



**Voluntary Sector Civil Protection Forum meeting
18 January 2007 at 22 Whitehall, London SW1A 2EG**

On Thursday 18 January 2007 the Voluntary Sector Civil Protection Forum met at the Cabinet Office premises at 22 Whitehall, London SW1A 2EG. Adverse weather conditions on the day disrupted transport arrangements across the UK, preventing the attendance of some who had registered to attend the meeting; the meeting was attended by 33 delegates from a wide range of voluntary and non-voluntary organisations. The programme and delegate list are at Appendices 'A' and 'B'.

Presentations

The meeting began with four brief presentations; copies of the slides used by the speakers are attached at Appendix 'C'.

Moya Wood-Heath, *British Red Cross and chair of the Voluntary Sector Civil Protection Forum and its working party*, welcomed the delegates and referred to the meeting's aim and objectives:

Aim

To review the voluntary sector contribution to UK civil protection arrangements and to identify the implications of a possible influenza pandemic.

Objectives

1. Report activity since the January 2006 Forum meeting.
2. Consider business continuity arrangements for organisations affected by and responding to an influenza pandemic.
3. Examine the position of the voluntary sector in the arrangements for an influenza pandemic in the UK.
4. Share information and good practice.

Moya reminded the delegates of the civil contingencies framework within which the voluntary sector operates and the Forum's contribution to a wide range of activities, publications and events. Moya concluded her presentation by identifying some further activities, including the need for and benefits of developing Voluntary Sector Civil Protection Forum style arrangements, at the local level.

Bruce Mann, *Head of the Cabinet Office Civil Contingencies Secretariat* stated that the Government is committed to improving co-operation with the voluntary sector in all relevant policy areas. He described the current "climate of expectation" that statutory responders will make the most of the resources and expertise that the voluntary sector can offer, putting this relationship on a sounder long-term footing and the valuable role of the Forum in providing links between the voluntary sector, central government and statutory authorities.

Bruce outlined the Government's arrangements to planning for an influenza pandemic and the voluntary sector contribution to those planning arrangements. He emphasised the overall message of 'business as usual as far as practicable' and stressed the importance of individual voluntary organisations reviewing and testing their business continuity plans,

identifying their core activities and their ability to maintain these activities. He stated that, at this stage, there were no plans to exercise emergency powers to cancel major sporting/public events; the decision to hold these events would be left to the events' organisers/authorities.

Dr Richard Puleston, *Hospital Planning, Pandemic Influenza Preparedness Team, Department of Health*, described the potential impact on the UK of an influenza pandemic and the importance of adequate preparation for the response to a pandemic. Richard then discussed the voluntary sector contribution to UK arrangements and stated the precautionary principle, i.e. 'it is reasonable to take action in an uncertain environment if the risks of inaction are severe or irreversible and if that action is proportionate'.

Richard echoed Bruce's comments about the need for voluntary organisations to review their business continuity arrangements and stressed the importance of engaging with local partners to identify appropriate response roles and preparing for those roles.

Professor Lindsey Davies, *National Director of Pandemic Influenza Preparedness, Department of Health*, who was able to attend part of the meeting, endorsed these messages.

June Thompson, *Local Government Association Emergency Planning Advisory Team* described the local and regional emergency planning structure, the essential services that would need to be maintained by the statutory sector in an influenza pandemic and how her local statutory bodies engaged with the voluntary organisations.

June then emphasised the importance of the voluntary sector working in close co-operation with the statutory services. She explained that if this is not happening, it required an approach to local Category 1 responders to ask to be involved in planning and training. June stated that the voluntary sector should consider the viability of their current services rather than allow partners to assume, perhaps wrongly, that they will continue. In essence, voluntary organisations need to identify their key activities and ensure their personnel are competent to sustain these key activities.

Work groups

The delegates then joined three work groups, each exploring the following questions:

1. To consider the contribution of the voluntary sector in the arrangements for an influenza pandemic, in the UK.
2. To identify issues to be considered by Category 1 responders and their voluntary sector partners when entering into collaborative arrangements.

A discussion document relating to each of the two topics was distributed to delegates prior to the meeting; they are attached at Appendix 'D' and 'E'.

The following points were raised during the three work group discussion sessions:

a) Resources

- individual voluntary organisations should consider:
 - the identification of core services and which services may need to be suspended
 - internal business continuity arrangements
 - the potential for transferring their personnel to the core services
 - the planned response to Human Resources issues, e.g. home-working, leave to care for family, redundancies that may be a consequence of the cancellation of specific services
 - non-availability of volunteers who are required to undertake additional work for their employers
- could be a tension between core and suspended services decisions taken by voluntary organisations and the expectations of partners, e.g. if Central Government does not want to cancel large public events but voluntary organisations decide not to provide first aid cover at these events
- Category 1 responders should know the capability and capacity of their relevant local voluntary organisations and avoid 'double counting' of resource
- voluntary sector mutual aid arrangements may not function in a pandemic; the focus will be on local resolution, with limited potential for mutual aid
- voluntary organisations would need to consider how they would respond to a request for support if there were a major incident during the course of a pandemic
- the following is a summary of the position in the organisations represented:

British Red Cross:

- 35,000 volunteers and 3,000 staff; not yet clear about the level of loss to day jobs
- have identified flu pandemic situation core activities and are likely to close shops, not provide support to public events and cease some specific services
- will maintain core services and continue to provide support to external partners
- diversification and retraining already taking place, to broaden the skills base.

Cruse Bereavement Care:

- 5000 staff and volunteers; assumption that 2500 would be un-available
- would reduce the level of face to face support to transfer personnel to provide telephone support
- five years experience of supplying effective e-mail support
- could deliver training to other organisations on providing bereavement support to their personnel
- would be able to provide support in pandemic mortuary arrangements.

LGA:

- local authorities are looking at employees' job descriptions to see how staff could be deployed to priority tasks to support emergency planning and business continuity
- it is recognised that each local authority needs to determine what are its priority/critical services.

RAYNET:

- 1500 members; would expect to lose about 50% due to flu and also the higher priorities of 'the day job' especially in telecoms and other infrastructure industries
- mainly provide electronic communications facilities for other organisations.

St John Ambulance:

- 50,000 volunteers of whom 25,000 are adults; 4000 staff and some 2000 vehicles; have a large number of doctors, nurses and paramedics etc. as members and have assessed that they could lose two thirds of their volunteers
- have a County structure operating to national standards
- have already stopped Home Care activities due to legislation.

WRVS:

- 6000 volunteers and 300 full time staff of which 95% are home based, 2000 part time staff who may work 2/3 hours a week, only
- provide a wide range of services and would need to prioritise these
- many volunteers are retired and do not have paid work, but a lot are grand-parents and are likely to be involved in family/child care
- most volunteers do hygiene sense training and some have full hygiene training and certificates.

b) *New roles for voluntary organisations and individual volunteers*

- it was noted that there is no national guidance on which services are critical or non-critical. This is likely to be a matter of geography, demography and situation which will need to be addressed in a flexible and evolutionary manner, during the course of a pandemic
- following a decision to postpone some activities for the duration of the pandemic, voluntary organisations may be able to re-assign affected volunteers to new key activities. Such re-assignment could be to activities undertaken currently by the organisation but not by the individual volunteer or it could be an activity not normally undertaken by the organisation
- voluntary organisations and their partners should consider how best to equip, quickly and effectively, new service providers with the necessary skills and deal with legal issues, e.g. CRB checks, e.g. sharing the result of checks, Food Hygiene Certificates and Health and Safety at Work requirements
- consider the use of a temporary facility to manage offers of assistance from convergent volunteers, perhaps to be managed by the voluntary sector
- it would be prudent for voluntary organisation to put energy, now, into attracting individuals from the local community to volunteer and prepare for their role in a pandemic, as it can be reasonably anticipated that recruitment and training activities will cease for the duration of a pandemic.

c) *Communications*

- requirement for effective communications within and between the Government, Category 1 responders and the voluntary sector, before, during and after a pandemic

- the effective UK-wide Voluntary Sector Civil Protection Forum model could be replicated, locally
- it would be helpful for each voluntary organisation to have a single, local point of contact
- effective communications vital at the local level and should be developed in the planning and preparatory stages
- consider use of special websites for local communities to access local information, e.g. which shops are open, what events are taking place. The provision of such a website could be a local authority function.

d) *Impact of bereavement*

- the plans do not appear to address, adequately, the impact of bereavement either in terms of meeting individuals' needs or of the consequent impact on the workforce
- some voluntary organisations would be able to assist in the provision of support to the bereaved.

e) *Faith issues*

- a number of flu pandemic plans do not reflect, adequately, faith issues and the contribution of the faith communities; more thought should be given to addressing this area in planning at the local level.

f) *Financial impact*

- a pandemic would have a negative financial impact on voluntary organisations as many key fundraising activities would need to be cancelled
- reduced volunteer availability through illness, family responsibilities or a request for additional work time from an employee would affect contract working and have a consequent impact on income
- a request from statutory partners for increased support could come at exactly the same time as the voluntary organisations are faced with the need to cease some activities because of cash-flow difficulties.

g) *Recruitment*

- a pandemic would seriously impact volunteer recruitment and training; with some voluntary organisations having turn-over rates of in excess of 20% per year, their ability to maintain services will be affected
- the office of the third sector is looking at how employers can be encouraged to promote volunteer involvement by their staff.

h) *Legal and insurance issues*

- Category 1 responders will need clarity on the legal and insurance implications of deploying voluntary sector personnel to new activities as part of a pandemic response.

Summary

Moya Wood-Heath thanked the speakers and delegates for their positive, frank and constructive contribution to the meeting and for the very apparent sense of willingness to work together on influenza pandemic planning arrangements. Moya pointed out that there had not been time to discuss, sufficiently, the question of collaborative arrangements and invited delegates to forward to herself (email: mwoodhea@redcross.org.uk) or Martin Annis (email: mannis@redcross.org.uk) any comments they had on this subject.

Next steps

- each delegate should consider their organisation's expectation of the voluntary sector's capacity, capability and priorities for community and health care and possible local and regional implications; include such information in local and regional resilience fora
- voluntary sector organisations to additionally explore their business continuity plans, to include identification of:
 - key services
 - volunteer availability, including the impact of volunteers' employment
 - volunteers' domestic circumstances/arrangements
 - funding sources and the impact of disruption to retail and contract activities
 - cross-skilling of volunteers
 - how to recruit and prepare additional volunteers
 - working arrangements and protocols
 - support procedures for personnel
 - employment implications of recruitment, training, absence and redundancy issues
- voluntary sector organisations to share the outcome of their business continuity planning and arrangements with their partners, both statutory and voluntary
- the Forum Working Party will:
 - produce notes of the meeting to include the comments raised in the meeting, together with any additional points that delegates provide in the following days; these notes to be distributed to all delegates by the middle of February 2007
 - work with the Civil Contingencies Secretariat, to draft and disseminate the guidance/prospectus on collaborative arrangements
 - continue to monitor national developments in planning for emergencies, including an influenza pandemic
 - continue to participate in multi-agency training and national exercises such as Winter Willow
 - continue to participate in Working/Core Groups which are developing new or revised guidance
 - seek opportunities to promote the Voluntary Sector Civil Protection Forum's contribution to emergency planning and response, including through presentations and publications
 - develop a Voluntary Sector Civil Protection Forum portal on the UK Resilience website.

Moya Wood-Heath
Chair of the Voluntary Sector Civil Protection Forum
14 February 2007



Voluntary Sector Civil Protection Forum

Meeting to be held on

Thursday 18 January 2007

22 Whitehall
London SW1A 2EG

2.00 pm – 5.00 pm
(buffet lunch available from 1.00 pm)

Meeting organisers –
Voluntary Sector Civil Protection Forum Working Party



Voluntary Sector Civil Protection Forum Meeting

Thursday 18 January 2007

Meeting aim and objectives

Aim

To review the voluntary sector contribution to UK civil protection arrangements and to identify the implications of a possible influenza pandemic.

Objectives

- (1) Report activity since the January 2006 Forum meeting.**
- (2) Consider business continuity arrangements for organisations affected by and responding to an influenza pandemic.**
- (3) Examine the position of the voluntary sector in the arrangements for an influenza pandemic in the UK.**
- (4) Share information and good practice.**



Voluntary Sector Civil Protection Forum meeting

Thursday 18 January 2007

22 Whitehall, London SW1A 2EG

PROGRAMME

- 1.00 pm – 2.00 pm** **Arrival, registration, buffet lunch**
- 2.00 pm** **Series of brief presentations**
- **Moya Wood-Heath**
Chair, Voluntary Sector Civil Protection Forum
 - **Bruce Mann**
Head of Cabinet Office Civil Contingencies Secretariat
 - **Professor Lindsey Davies**
National Director of Pandemic Influenza Preparedness, Department of Health
 - **June Thompson**
*Local Government Association
Emergency Planning Advisory Team*
- Workgroup discussions**
- Tea/coffee**
- Feedback, plenary and summary**
- 5.00 pm** **Close**

Delegate list

Angela	Alexander	Save the Children
Martin	Annis	British Red Cross
Amanda	Bellis	Secretary, Voluntary Sector Civil Protection Forum Working Party
Matthew	Bird	WRVS
Helen	Brighton	Home Office
David	Buxton	Wakefield Council and Yorkshire Region
Jan	Christie	Department for Communities and local Government
Angela	Currie	Scotland
Lindsey	Davies	WRVS: Voluntary Sector Civil Protection Forum Working Party
Angus	Deuchar	Department of Health
Jo	Dover	Samaritans
Joan	Drummond	Tim Parry and Johnathan Ball Trust
Pauline	Dutton	First Aid Nursing Yeomanry
Harry	Dymond	Government Office for the West Midlands
Mick	Free	St John Ambulance
Mary	Gilbert	Association of Chief Police Officers
Trevor	Groves	Voluntary Sector Civil Protection Forum Working Party
Val	Honyben	Foreign and Commonwealth Office
Sanjay	Jagatia	RAYNET
Seamus	Kelly	Voluntary Sector Civil Protection Forum Working Party
Debbie	Kerslake	Victim Support
Margaret	Lally	Faith Community
Ruth	Lloyd	St John Ambulance
Bruce	Mann	Cruse Bereavement Care
Muriel	McClenahan	Voluntary Sector Civil Protection Forum Working Party
Norman	McKinley	British Red Cross
Bethan	Morgan	British Association for Immediate Care
Niamh	O'Leary	Civil Contingencies Secretariat
Anna	Payne	Salvation Army
Liza	Petrush	Voluntary Sector Civil Protection Forum Working Party
Tim	Randall	Northern Ireland
John	Rautenbach	Local Government Association
Liz	Redfern	Irish Red Cross
Brian	Regan	Department of Culture Media and Sport
Lynda	Rose	Foreign and Commonwealth Office
June	Rudman	Help the Aged
Graham	Scott	Voluntary Sector Civil Protection Forum
Chris	Sheridan	WRVS
Fiona	Stone	Faith Community
Tony	Thompson	First Aid Nursing Yeomanry
June	Thompson	Voluntary Sector Civil Protection Forum
Alex	Towers	Government Office for the North West
Anne	Viney	RAYNET
Kerry	Williams	Government Office for the South West
Philip	Williams	British Red Cross
Judy	Wilson	Local Government Association
Moya	Wood-Heath	Voluntary Sector Civil Protection Forum Working Party
Ellaine	Young	Department of Culture Media and Sport
		Cruse Bereavement Care
		Civil Contingencies Secretariat
		RAYNET
		Independent Consultant
		British Red Cross
		Chair, Voluntary Sector Civil Protection Forum Working Party
		St John Ambulance
		Voluntary Sector Civil Protection Forum Working Party

Voluntary Sector Civil Protection Forum

18 January 2007

22 Whitehall SW1A 2EG

Moya Wood-Heath: Chair Voluntary Sector Civil Protection Forum
Emergency Planning/Civil Protection Adviser
British Red Cross

Voluntary Sector Civil Protection Forum

Category 1 & 2 responders and voluntary sector involvement

primary response - Category 1 & 2 responders
professional, skilled, trained, resourced

major incidents can overstretch resources

Category 1 & 2 responders need to target priorities

support response - voluntary sector
professional, skilled, trained, resourced

INTEGRATED EMERGENCY MANAGEMENT

Voluntary Sector Civil Protection Forum

Civil Contingencies Act 2004

voluntary sector references:

- Act – section 2 (5) (k)
- Regulations – regulation 23
- statutory guidance:
Emergency Preparedness – chapter 14
- non-statutory guidance:
Emergency Response and Recovery –
3.58 to 3.62

Voluntary Sector Civil Protection Forum

LGA - Voluntary Sector Concordat

- seek to involve voluntary sector in emergency planning through:
 - clear understanding of roles
 - regular communication
 - joint training and exercising
 - membership of local fora
 - participation in reviews and evaluation
- signed 7 July 2005

Voluntary Sector Civil Protection Forum

Recent activities

- Humanitarian Assistance Guidance
- London Humanitarian Assistance Centre Plan
- Data Protection and Sharing – Guidance for Emergency Planners and Responders
- Evacuation and Shelter Guidance
- National Training Standards in Humanitarian Response
- Reviews – Tsunami, London Bombings
- Winter Willow: National Planning meetings

Voluntary Sector Civil Protection Forum

Recent activities - continued

- National Mass Fatalities Stakeholder Forum
- Engaging with the Voluntary Sector seminar
- Emergency Planning Society, Human Aspects Group – annual conference, seminar
- guidelines for collaborative arrangements
- inter-agency provision of Support Lines
- Local Government Association/Civil Contingencies Secretariat Conference

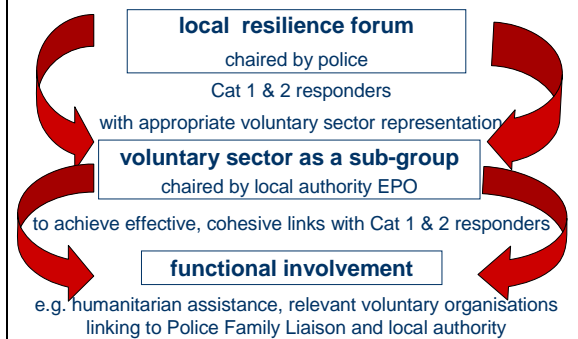
Voluntary Sector Civil Protection Forum

Further activities

- 'spreading the word'
- VSCPF at the local/regional level
- influencing the debate
- opportunities for:
 - joint training
 - joint exercising
 - sharing good practice
- monitoring effectiveness of the VSCPF

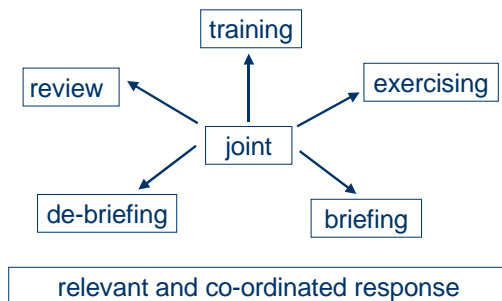
Voluntary Sector Civil Protection Forum

Suggested liaison structure



Voluntary Sector Civil Protection Forum

Planning for emergencies



Voluntary Sector Civil Protection Forum

The Forum and local arrangements

- existing arrangements support good inter-agency working between voluntary organisations
- increased awareness of VSCPF and the UK model for joint working could improve local arrangements
- how do **WE** spread awareness of VSCPF

Voluntary Sector Civil Protection Forum

Key messages

- Voluntary sector contribution invaluable if:
- pre-planned
 - multi-agency
 - part of joint training, exercising and review
 - reflects local capacity and capability
 - co-ordinated, managed and supported
 - effective contact and call-out arrangements
 - Voluntary Sector Civil Protection Forum
 - local resilience fora involvement

Voluntary Sector Civil Protection Forum

Contacting VSCPF

Chair – Moya Wood-Heath
mwoodhea@redcross.org.uk

Secretary – Martin Annis
mannis@redcross.org.uk

Voluntary Sector Civil Protection Forum

Engagement of the Voluntary Sector

Bruce Mann
Head of Civil Contingencies Secretariat

The Role of the Voluntary Sector

- Clear cross Government commitment for greater co-operation with voluntary sector.
- Established Office of the Third Sector to support a thriving sector.
- CCS and NVSCPF are building on already well established arrangements in the area of civil protection.

Building Partnerships at the Local Level

- Advanced engagement enables voluntary sector activity to be more effective.
- The new legislation recognises the valuable support the voluntary sector provides.
- The Regulations require Category 1 responders to “have regard to” the capabilities of the voluntary sector.
- There is now a “climate of expectation” that statutory responders will make the most of the resources and expertise that the voluntary sector can offer, putting this relationship on a sounder long-term footing.

Building Partnerships at the National and Regional Level

National

- The National Voluntary Sector Civil Protection Forum – identify and maximise the voluntary sector contribution to UK civil protection
- The forum builds on the foundations set by the new legislation.

Regional

- Representative at Regional Resilience Forum – form a bridge between the Forum and the local level.

Engagement in National Policy Framework

- Close consultation in the development of the new legislation and supporting guidance.
- Continuing in development of humanitarian assistance work stream.
- Drawing on expertise in many areas, including planning for a influenza pandemic.
- Development of portal on “Preparing for Emergencies” and “UK Resilience” website

Pandemic Flu – Planning Principles

- The priority is to reduce the impact on public health – to reduce illness and save lives. That will be the main focus of Government interventions.
- Interventions may also be needed to help maintain essential services.
- If there is a conflict between these two aims, political decisions will need to be made about priorities.
- Measures aimed at slowing the spread of a pandemic may buy valuable time, and help services to cope.
- The response to a pandemic will require widespread collaboration between central Government, Devolved Administrations, health sector bodies and many partner organisations, including voluntary sector.

Planning Workstreams

- Gathering information and getting it to those who need it, at all levels.
- Modelling – the virus; its spread; its impact; response measures.
- The medical response:
 - Vaccines.
 - Anti-virals purchase, distribution and use.
 - Treatment protocols and clinical guidelines.
 - Ethics
- Policies on response in particular settings – schools; further and higher education; social care; prisons; courts; transport.
- Continued operation of the judicial process.
- Management of the dead.
- British nationals overseas.
- Ensuring business continuity.
- Communications.
- Crisis management arrangements.
- Exercises and other testing and assurance.
- Wider international engagements with EU partners, the US and multilateral organisations.

Crisis Co-ordination

- National, regional and local structures to manage the consequences when/of the pandemic arrives:
 - Department of Health – lead
 - Civil Contingencies Committee (“COBR”) for central Government
- Based on understanding of the virus, COBR will issue firm advice on the full range of response policies:
 - Regional Civil Contingencies Committees.
 - Local “multi-agency GOLD” crisis co-ordination arrangements
 - International dimension – WHO; EU; G8.

Key Points

- Overall message ‘business as usual as far as practicable’
- Uncertainty...flexibility
- Medical countermeasures – no ‘silver bullet’ solution for business continuity
- Personnel absences – assume at peak in large organisation could be up to 15% for 2-3 weeks; in small organisations or critical teams plan for 30% absence at peak.
- Possible additional social measures and travel restrictions will be considered by COBR early in pandemic
 - Presumption against imposing such measures; unlikely to use emergency powers
 - BUT local planning is considering how to implement in the event that COBR recommends/advises such measures

What Can You Do?


- Ensure that **business continuity plans are ready** for possible pandemic, including identifying core business that must be sustained and planning for expected personnel absences.
- Test plans.

Business Continuity - Suggestions

- Check that generic contingency plans are applicable to a pandemic.
- Check in particular that core activities can be sustained over several weeks.
- Identify essential functions, posts and individuals whose absence would critically affect business continuity.
- Check the dependencies.
- Factor in health and safety responsibilities.
- Note the possible consequences of interventions to contain the spread of infection.
- Be flexible. Plans may need to change as evidence about the virus emerges.

Flu Planning

- What planning work have you undertaken for your own local organisation?
- Are local responders involving you in their own preparations?
 - If yes, how?
 - How do you think you should be involved?



Pandemic Influenza and the Voluntary Sector

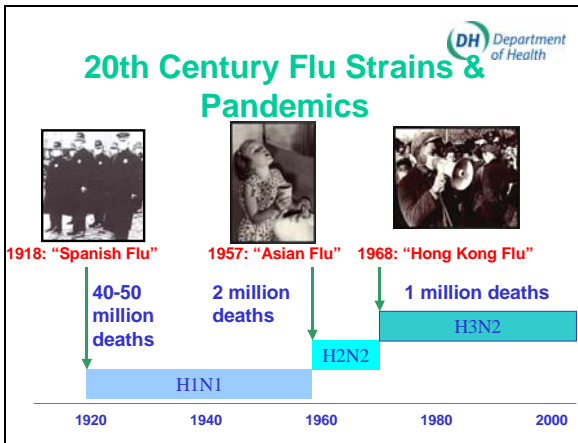
Dr Richard Puleston
Hospital Planning
Pandemic Influenza Preparedness Team




Risk and Priority

World Health Organisation:


- "Experts agree that another pandemic is likely to happen but are unable to say when."
- "Governments and their partners need to develop strategies and programmes to prepare for a pandemic."






Potential impact

- 25 - 50% people with symptoms
- 20,000 - 700,000 deaths
- 80,000 – 1,115,000 needing hospital care
- 15-20% absent from work at the peak



Wider social impact

- Up to 10-15% of staff absent in the peak week – 30%+ in small teams
- Major national/international economic and social challenge
- Disruption of essential services -distribution, transport, education, commerce
- Serious disruption of production & supply chains
- Harm to the economy for extended period
- Potential fear, security, public order issues
- Reduced scope for mutual aid/support



We can reduce the impact through:

- Surveillance
- Diagnosis
- Public health interventions
- Vaccines
- Antiviral drugs, antibiotics and other treatment
- Preparing in advance
- Planning for business as usual – as far as practicable



In summary....

- We think there will be a pandemic
- We don't know when
- And we don't know what the virus or its impact will be
- But if it does come it could spread very quickly
- So we need to be prepared



What should we and the voluntary sector be doing?

Acknowledging the precautionary principle:

It is reasonable to take action in an uncertain environment if the risks of inaction are severe or irreversible *and* if that action is proportionate



What should we and the voluntary sector be doing?

- Planning robustly, for a range of possibilities
- Grounding responses in reality
- Exercising



What should we and the voluntary sector be doing?

- Planning for (own) business as usual - as far as practicable
- Building on what we / you know works
- Making plans which will meet a range of needs
- Taking action *now* where we can
- Working within a national framework, adapted to local circumstances
- Basing plans on the best available evidence
- Keeping informed
- Exercising




Partnership working

- With the Department of Health
- Through Local and Regional Resilience Fora
- With Health (Primary and Secondary Care)
- With Social Care
- With other voluntary sector organisations




Role of the voluntary sector?

- Boost resilience –with Local and Regional Resilience Fora
- Reserve staff – specialist , non specialist
- Surge capacity – physical facilities, respite
- Providing specialist skills – eg counselling, supporting vulnerable people in the community
- Transport

Roles for volunteers 

Supporting:

- Clinical staff – primary and secondary care
- Social care
- Telephone advice lines
- Maintaining system infrastructure
- Patients, relatives and the wider public
- Non-influenza patients e.g. mental health, elderly



- Plan and prepare now!
- Test plans
- Work closely together – help each other

Let's face it together, not spread it between us!

June Thompson

County Emergency Planning Officer & Local Government Association (LGA) representative

Voluntary Sector Civil Protection Forum
18 January 2007

Engaging with the Voluntary Sector

- ❑ **Civil Contingencies Act 2004**
‘Category 1 responders who include the voluntary sector in their local planning arrangements will make the overall response more effective throughout the community’
(Emergency Preparedness)

Regional & Local Resilience

- ❑ **Regional (East of England) Resilience Forum**
- Voluntary Sector Working Group
- ❑ **Local (Essex) Resilience Forum**
- Voluntary Sector Working Group

Essential Services for Statutory Bodies

❑ Emergency Services	❑ Food
❑ Health Services	❑ Supply Chain
❑ Utilities & Fuel	❑ Revenue & benefits
❑ Vulnerable People	❑ Media & Public Info
❑ Waste Collection & Disposal	❑ Cemeteries & Crematoria

How Can the Voluntary Sector Assist? - Before

- Jointly involved in planning & training
- Train volunteers in key areas
- Identify priority services
- List available resources
- Communicate information
- Have business continuity plans in place

How Can the Voluntary Sector Assist? - During

- Assess current capacity
- Provide update on current resources
- Invoke Business Continuity plans
- Support emergency response
- Support vulnerable groups
- Assist with communications strategy

How Can the Voluntary Sector Assist? - After

- Provide welfare support
- Assist with administration & help lines
- Support Humanitarian Assistance Centres
- Follow up support to community & staff
- Attend de-Briefs & share lessons learned
- Identify new/additional services

Pandemic Flu Contingency Plan for Local Authorities in Essex – Aims & Objectives

- Mitigate the consequences
- Maintain & prioritise essential services in Local Authorities in Essex
- Use common plan template for all Local Authorities
- maintain essential services as far as practicable

Aims and Objectives (contd.)

- Assist health sector to reduce the effect on daily life & business and minimise economic loss
- Support health in providing accurate, timely and authoritative advice & information to professionals, the public & the media
- Assist health in providing information on local control measures

Voluntary Agency Support

- Blankets, bedding, hygiene packs
- Temporary re-housing of pets
- Care of children
- First Aid & medical equipment
- Delivery of medication/food
- Arrange access to prescriptions/medication
- Essential services hospitals
- Support to Ambulance Services

Voluntary Agency Support (Contd.)

- Loan of Medical Equipment**
- Assist in identification of Premises**
- Mortuary Support**
- Support to Bereaved**
- Conducting Funerals (Salvation Army)**
- Support at Hospitals/Set up Field Hospitals**
- Public Information/Reassurance**

Voluntary Sector Civil Protection Forum meeting 18 January 2007

Discussion document – influenza pandemic issues

Workgroup activity

Consider the contribution of the voluntary sector in the arrangements for an influenza pandemic, in the UK.

The following information has been prepared to assist delegates with their discussion.

1. Background

- 1.1 Delegates may find it helpful to consider the latest information to be found on the UK Resilience and Department of Health websites, e.g.:

http://www.ukresilience.info/publications/intro_staffadvice_flu_planning.pdf

<http://www.ukresilience.info/publications/060516flubcpchecklist.pdf>

<http://www.dh.gov.uk/PolicyAndGuidance/EmergencyPlanning/PandemicFlu/fs/en>

www.influenzaprotection.co.uk

- 1.2 Delegates may wish to review their own organisation's influenza pandemic arrangements to:
- enable the workgroup to exchange good practice
 - share information on Category 1 organisations' expectations of the voluntary sector contribution
 - identify actions taken to engage the voluntary sector in their influenza pandemic response arrangements.

2. Issues for consideration

- 2.1 This discussion document identifies a number of issues that Category 1 and voluntary organisations may wish to consider when developing their influenza pandemic arrangements:
- How will you decide which is an essential service and which services might/could be suspended?
 - What action will be taken if personnel are worried about sending their children to school, or if the school is closed?
 - Will personnel be able to work from home during a pandemic?

- d. Will personnel be made redundant if services are suspended; if they are at risk of redundancy, could they be re-deployed to another activity during this period? Could they refuse to be redeployed if they felt it was likely to put them at risk?
- e. How will Category 1 organisations determine support roles for voluntary organisations?
- f. What form of agreement will be used to establish the voluntary sector contribution to the response arrangements?
- g. If Category 1 organisations are going to issue their personnel with antivirals, will antivirals be made available to volunteers working with them?

Discussion document – collaborative arrangement issues

Workgroup activity

To identify issues to be considered by Category 1 responders and their voluntary sector partners when entering into collaborative arrangements.

The following information has been prepared to assist delegates with their discussion.

1. Background

- 1.1 The voluntary sector has an important role to play in supporting the statutory services in response to many emergencies. Experience shows that active engagement of the voluntary sector in emergency preparedness work (e.g. planning, training, and exercising) will enable them to be more effective in the event of an emergency.
- 1.2 Planning for and responding to emergencies is primarily delivered at the local level. Therefore, the engagement of the voluntary sector in civil protection is most effectively managed at the local level, supplemented by regional co-ordination and a national policy framework.
- 1.3 The Civil Contingencies Act 2004 establishes a statutory framework for civil protection at the local level, setting out a clear set of roles and responsibilities for local responders.
- 1.4 The Act's supporting Regulations (Contingency Planning 2005) requires that Category 1 responders "have regard" to the activities of certain voluntary organisations in the course of carrying out their emergency and business continuity planning duties.
- 1.5 This has created a "climate of expectation" that Category 1 responders will make the most of the resources and expertise that the voluntary sector can offer, putting this relationship on a sounder long-term footing.
- 1.6 By establishing the right organisational framework, the voluntary sector can be properly factored into the planning process. Sound co-operation through the Local Resilience Forum (LRF) processes and directly with individual Category 1 responders should be based on an agreed framework. This structure needs to suit local circumstances, be understood by all concerned and have clearly identified points of contact. Arrangements must be kept up to date by regular formal and informal contact and could be achieved in a number of ways:
 - Service level agreements
 - Memorandum of Understanding
 - establishing protocols
 - formally reflecting arrangements within actual plans.

2. Issues

- 2.1 This discussion document identifies a number of issues that partnerships may wish to consider, to enable expectations to be understood and met, effectively.

ISSUE	QUESTIONS FOR CONSIDERATION
Other Arrangements Already Entered Into	<ul style="list-style-type: none"> • What other arrangements have the voluntary organisation entered into? • What priority will the new partnership be given? • Will the other arrangements have any impact on the level of support the voluntary organisation is able to provide?
Payment of Costs	<ul style="list-style-type: none"> • Will the Category 1 responder be expected to make a contribution to costs incurred during: <ol style="list-style-type: none"> i. The planning phase e.g. volunteers' involvement in training and exercising ii. The response phase, e.g. in a protracted response iii. The recovery stage e.g. aftercare – Humanitarian Assistance Centre?
Insurance	<ul style="list-style-type: none"> • Does the voluntary organisation provide insurance for its volunteers? • Does the Category 1 responder's insurance cover include volunteers undertaking tasks on its behalf?
Training, briefing and Exercising	<ul style="list-style-type: none"> • What training programmes does the voluntary organisation have in place? • What additional joint training and briefing would the voluntary organisation and/or Category 1 responder want to undertake? • To what extent would the voluntary organisation be involved in exercise programmes?
Provision of Equipment/Resources	<ul style="list-style-type: none"> • What equipment/resources are held by voluntary organisations? • What additional equipment will the Category 1 responder provide? • Who is responsible for replacing equipment damaged during an exercise or live event?
Notification Procedures	<ul style="list-style-type: none"> • Does the plan include notification procedures agreed by the voluntary organisation? • Are other LRF partners aware of these arrangements?
Command, control and management Issues	<ul style="list-style-type: none"> • Who is responsible for tasking and managing individual volunteers?
Role in Lessons Learned Process	<ul style="list-style-type: none"> • What mechanisms will be put in place to involve the voluntary organisation in de-briefs/lessons learned process?
Support	<ul style="list-style-type: none"> • What arrangements exist to provide support to volunteers during and after the response? • Should volunteer organisations be able to access the support provided by/to Category 1 organisations?
Multi-agency working	<ul style="list-style-type: none"> • Do collaborative arrangements exist between voluntary organisations, locally, i.e. is there a sub-group, do they communicate and share contact and call-out details? • Should there be more Category 1 organisation led collaboration between voluntary organisations? • Which organisation assesses strengths; weaknesses; capacity and capability of local/regional voluntary organisations? Is this effective/inclusive?
Common standards and processes	<ul style="list-style-type: none"> • Are voluntary organisations included in the development, by Category 1 organisations, of common standards and process? • Do voluntary organisations have access to joint training in procedures on documentation completion so that all local responders use standard forms and systems?