over other special leave requests. Requests for carers leave for dependents will also be deemed a high priority.</p>
17	<p>TOIL</p> <p>The current policy may be amended to reflect the additional demands on employees of dealing with a pandemic flu outbreak.</p>

	Action Plan 5: Human Resources
	Recommended Action
18	<p>Flexitime</p> <p>Where flexible working hours has been agreed, the 4-week settlement period and/or the 10-hour credit excess may be adjusted so that staff working longer hours during the Pandemic do not lose time worked.</p> <p>Time worked before 8.00am or after 18.30pm or at any time on Saturday and Sunday is not recorded under existing flexible working rules. However, this may be reviewed in the event of a pandemic.</p>
	Health and Safety at Work
19	<p>Health and safety precautions to be taken during a pandemic are outlined in a separate guidance document. Arrangements must be put in place to address health and safety concerns at work.</p> <p>Advice on infection control in the workplace, in hospitals and healthcare facilities and laboratories is available on the Health and Safety Executive website at: http://www.hse.gov.uk/biosafety/diseases/pandemic.htm</p>
	Redeployment
20	<p>Internal redeployment:</p> <p>During a flu pandemic, it may be necessary to deploy staff or reallocate work to ensure resources are concentrated in priority areas of greatest need.</p> <p>Existing contracts of employment and job descriptions do allow some flexibility in requiring staff to undertake other duties than those contained within their job profiles/descriptions.</p>
21	<p>Sharing staff across organisations at local level</p> <p>It may be necessary to move staff between organisations to ensure, in particular, that essential services and care are provided to vulnerable patients, customers and clients. Such movements of staff will only happen in very limited situations and, in addition to the caveats outlined above, the following recommendations will apply:</p>
22	<p>Sickness Management</p> <p>It is expected that sickness absence will be far higher for staff during a pandemic. In addition, our organisations will need to be able to provide robust, timely information to their host Government Department as well as to their own organisations Boards and Senior Management Teams.</p> <p>We should also liaise directly with Occupational Health Services to establish whether they can provide telephone support to staff who may need advice about whether they are currently fit enough to come to work.</p>
	Retirees
23	<p>Staff who have recently retired will be an obvious resource to call on during a pandemic. Employers will be familiar with these ex-staff and their skills will be relatively up to date.</p> <p>HR can provide a list of staff who have retired in the last 12 months and Directors can choose who, if necessary to contact and ask them whether they would be willing to assist during a pandemic. Any retirees who volunteer will be entered on to a register. Employers will keep in contact with all volunteers and should consider offering refresher training, at appropriate intervals. If professional registration or training has lapsed, retirees will not be asked to undertake duties for which either would be a requirement.</p>

Action Plan 5: Human Resources	
Recommended Action	
24	<p>Human Resource Policies and Procedures The maintenance and continuation of some Human Resource Policies and Processes may well be impracticable during an influenza pandemic. For example, existing disciplinary and grievance processes may be delayed. It will be necessary for the timescales in each organisation's Disciplinary and Grievance Policies to be extended as necessary in light of service needs. Any timescales found in any other policies, that are not determined by statute will also be extended as necessary.</p> <p>It is also likely that undertaking Appraisals and Performance Development Reviews will be deferred until after the influenza pandemic. Staff will not suffer any detriment as a result and any Gateways that have been met will be backdated as necessary.</p>

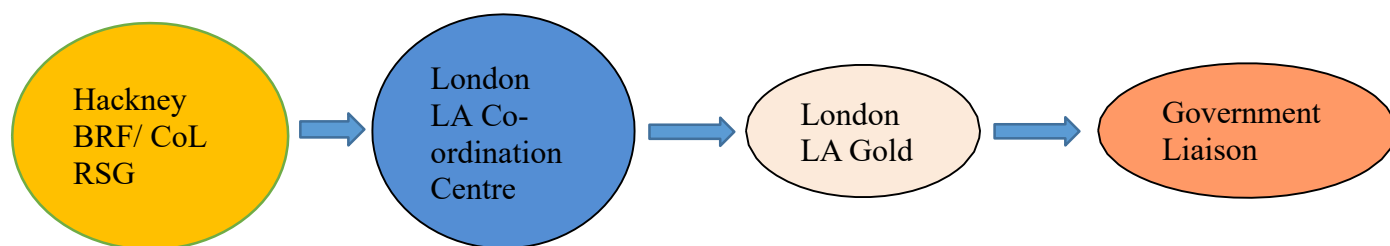
5.4 BUSINESS CONTINUITY FOR ALL ORGANISATIONS

It is essential that organisations make appropriate plans to be able to deal with emergency situations to ensure business continuity. An Influenza Pandemic in the UK would be a major challenge to the operation of the NHS and Local Government services. An Influenza Pandemic is likely to be more sustained and widespread than other types of emergency situations. The duration of the demand for healthcare and services and the levels of staff absence and stress on staff may be unprecedented. During such a period it is essential that staff are supported where possible and that organisations are able to employ flexibility within their workforces to enable them, as far as practicable, to continue to provide the necessary services to the community. It is acknowledged that during such a difficult period, organisations can benefit from providing mutual aid and support to other organisations also providing healthcare and services to the local community.

6 APPENDICES

6.1 Appendix 1 - EMAIL TEMPLATES FOR SITUATIONAL UPDATES

During a pandemic, each organisation will be required to supply situation reports to their host Government Department which will be fed to COBR. Additionally, each organisation will provide reports to the London Resilience Group (LRG), as secretariat to the London Partnership Meeting, to produce an overall London picture. The London Common Recognised Information Picture (CRIP) will provide key information and data on the present situation in London. For example, at Local Authority Level the template would be regularly updated and sent to the London LA Co-ordination Centre:



6.1.1 SITUATIONAL UPDATE LOCAL AUTHORITY TEMPLATE EMAIL

ORGANISATION:		
DATE:		
TIME:		
CONTACT NAME:		
REPORTING LINES	RAG STATUS (RAG)	SITUATION UPDATE
IMPACTS ON LOCAL CRITICAL SERVICES		
SOCIAL CARE PROVISION		
IMPACTS ON CREMATION AND BURIAL SERVICES		
COMMUNITY CONCERNS		
BUSINESS ISSUES		
LOCAL SUPPORT TO THE HEALTH SERVICE/VOLUNTARY & COMMUNITY INPUTS & MUTUAL AID ISSUES & SOLUTIONS		
PUBLIC COMMUNICATION & MEDIA COVERAGE		
REQUESTS FOR ASSISTANCE		
OTHER		

6.1.2 SITUATIONAL UPDATE PHE TEMPLATE EMAIL

ORGANISATION:		
DATE:		
TIME:		
CONTACT NAME:		
REPORTING LINES	RAG STATUS (RAG)	SITUATION UPDATE
ENHANCED SURVEILLANCE & EPIDEMIOLOGY		
TRANSMISSION & SPREAD EG CIRCULATING STRAIN AND SEVERITY		
REQUESTS FOR ASSISTANCE		
OTHER		

6.1.3 SITUATIONAL UPDATE NHS TEMPLATE EMAIL

ORGANISATION:		
DATE:		
TIME:		
CONTACT NAME:		
REPORTING LINES	RAG STATUS (RAG)	SITUATION UPDATE
SURGE, INCLUDING PRIMARY CARE		
IMPACTS ON ELECTIVE WORK		
CRITICAL CARE CAPACITY		
MORTALITY & MORBIDITY DATA		
REQUESTS FOR ASSISTANCE		
OTHER		

6.1.4 SITUATIONAL UPDATE PHARMACIES EMAIL (local to LPC)

ORGANISATION:		
DATE:		
TIME:		
CONTACT NAME:		
REPORTING LINES	RAG STATUS (RAG)	SITUATION UPDATE
ANTI VIRALS STOCK		
COMMUNITY CONCERNS		
REQUESTS FOR ASSISTANCE		
OTHER		

6.1.5 SITUATIONAL UPDATE GPS EMAIL TEMPLATE (local to Confederation)

ORGANISATION:		
DATE:		
TIME:		
CONTACT NAME:		
REPORTING LINES	RAG STATUS (RAG)	SITUATION UPDATE
ANTI VIRALS STOCK		
COMMUNITY CONCERNS		
REQUESTS FOR ASSISTANCE		
OTHER		

6.2 APPENDIX 2: PHE CONTENT FOR PANDEMIC INFLUENZA PLANS



Public Health
England

PHE content for BRF Pandemic Influenza plans

PHE will undertake the following at a regional level providing a consistent response across London.

DATER

Stage	Lead	PHE Activity
Detection	PHE	<ul style="list-style-type: none"> • Intelligence gathering. • Enhanced surveillance. • Diagnostic development. • Provision of communications to public and professionals
Identification of the novel influenza virus in patients in the UK.		
Assessment	PHE	<ul style="list-style-type: none"> • Collection of clinical and epidemiological data including FF100 cases. • Estimates of impact and severity in the UK. • Reducing risk of transmission by; <ul style="list-style-type: none"> ○ Actively identifying cases. ○ Treatment. ○ Antiviral prophylaxis for close / vulnerable contacts.
Evidence of sustained community transmission.		
Treatment	NHS England	Support response
Escalation	NHS England	Support response
Recovery	All	Support Recovery

Detection and Assessment form the initial response and may be combined due to the speed with which the virus spreads or severity with which individuals and communities are affected.

Infection control

Advice on infection control in the workplace, in hospitals and healthcare facilities and laboratories is available on the Health and Safety Executive website at:

<http://www.hse.gov.uk/biosafety/diseases/pandemic.htm>

As more information is gathered on the characteristics of the virus more detailed information will be distributed by PHE.



Information flow

Movement through the UK stages will be cascaded to partner agencies using the normal communication routes.

PHE will continue to undertake surveillance throughout each of the UK stages, this information will be circulated within the London partnership and up to central government. Borough specific information will be provided using the agreed local mechanism.

Communications

PHE will provide public communications utilising the 'London Gold Communication Strategy' to deliver a consistent London message. Locally tailored messaging is the responsibility of local organisations.

6.3 APPENDIX 3: NHS ENGLAND CONTENT FOR BRF PANDEMIC INFLUENZA



NHS England content for BRF Pandemic Influenza Plans

NHS England (London) has a number of roles and responsibilities during a future influenza pandemic. These are summarised below and are available in more detail in the national NHS England Pandemic Influenza Operating Framework (October 2013) (www.england.nhs.uk/wp-content/uploads/2013/12/framework-pandemic-flu.pdf) and the NHS England (London) Pandemic Influenza Operating Arrangements (June 2014).

Stage	Lead	NHS England Activity
Detection	PHE	<ul style="list-style-type: none"> establish pandemic influenza response arrangements at NHS England review and finalise directly-commissioned response arrangements (eg Antiviral Collection Points (ACPs), pandemic specific vaccination arrangements, NHS delivery locations for the national stockpile)
Identification of the novel influenza virus in patients in the UK.		
Assessment	PHE	<ul style="list-style-type: none"> as described above, plus establish regular engagement regime with NHS commissioners and providers in London establish a recovery working group oversee and coordinate the NHS response in London
Evidence of sustained community transmission.		
Treatment	NHS England	<ul style="list-style-type: none"> as described above, plus provide regular situation reports on the status of the NHS in London to central government, sharing with regional partners as appropriate ensure business as usual NHS services are maintained as far as appropriate ensure treatment of cases through NHS services enhance the health response to deal with increasing numbers of cases activate directly-commissioned response arrangements (e.g. ACPs) potentially prepare for pandemic influenza specific vaccination through directly-commissioned services oversee the distribution of national stockpiles to frontline NHS providers
Escalation	NHS England	<ul style="list-style-type: none"> all points described in Treatment escalate surge management arrangements in partnership with Clinical Commissioning Groups/ Commissioning Support Units (as per winter arrangements) prioritise and triage service delivery to maintain
		<ul style="list-style-type: none"> essential services enact business continuity arrangements to maintain own services as necessary
Recovery	All	<ul style="list-style-type: none"> restore business as usual services debrief the NHS and NHS England responses maintain readiness for a subsequent wave or significant winter pressures address staff exhaustion and recognise endeavours

