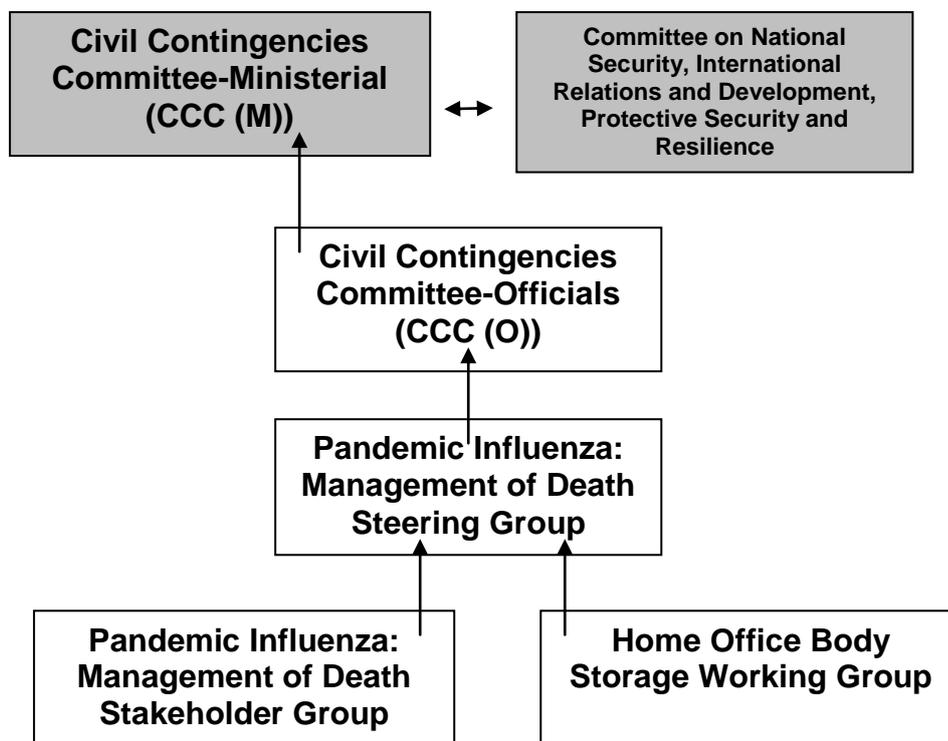


## Swine Flu Review: Home Office response

### 1. What aspects of the pandemic flu response worked well? What would you wish to do differently in another pandemic?

- CCC(O) and CCC meetings worked well and were chaired effectively.
- The Cabinet Office and Home Office jointly chaired the newly established Management of Death Steering and Stakeholder Groups to ensure that robust advice was presented to CCC and CCC(O) on excess deaths resulting from Swine Flu. The reporting line is:



- The interdepartmental Steering Group considered a range of excess death issues. This included designing, conducting and analysing data from a Swine Flu Capacity Assessment carried out in August 2009. The membership of both the Steering and Stakeholder Groups was broad and covered the right areas. The Steering Group continues to meet on a regular basis following Swine Flu to ensure that preparation for future possible influenza pandemics continues. Engagement with the Stakeholder Group is also continuing on a quarterly basis. .
- Communication from the Cabinet Office and Department of Health was very good, and allowed the Home Office Pandemic Flu team to be in a confident position to provide weekly updates to both Home Office Ministers and Directors on Swine Flu. The Chief Medical Officer's weekly media briefing was very useful, and well received management of death stakeholders. An open and transparent approach by

Government to Swine Flu ensured that media 'scare' stories, especially around death, were minimal.

- In the event of another pandemic, we would expect the Department of Health to have updated the Pandemic Flu national guidance, based on lessons learned from Swine Flu. A particular section where we would welcome a review is the government positions of vaccination priority and the worst case scenario figure for a pandemic influenza. This is currently 750,000 excess death planning assumption.

## **2. What aspects of the Pandemic Flu Response would have had to change in the event of a more severe pandemic?**

- In the event of a more severe pandemic, the main issues from the excess deaths viewpoint are:
  1. The delay and ability of GPs to certify death or hospital doctors to provide the second signature required for signing off cremation forms.
  2. The possible changes in legislation during a pandemic
  3. Body storage; and
  4. Burial and cremation capacity
- Having recently convened three body storage workshops, the Home Office will shortly consult on an England and Wales wide Body Storage guidance document to address the issue of body storage and provide planners with good practice examples of how to overcome issues. During a severe pandemic, depending on levels of excess deaths resulting from pandemic flu, it is highly likely that local planners will need to activate plans for temporary body storage in certain areas. This will inevitably provide a handling issue in how the government communicates changes to the normal death processes and possible delays caused by bottlenecks.
- Department of Health are the lead department on death certification, and have produced a paper on death certification capacity and resilience that was presented to the Management of Death Steering Group in January 2010. During a severe pandemic, it is possible that legislative changes may be required to relieve possible 'backups' in certifying and registering death, as well as delays in burial and cremation. These issues will put extra pressure on permanent body storage and mortuary capacity in some areas of the UK.

## **6. What were the factors driving the distribution policy of focusing on high risk groups? (Swine Flu vaccination)**

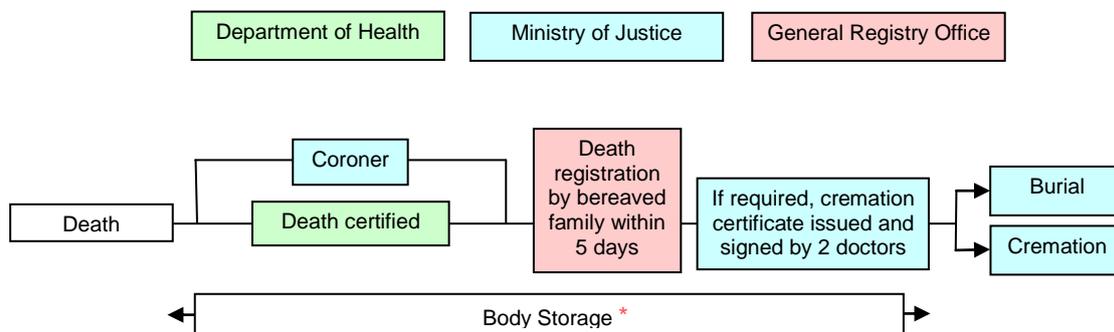
- The Home Office was not involved in deciding priority groups for the Swine Flu vaccination scheme. The vaccination policy did however draw criticism from funeral directors. They were originally included as priority stakeholders in earlier national publications. However we suspect that a later revision to this policy may not have been communicated to this key stakeholder group.

**19. What was the central government machinery and decision-making structure? Did the approach differ from other crises?**

- The existing Civil Contingency Committee structure was used for Swine Flu. This was an effective tool for discussion around the pertinent issues.

**20. What was the rationale for the membership of CCC and CCC(O)?**

- Membership of the CCC and CCC(O) was as previously agreed. The Home Office had specific responsibility reporting to CCC and CCC(O) on management of death issues as a whole. Individual department spoke to their policies as per diagram.



**22. What were the expectations on DH as lead department? Did these changes over the course of the pandemic?**

- As the lead department on Swine Flu (and now pandemic flu), DH played an integral part in planning for excess deaths resulting from Swine Flu. They were expected to:
  - Lead on the policy issue of the Swine Flu vaccination programme; communication this information to priority groups and the public at large to the public; and the rationale behind this.

- Keep members of the Steering and Stakeholder Groups informed on the latest Swine Flu developments and the changing Planning Assumptions.
- Provide advice on death certification and body storage capacity in hospital and public mortuaries

**30. Who were with key stakeholders identified in April 2009. What arrangements were in place for engaging them, and how did these develop subsequently?**

- The Home Office lead on planning for managing excess deaths resulting from a pandemic influenza. We identified a wide range of existing and new management of death stakeholders to sit on the Steering and Stakeholder Groups.
- Membership of the both the Steering and Stakeholder Groups is as follows:

Steering Group:

<b>Organisation</b>
Cabinet Office (Joint Chair)
Home Office (Joint Chair)
Department of Health
Ministry Of Justice
Department for Communities and Local Government
Local Government Association
General Registry Office
Government Office Regional Resilience Team Representatives
Welsh Assembly Government
Scottish Executive
Northern Ireland Office

Stakeholder Group:

<b>Department</b>
Cabinet Office (Joint Chair)
Home Office (Joint Chair)
Department of Health
Ministry of Justice
Relevant Steering Group members depending on papers/ issues to be discussed
Coroners Society
Coroners Officers Association
Institute of Cemetery and Crematoria Management
Federation of Burial and Cremation Authorities
Society of Local Council Clerks

National Association of Funeral Directors
Society of Allied and Independent Funeral Directors
Faith Communities Consultative Council

- We engaged the members of the Stakeholder Group initially on a 6-8 weekly basis to identify progress and resolve management of deaths issues at a national, regional or local level.
- The Steering Group was also convened on a 6-8 weekly basis. They discussed policy issues and formulated advice to submit to CCC and CCC(O).
- We also proactively engaged with the Government Office network and Developed Administration to ensure consistency in approach where feasible.
- Stakeholder engagement is vital in any pandemic flu planning and will continue post Swine Flu on a regular basis. The Home Office has also recently facilitated a series of body storage workshops in which over 110 UK wide stakeholders attended.

**37. What work was done on preparing for more deaths? How prepared was the system for the impact of a more severe pandemic?**

- The Home Office leads on work to manage excess deaths resulting from Swine Flu and established a three person team, the Pandemic Flu Coordination Team, to coordinate Home Office issues and lead this work.
- An interdepartmental Steering Group and public and private sector Stakeholder Group were established to advise on how to deal with the excess deaths issues resulting from Swine Flu in relation to the original Planning Assumptions of 16 July 2009.
- An initial capacity assessment based on 65,000 deaths was conducted in April 2009. This showed that local planners across England and Wales had limited capacity to deal with the level of death as indicated in the 16 July Planning Assumptions. A second capacity assessment was conducted in August 2009. This showed a marked improvement in this resilience. All regions had plans in place to manage the level of Swine Flu related death as per 16 July Planning Assumptions. The Planning Assumptions had however been revised down to 1000 Swine Flu related deaths at this point.
- Work continues on pandemic flu planning, and following the downgrading of the swine flu pandemic, local planners have now been asked to take an incremental approach to preparing for the worst case planning scenario (750,000 excess deaths). Following a letter sent out

by the joint chairs of the pandemic flu management of death Steering Group, planners are currently required to prepare for the medium range planning assumptions (210,000 to 315,000 excess deaths) by the end of 2010.

**38. What work was done on preparing emergency legislation? Was everything necessary in place to enable such legislation, had the pandemic been more severe?**

- Following the 16 July Swine Flu Planning Assumptions, the Cabinet Office, in partnership with relevant lead government departments put into place potential legislative changes that could be activated were there a need to increase the throughput of bodies. These changes were not necessary during Swine Flu, but could be activated in a short period of time were there a more serious influenza pandemic that resulted in higher level of mortality.

**39. What work was done on sickness certification? Was everything necessary in place to enable necessary changes to be made, in the event of a more severe pandemic?**

- The Department of Health and Department for Work and Pensions led on this issue, providing advice to businesses and the public on what to do if there is a suspected case of Swine Flu. The final policy was endorsed by CCC.