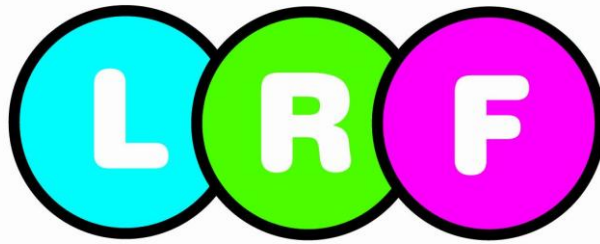


Devon • Cornwall • Isles of Scilly



Local Resilience Forum

VULNERABLE PEOPLE TACTICAL FRAMEWORK

Final – Version 1.0



PREPARING FOR EMERGENCIES

Vulnerable People Tactical Framework

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15/5/10	0.5	Numbering Changes from HAES meeting	PC	RH	17/5/10
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8/11/10	0.7	Addition for local authority annexes to access VP data	RH	RH	8/11/10
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1. Introduction and Background

- 1.1 Vulnerability can result from many conditions and circumstances and what makes one person vulnerable or become vulnerable in an emergency will vary greatly, not only from person to person but from one type of emergency to another. Generally, from the resilience planning standpoint, Vulnerable People can be defined as those who are less able to help themselves or who are unable to be **'self-reliant'** in an emergency. Whilst this is a very general definition, it highlights the point that in an emergency it is not only those who would usually be described as vulnerable – eg hospital patients, care homes, etc, or those known by Social Care Services and in direct receipt of services – but recognises that people may become vulnerable because of the circumstances of an emergency.
- 1.2 Recent severe weather incidents, both flooding and winter weather, have emphasised the need to underpin previous planning to take care of all types of vulnerable people. It is the intention of this plan to develop a framework around which an effective and timely response to address the needs of vulnerable people can be put in place as soon as reliable information is received that an emergency is imminent.
- 1.3 The plan identifies agencies involved in caring for vulnerable people and sets out arrangements whereby information can be accessed and combined in an emergency. However it does not lose sight of the fact that as an emergency progresses, particularly one that can be described as a 'rising tide' emergency, then there are increasing numbers of newly vulnerable people whose needs require to be recorded, prioritised and attended to.
- 1.4 Two pieces of work are pivotal to the plan. Firstly, the Devon, Cornwall and Isles of Scilly Local Resilience Forum (LRF) has developed an Information Sharing Protocol, the purpose of which is to allow the effective sharing of information during an emergency. This is fundamental to a joint-agency approach to this issue. Secondly, work has already been done to compile an LRF Vulnerable Sites database, including information on schools, residential and nursing homes, prisons and hospitals. Whilst individuals in their individual locations will present many logistical challenges for emergency responders, it must not be forgotten that the majority of vulnerable people are likely to be institutionalised, and their needs must be considered as a priority. Information on vulnerable sites will be held at local authority level.
- 1.5 Part 1 of the Civil Contingencies Act 2004 sets out the responsibilities on Category 1 responders to plan for and meet the needs of those who may be vulnerable in emergencies. The HM Government document dated February 2008 **Identifying People Who Are Vulnerable in a Crisis** (February 2008) states that *"the emphasis falls significantly upon the Local Authority Departments (most notably emergency planning and social care) and their partner health authorities to meet the planning and response need of this statutory responsibility."*
- 1.6 The work has been done in the context of the Data Protection Act 1998 and Freedom of Information Act 2000, which generally means it is un-wise to share specific information about individuals in advance of an emergency actually happening.
- 1.7 This plan has been compiled by Devon County Council, on behalf of the LRF Humanitarian Assistance / Evacuation and Shelter sub-group. It provides a flexible and scalable arrangement for providing support to people identified as vulnerable during a major emergency.

2. Purpose of the Plan

2.1 The purpose of this plan is to provide a mechanism whereby vulnerable people can be identified in an emergency, to enable their needs to be prioritised and met. The intention is for this plan to be strategic rather than operational, however the concept of how information would be pulled together in an emergency is outlined in the plan.

2.2 Specific objectives of the plan are to:

- identify the agencies who have information regarding vulnerable people
- define what is meant by a vulnerable person in this regard
- establish contact details for those agencies and to ensure that data can be obtained quickly, 24/7, in an emergency at short notice
- set out a scalable response, depending on the level of emergency
- at level 2 response, to set out a concept of operations, including the establishment of a Vulnerable People Coordination Group which would report into either the Strategic or Tactical command structure established to respond to the emergency in question.

3 Definition of vulnerable people

3.1 Many of the vulnerable individuals concerned with a particular emergency will be known to existing service providers. There are others who, for a variety of reasons, are more difficult to identify, eg those who live in the community as individuals not in receipt of social care, visitors to the area or the homeless. The table below summarises potentially vulnerable people and organisations most likely to be able to identify them.

Potentially Vulnerable Individual/Group	Examples and Notes	Target through the following organisations/agencies
Children	Where children are concerned, whilst at school the school authorities have duty of care responsibilities. Special needs schools and toddler playgroups may require more attention than others.	LEA schools through Local Authorities, and non-LEA schools through their governing body or proprietor. Crèches / playgroups / nurseries
Older People	Certain sections of the elderly community including those of ill health requiring regular medication and/or medical support equipment Those aged 80 or over are more likely to be widowed women, which may impact upon your planning	Residential Care Homes Help the Aged Adult Social Care Nursing Homes
Mobility impaired	For example: wheel chair users; leg injuries (e.g. on crutches); bedridden/non movers; slow movers.	Residential Care Homes Charities Health service providers Local Health Authorities
Mental/cognitive function impaired	For example: developmental disabilities; clinical psychiatric needs; learning disabilities.	
Sensory impaired	For example: sight, hearing or speech impaired	Charities eg the Deaf Council Local groups

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Individuals known to and supported by Health or Local Authorities		Social Care Services GP surgeries
Temporarily or permanently ill	Potentially a large group encompassing not only those that need regular medical attention (e.g. dialysis, oxygen or a continuous supply of drugs), but those with chronic illnesses that may be exacerbated or destabilised either as a result of the evacuation or because prescription drugs were left behind.	GP surgeries Other health providers (public, private or charitable hospitals etc.) Community and District nurses
Individuals cared for by relatives		GP surgeries Carers groups
Homeless		Shelters, soup kitchens
Pregnant women		GP surgeries Local maternity units Community midwives
Those in hospital, residential/nursing homes		Local Authorities, Primary Care and Care Trusts
Prisoners		HM Prison Service
Socially vulnerable	Those with low or no income that cannot afford to assist themselves, eg homeless	Voluntary Agencies
Minority language speakers	Includes asylum seekers and refugees	Community Groups Job centre plus
Tourists		Transport and travel companies Hoteliers
Travelling community	Gypsy, Roma, travellers	LA traveller services Police liaison officer

3.2 Being in one of these categories does not automatically denote vulnerability and stereotyping should be avoided. Whether some are vulnerable is dependent upon a complex inter-relationship between:

- the type of emergency
- the type of response required – eg evacuation requires different considerations in respect of the vulnerable than shelter in situ
- the availability of support that individuals normally receive from their support networks.

4. Organisations that hold data on vulnerable people

4.1 The following types of organisation will hold pertinent data on vulnerable people:

Organisation	Type of data held
Local Authorities	Social Care Services, Rest Homes, Sheltered Accommodation, Independent Care providers

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Health Sector – Primary Care Trusts, including Care Trusts	Acute Trusts, GP surgeries, other healthcare providers
Fire & Rescue service	Kidney dialysis
Faith Groups	Knowledge of vulnerable people potentially outside formal mechanisms
Utilities (Gas Water Electricity)	Knowledge of people with vulnerabilities to loss of service, they ought to be duplicating those from health or social services sources.
Telecommunications Companies	Knowledge of people with special communications needs
Housing Association / charity	Knowledge of vulnerable people potentially outside formal mechanisms
Community Warden	Knowledge of vulnerable people potentially outside formal mechanisms
Parish and Town Councils	Knowledge of vulnerable people potentially outside formal mechanisms
Flood warden	Local knowledge of geography, allied to key individuals at risk.

A specific list of organisations and contact details is given in annex A.

5. Vulnerable Sites information

5.1 The information and sources outlined above are about accessing information on people living outside of formalised institutions. The majority of vulnerable people will of course be housed in such institutions, including:

- Hospitals (acute, private and community)
- Mental Health institutions
- Prisons
- Residential and Nursing Homes
- Schools (primary, secondary, special)

Each local authority will hold pertinent information, broadly:

- Type of institution
- Location, including post code
- Capacity – ie numbers

Further definitions are given in annex D.

Each LA must be able to access up-to-date information in an emergency and provide to the local tactical command level. Access pathways for each local authority are to be maintained locally, subject to periodic testing. Information should be updated as a minimum once every two years. On update, a copy should be passed to the LRF Secretariat, then on to Force Silver Control locations.

6. Level of response

6.1 Level 1 response

A basic level response will suffice for most emergencies that are of short duration. The concept of identifying vulnerable people should be uppermost in the minds of emergency responders, particularly in situations where able-bodied people are able to make their own arrangements. At this level, responders should use 'best endeavours' to identify those made vulnerable by the emergency. This will, largely, rely on local knowledge of those involved, including local parish councils, voluntary groups (eg neighbourhood watch) and those directly affected. For example, if a street is to be evacuated because of the threat of fire or explosion, the emergency responders on the ground should enquire of residents being evacuated whether there are people who are less able to respond, through physical or mental fragility.

A level 1 response would include reference to the vulnerable sites database held at local authority level (see Annex F below). It is anticipated that a level 1 response would be sufficient for incidents where a Silver level of command has been established.

6.2 Level 2 response

This enhanced level response should be set up for severe or longer lasting response, most likely where a multi-agency Strategic Coordinating Group (Gold) has been established. At level 2, information will be sought on vulnerable people at an individual level. Access will be given to the 'list of lists' – largely, annex A of this document – to enable information to be pulled together once the geographical extent of the emergency, where relevant, has been established. Part of the purpose of this plan is to identify contact points to access this information and to ensure that agencies listed are prepared to submit this information quickly, on a 24/7 basis.

A Vulnerable Peoples Coordination Group (VPCG) should be established, with characteristics as follows:

- Chair should be the Director (or nominee) of Adult Social Care from the local authority most affected by the crisis
- The VPCG will work close with both Social Care Services and the NHS, across authority boundaries in the instance of a wide ranging emergency
- The VPCG will prioritise the response to the vulnerable depending on the nature of the incident
- The VPCG will also have the mechanism available to pull together information from various agencies – a suggested format is set out in annex C
- This central database will be updated with the identification of newly vulnerable people, although consideration must be given to the resource (ie staffing) required to ensure this list is up to date and an effective representation of the situation
- A suggested terms of reference, structure and staffing of the VPCG is given in annex E

7. Information Sharing Protocol (ISP)

7.1 The LRF has agreed an ISP, the document is obtainable via the LRF Secretariat. The purpose of this agreement is to ensure that sensitive information is readily transferable between agencies, notwithstanding the impact of Data Protection, Freedom of Information and related legislation. It is important that all organisations involved in emergency response sign up to the principle of information sharing (it is a Duty on category 1 responders laid down in the Civil Contingencies Act), as it is envisaged that data sharing in an emergency will proceed according to the principles laid out in this plan and protocols developed by each organisation to facilitate rapid access to vulnerable people data. However it is also important that proper authorisation is obtained for the release and sharing of data, according to the ISP, and that the form at appendix A of the

ISP is completed at some stage of the emergency, and maintained on file to act as an 'audit trail'.

8. Activation, Response and Stand Down

8.1 This plan should be activated if a major emergency is declared and requires support for vulnerable people.

8.2 The senior incident commander (Silver or Gold) will decide which level of activation is required (see above). Level 2 will require a degree of coordination from the Command Post. Identification, activation and management of resources will be at the direction of the incident commander.

8.3 At level 2, when the VPCG is activated, it will report periodically into the Command structure, most likely at Tactical level, and will be responsive to direction agreed at the multi-agency meeting.

8.4 The level of information shared will also vary with timing:

- at the outset of an emerging situation all that is required is an indication of the type and indicative numbers of vulnerabilities that may exist in a geographic area
- details such as location become important in an evacuation or in provision of supplies to those isolated
- naming individuals – bringing with it the key issue of data protection – should only be done where absolutely necessary.

8.5 Stand down of the VPCG will be at the direction of the SCG. Part of the stand down decision will be the deletion of any confidential data no longer required to manage the incident. However, individual agencies would be expected to maintain an audit trail on which decision making was based.

8.6 An activation schematic is attached at annex B.

9. Warning and Informing

9.1 Consideration must be given to vulnerability in putting in place a communications strategy. This includes:

- electronic and paper media
- how to communicate with sensory impaired?
- how to communicate / access 'hard to reach' groups such as the homeless, gypsies and travellers?
- messages should be as clear and simple as possible
- those for whom English is not the first language.

10. Plan Validation and Maintenance

10.1 This plan should be validated by a practical multi-agency exercise held annually to test the ability of each of the organisations listed in Annex A to access the required information in the required timeframe. The exercise must also test the ability of the VPCG coordinator to pull this information together in a common format, using commonly recognised software (ie MS Excel), to produce meaningful information to the incident commander.

10.3 There are no specific training requirements for the workings of this plan.

10.3 This plan is subject to review by the LRF (HAES sub-group) not less than once every 3 years.

Annex A

List of Primary Data Holders and Contact Details

Individuals named in this list are the prime contacts for obtaining information on vulnerable people from that organisation.

Where necessary, additional names should be listed where out-of-hours contact varies.

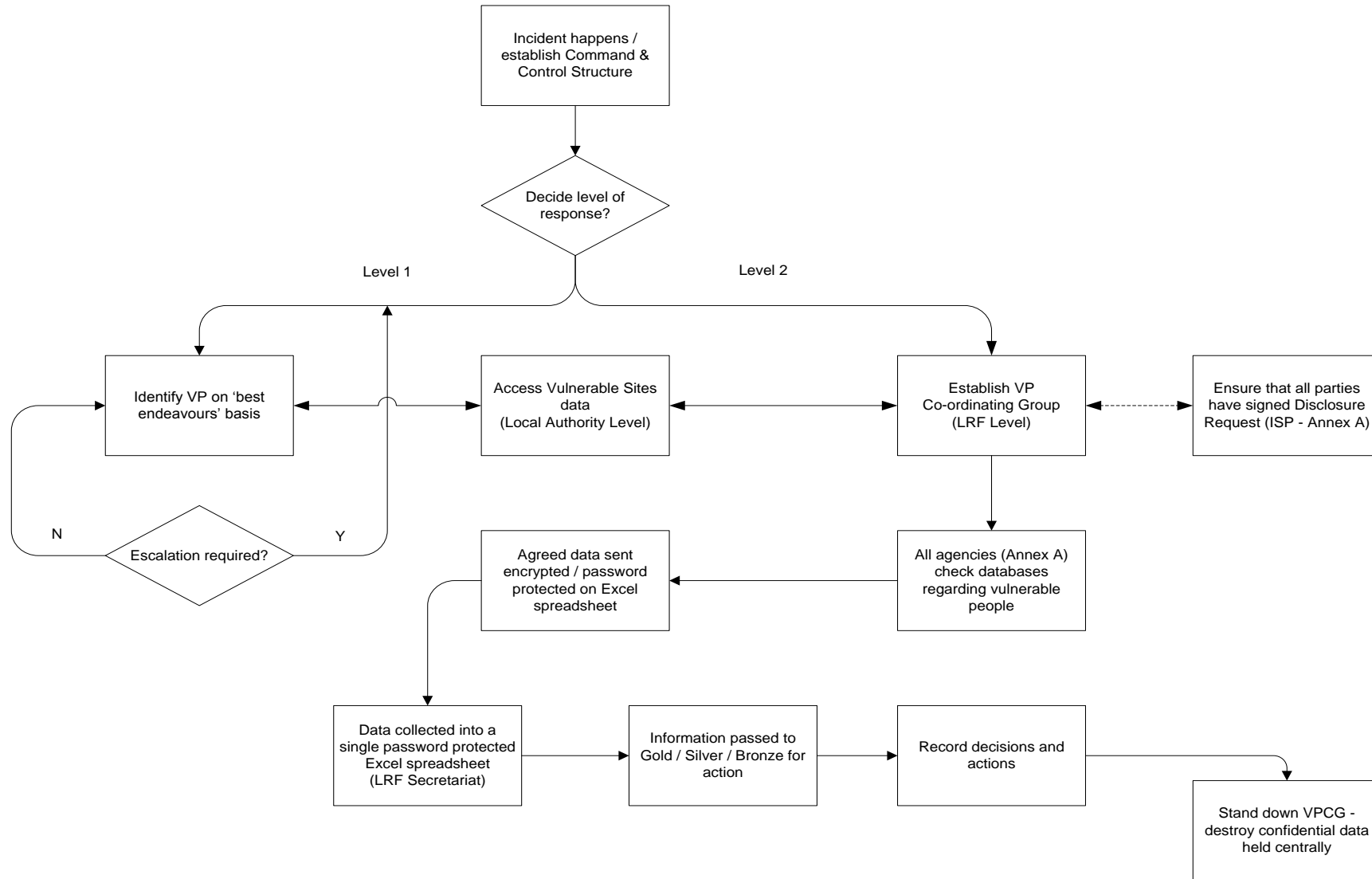
Organisation	24/7 Contact arrangements	Phone	Email (generic)	Address
Cornwall Council	Via Fire Control	01872 320205	emergencymanagement@cornwall.gov.uk	
Devon County Council	Usual 24/7 emergency contacts	07699 734637 01392 380380	emerplan@devon.gov.uk	
Council of the Isles of Scilly				
Plymouth City Council				
Torbay Council	Via Torbay Care Trust – see below		Emergency.planning@torbay.gov.uk	
Cornwall and Isles of Scilly Primary Care Trust	Bodmin Hospital Switchboard	01208 251300	Incident.control@ciospct.cornwall.nhs.uk	Emergency Operations Centre, The Sedgemoor Centre, Priory Road, St Austell, PL25 5AS
Devon Primary Care Trust	Contact on-call Director via Devon Doctors Ltd.	01392 822344	Gold01.devonpct@nhs.net	NHS Devon Commissioning Headquarters County Hall Topsham Road EXETER EX2 4QL
Plymouth Primary Care Trust	Duty Director via Switch Board at LCC	0845 155 8100 Or 01752	n/a	Local Care Centre, Mount Gould Road, Plymouth, PL4

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		268011		7PY
Torbay Care Trust	Ask for Torbay Care Trust on-call manager via Torbay District General Hospital	01803 614567	n/a	Bay House Riviera Park Nicholson Road Torquay TQ2 7TD
Devon & Somerset Fire & Rescue Service	Fire Control 01392 872225 / 872228	01392 872162 01392 872165	DSFRS_Emergency_Planning@dsfire.gov.uk	DSFRS, The Knowle, Clyst St George, Exeter, Devon, EX3 0NW
Cornwall Fire & Rescue Service	As for Cornwall Council			
Utilities:				
All contacts go via	Buster Brown	01392 426441	bbrown@southwestwater.co.uk	South West Water Peninsula House Rydon Lane Exeter EX2 7HR

Vulnerable People - Activation Schematic

Annex B



Annex C**VP information specification and report format**

The following information fields are required:

Field	Mandatory (M) ?
Name	M
Address	M
Postcode *	M
Phone – landline	
Phone – mobile	
Carer / supporter details	
Caring Agency	
Type of vulnerability * (note)	M
Priority rating *	
Gender	
DoB * / age	
Living Alone*	
Registered disabled	

* indicates searchable field

Note:

This information likely to vary by system.

Broad groupings are:

- mobility impaired
- sensory impaired
- other, including
 - o chronic impairment
 - o condition affecting mood, etc
 - o 'processing deficit'

Annex D**Vulnerable Locations in Devon, Cornwall & IoS Local Resilience Forum area**

Each local authority is required to document the information outlined below, and ensure that it is accessible 24/7. Suggested format is as follows:

- Section 1 - Hospitals, Mental Institutions and Prisons**
- Section 2 - Residential and Nursing Homes**
- Section 3 - Schools**
- Section 4 - Local Authority day care facilities**

Data to include:

- ID Number (plot number on the map)
- Establishment (name of establishment)
- Address
- Post code
- Capacity (or Roll)
- Description (general vulnerabilities of the people at the particular site – e.g. mental health)
- Type (whether private, voluntary, or DCC, etc).

Vulnerable People Coordination Group – Terms of Reference

The purpose of the VPCG is to:

- Act as a coordination point in the collection of information on vulnerable people during an emergency
- Make contact with primary data holders (listed in annex A) to obtain the information
- Compile a central log (database) of information on vulnerable people
- Resolve any issues between agencies regarding privacy and data protection in exchanging information
- Advise command and control points (ie Silver and Gold) of the likely nature and extent of vulnerable people affected by the emergency.

Organisation	Role	Comment
Lead local authority adult / community care (ACS)	Chair	Should be chaired at Director level
		Attendance mandatory
Lead PCT	Vice Chair	Attendance mandatory
Police liaison officer	Link to Silver / Gold	Attendance mandatory
Other PCT	Support	Depends on extent of emergency
LA ACS	Support	Depends on extent of emergency
LA CYPS	Support	Optional
Utilities / other primary data holder	Support	Depends on extent of emergency
LRF Secretariat		
- Coordinator	Technical advice	
- Administrator	Data collection, input and maintenance	Will maintain the central database
		Both roles mandatory for the VPCG

The VPCG will meet periodically through the crisis as directed by Silver / Gold.