



HILLINGDON  
LONDON



# Corporate Services and Partnerships Policy Overview Committee

## Councillors on the Committee

Richard Lewis (Chairman)  
Michael White (Vice-Chairman)  
Sid Garg  
Liz Kemp  
Carol Melvin  
Robin Sansarpuri

**Date:** TUESDAY, 8 SEPTEMBER  
2009

**Time:** 7.30 PM

**Venue:** COMMITTEE ROOM 3 -  
CIVIC CENTRE, HIGH  
STREET, UXBRIDGE UB8  
1UW

**Meeting  
Details:** Members of the Public and  
Press are welcome to attend  
this meeting

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<http://lbh-modgov:9071/ieListDocuments.aspx?CId=243&MId=393&Ver=4>

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# Agenda

- 1 Apologies
- 2 Declarations of Interest
- 3 Minutes of the meeting held on 23 July 2009 (Pages 1-6)
- 4 Exclusion of Press and Public  
To confirm that the items of business marked Part I will be considered in public and that the items marked Part II will be considered in private.
- 5 Major Review: Impact of a Pandemic in Hillingdon and the Effects on Council Services (Pages 7-34)
- 6 Work Programme 2009/10 (Pages 35-38)
- 7 Cabinet Forward Plan (Pages 39-44)

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# Agenda Item 3

## Corporate Services & Partnerships Policy Overview Committee

23 July 2009

### Minutes



HILLINGDON  
LONDON

	<p><b>Members Present:</b> Councillors Richard Lewis (Chairman), Sid Garg, Carol Melvin, Robin Sansarpuri and Michael White.</p> <p><b>Apologies:</b> Councillor Liz Kemp</p> <p><b>Officers Present:</b> Amanda Marsh (Head of Human Resources), Chris Norman (Head of Business Services), Steve Palmer (Head of ICT), Mike Price (Civil Protection Manager), John Purcell (Bereavement Manager), Lloyd White (Head of Democratic Services) and Khalid Ahmed (Democratic Services Manager).</p>	
15.	<p><b>Declarations of Interest</b></p> <p>None.</p>	
16.	<p><b>Minutes of the meeting held on 7 July 2009</b></p> <p>Agreed as an accurate record.</p>	
17.	<p><b>Exclusion of the press and public</b></p> <p>It was agreed that all items of business were considered in public.</p>	
18.	<p><b>Budget Outturn and Context for 2009/10</b></p> <p>The report was withdrawn.</p>	<p><b>Action By:</b></p>
19.	<p><b>Major Review: Impact of a Pandemic in Hillingdon and the Effects on Council Services and Residents – Witness Session</b></p> <p>The draft scoping report was considered and Members agreed that the review should only concentrate on the effects of a pandemic on Council services, including schools and further education colleges. The scoping report should be amended to that affect.</p> <p>This first witness session was to focus on the business and continuity plans that the Council had already in place in the</p>	

event of a major pandemic.

**Mike Price – Civil Protection Manager**

Members were informed that pandemic planning had been carried out for a number of years based on Government guidance. Issues raised in the presentation included:

- Hillingdon Primary Care Trust was the lead agency for a pandemic in the Borough
- The Council had an Influenza Pandemic Group and a Flu Working Group which met weekly. There was a “Gold Officer” rota which operated 24 hours a day and which could make strategic level decisions
- The Council had been planning for a pandemic for many months, at a local and pan-London level. Reference was made to the London Regional Resilience Flu Pandemic Response Plan and other pandemic documents, which had guided the Council’s planning
- The Council’s Corporate Communications Team would be heavily involved and would make sure communication links were clear with the Council’s multi-agency partners
- Reference was made to the hygiene information which had been given to staff. This included the covering of noses and mouths with a tissue when a person coughed or sneezed and throwing the tissue in the bin after it was used. Washing hands frequently with soap and water, especially after coughing and sneezing on hands, and after going to the toilet. The cleaning of keyboards, phones and desks before finishing work with surface disinfection wipes. This was particularly important for staff who “hot desked”
- Those staff that did not have easy access to hand washing facilities would be issued with hand gels. Hand gels would also be positioned at entrances to Council buildings to enable members of the public and visitors to use them
- Work was underway to source mass communications and business continuity software. This followed the identification of a capability gap during snow and power failure events in early 2009. This software would be extremely beneficial not only during a pandemic but also during any other emergency / business continuity response

**Steve Palmer – Head of ICT**

- The Council’s IT facilities and Customer Contact Centre had emergency planning for a number of scenarios. Mutual aid was available from neighbouring West London Councils

- If the Civic Centre's IT network was not available there was a private network the Council could use which was used across London
- Priority applications would be run and remote access could be given for around 75 staff
- The staff in public facing services such as the Customer Contact Centre were multi-skilled. Home working would be an option to reduce the threat of the spread of a virus
- Multi-skilled staff had been trained in areas such as Council Tax to enable these essential services and duties to be carried out. Provision had been made if there was a serious escalation of the present flu pandemic to transfer staff to those essential front line services
- Communications take place through the Council's intranet site but information would be communicated through team briefings. HR would provide updates on the intranet as they were presently doing with the swine flu pandemic
- The storing of electronic information off site was being looked at
- There was provision within Breakspear Crematorium for IT backup

**Amanda Marsh – Head of HR**

Members were provided with details of the managing attendance arrangements which currently existed during the swine flu pandemic.

- At the present time there were no plans to change the present policy in relation to trigger levels for sickness absence and the payback scheme, although the situation would be continued to be monitored
- In relation to those people who would have to stop at home to care for a family member who had flu, no special provision had been made at this stage. Staff would have to take special or unpaid leave. However if the effects of the pandemic increased and there was a major impact on Council staff, each case would be looked at on an individual basis and the policy could change. This was in keeping with other London authorities.
- During a major pandemic the managing attendance policy would have to be flexible and consideration would have to be given to cost implications and balance this with sensitivity
- Regular reports of swine flu cases within the Council was reported to the London control room which fed into the national statistics

- Performance management targets could be affected if Council staff were majorly affected by a pandemic
- The redeployment of staff would be looked at to enable essential front-line services to be maintained. However, it would need to be ensured that staff had the necessary skills and the appropriate CRB checks.

In relation to workforce skills Members agreed that an initial recommendation of this review should be that a skills and knowledge audit be undertaken of the Council's workforce to enable a computerised database to be stored. This would readily identify staff that could be redeployed to essential front line services if required. This information could also carry the following information about staff: those that had been vaccinated, those that had had the virus, those with children, and those who were carers, those that were front line staff and those who come into contact with the public. The system capacity to deliver this would need to be determined.

### **John Purcell - Bereavement Manager**

Members were provided with details of the Bereavement Services within Hillingdon and the contingency arrangements for a major pandemic. The main issues in the presentation were:

- Bereavement Services comprised of Breakspear Crematorium, cemeteries and the mortuary. The crematorium had two qualified technicians, with five in reserve. Staff were multi-skilled and if needed, the crematorium could operate 24 hours a day
- 70% of people were cremated and 30% buried. Burials had been outsourced
- Robust business continuity plans were in place in the event of emergencies such as a pandemic
- Mortuary storage was limited but in the event of an emergency, legislation would be passed to enable the use of mass graves. For increased numbers extra storage space could be provided and the service would work closely with neighbouring authorities
- For post mortems, staff wore protective clothing and face masks for people who had died of swine flu as the virus stayed alive for 24 hours after the person had died
- Reciprocal arrangements existed with neighbouring local authorities
- Cremations could be speeded up from 30 minute slots down to 10 minute slots.
- In case of orders that there should be no congregating of crowds, funerals could be limited to immediate family and the service webcast to family and friends enabling them to be able to watch and/or participate in the service



- Burials in mass graves could be initiated if required as a last resort

### **Lloyd White – Head of Democratic Services**

Lloyd White had responsibilities for Registrars and the Council's democratic processes and outlined to Members the main issues:

- Robust contingency plans were in place for Registrars in the event of an increase in deaths caused by a pandemic
- Extra stationery was available, other administrative staff within Democratic Services could be used to assist in registering an increased number of deaths
- For May 2010 for the local elections mitigation measures would be required in polling stations and at the count with hand gels etc. Further planning would be needed for this
- Provision would be made in the Council's Constitution to enable the Council's decision making process to continue in the event of meetings being inquorate due to a pandemic
- Web casting of meetings would be an option to mitigate the spread of a virus

Members agreed that an initial recommendation of the review should be making changes to the Council's Constitution to provide contingency arrangements for the decision making process. This should also include the option of web casting of Council, Cabinet and Committee meetings.

Discussion took place on the issues raised by witnesses and the following points were made:

- There were presently around 30 reported cases of swine flu amongst staff within the Council. This was a rolling number and did not mean that 30 people were absent
- Lessons could be learnt from other countries that have had experience of dealing with other health related emergencies such as a pandemic
- Communication was important and should be to all staff and not just to managers. Giving clear and concise information would prevent the rumour mill
- Robust contingency plans were also required for Council contractors
- Special reference was made to schools and that priority should be given to planning for the expected upturn in swine flu for the autumn which would have an impact within schools
- A vaccination programme for swine flu was expected to

	<p>take place in the autumn or towards the end of the year, with possible prioritisation being given to healthcare and social care professionals and emergency service workers</p> <ul style="list-style-type: none"> <li>• The Council needed to identify the staff to prioritise for vaccinations and to look at using the Occupational Health Suite to possibly carry this out</li> <li>• Additional hygiene measures should be looked at such as the provision of tissues, paper towels within toilets, and looking at ways of improving the hygiene of toilet door handles</li> </ul> <p>Members thanked officers for the information provided and it was agreed to amend the scoping report to enable the following witnesses to be invited to the next meeting on 8 September:- PCT representative, an officer from Education and Children's Services, an officer from Facilities Management, an officer from Corporate Communications and a representative from Uxbridge College.</p> <p><b>Resolved –</b></p> <ol style="list-style-type: none"> <li>1. That the information provided by the witnesses be noted and approval be given to the initial recommendations of the review.</li> <li>2. That the scoping report be amended to reflect the invited witnesses for the Committee's next meeting.</li> </ol>	<p><b>Khalid Ahmed</b></p> <p><b>Khalid Ahmed</b></p>
<b>20.</b>	<p><b>Work programme 2009/10</b></p> <p>The Work programme was amended to reflect the witness session for 8 September 2009 meeting.</p> <p><b>Resolved –</b></p> <ol style="list-style-type: none"> <li>1. That the Work Programme as amended be noted.</li> </ol>	<p><b>Khalid Ahmed</b></p>
<b>21.</b>	<p><b>Cabinet Forward Plan</b></p> <p>Noted.</p>	
	<p><b>Meeting closed at 8.50pm</b> <b>Next meeting: 8 September 2009 at 7.30pm</b></p>	

These are the minutes of the above meeting. For more information on any of the resolutions please contact Khalid Ahmed on 01895 250833. Circulation of these minutes are to Councillors, Officers, the Press and Members of the Public.

## **Major review: Impact of a Pandemic in Hillingdon and the Effects on Council Services**

### **Witness session 2**

**Contact Officer:** Khalid Ahmed  
**Telephone:** 01895 250833

### **REASON FOR ITEM**

To enable the Committee to continue to gather evidence as part of their review into the impact of a pandemic in Hillingdon and the effects on Council services and residents.

### **OPTIONS AVAILABLE TO THE COMMITTEE**

1. Question the witnesses using the suggested questions
2. Ask additional/supplementary questions as required
3. Highlight issues for further investigation

### **INFORMATION**

1. At the Committee's meeting on 23 July the Committee had their first witness session for the review into a Pandemic in Hillingdon. During discussion on the scoping report for the review Members felt that the scope of the review should be narrowed and should concentrate on the effects of a pandemic on Council services, including schools and further education colleges. An updated scoping report to reflect this change is attached to this report as appendix 1.
2. The first witness session concentrated on the business and continuity plans which the Council already had in place in the event of a pandemic. Members heard evidence from the Civil Protection Manager, the Head of ICT, the Head of HR, the Council's Bereavement Officer and the Head of Democratic Services. Details of the first witness session are found in Agenda item 3 - Minutes of the last meeting.
3. During the meeting Members made the following initial recommendations:
  - That a skills and knowledge audit be undertaken of the Council's workforce to enable a computerised database to be stored.

This recommendation was made to enable the re-deployment of staff to front line, public facing services and to enable essential services to be

continued to be provided in the event of a pandemic having a major impact on the Council's workforce. The data base could also carry information about staff that had been vaccinated against a virus, those who had had the virus, those with child care responsibilities, those who were carers, those who were front line staff and those who came into with members of the public. Members noted that the system capacity to deliver this would need to be determined.

- That changes be made to the Council's Constitution to make provision for contingency arrangements to be in place to enable the decision making process to continue in the event of a major pandemic.

This recommendation was made as a result of discussion around the possible option of web casting of Council, Cabinet and Committee meetings, to mitigate the problems caused by a severe pandemic.

4. After Members had heard the evidence from the witnesses a general discussion took place on the information provided and Members made the following observations:

- Lessons could be learnt from other countries that have had experience of dealing with other health related emergencies such as a pandemic
- Communication was important and should be to all staff and not just to managers. Giving clear and concise information would prevent the rumour mill
- Robust contingency plans were also required for Council contractors
- Special reference was made to schools and that priority should be given to planning for the expected upturn in swine flu for the autumn which would have an impact within schools
- A vaccination programme for swine flu was expected to take place in the autumn or towards the end of the year, with possible prioritisation being given to healthcare and social care professionals and emergency service workers
- The Council needed to identify the staff to prioritise for vaccinations and to look at using the Occupational Health Suite to possibly carry this out
- Additional hygiene measures should be looked at such as the provision of tissues, paper towels within toilets, and looking at ways of improving the hygiene of toilet door handles

## **WITNESSES**

5. To reflect the points and issues raised at the last meeting the following witnesses have been invited to attend the second witness session:

- Kevin Mullins, Hillingdon Primary Care Trust
- Emma Marsh, Deputy Head of Communications, LBH
- Steve Smith, Head of Facilities Management, LBH

- An officer from Education and Children's Services. LBH
- A representative from Uxbridge College

### **Suggested questions**

- i) Can the PCT outline the current position with regard to swine flu, in terms of numbers in the Borough who have contacted the virus?
- ii) What joint working is taking place between the PCT and this Council during the present swine flu pandemic?
- iii) What will the effects of a pandemic be on the PCT's budget? How will providing both Tamiflu and/or vaccines to patient's impact on the budget?
- iv) How will the distribution of Tamiflu and/or vaccines take place? Will consideration be given to vaccinating staff at the Council who provide essential front line services to the most vulnerable people in the Borough?
- v) What communication is taking place to the Council's staff in relation to the swine flu pandemic? Are the messages being sent to all staff and not just managers?
- vi) What lessons can be learnt from the way the Communication's Team dealt with the recent tragic death of a pupil from the Borough?
- vii) What hygiene precautions are taking place during the present pandemic and how is this being communicated to staff?
- viii) Has consideration been given to additional hygiene measures to mitigate the impact of a pandemic i.e hand gels, paper towels in toilets?
- ix) Could the Council's Occupational Health Suite be used to carry out the vaccination of Council staff?
- x) What preparations are being made for the start of the new school year to mitigate the effects of the swine flu pandemic?
- xi) What contingency arrangements have been made for the education of children if schools have to be closed down?
- xii) What plans are in place for students in Further Education establishments such as Uxbridge College?

### **PAPERS WITH THE REPORT**

Revised scoping report (as agreed at meeting of 23 July 2009) - Appendix 1

Improvement and Development Agency – Prepared for a Pandemic – Swine Flu Information for Elected Members - Appendix 2

Cabinet Office and Department of Health – Swine Flu Planning Assumptions – Appendix 3

Improvement and Development Agency – Swine Flu: crisis management – Appendix 4

### **SUGGESTED COMMITTEE ACTIVITY**

1. Members question the witnesses and identify important issues for their review.
2. Members consider the written evidence provided.
3. Members to discuss the evidence gathered to date on their review and note any potential draft recommendations.

**CORPORATE SERVICES & PARTNERSHIPS  
POLICY OVERVIEW COMMITTEE**

**2009/10**

**REVIEW SCOPING REPORT**

**Proposed review title:**

**THE IMPACT OF A PANDEMIC IN HILLINGDON AND THE EFFECTS ON  
COUNCIL SERVICES**

**Aim of the review**

To review how the Council has prepared for a pandemic in terms of the effects on Council services, including schools and further education establishments.

**Proposed outcome**

A report summarising the Committee's findings would be completed and presented to the Council's Cabinet. The report will present recommendations on the Council's individual and multi-agency resilience and response plans for a potential pandemic in relation to the impact on Council services.

**Terms of reference**

1. To examine the local resilience and response plans which are in place for this Council to respond to a pandemic.
2. To examine how the Council could mitigate the impact of a pandemic on Council staff and the services provided.
3. To examine the multi-agency planning for a pandemic and looking at any gaps which may exist in the delivery of services?
4. To examine the working practices that the Council will require during a pandemic to ensure a minimum disruption to Council services.
5. To examine the priority services which the Council and its partners will need during a pandemic to vulnerable people in conjunction with its partners.
6. To make recommendations from the above investigations, in relation to the resilience and planning processes for this Council's response to a

## APPENDIX 1

pandemic.

### Reasons for the review

It has been widely reported that the World Health Organisation has raised the alert over swine flu to pandemic status. Swine flu originated in Mexico and has spread rapidly to other parts of the world, including this country.

As the Port Authority for Heathrow Airport, the Council already has well developed plans in place for this type of issue and the Council works with the Health Protection Agency and other partners to put necessary measures in place. This review is therefore timely in that it will seek to examine whether the Council could do more to mitigate the effects of a pandemic on Council services and residents.

Part of the review will examine the existing arrangements the Council has in place for dealing with pandemic Influenza as detailed in the London Regional Resilience Flu Pandemic Response Plan and the work carried out by the Council's Civil Protection Service. The review will contribute to ensuring preparations are in place to enable the Council to provide essential services to residents, particularly the most vulnerable, during a pandemic.

### Key issues

1. What business continuity and contingency plans have the Council in place to ensure that critical services and outputs continue to be delivered throughout a pandemic?
2. What is the multi-agency approach to a pandemic, particularly in relation to the provision of essential services to residents?
3. What will the effects of a pandemic be on Hillingdon PCT' budget? How will providing both Tamiflu and/or vaccines to patients affect the financial deficit of the PCT?
4. What operational plans will the Council have in place should a pandemic widely affect the Council's workforce? What advice would be given to staff who meet the public face-to-face and what safeguards would be put in place? How would staff commute to work if public transport is affected?
5. Are the command structures, roles and responsibilities during a pandemic clear?
6. Would flexible working be encouraged such as home or remote working and would the Council have the IT infrastructure to enable this to happen?
7. To some extent the level of staff absence during a pandemic depends on the demographics of the Council's work teams and the numbers who have childcare or family responsibilities. What estimates can be made of the likely numbers of the Council's workforce this will include?



## APPENDIX 1

### Methodology

A review of the relevant literature and websites including:

- Cabinet Office – London Resilience preparing for emergencies  
<http://www.cabinetoffice.gov.uk/ukresilience.aspx>
- Health Protection Agency - <http://www.hpa.org.uk/>
- Department of Health - <http://www.dh.gov.uk/en/index.htm>
- London Borough of Hillingdon – Council's response to swine flu -  
<http://www.hillingdon.gov.uk/index.jsp?articleid=17634>
- Australian Government – Department of the Prime Minister and the Cabinet – National Action Plan for Human Influenza Pandemic  
<http://www.dPMC.gov.au/publications/pandemic/docs/NAP.doc>
- Improvement and Development Agency – Swine Flu Information for Elected Members
- Department of Health: Swine Flu- UK Planning Assumptions
- Improvement and Development Agency – Swine Flu: crisis management

Witness sessions to potentially include:

- Mike Price, Civil Protection Manager, London Borough of Hillingdon
- Amanda Marsh – Head of HR, London Borough of Hillingdon
- Claude Seng, Health Protection Agency
- Kevin Mullins, Hillingdon Primary Care Trust
- Steve Palmer, Head of Information and Communications Technology, London Borough of Hillingdon
- Lloyd White, Head of Democratic Services, London Borough of Hillingdon
- Emma Marsh, Deputy Head of Corporate Communications, London Borough of Hillingdon
- An officer from Education and Children's Services, London Borough of Hillingdon
- Representative from Uxbridge College
- Steve Smith, Head of Facilities Management, London Borough of Hillingdon
- Paul Whaymand, Head of Accounting Services, London Borough of Hillingdon
- John Purcell, Bereavement Manager, London Borough of Hillingdon
- Other local authorities
- Business Continuity specialist
- Officer from the London Resilience Team – Government Office for London

### Stakeholders and consultation plan

As many stakeholders as possible would be invited to give evidence to the Committee in person. In addition to those outlined above, further stakeholders could be invited to give written evidence to the review. For example, the Council's Corporate Communications Team could be used to undertake consultations for the review. In addition the Council's website and/or *Hillingdon People* could be used to engage with stakeholders and to invite views on the review.

## APPENDIX 1

### Connected work (recently completed, planned or ongoing)

In undertaking their work on the effects of a pandemic, the Committee will need to be aware of the work the Head of Business Services has already carried out in relation to the Council's response to a pandemic.

In addition this Council is part of the London Regional Resilience Forum which was required by the Cabinet Office in 2005, to oversee the development of individual and multi-agency resilience and response plans for a potential influenza pandemic. The London Regional Resilience Flu Pandemic Response Plan was approved at the Forum in May 2006, and was last updated in March 2009.

Hillingdon PCT in their role as the lead NHS Organisation are also involved in the planning process for responding to the effects of a pandemic. More information will be obtained from the PCT from witness sessions.

### Proposed timeframe & milestones

Meeting	Action	Comments
7 July 2009	Consider draft scoping report and to give consideration to the witnesses the Committee would like to invite to give evidence	Comment on the draft scope for the review and discuss preferred witnesses. Background information on pandemics and its impact on the public and on Council services.
23 July 2009	Finalisation of scoping report and consideration of potential witness sessions First witness session	Members to set the parameters for the review and to hear what this Council already has prepared in the event of a pandemic. Also to decide on witness sessions <b>Potential witnesses: Mike Price, Civil Protection Manager, LBH, Steve Palmer, Head of Information and Communications Technology LBH, John Purcell Bereavement Manager at LBH, Amanda Marsh, Head of Human Resources and Lloyd White, Head of Democratic Services, LBH</b>
8 September 2009	Second witness session	Session to focus on the work the Council's partners have already undertaken in relation to planning for a pandemic. <b>Potential witnesses:</b>

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		<b>Representative from Hillingdon PCT, Emma Marsh, Deputy Head of Corporate Communications, LBH, An officer from Facilities Management, LBH, an officer from Education and Children's, LBH and a representative from Uxbridge College</b>
14 October 2009	Third witness session	Session to look at the work of London Resilience and other local authorities as well as to hear from a Business Continuity specialist <b>Potential witnesses: Officer from the London Resilience Team – Government Office for London, officers from other local authorities and a Business Continuity specialist</b>
12 November 2009	Fourth witness session	Final Session to finish off the review and to draft the review's recommendations <b>Potential witnesses – To be decided</b>
20 January 2009	Agree report	Sign off final report.

### Risk assessment

This is a broad topic and it will therefore be important to ensure that the Committee remain focused on areas within the remit of this Policy Overview Committee. The Committee will note that Emergency Planning falls within the remit of Residents and Environmental Services Policy Overview Committee so it will be important for Members to look at areas it can influence.

### Information Updates

As there is currently a Worldwide pandemic alert in operation, coupled with emergency procedures active in the UK, it is important that the POC receive regular updates on the progress of the pandemic. It is proposed that in addition to reports to the Policy Overview Committee, email bulletins on a monthly basis are provided to Members, bringing together global, national and local information on this issue.

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*Local Government Association*



improvement and development agency

# Prepared for a pandemic?

Swine Flu (H1N1) information for elected members



part of the LGA group

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**Local authorities play an important supporting role in planning for, and responding to, a pandemic flu outbreak. As a councillor, you need to understand this role and contribute to its fulfilment as part of your wider community leadership role.**

Councils have responsibility for a wide range of functions from social care to cemeteries and crucially you will exercise a local leadership role in emergencies. Sustaining the provision or commissioning of a range of services on which many vulnerable people rely, including residential and nursing homes, while facing significant staff shortages in a pandemic is vital for service users – and it is also crucial to the council's reputation.

### What should members do to ensure that their council is prepared?

- ensure that a comprehensive risk management strategy, including a business continuity plan for essential and contracted out services, is in operation within your council. Ensure that a pandemic response team has been set up within the council to deal with the outbreak
- encourage Overview and Scrutiny to play a role, for example by reviewing the risk management strategy and business continuity plan to ensure that it is up to date and effective
- make sure that the plans address levels of possible staff sickness absence. Numbers in this category will depend on the clinical attack rate. If a pandemic occurs over one wave, this level of cumulative absence could be experienced by employers over a period of around 3-4 months. Ensure plans are in line with the latest planning assumptions issued by Government
- as most flu sufferers will need to be cared for in a community setting, developing integrated health and social care plans is a particularly important part of local planning. Ensure arrangements are in place for front-line social care staff to have access to face masks from the local NHS supply
- a comprehensive communications strategy, which enables communication with the workforce (on-site and off-site), elected members, the media as well as with the local community must be in place and be effective. Ensure that media statements and public information are consistent with national advice to ensure consistency, maintain public confidence and avoid confusion
- ensure particular care and support is offered to the elderly, vulnerable and most at risk in your communities. Emergency and social services will be stretched during the pandemic, so encourage local communities and voluntary sector organisations to look out for each other and check on elderly and vulnerable citizens as 'flu friends'
- should the outbreak look likely to lead to fatalities that exceed usual planning levels then ensure that a plan to manage deaths is in place. This should involve Coroners, Registration Services, cemeteries and crematoria. Local faith communities, other cemetery and crematoria providers and funeral directors should be consulted

- make sure that you are aware of the current World Health Organisation alert phases and corresponding UK alert levels including the appropriate responses needed. See pages 67 – 72 of the national framework for responding to an influenza epidemic
- ask the pandemic response team to supply regular briefings that acknowledge the role of members, both in feeding local intelligence back into the council and in providing reassurance out in communities.

### How could swine flu affect your communities?

A pandemic will have considerable impacts on all local communities across the UK. Its course will be determined not only by what the Government does or the effectiveness of the health response, but also by the actions of a wide range of others as organisations, individuals and communities. Building and maintaining public confidence is a critical success factor. Through you, their leaders, well-prepared and informed communities will play a key role in supporting the planning for, response to and recovery from a flu pandemic. Community networks and faith communities can be particularly effective in such areas as disseminating information, supplying advice and reassurance, identifying those who may be at particular risk and providing support to the vulnerable. You should therefore actively involve such organisations in developing and testing response plans.

### Further resources

The Local Government Association (LGA) is active in the national level response and attends the Cabinet level Civil Contingencies Committee. The LGA provides regular updates for councils on its website accordingly. You can also email [civil.contingencies@lga.gov.uk](mailto:civil.contingencies@lga.gov.uk) for more information.

#### **LGE Swine Flu Guidance for HR Managers**

<http://www.lge.gov.uk/lge/core/page.do?pageId=1184678>

#### **Pandemic Flu – Health Protection Agency**

[http://www.hpa.org.uk/web/HPAwebFile/HPAweb\\_C/1238055320501](http://www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1238055320501)

#### **Cabinet Office Guidance**

<http://www.cabinetoffice.gov.uk/media/131906/emergresponse.pdf>

#### **Epidemic and Pandemic Alert and response – World Health Organisation**

<http://www.who.int/csr/en/>

#### **Daily updates from the Department of Health**

<http://www.dh.gov.uk/en/PublicHealth/Flu/Swineflu>

#### **Preparing for pandemic flu – guidance for all local resilience forum planners**

[http://www.cabinetoffice.gov.uk/media/131627/flu\\_lrf\\_best\\_practice\\_final.pdf](http://www.cabinetoffice.gov.uk/media/131627/flu_lrf_best_practice_final.pdf)

Further advice on exclusion from schools and the workplace is available from the Health Protection Agency website.

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## What is Swine flu and how to recognise it?

Swine flu (also known as the H1N1 virus) is a respiratory disease and has some elements of a virus found in pigs. There is no evidence of this disease circulating in pigs in the UK and scientists are investigating its origins. Our understanding of the virus is still developing so this information is liable to change.

Swine flu has been confirmed in many countries and it is spreading from human to human. The World Health Organisation has declared a pandemic to reflect the spread of the disease.

Pandemic flu is different from ordinary flu because it is a new flu virus that appears in humans and spreads very quickly from person to person worldwide. The Health Protection Agency (HPA) is closely monitoring cases of swine flu in the UK. Go to Media updates on Swine Flu to get the latest information (<http://www.hpa.org.uk/web/HPAweb&Page&HPAwebAutoListName/Page/1240986147093>).

Because it is a new virus, no one is immune and everyone is at risk of catching it. This includes healthy adults as well as older people, young children and those with existing medical conditions.

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## Consider environmental prevention measures

The council should consider using prominent display signs to discourage staff and visitors with flu symptoms from entering the council and remind them of:

- what are the symptoms and signs of flu?
- the importance of self-isolation of individuals with symptoms consistent with flu
- the importance of respiratory etiquette (Catch it, Bin it, Kill it campaign – NHS advice) and hand-hygiene at all times
- encourage cleaning staff to clean surfaces frequently with the usual cleaning materials
- the council should consider giving improved access to effective hand hygiene facilities and where practical, handrubs with an alcohol-based cleaner could be made available at all public and staff entrances
- attending meetings at external venues (e.g. visiting other councils).

As the disease spreads, councillors and employees should check in advance whether any external workplace they are due to attend is affected and seek guidance from the organisation concerned before attending. Any employee, who has concerns about visiting external venues during widespread pandemic illness, should seek advice from their line manager.





**CabinetOffice**



# **Swine Flu**

## **UK Planning Assumptions**

**Issued 16 July 2009**

# Planning Assumptions for the First Wave of Pandemic Influenza

16 July 2009

## Purpose

*These planning assumptions relate to the current A(H1N1) epidemic and are appropriate for the first wave. They provide a common agreed basis for planning across all public and private sector organisations. Working to this common set of assumptions will avoid confusion and facilitate preparedness across the UK.*

*These planning assumptions are based on analysis and modelling of data from both inside and outside the UK. They will be kept under review, and are subject to change as further data become available on the current pandemic strain of Influenza.*

*There are a number of parameters each taken at their 'reasonable worst case' value. Taken together they represent a relatively unlikely scenario; they should therefore not be taken as a prediction of how the pandemic will develop. Planning against the reasonable worst case scenario will ensure, however, that plans are robust against all likely scenarios. Response arrangements must be flexible enough to deal with the range of possible scenarios up to the reasonable worst case and be capable of adjustment as they are implemented.*

*As further UK and international surveillance data emerges we will be looking to develop these planning assumptions and extend them beyond this period. It is possible that the virus may mutate, becoming more or less virulent, and it is important to remain prepared for the full range of possibilities. Therefore, any planning for future periods should be based on the standard reasonable worst case assumptions promulgated in pre-pandemic planning as set out in the 'National Framework for responding to an influenza pandemic' Chapter 3.*

## Timing and duration of the pandemic

It is unclear whether the pandemic will unfold as a single extended 'wave' or multiple waves separated by periods of reduced case numbers. At the current time, mid July 2009, the rate at which new cases accumulate is continuing to accelerate, consistent with an exponentially growing epidemic. If the current growth in cases is sustained, a substantial wave of cases with up to 30% of the population experiencing symptoms could peak in early September, although a smaller but earlier peak is also possible.

Alternatively, seasonal effects might substantially slow the epidemic in July and August – perhaps to the extent of leading to a decline in weekly cases in August, before resurgence in the autumn, for example when schools reopen. If so, the overall peak of the pandemic might be delayed to October or even later.

## Geographic Spread

There may be a large variation in epidemic profile from one local area to another (even for a given overall clinical attack rate). The planning assumptions are thus shown both across the UK and for local areas where different<sup>1</sup>.

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<sup>1</sup> Throughout this document a "local area" refers to a population of about 100,000 to 750,000. National refers to the UK population of about 62,300,000.

## Summary of the Planning Assumptions for the pandemic in 2009

The tables below summarise the key planning assumptions. As noted above, this represents a “reasonable worst case” for which to plan, not a prediction. The first table covers the specific period until the end of August, while the second covers the first major wave of A(H1N1) infection more generally. They are explained in more detail in the supporting text below. All apply both across the UK and to local areas except where specific local assumptions are shown.<sup>2</sup>

<b><u>Planning assumptions to August 31<sup>st</sup> 2009</u></b>	
<b>Assumption</b>	
Clinical Attack Rate	5%-10%
Peak clinical attack rate	2-5% per week
Complication rate	15% of clinical cases
Hospitalisation rate	2% of clinical cases
Case fatality rate	0.1% of clinical cases <sup>3</sup>
Peak Absence rate	9% of workforce

<b><u>Planning assumptions for first major pandemic wave</u></b>	
Clinical Attack Rate	30%
Peak clinical attack rate	6.5% (local planning assumption 4.5%-8%) per week
Complication rate	15% of clinical cases
Hospitalisation rate	2% of clinical cases
Case fatality rate	0.1-0.35% of clinical cases
Peak Absence rate	12% of workforce

### Clinical attack rate

*Description:* The proportion of the population who *become* ill with influenza, totalled over a complete wave of infection. (These are the *clinical cases*.)

*Assumption:* Up to 30% of the population may become ill (i.e. have influenza-like-illness) in the first major wave of infection. The clinical attack rate by 31<sup>st</sup> August may be as high as 10%.

*Commentary:* These are averages over all ages in the population. Currently it is thought that final attack rates among children may reach 50%, with significantly lower rates than 30% in older people. The proportion of the population infected (the serological attack rate) may, finally, be as high as 60%. This is because in addition to the 25-30% who develop clinical symptoms a further 25-30% may be infected but show no or insignificant symptoms.

Extrapolating the current trends, and assuming no seasonal impact on transmission, gives a worst case attack rate up to 10% by the end of August, with the epidemic going on to peak in September with an overall attack rate for the wave of 30%. Alternatively, if seasonal factors become important, the overall attack rate may be as little as 5% by September.

<sup>2</sup> At present, the local assumptions differ from those for the UK only as regards the peak clinical attack rate. However, this may change as more evidence becomes available.

<sup>3</sup> The 0.1% figure is based on experience outside the UK. Figures up to 0.35%, though unlikely, cannot be currently ruled out from UK data.

## The peak clinical attack rate

*Description:* The proportion of the population who *become* ill in the peak week.

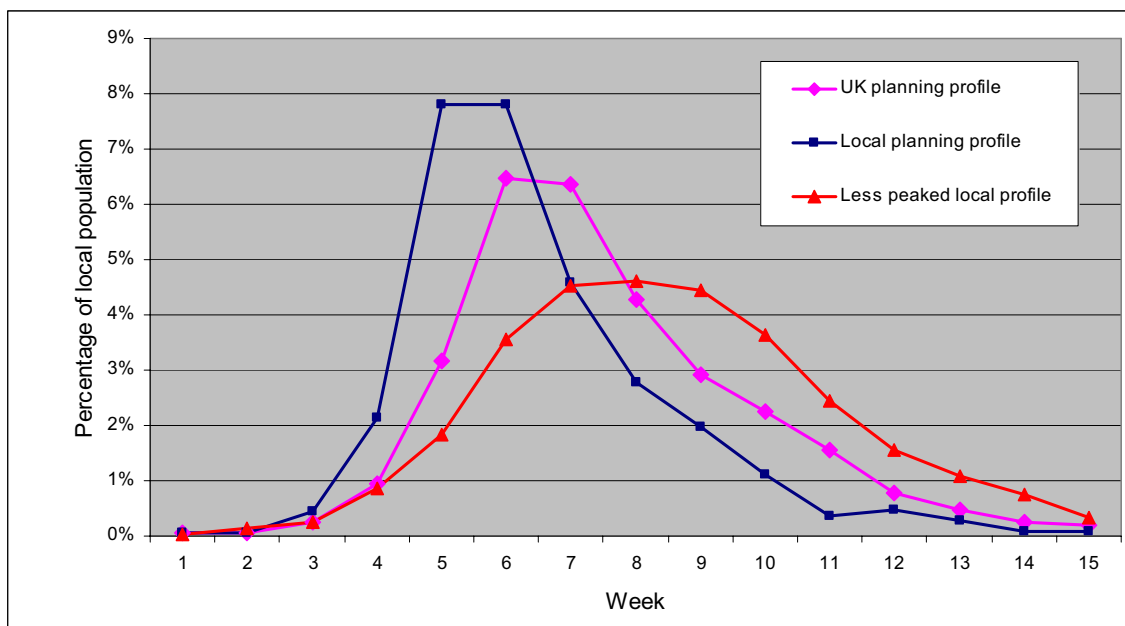
*Assumption:* The local area planning assumption is that up to 8% of the population in any given locality may become ill per week at the height of the pandemic this year. This peak rate might be sustained for a fortnight. The maximum weekly attack rate at the end of August may be up to 5%.

*Commentary:* The 8% figure is for a *local area*. It is higher than the UK planning assumption of 6.5%. Indeed, if the UK epidemic is extended over a relatively long period, local epidemics may have peak clinical attack rates substantially higher than the UK epidemic as a whole. This is due to variation both in the clinical attack rate and in the epidemic profile (see below). However, it should also be recognised that some areas may have less peaked, longer-lasting epidemics. Because both highly-peaked and more lengthy epidemics pose challenges, planning should take account of the full range of possibilities.

At a UK level, simple extrapolation of the case curve to date would predict a peak attack rate at the end of August of 2 to 5% depending on how seasonal factors affect transmission.

The graph below illustrates three possible profiles for local epidemics, one following the UK planning profile exactly and the others demonstrating possible local variations. Each has a total clinical attack rate of 30% (represented by the area under each curve).

**Figure: Local Planning Profiles: Proportion of Local Population Becoming Ill per week**



The forecasting of the timing of 'Week 1' of the UK epidemic should become possible when the number of cases exceeds influenza like illness rates. If the epidemic continues to grow at the current rate then this could be as early as the first week in August. However 'Week 1' of the local epidemic curve may vary from local region to local region.

## Complication rate

*Description:* The proportion of those ill who are expected to require additional treatment, such as the prescription of antibiotics (but not necessarily hospitalisation, see below).

*Assumption:* The complication rate may be up to 15% of clinical cases<sup>4</sup> over the current wave of infection.

*Commentary:* Complication rates (and hospitalisations and deaths) are expected to be higher, as a proportion of those who become ill, in the very young, clinical at-risk groups and older people. As noted previously, older people may be less likely to become ill with this infection, but they are more likely to suffer from complications if they do become ill.

### **Case hospitalisation rates**

*Description:* The proportion of those ill who (if capacity exists) should be hospitalised.

*Assumption:* Up to 2% of clinical cases may require hospitalisation over the current wave of infection, of whom 25% could, if the capacity exists, require intensive care.

*Commentary:* Hospitalisation rates for seasonal influenza are typically in the range 0.5 -1.0% of those who become ill. Current experience in the UK with the A(H1N1) virus suggests that planning should continue on the basis of the assumption given above.

### **Case fatality ratio**

*Description:* The proportion of those ill (clinical cases) who die due to influenza, totalled over a complete wave of infection.

*Assumption:* For the current H1N1 epidemic, the case fatality ratio is expected to be in the range for seasonal influenza, that is 0.1% - 0.35% of clinical cases. Current experience from abroad suggests a figure closer to 0.1% at present but ratios up to 0.35% cannot be ruled out on the basis of current UK data. In addition, there remains a risk that the case fatality ratio may increase in the autumn (e.g. due to a higher incidence of bacterial coinfection, viral evolution or host susceptibility factors).

*Commentary:* Case fatality ratios are particularly difficult to estimate. To do so requires knowledge of (a) the total number of cases, including those that are very mild, and (b) the number who die because of influenza but whose deaths have been recorded as due to an underlying condition made worse by influenza. Both these factors are difficult to ascertain. The delay between the onset of illness and report of death must also be taken into account when calculating this ratio.

### **Absence from work due to illness**

*Description:* The proportion of the workforce who may be absent from work at the peak of the local epidemic because they are ill themselves or because they are looking after ill children.

*Assumption:* Absences rates for illness may reach 12% of the workforce in the peak weeks of the current wave and up to 9% by the end of August<sup>5</sup>.

*Commentary:* This estimate assumes an average absence of 7 working days for those without complications, 10 working days for those with complications, and some allowance for those at home caring for ill children. This estimate is for absence over and above “normal” holiday leave

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<sup>4</sup> a person infected and with symptoms of influenza.

<sup>5</sup> Note these numbers are based on data from previous epidemics during the 20<sup>th</sup> century and are subject to some uncertainty.

and non-pandemic illness. It does not include any additional absence due to fear of pandemic illness or the need to look after ill dependent relatives or friends other than children.

If schools are closed due to influenza during term-time (due to lack of availability of staff or planned closure), absence rates may increase as parents may need to stay at home to look after children. (It has been estimated that this could cause an additional 15% of the workforce to be absent.)

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## Swine flu: crisis management

When a six-year old pupil tragically died of swine flu in the London Borough of Hillingdon, the media spotlight turned on the council. This case study looks at how its communications team supported schools, council staff and the primary care trust.

- [Key learnings for other councils](#)
- [Background](#)
- [What we did](#)
- [Problems and how we tackled them](#)
- [What we could have done better?](#)
- [Further information](#)
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### Key learnings for other councils

Get your contacts and roles sorted straight away. Managing something like this means working quickly and effectively with a variety of people. Make sure you are clear on who the lead authority is and who your main point of contact is internally.



Make yourself or someone in your team the expert. Make sure you have a lead in your team so is up to speed with all the latest developments at a strategic and operational level and has working contact with other people who can be relied on for important information.

Think the unthinkable and be prepared for it. The media are always looking for the 'new' story around any big issue and it might just be your council. Put plans in place for the communications that you will provide at certain 'trigger points', for example, first case in the borough, first death, first in the council etc.

## **Background**

The council already had contingency plans and has worked closely with civil protection officers since news of the virus hit the headlines in April 2009.

A communications lead is the main point of contact for swine flu and is in constant liaison with the civil protection service. This is because they receive more information from the Health Protection Agency about the ongoing development of the virus.

A communications person is also involved in any strategic meeting about the council's overall response and management of the situation. This means we always have an overall perspective on the current situation.

## **What we did**

### **Internal communications**

When news of the virus hit the headlines back in April a message was sent to all staff from the chief executive to reassure them.

Information about swine flu – for example, contact numbers for those with symptoms – was published on the council intranet.

All managers were sent a briefing about what to do should their staff become ill or show symptoms.

### **Schools**

As the first cases in schools began to be reported, we needed to ensure that our schools were supported to deal with enquiries from concerned parents. All head teachers were sent:

- a letter from the director of education reassuring them of the council's response and support if they needed it
- a simple process chart informing them of what to do should they be alerted to a case in their school
- some general questions and answers about symptoms and other health advice
- press office contacts, including out-of-hours numbers, so that the council's communication team could deal with any media enquiries.

### Ongoing

We update all briefings and information regularly as the pandemic continues. All information about swine flu comes through the communications team to ensure that it's appropriate and accurate.

Overall internal communications involve:

- intranet information and staff chat forums
- managers' briefings
- members' briefings
- staff newspaper
- schools support
- contact centre briefings
- posters from the primary care trust (PCT)

External communications involve:

- resident magazine
- council website and other e-comms channels
- media relations
- partner communications

## Problems and how we tackled them

### Tragic death

As the first cases in the borough became known the council worked with the PCT to deal with a relatively low number of enquiries from local media. The council's communication team briefed the lead local reporter about swine flu in general and the importance of maintaining a sense of perspective on the situation. Consequently, the first cases were reported accurately and in a balanced way.

In June however, six-year old pupil Chloe Buckley – who had been confirmed as suffering from swine flu – tragically died. The borough immediately became the focus of national media attention. The local health authority organised a meeting for parents at Chloe's school. The council's communications lead attended to support the head teacher and the director of education.

The cause of death had not been confirmed at this point, so the council felt it was best placed to speak to the media – rather than a health professional – on behalf of the school.

The council's communications lead briefed the media outside the school. This was broadcast live on Sky News and subsequently on all major news channels and quoted in every national paper.

During this time, the council press office was inundated with calls and requests for further information, photos of the pupil and more. To manage this, two press officers were taken off normal duties to be the point of contact and a resource for the communications lead at the school. Press officers also worked an out-of-hours service to handle enquiries on a rota basis.

### **Partners in communications**

This situation really tests your partnership relationships and requires constant liaison to manage effectively. The local health authority is the lead in this kind of situation and so we spoke to them constantly to ensure that the messages we were putting out were accurate and consistent with theirs.

The council were not the overall leads in the swine flu response but found it necessary to help manage media enquiries and wider communications. Whilst this could be frustrating, it was a joint effort. The key was to keep the lines of communication open, constantly and consistently with our partners. Neither agency could have responded to the situation without the support of the other. Frank and honest discussion between us was vital.

Councils have a responsibility and an opportunity here to be community leaders and must take the lead where necessary to ensure this happens.

### **Accuracy, timing and consistency of the message**

There is a lot of information about swine flu from a variety of sources. Initially it was difficult to get consistent information to communicate internally. We needed to be sure we were providing the right information to the right people.

As anxiety about swine flu increased, the team had to manage frequent requests for briefings, staff memos and information. To overcome this our communications lead was part of the strategic group managing the council's response. This means that we are on top of what needs to be communicated and when, and don't overload staff with too frequent and unnecessary information.

### **Media appetite for information**

When dealing with the response to Chloe's death, a major issue for us was being able to provide a good and timely service to the media while respecting the parents' wishes for privacy during a very difficult time.

The media wanted photos, interviews with the parents and further information about the child. Understandably, the family didn't want to provide this so the press team had to manage these requests very tightly. We were able to overcome this by pressing the PCT to agree a statement with the family so that the media had something and would leave the family to grieve in peace.

### **What we could have done better?**

At the beginning we underestimated the extent that communications would be relied on to lead, advise and coordinate the response internally and externally. This meant unforeseen demands on the capacity of the team. We now have letter and briefing templates in place for updating information. Having them prepared in advance would have been helpful.

As with any contingency plans, you only know how good they are when they're really tested and – as the swine flu pandemic continues – are adapting the way we work to manage this on-going situation.

### **Further information**

Emma Marsh  
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Corporate Communications  
London Borough of Hillingdon  
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### **Useful links**

[Swine flu \(H1N1\): information for elected members](#)

[Swine flu](#) – on the Local Government Association website

[More about swine flu](#) – on the Directgov website

Have you got good practice to share about dealing with the swine flu problem? Join the discussion in the Communications Forum.

[The Communications Forum](#)

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# Agenda Item 6

**Work Programme 2009/10**

**Contact Officer:** Khalid Ahmed  
**Telephone:** 01895 250833

## **REASON FOR ITEM**

This report is to enable the Committee to review meeting dates and forward plans. This is a standard item at the end of the agenda.

## **OPTIONS AVAILABLE TO THE COMMITTEE**

1. To confirm dates for meetings
2. To make suggestions for future working practices and/or reviews.

## **INFORMATION**

*All meetings to start at 7.30pm*

<b>Meetings</b>	<b>Room</b>
<b>9 June 2009</b>	<b>CR 3</b>
<b>7 July 2009</b>	<b>CR 3</b>
<b>23 July 2009</b>	<b>CR 3</b>
<b>8 September 2009</b>	<b>CR 3</b>
<b>14 October 2009</b>	<b>CR 3</b>
<b>12 November 2009</b>	<b>CR 3</b>
<b>20 January 2010</b>	<b>CR *</b>
<b>23 February 2010</b>	<b>CR *</b>
<b>17 March 2010</b>	<b>CR *</b>
<b>21 April 2010</b>	<b>CR *</b>

\* Rooms to be allocated by FM

Corporate Services & Partnerships Policy Overview Committee

**2009/10 DRAFT Work Programme**

<b>Meeting Date</b>	<b>Item</b>
<b>9 June 2009</b>	Setting High Ethical Standards – Implementation of Action Plan
	Discussion on work programme for 2009/10
	Cabinet Forward Plan
<b>7 July 2009</b>	Deputy Chief Executive's and Finance and Resources reports on Key Performance Indicators linked to Group Plans
	Work programme for 2009/10: Draft Scoping Report on the Economic Effects of a Pandemic and its Effect on Council services and residents
	Cabinet Forward Plan
<b>23 July 2009</b>	Budget Outturn and Context for 2009/10
	Work Programme 2009/10
	Work programme for 2009/10: Finalisation of Scoping Report on the Impact of a Pandemic in Hillingdon and the Effects on Council Services and Residents
	Witness Session 1
	Work Programme
	Cabinet Forward Plan
<b>8 September 2009</b>	Major Review in 2009/10 – First Review
	Witness Session 2
	Cabinet Forward Plan
	Work Programme



<b>14 October 2009</b>	Major Reviews in 2009/10 – First Review
	Witness Session 3
	Cabinet Forward Plan
	Work Programme

<b>12 November 2009</b>	Major Reviews in 2009/10 – First Review
	Witness Session 4
	Cabinet Forward Plan
	Work Programme

<b>20 January 2010</b>	Direction of Travel for Performance Indicators
	Presentation of Group Plans for 2010/2011
	Draft Budget for Consideration
	Major Reviews in 2009/10 – First Review
	Final Report
	Draft Scoping Report for Second Review
	Cabinet Forward Plan
	Work Programme

<b>23 February 2010</b>	Major Reviews in 2009/10 – Second Review
	Witness Session 1
	Cabinet Forward Plan
	Work Programme

<b>17 March 2010</b>	Major Reviews in 2009/10 – Second Review
	Witness Session 2
	Cabinet Forward Plan
	Work Programme

<b>21 April 2010</b>	Major Reviews in 2009/10 – Second Review Witness Session 3
	Cabinet Forward Plan
	Work Programme

## **Cabinet Forward Plan**

**Contact Officer:** Khalid Ahmed  
**Telephone:** 01895 250833

### **REASON FOR ITEM**

The Committee is required to consider the Forward Plan and provide Cabinet with any comments it wishes to make before the decision is taken.

### **OPTIONS OPEN TO THE COMMITTEE**

1. Decide to comment on any items coming before Cabinet
2. Decide not to comment on any items coming before Cabinet

### **INFORMATION**

1. The Forward Plan is updated on the 15<sup>th</sup> of each month. An edited version to include only items relevant to the Committee's remit is attached below. The full version can be found on the front page of the 'Members' Desk' under 'Useful Links'.

### **SUGGESTED COMMITTEE ACTIVITY**

1. Members decide whether to examine any of the reports listed on the Forward Plan at a future meeting.

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# The Cabinet Forward Plan September 2009 to December 2009 onwards - (Corporate Services and Partnerships POC)

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; E&CP = Env't & Consumer Protection; F&R = Finance & Resources; P&CS = Planning & Community Services									
<b>CABINET - 24 SEPTEMBER 2009</b>									
SI	<b>Monthly Council Budget - monitoring report</b>	The Cabinet receives a monthly report setting out in detail the council's revenue and capital position.	All		Cllr Jonathan Bianco	<b>F&amp;R</b> Paul Whaymand 01895 556074			
SI	<b>Reports from Policy Overview Committees - submitted in accordance with the constitution</b>	Major Policy Review recommendations for consideration by the Cabinet as and when completed			as appropriate	<b>DCEO</b> Mark Braddock 01895 250470			
SI	<b>Quarterly Voluntary Sector Leases Report</b>	Regular quarterly report on discounted leases to voluntary sector organisations that benefit residents and the wider community	All		Cllr Jonathan Bianco	<b>F&amp;R</b> Gregory Morrison			
SI	<b>Quarterly Performance report and LAA Monitoring - Quarter 1</b>	Regular monitoring report about how the council is progressing against the targets in the Local Area Agreement.	All		Cllr Douglas Mills	<b>DCEO</b> Ian Edwards 01895 250612			
SI	<b>Quarterly Performance Monitoring of the Sustainable Community Strategy - Quarter 1</b>	This is the first regular quarterly monitoring report of the Sustainable Community Strategy about how the council and its partners are performing and delivering its priorities as set out in the Strategy.	All		Cllr Douglas Mills	<b>DCEO</b> Ian Edwards 01895 250612			<b>NEW</b>
SI	<b>Quarterly Performance report and Council Plan monitoring - Quarter 41</b>	Regular monitoring report about how the council is performing and delivering its priorities as set out by the Leader in the Council Plan.	All		Cllr Douglas Mills	<b>DCEO</b> Susie Kemp 01895 277182			
<b>CABINET MEMBER - SEPTEMBER 2009</b>									

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; E&CP = Env't & Consumer Protection; F&R = Finance & Resources; P&CS = Planning & Community Services									
321	Hillingdon Academy Tender	The report will provide justification to recommend a single supplier who provides the Council with optimum value for money and innovative delivery solutions, to effectively deliver the Hillingdon Academy Programme from November 2009 - 2012.	Various		Cllr Douglas Mills & Scott Seaman-Digby	DCEO Alison Gorman	Internal		NEW
SI	Standard Items taken each month by the Cabinet Member	Cabinet Members make a number of decisions each month on standard items - details of these standard items are listed at the end of the Forward Plan.	Various		All	DCEO Nikki Stubbs 01895 250472	Various	Various	
<b>CABINET - 15 OCTOBER 2009</b>									
319	Appointment of Banking Services Supplier to the London Borough of Hillingdon	The Council's main banking contract expires on 31.3.2010. The report will outline the tendering process and results, and recommend that a new contract be awarded to the preferred supplier.	All		Cllr Jonathan Bianco	F&R Annette Reeves			
SI	Monthly Council Budget - monitoring report	The Cabinet receives a monthly report setting out in detail the council's revenue and capital position.	All		Cllr Jonathan Bianco	F&R Paul Whaymand 01895 556074			
SI	Reports from Policy Overview Committees	Major Policy Review recommendations for consideration by the Cabinet as and when completed			as appropriate	DCEO Democratic Services			
<b>CABINET - 19 NOVEMBER 2009</b>									
SI	Monthly Council Budget - monitoring report	The Cabinet receives a monthly report setting out in detail the council's revenue and capital position.	All		Cllr Jonathan Bianco	F&R Paul Whaymand 01895 556074			
<b>CABINET - 17 DECEMBER 2009</b>									

Ref	Report Title	Advance information	Ward(s)	Report to Full Council	Cabinet Member(s) Responsible	Officer Contact	Consultation	Background Documents	NEW ITEM
ASCH&H = Adult Social Care, Health & Housing; DCEO = Deputy Chief Executive's Office; E&CS = Education & Children's Services; E&CP = Env't & Consumer Protection; F&R = Finance & Resources; P&CS = Planning & Community Services									
354	<b>The Council's Budget - Medium Term Financial Forecast 2010/11 - 2013/14</b>	This report will set out the Medium Term Financial Forecast (MTFF), which includes the draft General Fund reserve budget and capital programme for 2010/11 for consultation, along with indicative projections for the following three years.	All		Cllr Jonathan Bianco	<b>F&amp;R</b> Paul Whaymand	Internal only with Council departments - the proposals will then be subject to public consultation through the Policy Overview Committee in accordance with the Budget and Policy Framework rules and statutory consultation with business ratepayers	Local government finance settlement information on DCLG website	<b>NEW</b>
355	<b>Financial Support to Voluntary Organisations</b>	The report to Cabinet will make recommendations on the level of financial support to voluntary organisations for the 2010/11 financial year.	All		Councillor Douglas Mills	DCEO Nigel Cramb 01895 250394			<b>NEW</b>
SI	<b>Monthly Council Budget - monitoring report</b>	The Cabinet receives a monthly report setting out in detail the council's revenue and capital position.	All		Cllr Jonathan Bianco	<b>F&amp;R</b> Paul Whaymand 01895 556074			
SI	<b>Quarterly Voluntary Sector Leases Report - Quarter 2</b>	Regular quarterly report on discounted leases to voluntary sector organisations that benefit residents and the wider community	All		Cllr Jonathan Bianco	<b>F&amp;R</b> Gregory Morrison			
SI	<b>Quarterly Performance report and Council Plan monitoring - Quarter 2</b>	Regular monitoring report about how the council is performing and delivering its priorities as set out by the Leader in the Council Plan.	All		Cllr Ray Puddifoot & Cllr Douglas Mills	<b>DCEO</b> Susie Kemp 01895 277182			

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SI	<b>Quarterly Performance report and LAA Monitoring - Quarter 2</b>	Regular monitoring report about how the council is progressing against the targets in the Local Area Agreement.	All		Cllr Douglas Mills	<b>DCEO</b> Ian Edwards 01895 250612			
SI	<b>Quarterly Performance Monitoring of the Sustainable Community Strategy - Quarter 2</b>	Regular quarterly monitoring report of the Sustainable Community Strategy about how the council and its partners are performing and delivering its priorities as set out in the Strategy.	All		Cllr Douglas Mills	<b>DCEO</b> Ian Edwards 01895 250612			<b>NEW</b>