

North Northamptonshire Health and Wellbeing Board

Report Title	Local Resilience Forum (LRF) declaration of Major Incident (COVID19) January 2022
Report Author	Darren Dovey, Chief Fire Officer and Chair of the Northamptonshire Local Resilience Forum ddovey@northantsfire.gov.uk

List of Appendices

None

1. Purpose of Report

- 1.1. To provide information to the board on the lead up and declaration of a Major within Northamptonshire in January 2022 in relation to COVID 19 (Omicron variant), together with some context in relation to the Local Resilience Forum (LRF).

2. Executive Summary

- 2.1 On 6th January 2022 the Northamptonshire LRF at the Multi Agency Co-ordination Group meeting (MACG) declared a Major Incident due to system wide pressures, predominantly within the Health and Social Care sectors, due to the spread of the Omicron variant of COVID19, particularly over the Christmas and New year period.
- 2.2 This decision was unanimously supported by all partner agencies in attendance at the meeting following a briefing by Public Health, Health and Social care partners in relation to the increase in positive cases in the County, increase in Hospitalisations together with the increase in staff absence affecting all agencies. There was also good reason to believe that the situation would further deteriorate as we progressed through January which could lead to between 250 – 300 hospitalisations, an approx. 50% increase on the number as at 6th January, together with increasing issues with discharging patients from hospital into social care settings.
- 2.3 This information was then compared against the accepted Joint Emergency Services Interoperability Principles (JESIP) definition of a Major Incident, which is; *“An event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agency”*.

- 2.4 It was clear that all agencies attending the MACG had special arrangements in place in order to deliver their “critical functions” and that none were working within their own business as usual parameters. Therefore, the Major Incident was declared. It is important to stress that declaring a major incident is a judgement call based the professional assessment of risk based on the information available taking into account whether the situation is likely to improve or deteriorate.
- 2.5 On 27th January at the Strategic Co-ordination Group (SCG) (which had replaced the MACG once the Major incident had been declared) meetings partners once again assessed the data and situation which indicated that the increase in hospitalisations to the levels feared had not materialised. Also staff absence across all agencies had got markedly better through January relieving the pressure across the system as a whole. The view was at this point that the outlook was also for an improving picture moving forward. Therefore, the assessment was that while the situation remained serious within Health and Social Care, the multi-agency structures were no longer required and that the situation could be managed exclusively within the Health and Social Care structures that had been running side by side with the Multi agency ones.
- 2.6 Following the stand down from the Major Incident on 27th January and in line with the usual LRF processes a debrief was instigated and initial findings are included in this paper.
- 2.7 Nationwide learning from the Pandemic as a whole will be disseminated to agencies through their home Government departments or via the LRF in the future once a full national review is complete.

3. Recommendations

- 3.1 It is recommended that the Board:
- a) Note the report
 - b) Note the purpose of the Local Resilience Forum (LRF) and its role within planning, preparing and responding to a health emergency, nationally or locally.
 - c) Note category one responder’s responsibilities in relation to the LRF
- 3.2 These recommendations are made in order to inform members of the Health and Wellbeing Board about the role of the LRF within the County of Northamptonshire and how the Major incident in January was managed together with any early learning identified.
- 3.3 There is no action required of the board at this time.
- 3.4 Recommendations that fall out of the debrief to this particular event will be dealt with in the first instance by the LRF. Any issues that require notification or action from the HWWB will be subject to a separate report.
- 3.5 National learning from the UK’s response to the Pandemic will be disseminated across Government departments and statutory agencies and partnerships as these become known.

4. Report Background

- 4.1 In March 2020 the UK Government declared a National Emergency and subsequent “Lockdown” in order to deal with the Coronavirus (COVID19) Pandemic which had originated in Wuhan, China in late 2019.
- 4.2 In order to facilitate the response to the Pandemic the Government utilised the LRF structures around the Country (which are based on Police Force areas) to execute the strategy at local level. This was in addition to Public agencies also being engaged via their home Government departments.
- 4.3 Throughout the period of the Pandemic the LRF structures have been utilised in order to co-ordinate the response within the County. This has necessitated the instigating of a “Major Incident” at times where it was felt that the situation met the definition as outlined in 2.3 above.
- 4.4 Local Resilience Forums (LRF’s) are a construct of the 2004 Civil Contingencies Act. The Act was brought into being following a number of national and international civil emergencies in the early 2000’s including Flooding, Fuel shortages, Foot and Mouth disease and Terrorist attacks. The Act set out the structures that were to be utilised to plan and prepare for civil emergencies at local level. These have since been augmented with the Joint Emergency Services Interoperability Principles (JESIP), following the outcomes of other civil emergencies i.e. 7/7 London Bombings, which have become in effect the accepted doctrine in relation to managing a multi-agency incident.
- 4.5 LRF’s prepare a local Community Risk Register, which is derived from the National Risk Register that is updated by Central Government periodically. This sets out the risks within the County and is the basis for setting a business plan and priorities for the LRF in terms of writing, updating, and exercising relevant emergency plans etc. It is worthy of note that the Northamptonshire LRF took part in the National Pandemic Influenza exercise (Cygnus) in 2016.
- 4.6 It is important to note that the LRF is not a legal entity but a partnership made up of category one and category two responders. Category one responders include the Emergency Services, Local Authorities, NHS England, NHS Foundation Trusts, NHS, Hospital Trusts, Public Health, UKHSA, Environment Agency. Category Two responders include Utility companies, Transport agencies and Voluntary agencies.
- 4.7 LRF’s facilitate a multi-agency response by providing a framework within which agencies can co-ordinate with each other to resolve incidents utilising the JESIP as a guide to ensuring that joint working is effective in managing the immediate situation and consequences that result from it.
- 4.8 Throughout the Pandemic multi-agency working has been effective within the County which has strengthened relationships and understanding between partner agencies.
- 4.9 It is worth noting however that while pandemic influenza has been a known risk for many years, it is the first time that LRF’s and the multi-agency structures have had to deal with an incident that has lasted over such a protracted period of time. It is also true to say that the Pandemic has been different from the “usual” type of emergency agencies would normally deal with i.e. Large Fire, Flood etc. which tend to be over a relatively short timescale. This in itself will provide learning for the future.

5. Issues and Choices

- 5.1 Since the beginning of the pandemic the LRF structures have been utilised to manage the response to the Pandemic from a multi-agency perspective, with each agency also having internal arrangements in place to manage their own situation.
- 5.2 The response element of these structures started to transition to recovery in around July/August 2021. To this effect a Recovery Co-ordinating Group (RCG) and associated sub groups were running to try and co-ordinate recovery activity across the County. However, this was difficult as the Government had not at this point published a National Recovery Strategy.
- 5.3 As we moved through September and early October it became increasingly clear that some agencies very much felt that we were still in a response as opposed to a recovery situation, albeit it was not felt that we were in Major Incident territory. This was articulated at a recovery workshop held at One Angel Square on 22nd October, in particular by Health Colleagues.
- 5.4 As a result of this it was decided that the RCG should change to a Multi-Agency Co-ordinating Group (MACG) that included elements of both response and recovery. The MACG was at this time meeting on a fortnightly basis in order that all agencies had a common operating picture in relation to COVID in the County. As were also entering the winter period it was also decided that the MACG should also incorporate the risks from “Winter pressures” in addition to COVID.
- 5.5 As we went through November awareness of the Omicron variant, which appears to have originated in South Africa, grew. This resulted in the UK Government declaring Omicron a “Variant of Concern” on 26th November 2021.
- 5.6 On 30th November the Government announced new national restrictions in response to the spread of the Omicron variant. Through early December it was clear that Omicron was spreading quickly within the UK and had become the dominant variant within a relatively short space of time leading to increasing case rates both nationally and within the County.
- 5.7 At the MACG on 16th December it was agreed to move the frequency of the meeting from fortnightly to weekly in order that all agencies were kept up to speed with what was a fast moving situation with increasing case rates and hospitalisations. In addition, there was a big push both nationally and locally in relation to the booster programme, the Governments preferred response strategy to tackle Omicron, which health colleagues confirmed could be delivered within the County within the current arrangements/resources that were in place.
- 5.8 A MACG meeting was held on 23rd December where all partners were updated on the increases in case rates and hospitalisations as well as sharing information in relation to staff absence rates.
- 5.9 It is important to note that in addition to the Multi-Agency structure, a parallel Health and Social Care (H&SC) Incident Management Structure was also

running with a Health and Social Care Strategic Co-ordination Group (SCG) and Tactical Co-ordinating group (TCG) taking place regularly.

- 5.10 On 29th December a Health and Social care SCG was held, however the Multi Agency MACG due to be held that afternoon was cancelled. It is not clear who took this decision. As the LRF Chair I had been chairing the Multi Agency Meetings but was on leave over the Christmas and New Year period and did not become aware of the cancellation until later on the evening of the 29th Dec.
- 5.11 The next Planned MACG meeting was held on 6th January. At this meeting all agencies reported their status. From this it was clear that the situation had deteriorated significantly in terms of case rates, hospitalisations and most starkly staff absence across all partner agencies. The most likely reason for this was an increase in social mixing in the lead up and over the Christmas and New Year period. The result of this was twofold, firstly significant pressure across the Health and Social care system, together with other agencies having reduced capability having put business continuity measures in place to deal with increased staff absence. The result of this was a deteriorating situation with less capacity within the system to combat it.
- 5.12 The discussion on 6th January therefore centred on whether we should collectively declare a major incident. It is important to point out that there was clearly some confusion at the meeting in relation to terminology. Both Health and Local Authorities felt that they were in “Critical” incident status and had requested that the LRF declare a Critical Incident. However, it was pointed out that Critical Incident status does not exist within a Multi-Agency environment and that the term “Major” Incident is used should it be felt collectively that the criteria had been met. Therefore, with agencies in agreement a major Incident was declared but at this point not communicated more widely. At this point the MACG became the Strategic Co-ordinating Group (SCG) in line with accepted doctrine and terminology.
- 5.13 A supporting structure for the Major Incident was also discussed and it was agreed that as there was already a Health & Social Care TCG running that this TCG would co-ordinate the tactical response inviting other agencies as required. It was also agreed that the COVID programme team within the Local Authorities would provide the secretariat support for the multi-agency structure and it was thanks to them that a “Battle Rhythm” of meetings could be established quickly.
- 5.14 Also at the meeting on 6th January the representative from the Resilience and Emergencies Division (RED) effectively the Government Liaison Officer offered to arrange a meeting with the Department for Levelling Up Communities and Housing (DLUCH). This duly happened on 11th January, however no Government support was offered, instead Local Authorities asked if the Government would consider “easements” which were subsequently turned down. We were informed that another meeting would be arranged in a weeks’ time to see how things were progressing. This meeting did not take place.
- 5.15 At 5pm on the evening of the 6th January a H&SC SCG was held to which I as the LRF chair was invited in order to explain/discuss the issue with regard to terminology i.e. Critical/Major Incident. It was also agreed that once agencies

had briefed their respective Governance arrangements and local MP's had been informed a press release would be issued.

- 5.16 Between 6th January and 27th January weekly multi-agency SCG's were held where updates were given and assistance discussed. At the meeting on the 13th January the Military Liaison Officer informed the SCG that the Military would be sending assistance to the two acute Hospitals and also providing support to East Midlands Ambulance Service (EMAS), this was in addition to the Support the Fire Service was already giving. No-one on the SCG appeared to be aware of the Military support as no Military Assistance to Civil Authority (MACA) request had been made through the LRF. It was later discovered that the MACA had been made by regional health officials direct to Government for support throughout the Midlands region. In addition, the Fire Service were once again asked to assist with mortuary support, moving a number of deceased from NGH to the Temporary Mortuary at the Leys.
- 5.17 At the SCG on 20th January it was clear that while the situation in terms of case rates and hospitalisations together with the situation within social care remained serious, staff absence rates across all partner agencies was starting to improve as people came out of self-isolation following the holiday period. As such capacity within the system as a whole had started to improve.
- 5.18 On 27th January a decision was made to stand down the Major Incident from a multi-agency perspective as Health and Social Care partners felt that with an improving picture, they were confident that they could manage the situation within the Health and Social Care structures without the need for outside assistance. It was agreed that the Military support would continue until 11th February and then be reviewed. The mortuary support from the Fire Service had by this time had been stood down.
- 5.19 A debrief in relation to the Major Incident has been held in recent days and common themes are highlighted below:
- There is general agreement that it was the correct decision to declare a Major Incident.
 - Even though the surge in Hospitalisations did not materialise, this could not have been known at the time and preparing for the worst was the key consideration.
 - It provided a platform for shared understanding of the situation and risk across all partners in line with JESIP principles.
 - Declaration of Major Incident provided the ability to communicate both internally and externally as to the seriousness of the situation.
 - Sent a message to Central Government as to the seriousness of the situation in Northamptonshire and facilitated a meeting with the Department of Levelling Up, Communities and Housing (DLUCH)
 - It facilitated agencies ability to internally redeploy staff to other duties.
 - It provided the framework for agencies to deploy staff to assist in the wider response if and where required.
 - The Local Authority COVID programme team were instrumental, working with the LRF business manager, in ensuring that good secretariat support was provided,

- There are differing views about the “value added” by calling a major incident and implementing the multi-agency structure.
- Enhanced understanding that not all agencies need to be in same situation or have the ability to be able to contribute in the same way when a major incident is declared.

5.20 A number of Learning points have also been identified for further consideration:

- Appropriateness of current multi-agency structures for dealing with protracted incidents.
- Awareness of how and who can call a major incident.
- Difficulty of running parallel incident management structures resulting in no Multi-Agency Tactical Co-ordinating Group running.
- Difficulty in integrating the legacy COVID structures into a new major incident structure, leading to a disconnected structure.
- Need to ensure that all partners included in meetings/decisions. In particular, in this case the UK Health Security Agency were not present at the early meetings.
- Awareness of Terminology and meaning i.e. critical/major incident etc.
- Capacity for providing a secretariat function for protracted incidents
- The need for clarity as to what the “ask” is of other agencies/Government in terms of assistance.
- Awareness of process for requesting Military assistance via the Military Assistance to Civil Authority (MACA) process
- Requirement for multi-agency Gold and Silver training across LRF agencies to enhance understanding of JESIP principles.
- Dealing with the expectations and perceptions of the media at this type of incident.

5.21 These issues will be taken forward for discussion and consideration within the LRF and within partner agencies.

6. Implications (including financial implications)

6.1 Resources and Financial

6.1.1 Financial impacts with regard to the LRF can be met from the LRF budget. This is partly via contributions from Countywide partner agencies (approx. £3k per year) or direct from Central Government in the form of LRF Pilot funding, which has recently been agreed for the next 3 financial years. The purpose of the funding is for LRF’s to increase their strategic capacity and capability to deliver in line with the Governments aims and objectives as set out within the HM Government document “Global Britain in a Competitive age: The Integrated Review of Security, Defence and Foreign Policy” known as the “Integrated Review”. The main purpose of which is to increase the resilience of the UK in terms of dealing with a range of threats and risks as outlined in the National Risk Register.

6.1.2 Currently the LRF funding is utilised to fund 1FTE business manager post, however there is a requirement within the LRF to increase this capacity in order to be able to discharge the workload envisaged over the coming years.

6.1.3 Resource and financial impact within each agency would need to be managed within each agencies plans based on their own assessment of risk. However, all category one responders are expected to contribute resources in order to discharge the requirements of the LRF business plan which itself is derived from the assessment of local risk encapsulated within the Northamptonshire Community Risk Register.

6.2 **Legal**

6.2.1 Category one responders as defined within the CCA have a legal obligation to work within the LRF in order to prepare for civil emergencies. However, the LRF cannot direct the resources of individual agencies.

6.3 **Risk**

6.3.1 Planning and preparing for emergencies in terms of organisational resilience, business continuity and response mitigates a variety of corporate risks. As such all agencies as category one responders should play a full part in contributing to the LRF business plan.

6.4 **Consultation**

6.4.1 No consultation has taken place in regard to this paper as it is for information only.

6.5 **Consideration by Scrutiny**

6.5.1 This paper has not been through the Local Authority scrutiny process.

6.6 **Climate Impact**

6.6.1 While there is no direct climate impact from the paper itself, the purpose of the LRF in planning, preparing and responding to emergencies will have a positive climate impact as it mitigates the consequences of environmental events.

6.7 **Community Impact**

6.7.1 While there is no direct community impact from the paper itself, the purpose of the LRF in planning, preparing and responding to emergencies will have a positive Community impact as it mitigates the impact of emergencies on the community.

7. Background Papers

7.1 None