Agenda Item 10

Leicester, Leicestershire and Rutland
Integrated Care Board

HEALTH OVERVIEW AND SCRUTINY COMMITTEE:

14th JANUARY 2026

REPORT OF LEICESTER, LEICESTERSHIRE AND RUTLAND INTEGRATED CARE BOARD

PANDEMIC PLANNING

Purpose of report

1. The purpose of the report is to provide an update to the Committee on pandemic preparedness across Leicester, Leicestershire and Rutland (LLR), summarising current planning activity, key learning from recent national and local exercises, and proposed next steps to strengthen multi-agency resilience ahead of future pandemic threats.

Policy Framework and Previous Decision

2. The Health and Social Care Act 2012 places duties on local authorities and Directors of Public Health to protect the health of their populations. Pandemic preparedness is delivered through multi-agency arrangements under the Civil Contingencies Act 2004 (CCA), with local authorities and NHS bodies as Category 1 Responders and LRFs providing coordination.

3. Relevant national frameworks and guidance are included in the appendix.

Background

4. A pandemic is defined as the spread of disease across whole countries, international boundaries or continents at the same time, usually driven by a novel pathogen (virus, bacteria, fungi or other organism) to which there is little or no population immunity[1].

[1] Framework for managing the response to pandemic diseases https://www.england.nhs.uk/long-read/framework-for-managing-the-response-to-pandemic-diseases/

5. The national risk register [2] outlines the most serious risks to the UK and identifies pandemics as an acute risk within the 'human, animal and plant health' theme. The most significant risk to materialise in the UK in recent years has been the COVID-19 pandemic. The most likely future pandemic is expected to be respiratory, but planning covers multiple transmission routes (respiratory, blood and body fluids, contact, ingestion and vectors) to cover a range of emerging infectious disease scenarios.

6. Each pandemic, by definition, is unique. Novel pathogens present different challenges to existing circulating biological agents, even where they closely resemble them. This may include extended duration of a pandemic (many months, even years), multiple waves of infection, vaccinations or specific treatments not currently or readily available, and wider or atypical population groups being at risk and affected.

7. The unequal risk and impact of a future pandemic will undoubtedly exacerbate existing health inequalities and cause new disparities for communities across the county.

8. Following detection of a pathogen with pandemic potential, the health system will need to respond to significant challenges, and will be required to:
   - Identify and isolate suspected cases;
   - Implement appropriate arrangements (such as scalable contact tracing, diagnostics, pharmaceutical and non-pharmaceutical countermeasures, management of excess deaths);
   - Recovery management;
   - Arrangements for effective national and global coordination.

9. Pandemic influenza remains one of the most well-characterised and historically recurring pandemic threats, offering a valuable framework for multi-agency preparedness planning. Pandemics such as the 2009 H1N1 outbreak have provided critical insights into surge capacity, planning, vaccine deployment logistics and the importance of timely public health communication. These lessons continue to shape our strategic approach across LLR.

10. Pandemic influenza emerges when a new flu virus is markedly different from recently circulating strains. Few - if any - people will have any immunity to this new virus thus allowing it to spread easily and to cause more serious illness. The conditions that allow a new virus to develop and spread continue to exist, and some features of modern society, such as air travel, could accelerate the rate of spread. Experts therefore agree that there is a high probability of a pandemic occurring, although the timing and impact are impossible to predict. The H1N1(2009) pandemic does not lessen the probability of a further

[2] National Risk Register 2025 - https://assets.publishing.service.gov.uk/media/67b5f85732b2aab18314bbe4/National_Risk_Register_2025.pdf

pandemic in the near future and should not be seen as representative of future pandemics.

11. The COVID-19 pandemic, caused by a novel coronavirus, began in 2019 and was an unprecedented global health crisis, affecting every aspect of life in Leicestershire as well as the wider UK and world. The pandemic required rapid, coordinated responses from health and care organisations, local authorities and communities, highlighting the importance of preparedness, resilience and learning for future threats.

12. COVID-19 is no longer classed as a global emergency, however, remains a notifiable infectious disease and continues to circulate at low levels in the community. Surveillance systems are in place locally and nationally to monitor for any increases in cases or the emergence of new variants. The NHS and public health partners remain vigilant with ongoing testing, vaccination and outbreak management protocols ready to be activated if required.

13. The UK Covid Inquiry was set up to examine the UK's response to and impact of the pandemic. Its first report was published on Resilience and Preparedness, noting the UK was not adequately prepared for a pandemic. The findings and recommendations are being incorporated locally to ensure future pandemic planning is robust, inclusive and informed by the lessons learned.

Current Position

Preparedness:

14. LLR partners have participated in major exercises (Tangra, Solaris, Pegasus) to test and improve pandemic response. These have led to better coordination, refined protocols, and stronger relationships. Plans are regularly reviewed and updated, with roles and responsibilities embedded in Local Resilience Forum structures. The exercises are detailed below:

    - Exercise Tangra, April 2025 – ICB led exercise aimed to test and improve the preparedness and response capabilities of organisations in the event of a pandemic. This was a mainly health focussed exercise mandated by NHS England (NHSE) and the Department of Health and Social Care (DHSC).

    - Exercise Solaris, May 2025 – LRF led exercise to gain insights into how different sectors, especially local authorities, and voluntary and community sectors would coordinate a pandemic response. This was also a pre-exercise for Exercise Pegasus.

    - Exercise Pegasus, Sept, Oct, Nov 2025 – a national Tier 1 pandemic preparedness exercise. The UK Government committed to a National Exercising Programme to deliver annual national exercises on a range of

risks to test real-world resilience. The aim is to test the UK's ability to respond to a pandemic arising from a novel infectious disease, involving all regions, bringing together the Cabinet and every UK government department. This is a multi-agency simulation involving NHS, local authority, emergency services and voluntary sector partners to test pandemic response protocols.

15. Pandemic planning is one element of wider LLR preparedness and links to a suite of plans that would be activated in a pandemic, listed in Appendix B. Roles and responsibilities are embedded within the Local Resilience Forum (LRF) structures and are defined in Appendix C.

Resources:

16. Pandemic response requires coordinated action across different organisations within and beyond the health and social care sector. Key elements of resource planning include:

- Review of PPE stock levels and supply chains, and fit testing capacity, coordinated across health, social care and local authority partners.
- Testing and vaccination capacity is exercised, with flexible plans to permit surge testing and vaccination delivery as necessary, adapting protocols based on risk assessments in line with national frameworks.

Workforce:

17. The workforce actions taking place are:

- Surge staffing protocols agreed with NHS and social care partners, including bank and agency staff, volunteers, redeployment and mutual aid options.
- IPC training is developed and shared with partners across the health and social care sector with national escalation as required.
- Staff wellbeing and resilience during periods of increased demand was considered within the planning

Communications:

18. Core communication principles have already been agreed across all LRF organisations:

- Use of trusted voices and spokespersons to deliver messages.
- Multi-channel engagement (e.g. websites, social media, newsletters, and community networks).
- Transparent updates aligned with national guidance.

- Proactive response to misinformation
- Consistency across agencies to avoid mixed messages.
- Accessibility and inclusion in all communications.
- Scenario planning and pre-prepared messaging.
- Community engagement and feedback mechanisms to adapt messaging.

19. The LRF Warning and Informing Cell would be stood up and have representation from all relevant agencies and a strategy in place to include:

- Reassurance through trusted platforms.
- Signposting to official websites and national messaging.
- Engagement with religious and community leaders.
- Outreach to local media contacts to promote accurate messaging from trusted spokespeople
- Coordination with national and regional campaigns.
- Sharing of local insights with national teams.

Command and Control

20. The LRF's command structures are utilised regularly across incidents and are embedded into emergency planning preparedness. There are clear triggers and thresholds in place to convene Tactical and Strategic Coordination Groups and all LRF organisations understand the process to convene these. During the initial stages of a pandemic, multiple command cells are activated as required (see appendix D), operating in line with Joint Emergency Services Interoperability Programme (JESIP) principles, and the Civil Contingencies Act 2004, ensuring key decisions and rationale is logged. Minutes, action logs, recordings and transcripts are created and stored. Multi-agency partnership working remains central to all emergency responses.

Risks and Challenges

21. A number of risks persist with pandemic planning:
    - Funding mechanisms for PPE, isolation support, accommodation support for homeless people, additional staffing and equipment.
    - Sustaining readiness during inter-pandemic periods to avoid capability erosion.
    - Workforce fatigue and retention in health and care sectors.
    - Building and sustaining public trust, particularly around vaccination
    - Addressing health inequalities and protecting vulnerable groups.
    - Food, medication and PPE supplies.
    - Legal requirements to support some interventions.

Key Developments Since Covid-19

22. Learning from COVID-19 has been incorporated into current pandemic planning leading to greater agility, better protection for staff and vulnerable groups, enhanced coordination, efficient use of resources, quicker response times and greater organisational resilience and ability to maintain critical services during disruption.

LRF:

- Adoption of virtual meetings enables quicker decision-making, and reduced travel demands on key personnel, whilst minimising transmission risk and protecting vulnerable groups.
- Specific operational cells (e.g. community support, care homes, pharmacy, education) were established and will be reactivated as needed.
- Flexible leadership for coordination groups.
- Strengthened data sharing, community engagement and scenario-based exercises.

Health:

- Single Points of Contact (SPOCs) with generic inboxes ensure resilience and consistency in operational response.
- Establishment of a Workforce Cell to support rapid set-up of testing and vaccination centres.
- Development of local escalation frameworks to manage surges in demand and prioritise essential services.
- Increased use of technology (e.g. MS Teams) for efficient, resilient meetings and rapid mobilisation.
- Implementation of Virtual Wards and virtual primary care appointments to support clinical practice.

Local Authority:

- Strengthened business continuity arrangements.
- Improved IT infrastructure to support remote and flexible working.
- Regular reviews and updates of LRF and organisational incident plans.

Proposals/Options

23. LRF organisations have identified actions to further enhance pandemic planning as part of the 3 exercises carried out this year. These include:
    - Strengthening data-sharing agreements and real-time surveillance capabilities.
    - Enhancing community resilience through targeted engagement with vulnerable populations and VCSE partners.

- Proactively planning command and control and ensuring cell structures are maintained.
- Continuation of multi-agency TCG and SCG immersive training to support and build on relationships with partners.
- Ensure all organisations maintain and refresh plans regularly.
- Review of current risk assessments and SOPs.
- Ensuring all staff have access to secure IT and reliable internet that would allow them to work from home if required in a future pandemic.
- Review IPC training and guidance.
- Confirming availability and how to operationalise the PPE hub.

Consultation/Patient and Public Involvement

24. Input has been gathered from NHS partners, local authority emergency planners, and community representatives through operational delivery groups and planning exercises.

Resource Implications

25. Existing resources from partners involved in planning will support the initial development and implementation. Additional funding may be required for enhanced responses in the event of a pandemic.

Timetable for Decisions

26. There are no decisions to be made by the Health and Wellbeing Board, however, regular pandemic updates will be provided following receipt of the Pegasus post exercise report from UKHSA.

Conclusion

27. LLR partners have robust foundations for pandemic preparedness and clear proposals to strengthen system resilience further in 2025/26. Board endorsement will support continued collaboration and focus on equity, agility and whole-system readiness.

Background papers

• National Risk Register 2025: https://www.gov.uk/government/publications/national-risk-register-2025

• NHS England – Framework for managing the response to pandemic diseases (July 2024): https://www.england.nhs.uk/publication/framework-for-managing-the-response-to-pandemic-diseases/

• UKHSA – Communicable disease outbreak management guidance and toolkits (2025): https://www.gov.uk/government/publications/communicable-disease-outbreak-management-guidance

• NHS England – EPRR: Core Standards and 2025/26 Annual Assurance: https://www.england.nhs.uk/publication/emergency-preparedness-resilience-and-response-core-standards/

• Cabinet Office – UK Government Resilience Action Plan (2025): https://www.gov.uk/government/publications/uk-government-resilience-action-plan/uk-government-resilience-action-plan-html

• Civil Contingencies Act 2004 – duties of Category 1 Responders: https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others

• Role of Local Resilience Forums – reference document: https://www.gov.uk/government/publications/the-role-of-local-resilience-forums-a-reference-document

• Exercise Pegasus – national Tier 1 pandemic preparedness exercise (2025): https://www.gov.uk/government/news/largest-ever-national-pandemic-response-exercise-to-strengthen-against-future-threats

• NHS England Board update – Pandemic preparedness & Exercise Pegasus (July 2025): https://www.england.nhs.uk/long-read/pandemic-preparedness-exercise-pegasus/

• WHO – Pandemic Influenza Risk Management (2017): https://www.who.int/publications/i/item/WHO-WHE-IHM-GIP-2017.1

• WHO – Clinical practice guidelines for influenza (2024): https://www.who.int/publications/i/item/9789240097759

Circulation under the Local Issues Alert Procedure

28. Not Applicable

Appendices

Appendix A: Roles and Responsibilities
Appendix B: Plans
Appendix C: Pandemic Roles and responsibilities

Appendix D: Command structures

Officer(s) to contact

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Relevant Impact Assessments

Equality Implications

29. Pandemics disproportionately affect some groups (e.g., older people, clinically vulnerable, people with disabilities, certain ethnic groups, and inclusion health populations). Due consideration has been given to the needs of diverse communities and groups of staff. This is borne in mind when considering roles and responsibilities of all agencies and staff involved, promoting fairness, equality and diversity in the delivery of the service

30. There are no equality implications arising from the recommendations in this report.

Human Rights Implications

31. There are no human rights implications arising from the recommendations in this report.

Partnership Working and associated issues

32. Pandemic preparedness is inherently multi-agency. This report and associated plans have been developed with partners across the system.

Appendix A:

National frameworks and guidance:

- Civil Contingencies Act 2004
- NHS EPRR Framework & Core Standards
- WHO Pandemic Influenza Risk Management Guidance
- UK Influenza Preparedness Strategy 2011
- UKHSA Outbreak Management Plan

Relevant local guidance and plans include:

- LRF CONOPS for the Management of Pandemics
- LRF Mass Treatment Plan
- LRF Communication Cell Emergency Plan
- LRF Major Incident Framework
- LLR Outbreak Management Framework
- Individual agency Pandemic Plans

Appendix B:

Plans that may be activated during a pandemic

LLR ICB Incident Response
Business Continuity
High Consequence Infectious Disease (HCID)
Media and Communications
Mass Treatment
Multi-agency Incident Response Framework

Appendix C- Pandemic Roles and responsibilities

Organisation / Role	Key responsibilities
NHS England	• Strategic leadership of NHS response • Convene and chair regional calls with ICBs • Oversee local management of Antiviral Collection Points (ACPs) • Oversee PPE storage/distribution • Manage pandemic vaccination campaigns • Collate situation reports (SitReps) • Coordinate communications to NHS, partners, public, media • Convene recovery team for return to normal business
LLR Integrated Care Board (ICB)	• Convene Local Pandemic Influenza Incident Response Team (L-PIIRT) • Chair/attend Strategic Coordination Group (SCG) meetings • Lead local coordination and surge capacity arrangements • Chair Health Economy Tactical Coordination Group (HETCG) • Maintain 24/7 on-call arrangements • Share communications with local providers • Enact business continuity arrangements • Maintain local data collection and reporting • Participate in multi-agency response
UKHSA	• Support Chief Medical Officer and SAGE • Provide expert clinical/scientific advice • Liaise with SCG and NHS • Detect and respond to outbreaks in schools, care homes, community • Advise on use of antivirals • Disseminate public health information • Reinforce hygiene and social distancing messages
Directors of Public Health	• Review population health, surveillance, prevention, control • Provide visible local leadership • Advise on activation of wider pandemic response • Ensure public health presence on SCG, TCG, Excess Death Cell, Info/Intelligence Cell • Advise on vulnerability/resilience of local community • Mobilise local public health resources
East Midlands Ambulance Service (EMAS)	• Gateway for patient access to healthcare • Emphasise initial assessment/treatment at home • Ensure business continuity and expand workforce • Attend SCG and response meetings
UHL	• Provide emergency / secondary care • Implement infection prevention/control • Cohort / isolate patients • Increase critical care capacity • Maintain essential services • Organise / distribute antivirals and PPE • Communicate with staff, patients, public • Provide vaccination to staff/patients

Appendix D

Command structures that may be stood up during a pandemic:

LRF

- Strategic Coordinating Group (SCG)
- Tactical Coordinating Group (TCG)
- Media and Communications Cell
- Voluntary Sector Support Cell
- Humanitarian Assistance Cell
- Multi-Agency Information Cell (MAIC)
- Science and Technical Advisory Cell (STAC)
- PPE Cell (initial scoping stage)

Local Authority

- Support the recommendations of the LRF.
- Establish internal response groups to begin planning and coordination

Health

- Health Tactical Coordinating Groups (TCGs) to deliver the strategy set by the Health SCG.
- Activate related cells as required.
- Individual agencies hold their own organisational command meetings.
- Establish a health “battle rhythm” led by the Integrated Care Board (ICB)

Police

- Stand up a Gold Group to coordinate police response.

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