

Lambeth Pandemic Flu Plan

Version: 1.1

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NEXT REVIEW SCHEDULED: 2022

**Actions outlined within this document are transferable to other pandemics
until tailored guidance is received**

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- Head of Emergency Planning & Resilience, London Borough of Lambeth
- Strategic Directors responsible for Education, Adults and Health, Communication and Human Resources

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Approval	Date
Director of Public Health	18 February 2020
Adult Social Care & Health Directors Management team	Approved via email 27/02/20
Environment Directors Management team	Approved 6 th February 2020 – with amendment to Governance table
Resilience Assurance Board	Approved via email 05/03/20

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Aim and Objectives of the Document

The document describes the Lambeth local authority plan to prepare and respond to the threat of pandemic influenza. It provides local authority and the agencies that make up the Lambeth Resilience forum with a strategic framework to support an integrated preparedness and response to pandemic influenza.¹

Key Points

Pandemic influenza is the rapid worldwide spread of influenza caused by a novel virus strain to which people would have no immunity, resulting in more serious illness than caused by seasonal influenza.

Pandemic Influenza remains the top risk on the UK Cabinet Office National Risk Register of Civil Emergencies (2017) due the high likelihood and potential impact of a pandemic.

Plans for responding to any influenza pandemic build on and enhance normal business continuity planning for more routine pressures such as bad weather and winter illness.²

Borough resilience forum (BRF) and the pandemic coordination group are responsible for coordinating preparedness and response.

Key elements for effective preparedness include list of contacts of key actors, clear communication processes, a process to identify and update list of vulnerable people, a clear management plan of excess deaths, and a clear process for the collection of relevant information

Standard hygiene and infection control measures adopted in case of seasonal influenza can reduce the spread of infection. Basic advice such as, staying at home, keeping warm, drinking plenty of fluids and the use of over the counter cold and 'flu medicines - should be sufficient to meet the needs of most patients infected with an influenza virus that causes mild to moderate symptoms.³

¹ <https://www.gov.uk/pandemic-flu>

²

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf

³

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf

Section A: Background

What is an influenza pandemic?

Influenza is an acute infectious viral illness that spreads rapidly from person to person when in close contact.

Pandemics are defined as epidemics of infection occurring over a very wide area, crossing international boundaries and usually affecting a large proportion of the population.⁴

Influenza pandemic occurs when a novel influenza virus emerges against which the population has little or no immunity.⁵

A future pandemic could occur at any time and originate anywhere in the world. The likelihood of a significant pandemic influenza occurring is estimated to be around 3% per year.

All ages are likely to be affected, but those with certain underlying medical conditions, pregnant women, and children and otherwise fit younger adults could be at relatively greater risk. The exact pattern will only become apparent as the pandemic progresses.

The apparition, severity and spread of pandemic influenza are unpredictable.

It can cause significant numbers of deaths and also illness in the working population, affecting the UK's capacity to care for the sick and to maintain services essential to the national infrastructure.

Lessons learned from previous pandemics

There will be little information at the outset of a new pandemic about the severity of the illness. Therefore collecting accurate and detailed surveillance data (numbers affected, hospital and critical care admissions) is an early priority.

The demands of the pandemic are unlikely to be uniform, but different areas will be under pressure at different times (and some not at all), requiring flexibility of approach and building on developed business continuity arrangements, while addressing the specific issues that might emerge during the pandemic.

In local areas, the number of cases and demand for services can be expected to develop with great pace, requiring an agile yet coordinated response.

Demand for information will be high requiring frequent, consistent and coordinated communications.

A pandemic wave can be expected to continue for many weeks, requiring robust arrangements to support individuals involved in the response.

Whilst the health sector will be under particular pressure, the response will span different sectors and organisations, requiring close working and mutual support.⁶

⁴ <https://www.gov.uk/government/publications/health-profile-for-england/chapter-7-current-and-emerging-health-protection-issues#pandemic-influenza-1>

⁵ <https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-7-current-and-emerging-health-protection-issues>

⁶ UK Influenza Pandemic Preparedness Strategy –Department of Health, Nov.2011

Planning assumptions

The national planning assumptions in the UK Pandemic Influenza Preparedness Strategy 2011 identify a reasonable worst case scenario (RWC). The variables are listed in the table below.

Summary table of key planning assumptions

Clinical attack rate	Cumulative clinical attack rates of up to 50% of the population in total spread over <u>one or more waves</u> each of around 12-15 weeks, each some weeks or months apart. If they occur, a second or subsequent wave could possibly be more severe than the first.
Peak clinical attack rate	Locally, 10% - 12% of population per week
Hospitalisation rate	Between 1% - 4% of those who are symptomatic may require hospital admission.
Case fatality rate	Up to 2.5% of clinical cases Local level planning target of excess deaths in the range of 210,000-315,000 nationally (approximately 0.4-0.5% of the population)
Peak absence rate	Up to 15% - 20% of workforce (Large Organisations) Up to 30% - 35% of workforce (Small Organisations)

Source:^{7, 8}

Expected impacts on Lambeth

The below table shows the possible impact of a pandemic on Lambeth, assuming a 50% attack rate and at varying levels of severity of disease.⁹

	Lambeth
Resident population (2017 mid yearly estimates from ONS (rounded))	324,500
Possible number of symptomatic patients over first wave (50%)	162,250
Patients requiring assessment and treatment in usual pathways of primary care (30% of symptomatic)	48,675
Possible number requiring hospital care (4% of symptomatic)	6490

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf

⁷ Preparing for Pandemic Influenza – Guidance for local planners. Cabinet Office. July 2013.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic_Influenza_LRF_Guidance.pdf

⁸ Pandemic Influenza Framework. Version 0.7, May 2018. London Resilience Partnership.

⁹ <https://www.gov.uk/guidance/pandemic-flu>

Number of excess deaths (0.5% of symptomatic)	811.25
Number of excess deaths (1.5% of symptomatic)	2433.75
Number of excess deaths (2.5% of symptomatic)	4056.25

A tool is available to assess local capacity required to respond to the pandemic based on National Planning assumptions to the local setting.¹⁰

The National Strategy

The national flu plan aims to guide and support integrated contingency planning and preparations for pandemic influenza in health and social care organisations and more widely across government, public and private sector organisation. For more details see *appendix 1*.

Section B: Local Pandemic Flu Plan

The objective of the local pandemic flu plan is to minimise the potential health, society and economic impacts by:

- Promoting individual responsibilities;
- Ensuring the continuity of essential services and everyday activities as far as practicable;
- Upholding the rule of law and the democratic process;
- Preparing to cope with the possibility of significant numbers of additional deaths;
- Promoting a return to normality and the restoration of disrupted services at the earliest opportunity;
- Instil and maintain trust and confidence by ensuring that health and other professionals, the public and the media are engaged and well informed in advance of and throughout the pandemic period and that health and other professionals receive information and guidance in a timely way so they can act timely and efficiently.

Strategic elements include:

- A strategic framework for local preparedness and effective response of pandemic flu event including effective service and business continuity arrangement.
- Clear roles and responsibilities of the various agencies at local level, ensuring the health and social care systems are ready to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care.
- An effective partnership management at local level and coordination with regional level
- Prompt and flexible response to any changes in alert levels.¹¹
- A strong local leadership.

Roles and responsibilities

- The primary responsibility for planning and responding to any major emergency rests with local organisations, acting individually and collectively through Borough Resilience Forums (BRF).⁹ See *appendix 2 for list of local roles and responsibilities for effective preparedness*.

¹⁰ <https://www.gov.uk/government/publications/pandemic-flu-national-planning-assumptions-assessments-tool>

¹¹

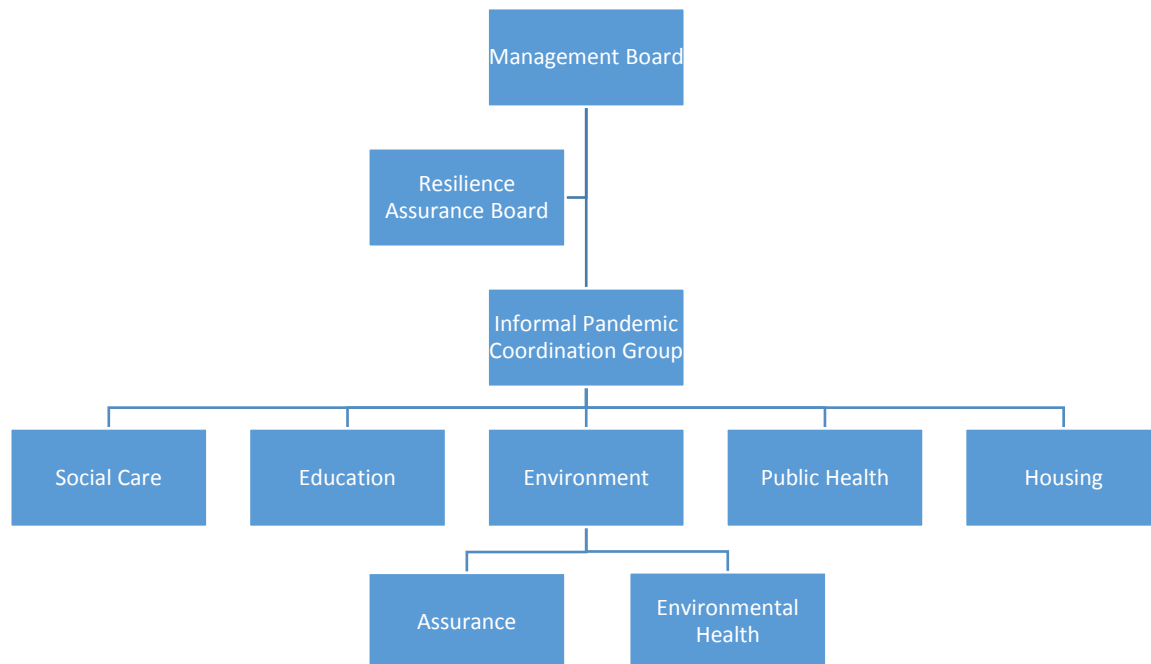
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/62085/flu_lrf_guidance1.pdf

- Accountability for emergency preparedness and response remains with individual organisations. Each local organisation should understand its responsibilities and those of others, plan adequately, prioritise and take steps to ensure service continuity.
- Lambeth Borough Resilience Forum (LBRF) is responsible for coordinating preparedness and response. See *appendix 3 for LBRF action plan*
- The Director of Public Health will be responsible for the development and update of the pandemic flu plan
- The Council Resilience Assurance Board will sign off the pandemic flu plan and its annual review.

Governance Framework at Borough Level

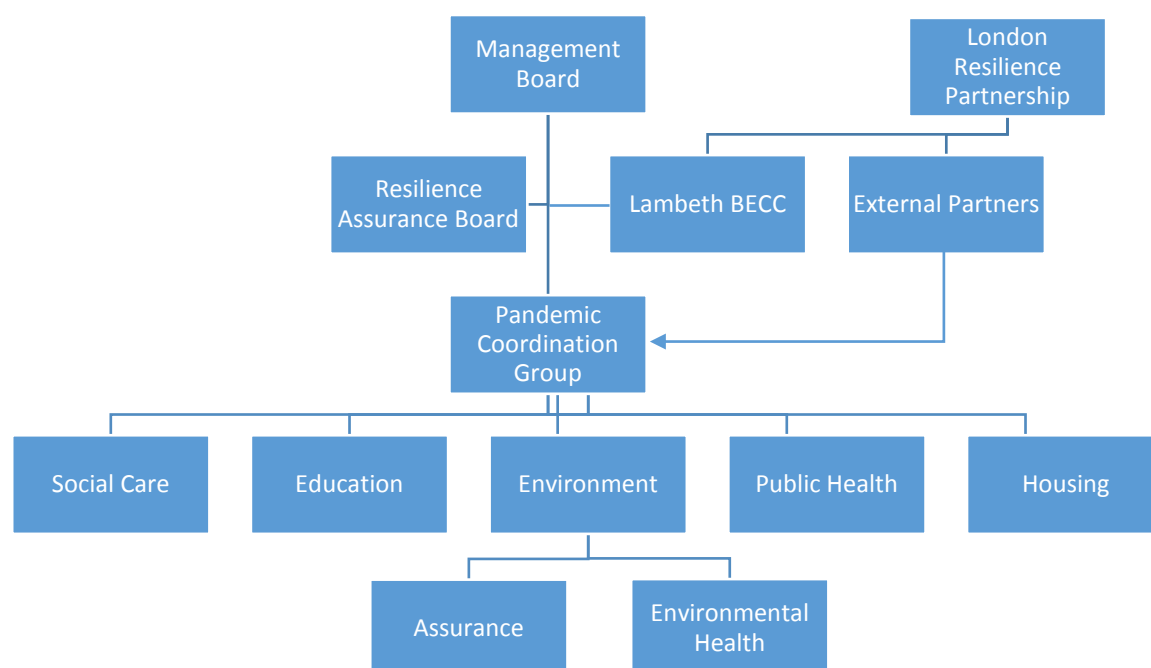
Preparedness:

The preparedness at local level will be coordinated by the Informal pandemic coordination group, terms of reference for which can be found in [Appendix 4](#)



Response (once Pandemic has been declared):

The response at local level will be coordinated by the Pandemic Coordination Group, terms of reference for which can be found in [Appendix 5](#). It may need to include locality network especially around coordination of care.



Section C: Local Planning and Preparedness¹²

Effective preparedness requires the following:

- **All organisation to have business continuity and contingency plans** to ensure that critical services and outputs continue to be delivered throughout an influenza pandemic, building on existing systems and processes.

The borough resilience forum (BRF) will coordinate and encourage business continuity planning by all local partners and organisations.

- **BRF to ensure that a multi-agency group** has reviewed the pandemic influenza preparedness planning, testing and exercising, and ensure that a **Pandemic Coordination Group** is established. See list in *Appendix 5*.

A list of local key personnel and organisations for implementation of the plan should be available. See *appendix 6 for Lambeth contact list- Cascade*

- **BRF to ensure that there is a local multi-agency communication plans and pathways** agreed across partners building on the communication process for regular winter flu, ready to communicate public messages. See *appendix 6 for contact list for Lambeth*.

The BRF should check that the **local communication processes** are in place. See *checklist in appendix 7 for Action Plan – Strategy and communication*

- **BRF to ensure that there is an emergency plan for identifying and addressing vulnerable people needs** in a crisis.¹³ See *Appendix 8 for summary of the process for identification of vulnerable individuals*

- A list of organisations, care providers and other establishments who have up-date records of vulnerable individuals, and their contacts in the event of an emergency to provide relevant information.
- A data sharing protocols and activation triggers identified and in place.
- The scale of the needs and support requirements of these population groups (specialised equipment, transportation, mental health concern, needs for social services, antenatal issues, and cultural issues affecting behaviours). This information can then feed into emergency planning in terms of resources and equipment.
- Communication methods and messages for vulnerable people within the BRF area.
- Management process of additional burdens that will be placed on social care by the pressures on hospital places, patient illness and staff absenteeism.
- Steps to be taken to undertake urgent assessments and support or adapt services to reduce the possibility of inappropriate hospital referral.

- The BRF should ensure that there is a **borough level excess death management plan**.¹⁴

¹² Pandemic Influenza framework .London resilience Partnership, May 2018

¹³

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61225/vulnerable_guidance_0.pdf

¹⁴https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic_Influenza_LRF_Guidance.pdf

- All personnel involved in the death management process should be part of the pandemic flu planning process.
- Actions and information to be included in the pandemic flu plan are described in the checklist in *Appendix 9 for Action Plan – Excess deaths*.
- **Surveillance and monitoring of extra demand for support and impacts** ¹⁵:
 - The BRF should agree responsibilities for collection information likely to be required
 - The flu plan should include: list of required information for planning and response, data collection and reporting process are detailed in the *appendix 10 Action Plan Surveillance and Monitoring*.
- **Plans to support health service and sustain care in the community** (delivery of medicines, meals on wheels and community nursing). See *Specific Health and social care arrangement checklist in appendix 11 and appendix 12 Action Plan: Health and Social Care*
- **Training and exercise** :

Partners should consider what training and exercising should be undertaken within their organisation. The responsibility for undertaking this training and exercising within each organisation lies with that organisation.¹⁶

The local preparedness plan should include:

- The list of contacts within local authority and local partners. See *appendix 6*
- Action plan – Communication, see *appendix 7*
- Action plan – Excess deaths, see *appendix 9*
- The emergency plan for identifying and addressing vulnerable people need, see *appendix 8*
- The Surveillance and monitoring of extra demand for support and impacts action plan, see *appendix 10*
- Action plan – Health and social care, see *appendix 12*
- Action Plan - Education and child care, see *appendix 13*
- Action Plan - Human resources action, see *appendix 13*
- The pandemic information checklist for businesses: see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61986/060516flubcpchecklist.pdf

¹⁵

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic_Influenza_LRF_Guidance.pdf

¹⁶ https://www.london.gov.uk/sites/default/files/gla_migrate_files_destination/LRF_PanFlu_Framework_6.0.pdf

Section D: Local Response

Aim and objectives

The overall aim of managing an influenza pandemic is to minimise where possible:

- The potential impact of influenza pandemic
- The potential impact of pandemic on society and the economy
- Instil and maintain trust and confidence (ref: pandemic influenza framework. May 2018. London Resilience Partnership)

The stages of response to influenza pandemic

The primary responsibility for responding to any emergency rest with local organisations, acting individually and collectively through borough resilience forum (BRF) which provides the networking platform for maintaining services and business continuity during pandemic at all stages.

On declaration of a pandemic by Public Health England, the pandemic coordination group (PCG) will be convened and chaired by the Director of Public Health, to coordinate the response locally.

It is critical that the PCG members support the provision of essential services especially to vulnerable people including: delivery of medicines, access to meals where this is part of a package of care, community nursing, washing and feeding patients, and portaging.

Advice on infection control in the workplace, hospitals and healthcare facilities is critical.

Specific infection control guidance is available for those working in social care: see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213696/dh_133656.pdf

The table below summarises the phases of the response and key objectives. They are not linear and it is possible to move back and forth, or jump stages. The detection and assessment phases start when human-to-human transmission of a novel influenza virus with pandemic potential which poses a substantial risk to human health is detected in the UK.

Local Authority roles and responsibilities (across the various stages including recovery)

Stage	Objective	Lead	Local Authority Activity
Detection	Assess risk of circulation of new virus in UK	PHE	<ul style="list-style-type: none"> • Review Pandemic Flu and Business Continuity Plans – ensure fit for purpose • Seek assurance that LA & commissioned services are prepared • Emergency Planning Team to update contact lists • Set up local communications for public, councillors and staff, and align to NHS communications • Confirm “mutual aid” arrangements between providers • Check vulnerable persons list

			<ul style="list-style-type: none"> • Confirm arrangements for vaccination of social care staff • Response to school outbreaks and decisions on school closures
Identification of the novel influenza virus in patients in the UK.			
Assessment	Provide estimates of impact and severity & reduce risk of transmission	PHE	<ul style="list-style-type: none"> • Continue with activities outlined above • Convene the Pandemic Coordination Group (PCG) • Public Health to identify: lead consultant, manager & admin support • Intelligence gathering from providers and commissioned services • Set up local communications for public, councillors and staff, and align to NHS communications • Consider vulnerable people and their access to a 'flu friend'
Evidence of sustained community transmission.			
Treatment	Treatment of cases & interruption of transmission	NHS England	<ul style="list-style-type: none"> • Continue with activities outlined above • Support the NHS as appropriate, particularly with regard to the care of the vulnerable in the community • Implement any agreed local escalation arrangements to assist faster hospital discharge or admission avoidance • Distribute supplies of personal protective equipment (PPE) to frontline staff including face mask • Ensure regular communications to staff and services, councillors and the public using local media to provide information on services in the community • Contribute to vaccination planning including encouraging social care staff to access vaccination programme • Support vaccination for vulnerable people including flu friends arrangements • Continued response to school outbreaks and decisions on school closures
Escalation of surge	To maintain essential services ,	NHS England	<ul style="list-style-type: none"> • Continue with activities outlined above

management arrangements	resilience measures		<ul style="list-style-type: none"> • Implement agreed local escalation arrangements for faster hospital discharge or admission avoidance • Excess death plans may require activation • Prioritise work to most urgent and redeploy staff as necessary
Recovery		All	<ul style="list-style-type: none"> • Identify lessons • Prepare for second wave • Encourage social care staff to access seasonal flu campaigns • Continued communications to public/councillors/staff • Agree prioritised return to ordinary arrangements • Consider physical rest/emotional support for staff

Adapted from: Health and Social Care Influenza Pandemic Preparedness and Response.NHS & DH,
2012.https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213696/dh_133656.pdf

Abbreviations

Abbreviation	Meaning
BRF	Borough resilience forum
Comms	Communication department
EP	Emergency preparedness
LBL	London Borough of Lambeth
PCG	Pandemic Coordination Group
PPE	Personal Protective Equipment

Appendices

Appendix 1: UK Influenza Pandemic Preparedness Strategy 2011 – Overview ¹⁷

The objectives of the UK's approach to planning and preparing for an influenza pandemic are to:

1. Minimise the potential health impacts of a future influenza pandemic by:
 - a. supporting international efforts to detect its emergence, and early assessment of the virus by sharing scientific information;
 - b. promoting individual responsibility and action to reduce the spread of infection through good hygiene practices and uptake of seasonal influenza vaccination in high-risk groups; and
 - c. ensuring the health and social care systems are ready to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care.
2. Minimise the potential impact of a pandemic on society and the economy by:
 - a. supporting the continuity of essential services, including the supply of medicines, and protecting critical national infrastructure as far as possible;
 - b. supporting the continuation of everyday activities as far as practicable;
 - c. upholding the rule of law and the democratic process;
 - d. preparing to cope with the possibility of significant numbers of additional deaths; and
 - e. promoting a return to normality and the restoration of disrupted services at the earliest opportunity.
3. Instil and maintain trust and confidence by:
 - a. ensuring that health and other professionals, the public and the media are engaged and well informed in advance of and throughout the pandemic period and that health and other professionals receive information and guidance in a timely way so they can respond to the public appropriately.

The response strategy is based on the following steps:

Detection which will focus on: intelligence gathering from countries already affected; enhanced surveillance within the UK; The development of diagnostics specific to the new virus; Information and communications to the public and professionals.

Assessment which will focus on: The collection and analysis of detailed clinical and epidemiological information on early cases, on which to base early estimates of impact and severity in the UK; Reducing the risk of transmission and infection with the virus within the local community

Treatment which will focus on: Treatment of individual cases and population treatment via the NPFS, if necessary; Enhancement of the health response to deal with increasing numbers of cases; Consider enhancing public health measures to disrupt local transmission; prepare for targeted vaccinations if required

¹⁷ UK Influenza Pandemic Preparedness Strategy, DH Pandemic Influenza Preparedness Team. 2011
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf

Escalation which will focus on: Escalation of surge management arrangements in health and other sectors; Prioritisation and triage of service delivery with aim to maintain essential services; Resiliency measures, encompassing robust contingency plans; Consideration of de-escalation of response

Recovery which will focus on: Normalisation of services; Restoration of business; Post-incident review; Taking steps to address staff exhaustion; Planning and preparation for a resurgence of influenza.

Appendix 2: Local Planning Roles and Responsibilities for Effective Preparedness

Activity	Regional level	Borough level	Organisation Level
<i>Owner of plan contained within brackets</i>			
Business Continuity Scalable business continuity plans should be in place at all levels and across all organisations to mitigate the impact of a pandemic	Signpost link for Small to Medium Enterprises and Voluntary Organisations	Through relevant local for a (e.g. Borough Resilience Forums, Health and Wellbeing Boards, Influenza Pandemic Committees), work with local PHE, NHS and multi-agency partners to discuss, plan and share best practice, and address pandemic specific issues in respect of business continuity planning.(All)	Maintain effective business continuity plans to respond in a pandemic, identifying key issues, including which normal business functions are essential and which can be suspended or postponed (All)
Coordination and Information Sharing	Strategic Coordination Protocol (LRF)	Most agencies are represented at the BRFs, this feeds into the LRF Coordination and Information Sharing Protocol via LFB-EP Supported by agreed mechanisms for sharing information across BRF partners	All partners, sectors and organisations within the LRPB arrangements contribute to information coordination and sharing arrangements (All)
	Local Authority Command and Control (LLACC and LLAG arrangements) (Local Authorities)	Local borough based coordination and information sharing arrangements in place. Feeds into the LLACC (when open) (LA & LFB-EP)	
Communications with the Public	LRF Communicating with the Public Protocol (LRF)	Local multi-agency Communications Plans and pathways to be agreed across all partners	Organisational Communications arrangements (All)
Multi-agency communications	London Comms Gold Group (LRF)	Local inter-agency communications arrangements	Internal communications channels
Excess Deaths	London Excess Deaths Framework (LRF)	Local Borough level Excess Deaths management Plans (LAs)	Individual organisations to maintain effective operational and
Activity	Regional level	Borough level	Organisation Level
<i>Owner of plan contained within brackets</i>			
			Business Continuity plans to maximise the capacity of death management process in line with existing duties. (All)
Training & Exercising	LRPB Training & Exercising Group (LRF) SRRF Training and Exercising Programme (LFB-EP & LA)	Local BRF Training and Exercising Programmes (BRFs)	Organisational Training and Exercising Programmes
Recovery	LRF Recovery Protocol (LRF)	Boroughs contribute to the LRF Recovery Protocol	Organisations to ensure recovery plans and processes are in place and preparations are made for subsequent waves.
Situational Awareness	Flucon Soc Con For further Information see Section 8		

Appendix 3: Action Plan – Lambeth Borough Resilience Forum

Recommended Action	Assigned to	Action taken	
		yes	no
Preparing for a flu pandemic			
To ensure that a multi-agency group reviews pandemic flu plan	EP		
To support and encourage business continuity planning and testing by all members and organisations upon which they rely	EP		
Develop pandemic flu preparedness plans especially for critical sectors: telecommunication, energy , water, education/child care, social care; including planning involvement of the voluntary sector	Checklist included in Pandemic plan		
Ensure there is a local multi agency communication plans and pathways agreed across partners.	Comms		
BRF Communication: <ul style="list-style-type: none">Contact details for locally delivered health and social care.Local multi-agency Communications Plans and pathways to be agreed across all partners; and Local inter-agency communications arrangementsA mechanism to share local situational awareness amongst partners to ensure an understanding of the impacts of a pandemic are understood within their locality – reporting via LRG and PCGLocal arrangements to support central and regional Government in communicating advice to the local population and public messagesArrangements for communicating with vulnerable people (including deaf and disabled people) –	BRF 		

Establish an emergency plan for identifying people who are vulnerable in a crisis: <ul style="list-style-type: none"> Review the range of sources of information used to identify people who may be vulnerable in an emergency and the quality of analysis of this information Have data sharing protocols and activation triggers identified and in place Document the overall lead agency for vulnerable people in emergencies and the roles and responsibilities of agencies involved in the care of vulnerable people Contact details for organisations providing social care, including those in the voluntary and private sectors Document Terms of Reference, membership and responsibilities of any subgroups set up to manage vulnerable persons during a pandemic Have an estimate of the number and type of potentially vulnerable people for a locality and their needs during a pandemic (e.g. specialised equipment or care, transport, cultural barriers) 	All LBL depts.		
Ensure there is a local Borough-level Excess Deaths Management Plan	Services Directorate		
Ensure effective local multi-agency situational awareness	BRF		
Establish emergency contact points for local service providers to report pressure points	All departments		
Understand local plans for the delivery of antivirals and support the NHS as appropriate	Public Health		
Ensure that local organisations have recovery plans and processes in place and preparations are made for subsequent waves	All		
Ensure engagement of the public in the development of plans	All		
Organise training when required	BRF		
Work with health services to plan and deliver mass vaccination Programmes			
Communicate decisions around the closure and re-opening of schools, early year childcare settings and alternative provisions.	LBL		
Assess the impact of school closures in junction with the Police, Youth Services and other partners on the locality ensuring the effective implementation of mitigating activities	LBL		

Ensure local arrangements are in place to support the implementation of possible social measures or to reduce social impacts, including: <ul style="list-style-type: none"> • Closure of schools, early years childcare and alternative provision settings • Voluntary isolation / quarantine • Support to prisoner handling and the judicial process • Maintenance of public order 	All departments		
Ensure that there are plans to sustain patients in the community, including community care such as: Delivery of medicines, Meals on wheels, Community Nursing, Washing and feeding of patients, Portering	LBL		
Ensure adequate infection control practice in the workplace, and that advice is given regarding what employers should consider in respect of sending staff home, working with the public, whether masks should be worn and adopting alternative ways of working.	PCG		
Ensure that surveillance information is available and shared appropriately: <ul style="list-style-type: none"> • Impacts on local critical services • Social care provision • Impacts on cremation and burial services and mortuary capacity – to Excess Deaths Steering Group • Local support to the health service/voluntary and community inputs and mutual aid issues and solutions • Community concerns • Business issues 	Comms as appropriate		
Establish recovery group coordination	PCG		
Ensure impact assessment collected	PCG		
Ensure recovery strategy defined	PCG		

References:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic_Influenza_LRF_Guidance.pdf

<https://www.gov.uk/guidance/pandemic-flu>

<https://www.gov.uk/guidance/pandemic-flu#uk-influenza-pandemic-preparedness-strategy-2011>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61228/vulnerable_guidance.pdf

https://www.london.gov.uk/sites/default/files/london_recovery_management_protocol_2016-1.0.pdf

Appendix 4: Informal Pandemic Coordination Group Terms of Reference

Purpose	To ensure that local authority is prepared in case of pandemic
Activation	When PHE confirms that there are in assessment / awareness phase
Functions	<ul style="list-style-type: none"> • Ensure that the pandemic plan is fit for purpose and ratified • Ensure that all directorates have Business Continuity Plans are fit for purpose • Review information received from PHE and disseminate timely guidance to relevant internal stakeholders • Emergency Planning Team to update contact lists • Set up local communications for public, councillors and staff, and align to NHS communications • Confirm “mutual aid” arrangements between providers • Check vulnerable persons list
Report to	Council management board
Membership	Director of Public Health (chair) Director for Environment & Streetscene Head of Communications Head of Emergency Planning & Resilience Public Health consultant And ad-hoc participants according to needs
Frequency:	Weekly
Governance:	Terms of Reference ; Action log and minutes
Knowledge staff.	Information will be stored on internal Teams site and accessible to relevant staff.

February 2020

Appendix 5: Pandemic Coordination Group Terms of Reference

Purpose:	To have overall responsibility for the management of a pandemic at local level adhering to the roles and responsibilities of local government as described in the Pandemic Flu Plan.
Activation	This board will be activated following direction from the Director of Public Health and designated Gold officer who will confirm that WHO/PHE has declared a pandemic.
Functions:	<ul style="list-style-type: none"> • To review the organisation's pandemic risk assessment. • To take decisions as required for the local authority to mitigate impacts and prevent further spread of the infection. • To coordinate local actions and resources to address local needs generated by the pandemic. • To monitor a pandemic action plan. • To ensure that the organisation is responding to the needs of vulnerable residents. • To ensure that business continuity plans across the council and for suppliers are implemented and monitor the pressures on the services. • To engage with regional partners: PHE, NHS, DHSC and LRG - in particular in relation to communications. • To create and maintain a "Shared Situational Awareness" log • To keep abreast of developments are reported daily by PHE and Department of Health and Social Care • To provide daily update to Andrew Travers, CEO, Lambeth Council
Reports to:	Designated Gold officer and Lambeth Council Management Board. London Resilience Partnership – daily situation report on pandemic
Membership:	Director for Environment & Streetscene CHAIR Director for Public Health Strategic Director Integrated Health and Care Head of Communications Rep from Children's Services Rep from Education Head of Emergency Planning & Resilience Rep from Business and Inward Investment Rep from Customer Services Corporate Risk Manager Assistant Director – Public Protection, Assurance & Regulatory Services Rep from Finance Director of Legal Services Rep from Adults Social Care Public Health Consultant Rep from Human Resources Programme Manager Rep from Environmental Health (Centre for Communicable Disease Control Liaison)

External Organisations by invitation when required:

Organisation
Primary Care lead
NHS England (London Region)
GSTT (including its community services)

Kings College Hospital
South London and Maudsley
South London Health Protection Unit
Public Health England (London)
Ambulance Service
Age UK, other voluntary organisations
Faith Groups

Frequency: Weekly
Governance Terms of Reference
documents: Action log and minutes
Communication Matters arising and decisions taken by the Pandemic Coordination Group
protocol:

- Management Board
- All Directors
- Relevant service areas
- Relevant Cabinet Members

Knowledge Information will be stored on Teams site and accessible to relevant staff.
management:

Correct as at February 2020

Appendix 6: Lambeth Email List (not in public version)

Appendix 7: Action Plan – Strategy and Communications

Recommended Action	Assigned to	Action taken	
		Yes	No
Preparing for a flu pandemic			
Familiarise with the LRF communications strategy / plan	Strategy & Comms		
As part of the Business Continuity Plan, identify key workers to support priority services within the Division	Strategy & Comms		
Identify a local media spokesperson (Cllr/Chief Exec): Brief, train and keep the identified spokesperson updated in the event of a flu pandemic	Strategy & Comms		
Develop a robust cascade system to ensure that: <ul style="list-style-type: none">staff are briefed about actions required in the event of a flu pandemicstaff are aware of current alert levels and where to get further information	Strategy & Comms		
<ul style="list-style-type: none">Prepare and document process by which flu messages to be passed on by local authority intuitions (for e.g. education colleagues) when cases are identified (for e.g. in schools removal of sick children, sick parents avoiding school premises, business as usual, closure arrangements etc.)Include specific arrangements for reaching those with 'No fixed Abode', those in closed communities such as health care facilities, hard to reach groups, faith and community groups and bereaved	Strategy & Comms		
Prepare for local reaction to national announcements before they are made	Strategy & Comms		
Liaise with Public Health to prepare templates for messages to be completed and issued at each alert level to: <ul style="list-style-type: none">direct and steer the public towards professional advice and supportadvise the public of any disruptions to local services during a flu pandemic	Strategy & Comms		
Confine preparation of local messages to cover only situations where they are not covered by national messages – e.g. to indicate specific local arrangements for collection of vaccines	Strategy & Comms		

Responding to a flu pandemic			
<p>Co-ordinate and manage the council's communications response to a flu pandemic</p> <ul style="list-style-type: none"> • Ensure no local announcements are made prior to consultation with public health, centre and partners • Provide a holding statement for issue when the first case(s) are reported / confirmed within the borough. • Ensure that messages do not cause undue panic whilst not compromising national messages • Inform and reassure key target audiences about the borough-wide response to pandemic flu, and to reinforce key national and regional health messages • Ensure key target audiences receive accurate, timely, trusted information about the impact of the pandemic on city council services • Make arrangements to brief local media editors around pandemic planning arrangements • Provide scripts for reception and other front line staff e.g. switchboard 	Strategy & Comms		
<p>Ensure that initial comms around unconfirmed cases are confined to reporting known facts, avoiding speculation</p>	Strategy & Comms		
<ul style="list-style-type: none"> • In line with PHE led poster campaign, distribute posters locally to publicise flu messages borough-wide. • Make and record arrangements for poster distribution 	Strategy & Comms		
<p>Develop and issue messages (based on the agreed template with PH) which:</p> <ul style="list-style-type: none"> • direct and steer the public towards professional advice and support • advise the public of any disruptions to local services during a flu pandemic 	Strategy & Comms		
After a flu pandemic			
<p>Co-ordinate and manage the council's communications response in the recovery phase</p>	Strategy & Comms		
<p>Inform council staff that the outbreak is over</p>	Strategy & Comms		
<p>Reassure key target audiences that the outbreak is over and to inform resident and businesses as non-essential services return to normal</p>	Strategy & Comms		
<p>Inform key target audiences outside the borough that Lambeth is open for business</p>	Strategy & Comms		

Appendix 8: Summary of the Process for Identification of Vulnerable Individuals ¹⁸

Potentially Vulnerable Individual/Group	Examples and Notes	Target through the following organisations/agencies
Children	Where children are concerned, whilst at school the school authorities have duty of care responsibilities. Certain schools may require more attention than others.	LEA schools through Local Authorities, and non-LEA schools through their governing body or proprietor. Crèches/playgroups/nurseries
Older People	Certain sections of the elderly community including those of ill health requiring regular medication and/or medical support equipment The "oldest-old" (aged 80 or over) are more likely to be widowed women, which may impact upon your planning. ⁶	Residential Care Homes ⁷ Help the Aged Adult Social Care Nursing Homes
Mobility impaired	For example: wheel chair users; leg injuries (e.g. on crutches); bedridden/non movers; slow movers.	Residential Care Homes ⁷ Charities
Mental/cognitive function impaired	For example: developmental disabilities; clinical psychiatric needs; learning disabilities.	Health service providers Local Health Authorities
Sensory impaired	For example: blind or reduced sight; deaf; speech and other communication impaired.	Charities eg the Deaf Council Local groups
Individuals supported by health or local authorities		Social services GP surgeries
Temporarily or permanently ill	Potentially a large group encompassing not only those that need regular medical attention (e.g. dialysis, oxygen or a continuous supply of drugs), but those with chronic illnesses that may be exacerbated or destabilised either as a result of the evacuation or because prescription drugs were left behind.	GP surgeries Other health providers (public, private or charitable hospitals etc.) Community nurses
Individuals cared for by relatives		GP surgeries Carers groups
Homeless		Shelters, soup kitchens
Pregnant women		GP surgeries
Minority language speakers		Community Groups Job centre plus
Tourists		Transport and travel companies Hoteliers
Travelling community		LA traveller services Police liaison officer

Please refer to the Lambeth Plan:

<https://lambeth.sharepoint.com/teams/hub01/emplan/Intranet%20Documents/Lambeth%20Identification%20of%20Vulnerable%20People%20Toolkit%20V1.0.pdf#search=vulnerable>

¹⁸ Identifying People Who Are Vulnerable in a Crisis. Guidance for Emergency Planners and Responders. Civil Contingencies Secretariat – February 2008 – Cabinet Office
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61225/vulnerable_guidance_0.pdf

Appendix 9: Action Plan – Excess Deaths

Recommended Action	Assigned to	Action taken	
		Yes	No
Preparing for a flu pandemic			
Familiarise with the LRF Managing Excess Deaths Plan, and develop a local Excess Deaths & Mass Fatalities Plan.			
Ensure business continuity plans are in place and ready for implementation as required.			
Arrange and facilitate discussions between the Council, NHS and private sector to determine the availability of suitable transport and qualified drivers for transporting the deceased.			
Check the following: mortuary spaces, burial and crematorium capacities. <ul style="list-style-type: none">Develop plans to provide for an increase in burials and cremations and to take account of reduced staffingDevelop a robust system to arrange and fund a temporary mortuary if requested by HM Coroner.	Cems & Crams		
Plan to provide support at an established or temporary mortuary assisting with the following: <ul style="list-style-type: none">Working with Police Family Liaison Officers (FLO)Arranging transport for bereaved relativesAssessing religious and faith supportSupporting cultural requirements as far as possibleProvision of psycho-social services supportArranging visits to funeral directors, florists etc.Co-ordinating and managing voluntary sector support.			
Check to ensure good availability of registrars <ul style="list-style-type: none">Work with the registrar's office to develop a plan to manage an increased number of death registration with a reduced number of staff			
Responding to a flu pandemic			
Continue to monitor the following: mortuary spaces, burial and crematorium capacities. <ul style="list-style-type: none">Consider collective burial when chilled body storage (mortuary facilities) has been exhaustedConsider acquiring temporary mortuary spacesAdditional land should be made available for additional cemetery spaceDiscus with funeral directors and multi-faith groups to determine what latitude there may be for increasing burials to relieve pressure on the crematorium.			

<p>Continue to monitor registrar's availability and work with the registrar's office to.</p> <ul style="list-style-type: none"> • Consider the impact of the increased registrations and implement national guidance to alleviate this • Consider allowing for extension of the registration period for death – the peak fortnight would represent a need to register additional cases. 			
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Appendix 10: Action Plan – Surveillance and Monitoring

Recommended Action	Assigned to	Action taken	
		Yes	No
Preparing for a flu pandemic			
Agree responsibilities for collecting information	BECC/ Performance		
Methods for collecting information: <ul style="list-style-type: none">• LRF reporting templates to facilitate the sharing of consistent and validated information in a timely fashion;• arrangements for obtaining relevant health information• mechanisms for data collection and communication	BECC/ Performance		
Reporting lines identified and agreed: <ul style="list-style-type: none">• communication channels locally between pandemic coordination group and strategic directors• communication channels with regional	BECC/ Performance/ Comms		
Information to be collected identified: <ul style="list-style-type: none">• impacts on essential services in the locality (e.g. fuel, food, water, waste management etc.);• impacts on cremation and burial services;• community concerns;• business issues;• local support to the health service – antiviral points, agency support including voluntary and community inputs and mutual aid issues and solutions;• social care provision;• public communication activity and media coverage; and requests for assistance	BECC/ Performance		
Exercise of data collection and communication	BECC/Comms		
Responding to a flu pandemic			
Monitor	Performance		
Report	Performance		
Rapidly assess the uptake and effectiveness of the clinical measures that are undertaken.	Public Health Lambeth		
Support rapid assessment through community surveillance, e.g. telephone surveys to determine the rate of illness and healthcare seeking behaviour in the general population.	Contact Centre		

References:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213717/dh_131040.pdf;

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic Influenza LRF Guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/225869/Pandemic_Influenza_LRF_Guidance.pdf)

Appendix 11: Specific Health and Social Care Response Arrangements Checklist

Intervention	Lead organisation	Local arrangement in place	Contact
Antiviral collection points & vaccination arrangement			
Closure of schools, early years group, child care setting			
Voluntary isolation			
Support to prisoner handling			
Maintenance of public order			
Delivery of medicines			
Meals on wheels			
Community nursing			
Washing & feeding patients			
Portering			
Advice on infection control			
Specific infection control for health/ social care workers			
Personal protective equipment			
Plan for surge capacity management			

Appendix 12: Action Plan – Health and Social Care

Recommended Action	Assigned to	Action Taken	
		Yes	No
Preparing for a flu pandemic			
Social-care services providers should ensure business continuity plans are in place and ready for implementation as required. BCP templates by the UK Homecare Association can be found here: https://www.ukhca.co.uk/flu/	ASC		
Develop systems to promptly identify critical services to ensure regular reviews of their business continuity during a pandemic flu.	ASC		
Undertake risk assessments to identify likely requirements for PPE in preparation for a pandemic. Consider the following: <ul style="list-style-type: none">• work with OH/specialist advice for identification of required PPE levels or precautions• process for procurement• any specialist fitting requirements• storage / availability• disposal PHE website to find health advice during before/during an outbreak: www.gov.uk/government/organisations/public-health-england ;	ASC / PH		
Ensure that systems are developed to support the identification and sharing of information with people who may be most vulnerable. <ul style="list-style-type: none">• Identify communication channels• Develop and regularly update a list of vulnerable service users	ASC		
Ensure that care providers consider whether changes might be necessary to care plans in the event of a flu pandemic <ul style="list-style-type: none">• Identify critical/essential care plan tasks	ASC		
Responding to a flu pandemic			
Managers should ensure that all employees are made aware of the latest situation about the flu pandemic <ul style="list-style-type: none">• Develop and hold an up to date contact list of employees• Establish communication channels with local and regional public health messaging	ASC /PH		
As per the BCP, prioritise services on levels of vulnerability of the customer and time scales during which withdrawal of the service would have an impact.	ASC		
Review workforce as a whole to consider how they can best be deployed to maintain priority services. Also consider requests to re-deploy employees to other service areas, in agreement with the employee concerned, providing that priority services within their own area can still be delivered.	ASC		

Maintain first access points in order to manage the ongoing provision of priority services	ASC		
Identify and share information with people who may be most vulnerable.	ASC		
Ensure that a minimum level of service is sustained within care homes e.g. continuity of meal provision; continuity of other essential supplies such as cleaning of linen.	ASC		
Domiciliary care providers should prioritise their services and staff, and consider postponing some services such as general cleaning, and replace them with basic personal care, infection control, and ensuring access to food.	ASC		
Domiciliary care providers should contact clients before undertaking home visits to determine: <ul style="list-style-type: none"> • Whether people within the household have influenza-like symptoms • Discussing the postponing of non-essential services with the service users • Assigning staff who have already contracted and recovered from influenza 	ASC		
Continue to monitor staffing levels in care homes during the flu pandemic. Where staffing becomes stretched, consider plans to house some workers onsite to enable extended shifts and minimise travelling from outside.	ASC		
In cases of staff shortages, care homes should consider 'pairing up' with other care homes in the area and agree staff-sharing arrangements. The use of Nurse Practitioners who work for local nursing agencies should also be considered to support potential staff shortages – where nurses are suitably qualified to do so.	ASC		
For the increased numbers of people likely to need support from home, encourage the use of some assistive technologies and community equipment, e.g. Community alarms, Careline, grab rails, etc., which may help people to manage in the short term in their homes.	ASC		
End of life care			
Monitor the provision of support for end of life care during the pandemic. Most support for the dying will likely be rendered 'at home', however if additional provision is needed, the Council's Crisis Management (or Emergency Planning) Team might consider use of community halls and shelters (however noting that patients can be sceptical about moving and will need to be convinced of the value of this first).	EP		
Reduction in services			
Ensure that the review of critical services is re-visited regularly to ensure the changing level of service provision continues to meet the needs during the pandemic.	PCG		

Appendix 13: Action Plan – Education and Child Care

Recommended Action	Assigned to	Action taken	
		Yes	No
Preparing for a flu pandemic			
Request that schools, nurseries, alternative education provision & universities have updated business continuity plan, using the pandemic flu checklist: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61986/060516flubcpchecklist.pdf	Education		
Maintain up to data contact list of all schools, early years settings, alternative education provision & colleges in Lambeth.	Education		
Ensure that all head teachers (and their Board of Governors where relevant) are aware of the principles to consider before deciding on school closure: <ul style="list-style-type: none">• as a precautionary measure early in the pandemic• once the virus is more established in the country, the general policy would be that schools should not close – unless there are specific local business continuity reasons	Education		
Responding to a flu pandemic			
If the Government considers the pandemic severe enough to advise schools and group early years and childcare settings to close: Education department to inform Independent schools, academies and free schools directly	Education		
Schools to report data on school closures/reopening each day	Education		

Appendix 14: Action Plan – Human Resources

Recommended Action	Assigned to	Action taken	
		Yes	No
Preparing for a flu pandemic			
Systematically ensure that departmental business continuity plans are in place and ready for implementation as required. <ul style="list-style-type: none">Departments should check to ensure that they hold employee contact data which is accurate and up to date.	HR		
Develop systems to promptly identify critical council departments and services to ensure regular reviews of their business continuity during a pandemic flu.	HR		
Develop a risk assessment template which would enable managers identify and manage potential stress points for staff during a pandemic flu.	HR		
Derive and hold a list of counselling services and religious facilities which staff could use if necessary, as these may be in high demand during a pandemic flu.	HR		
Work with divisions and departments to review their workforce, and identify staff who can be deployed to maintain priority services. <ul style="list-style-type: none">Consideration should also be given to requests to re-deploy employees to other service areas, in agreement with the employee concerned, providing that priority services within their own area can still be delivered.	HR		
Derive and hold a list of all recently retired staff as they are an obvious resource to call on during a pandemic.	HR		
Drive a list of 'key workers' for prioritisation during a pandemic flu. For e.g., access of fuel for council car pool users.	HR		
Develop a sickness absence policy for a pandemic flu situation, or ensure that the existing policy is fit for the purpose of a pandemic flu and covers the following: <ul style="list-style-type: none">Staff who display symptoms should be sent home and advised not to work until fully recoveredStaff with caring responsibilities, affected by school closures, etc., should be dealt with on a sympathetic basis. Home working may be a feasible option for some staff.Staff with fears of being infected whilst at work and worried about passing on infection to family/friends should receive direct support from occupational health. It should be stressed that those staff not dealing with symptomatic patients are not at high risk (PHE guidance is available).	HR		
Ensure staff are aware of the agreed sickness absence policy.	HR		

Responding to a flu pandemic			
Encourage frontline staff to take up any offers of flu vaccinations.	HR		
Extend opportunities to work from home within the possibilities of service delivery in order to minimise the spread of infection.	HR		
<p>Work with teams and managers to deploy staff or reallocate work to ensure resources are concentrated in priority areas of greatest needs.</p> <p>However when it is necessary to redeploy staff or reallocate work, the following should be taken into consideration:</p> <ul style="list-style-type: none"> • Staff will be allocated work with which they are familiar • They will be given adequate re-training to ensure they are competent to undertake any new roles • New work locations should be convenient and accessible, either by public or private transport • All steps must be taken to ensure compliance with health and safety obligations and duty of care to staff and to others • As appropriate, all relevant employment checks, e.g. DBS, will be undertaken before any redeployment takes place <p>Any member of staff who is redeployed and incurs additional travel expenses should be reimbursed for the excess cost upon provision of the relevant receipts in the normal way.</p>	HR		
Contact and ask all staff who have retired in the last twelve months if they would be willing to assist during a flu pandemic.	HR		
Proactively implement the Council's policies on lone working to ensure that the risks that face lone workers continue to be minimised and managed appropriately.	HR		
Work with managers to effect the council's 'failure to attend work' policies.	HR		
Defer appraisals and performance development reviews until after the pandemic flu to reduce pressures and create extra capacity.	HR		
After a flu pandemic			
Actively promote the Employee Assistance Programme to ensure that staff receive appropriate support as necessary.	HR		
Work with managers to ensure that staff who worked additional hours during the pandemic and are entitled to TOIL will continue to be able to have time back. If the time cannot be taken back during the normal time period, it will be paid at the appropriate rate.	HR		

Appendix 15: Action Plan – Social Housing

Recommended Action	Assigned to	Action taken	
		Yes	No
Preparing for a flu pandemic			
Systematically ensure that departmental business continuity plans are in place and ready for implementation as required. <ul style="list-style-type: none">Departments should check to ensure that they hold employee contact data which is accurate and up to date.			
Ensure that social housing providers have updated business continuity plan, using the pandemic flu checklist, including identifying the critical activities undertaken by the organisation which would have to continue during a pandemic, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/61986/060516flubcpchecklist.pdf			
Maintain up to data contact list of all social housing facilities in Lambeth			
Ensure that systems are developed to support the identification and sharing of information with people who may be most vulnerable. <ul style="list-style-type: none">Identify communication channelsDevelop and regularly update a list of vulnerable service users			
Develop a risk assessment template which would enable managers identify and manage potential stress points for staff during a pandemic flu.			
Ensure that all social housing managers are aware of the principles to consider before closing facilities			
Responding to a flu pandemic			
Encourage frontline staff to take up any offers of flu vaccinations.			
Ensure that communications are culturally and linguistically appropriate			
Managers should ensure that all employees and housing associations are made aware of the latest situation about the flu pandemic <ul style="list-style-type: none">Develop and hold an up to date contact list of employeesEstablish communication channels with local and regional public health messaging			
As per the BCP, prioritise services on levels of vulnerability of the customer and time scales during which withdrawal of the service would have an impact.			

Review workforce as a whole to consider how they can best be deployed to maintain priority services. Also consider requests to re-deploy employees to other service areas, in agreement with the employee concerned, providing that priority services within their own area can still be delivered.			
Maintain first access points in order to manage the ongoing provision of priority services			
Identify and share information with people who may be most vulnerable.			

Appendix 16: Local authority – Internal daily report – Influenza Pandemic

Department : _____

1. Service level

List all services you normally provide, classifying them as critical or non-critical; if they are operational or suspended and the reason for suspending the service; and the measure taken to ensure provision of critical services

Indicate the current status of the service using Green, Amber red:

Status	Description
Green	Service operating at normal or near-normal capacity and can deliver its functions adequately
Amber	Service operating below advisable levels, is prioritising service delivery. Minimum standards are being met
Red	Service operating at greatly reduced level. Resources directed to maintaining critical services. Risk of minimum standards not being met

Service	Operational	suspended	Measure taken	Status
Critical services				
Non critical services				

2. Staffing level

List the current staffing situation for both critical and non critical services ; and measure taken to cover critical services

Service	Available	Absent , specifying numbers and reasons for absence (sickness, child care, self-isolation)	Measure taken
Critical services			

Non critical services			

3. Capacity

List usual capacity of the service commissioned or provided directly by local authority , the current available capacity , the current demand, the measure taken to respond to the demand.

Indicate the current status of the service capacity using Green , Amber red as described above

Service	Total capacity	Available capacity	Current demand	Measures taken	Status
Critical services					
Non critical services					

Adapted from source:

<http://www.thamesvalleylrf.org.uk/assets/LRF%20Information/Workstreams/Flu%20Pandemic/TV%20LRF%20flu%20plan%20draft%203%209th%20March%202009.pdf>

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12. About NHS pandemic plan: <https://www.england.nhs.uk/ourwork/eprp/>