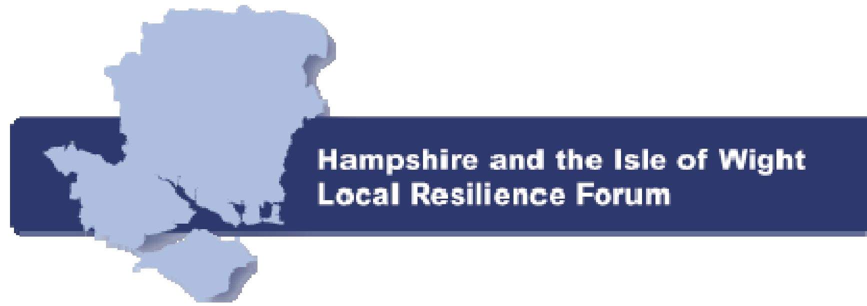


Pandemic Influenza Response Framework

Review date: April 2010

Index

Section	Heading	Page
	Document information	3
Section One	**Background**	4
1	Introduction	4
2	Purpose of document	4
3	Strategic planning	4
4	Key planning assumptions	5
5	Background data	6
6	Risk rating	
7	Demographic profile of population	
Section Two	**Emergency Preparedness**	8
1	LRF Pandemic influenza planning group	8
2	Review of guidance	8
3	Review of plans	8
4	Managing excess deaths	9
5	Communications	9
6	Summary of roles and responsibilities	9
7	Business continuity planning	11
8	Staffing implications	11
9	WHO Alert Levels	12
Section Three	**Emergency Response**	13
1	Operational arrangements	13
2	Surveillance	13
3	National & Regional Alerting	13
4	National response	14
5	Regional response	15
6	Local response	21
7	NHS Services during the peak	22
8	National data reporting	
Section Four	**Mitigation & Social measures**	25
1	Education	25
2	Vulnerable people	25
3	Antiviral distribution	25
4	Vaccination	26
Section Five	**Supporting information**	27
1	Record of training & exercises	27
2	Complementary plans	27
3	Supporting documents	28
4	Agency checklist	29
5	Glossary	30

Document information

Author
Hampshire PCT on behalf of the Local Resilience Forum (LRF) Pandemic influenza sub group

Ratification
This framework has been submitted to the following LRF meetings
LRF Coordinating group: September 2008
LRF Executive: November 2008

Peer Review
The framework has been subject to a peer review by the 5 LRFs that make up the South East region in November 2008

Status
This document is a working document which will be updated in line with National developments, revisions to local responder's plans and as a result of training and exercises as necessary

Comments on the HIOW LRF Pandemic flu framework should be sent to:
local.resilience@hampshire.pnn.police.uk

Version Control

Version	Status	Date	Author
1	Initial document	Jan 2008	IB
1.1	Amended post meeting	June 2008	PH
1.2	New guidance	July 2008	PH
1.3	Post consultation	August 2008	PH
1.4	Amended coordination section	August 2008	PH
1.5	Post GOSE review	Dec 2008	PH
1.6	Submission to GOSE as required by CCS	March 2009	PH

Amendments

Amendment	Section & Page	Date amended	By Whom

SECTION ONE – BACKGROUND

1. Introduction

Influenza pandemics are natural phenomena that have occurred from time to time for centuries – including three times during the last century. They present a real and daunting challenge to the economic and social wellbeing of any country, as well as a serious risk to the health of its population.
There are important differences between 'ordinary' winter flu and pandemic flu. These differences explain why we regard pandemic flu as such a serious threat.

Pandemic influenza is one of the most severe natural challenges likely to affect the UK, but sensible and proportionate preparation and collective action by the Government, essential services, businesses, the media, other public, private and voluntary organisations and communities can help to mitigate its effects.

These inter-pandemic years provide a very important opportunity to develop and strengthen our preparations for the potentially devastating impact of an influenza pandemic, and the Government will continue to take every practical step to prepare for and mitigate its health and wider socio-economic implications.

2. Purpose of this document

This document is a local level multi-agency framework for the response to an influenza pandemic in Hampshire and the Isle of Wight. It is not intended to replicate detailed response information contained within single agency operational plans.

- In particular it describes the role of the local responders and their duties under the Civil Contingencies Act 2004.
- It identifies the multi-agency Command and Control structure which will manage the response and recovery phases of a Flu Pandemic in the Hampshire and Isle of Wight area.
- It will ensure a co-ordinated approach with Local Resilience Forum partners and key stakeholders as well as providing a critical link with the national response management architecture.

3. Strategic objectives for planning and preparing for an influenza pandemic

1. Protect citizens and visitors against adverse health consequences as far as reasonably practical.
2. Support international efforts to prevent and detect emergence and slow spread
3. Minimise health, social and economic impact

4. Organise and adapt health and social care systems to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care.
5. Cope with the possibility of significant numbers of additional deaths
6. Support continuity of essential services
7. Protect critical national infrastructure
8. Support the continuation of everyday activities as far as practicable
9. Uphold rule of law and the democratic process
10. Instill and maintain trust and confidence by ensuring that the public and media are engaged and well informed in advance of and throughout the pandemic period.
11. Promote return to normality at the earliest opportunity.

4. Key planning assumptions

Refer to Section 3 of National Framework for Responding to an Influenza Pandemic.

Key planning assumptions are summarised as follows:

1. A future influenza pandemic could occur at any time.
2. In the country of origin it may take only 2-4 weeks to increase to around 1,000 cases
3. The pandemic could reach the UK within another 2-4 weeks.
4. Once in the UK, it will be 1-2 weeks until cases are reported from all major population centres
5. The peak will be only 50 days after initial entry into the UK.
6. An influenza pandemic can occur either in one wave, or in a series of waves.
7. Local epidemics may be over faster and be more highly peaked than the national average.
8. People are infectious for 4-5 days from the onset of symptoms (longer in children)
9. Affected persons may be absent from work for up to ten days.
10. Organisations should plan for a 50% clinical attack rate.
11. 10% and 12% of the local population may become ill each week during the peak.
12. Up to 4% of those who are symptomatic may require hospital admission.
13. Up to 2.5% of those who are symptomatic may die.
14. There may be between 50,000 and 750,000 additional deaths in the UK.
15. Antiviral drugs will reduce the duration of the illness by about a day
16. 50% cumulative absence could be experienced by employers over a period of around 3-4 months
17. Large organisations can expect staff absence rates of up to 15-20% (in addition to usual absenteeism levels)

18. Small businesses may have a level of absence rising to 30-35% at peak, perhaps higher

5. Background Data

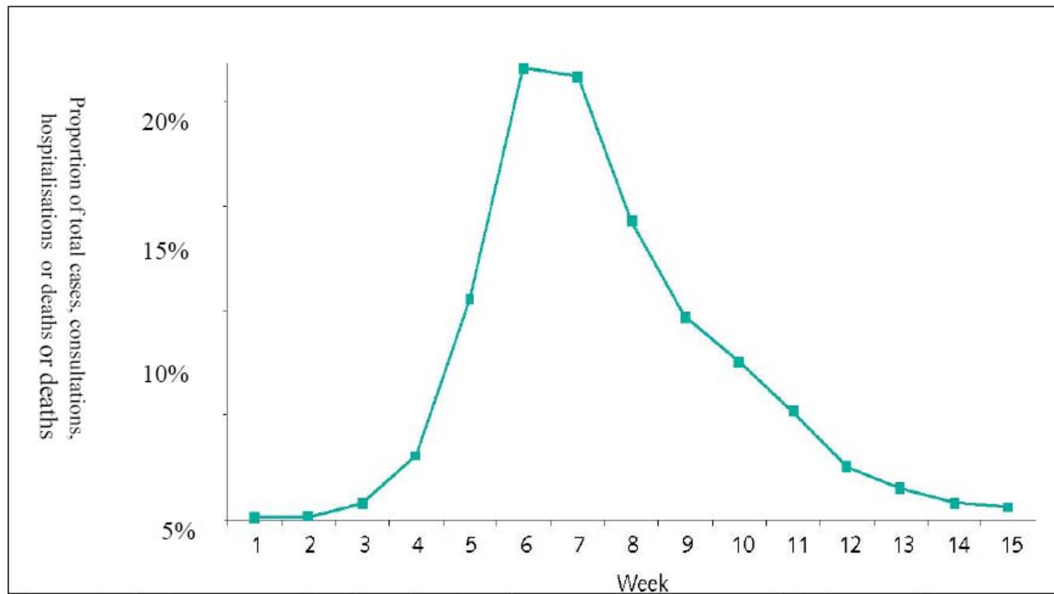


Figure 1: Single wave national profile showing proportion of new clinical cases by week. Note – more than one wave may be expected.

Table 1: Range of possible excess deaths for various permutations of case fatality and clinical attack rates, based on Hampshire and Isle of Wight population

Overall case fatality rate (%)	Range of possible excess deaths based on Hampshire and Isle of Wight population		
	25% clinical attack rate	35% clinical attack rate	50% clinical attack rate
0.4	1,800	2,520	3,600
1.0	4,500	6,300	9,000
1.5	6,750	9,450	13,500
2.5	11,250	15,750	22,500

6. Risk as outlined in the Community Risk Register

Pandemic influenza has been identified as one of the biggest risks that faces the UK and hence Hampshire and Isle of Wight. It is listed on the Community risk Register as a Very High risk

Category	Description	Likelihood	Impact	Rating
Pandemic influenza		Possible	Severe	Very High

7. Demographic profile of the population by age

Table 2 Mid-2006 Population Estimates: Quinary age groups for local authorities in Hampshire (000s)

	All Ages	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89 / 85+ 1	90+ 1
Portsmouth UA	196.4	2.4	8.3	10.2	10.5	13.9	23.3	17.1	14.0	14.5	13.9	12.1	10.2	10.0	8.6	6.9	6.2	5.4	4.5	2.9	1.4
Southampton UA	228.6	2.8	9.3	11.0	12.2	16.3	30.7	22.9	17.1	15.5	14.6	13.0	11.5	11.5	9.8	7.7	6.8	6.2	5.1	3.2	1.6
Hampshire	1,265.9	14.2	55.7	75.3	80.8	82.2	67.0	65.6	76.2	93.4	101.8	93.1	81.2	88.7	74.3	58.8	51.7	44.0	32.5	19.2	10.2
Basingstoke and Deane	158.7	2.0	7.7	10.4	10.3	9.2	8.4	9.9	11.8	13.2	13.8	11.9	10.0	10.9	8.4	6.2	5.2	4.1	2.9	1.6	0.8
East Hampshire	110.1	1.2	4.9	6.8	7.4	7.6	5.0	4.7	5.5	7.7	9.0	8.7	7.6	8.2	6.8	5.2	4.4	3.7	2.8	1.7	1.0
Eastleigh	119.0	1.4	5.0	7.1	7.8	7.9	6.6	7.0	7.9	8.9	9.7	8.9	7.8	8.2	6.4	5.2	4.4	3.8	2.9	1.6	0.7
Fareham	108.4	1.0	4.4	6.2	6.7	7.3	5.5	4.3	5.6	8.0	8.7	8.3	7.1	7.8	6.9	5.6	5.1	4.2	3.1	1.7	1.0
Gosport	78.2	1.0	3.5	4.6	4.8	5.3	5.4	4.8	4.9	5.7	5.8	5.5	4.5	5.1	4.2	3.5	3.3	2.7	2.0	1.2	0.6
Hart	88.8	1.1	4.5	5.7	5.7	5.5	4.3	5.0	6.3	7.3	7.8	6.7	5.6	6.1	5.1	3.8	3.0	2.3	1.7	0.9	0.5
Havant	116.8	1.2	4.9	6.6	7.2	7.9	6.6	5.3	5.8	7.8	8.6	8.5	7.6	8.1	7.3	6.2	5.8	5.1	3.4	1.9	1.0
New Forest	173.7	1.6	6.5	9.2	10.4	10.3	7.7	6.9	8.2	11.2	12.7	12.1	11.4	13.1	12.0	9.8	9.2	8.4	6.7	4.2	2.1
Rushmoor	88.7	1.3	4.4	5.5	5.7	5.9	6.3	6.8	7.2	7.3	7.3	5.9	5.1	5.2	3.8	3.1	2.6	2.2	1.7	1.0	0.5
Test Valley	113.6	1.2	5.1	7.0	7.8	7.2	5.2	5.6	6.7	8.7	9.9	8.5	7.3	8.2	7.0	5.1	4.4	3.5	2.6	1.6	0.9
Winchester	110.0	1.2	4.7	6.4	7.1	8.2	6.1	5.3	6.1	7.6	8.4	8.0	7.1	7.9	6.5	5.0	4.3	4.0	2.9	1.8	1.1
Hampshire (Including Southampton and Portsmouth)	1690.9	19.4	73.3	96.5	103.5	112.4	121.0	105.6	107.3	123.4	130.3	118.2	102.9	110.2	92.7	73.4	64.7	55.6	42.1	25.3	13.2
Isle of Wight	138.5	1.3	4.9	7.4	8.4	8.6	6.6	5.8	6.6	9.1	9.8	9.2	8.9	10.7	10.4	8.2	7.0	6.2	5.0	3.0	1.6

Sources: Office for National Statistics, General Register Office for Scotland, Northern Ireland Statistics and Research Agency.

SECTION 2 - EMERGENCY PREPAREDNESS

1. LRF Pandemic Influenza Planning Group

The LRF Pandemic flu group meets every two months and reports to the LRF Coordinating Group and Executive. It includes representation from the following organizations:

Organisation	Represented by:
a. Health Protection Agency	Hampshire & IOW HPU
b. Strategic Health Authority	Via LRF Health Emergency Planning Group & SHA EP Performance & Coordination Group
c. Coroners	Hampshire County Council
d. Funeral services	Hampshire County Council
e. Neighbouring LRFs	Via Local Authorities and NHS
f. Government Office South East	Civil Contingencies Preparedness representative
g. Primary Care Trusts	Hampshire PCT (Chair)
h. NHS Trusts	HIOW Acute Hospitals
i. Ambulance Service	South Central Ambulance Service
j. Police	Hampshire Police
k. Fire Service	Hampshire Fire & Rescue
l. Prisons	Via public health prisons group
m. Court Service	Via Hampshire Police
n. Local Authority Children's and Adult Social Services	Local Authority heads of service
o. Voluntary Sector	Via LRF Voluntary Sector Group
p. Other Category 2 responders	Via GOSE & Category 2 representative
q. Port Health (as appropriate)	Via Port Health stakeholders group & Local Authorities
r. Maritime Coastguard Agency	MCA representative
s. Local Authorities	Hampshire County Council Isle of Wight Council Portsmouth City Council Southampton City Council
t. District/Borough	Eastleigh Borough Council
u. Military	145 Brigade

2. LRF Health Emergency Planning Group

The LRF Health EP Group meets once a quarter and includes representation from all the NHS Trusts across Hampshire & Isle of Wight. It reports to the LRF Coordinating group and to the SHA Emergency Planning and coordination Group

3. Joint Health Emergency Planning Groups

The Joint Health EP Groups meet in the individual PCT areas of Portsmouth Southampton and the Isle of Wight and they include representation from PCTs, Local Authorities, Social Care and Community Services

3. Review of guidance

The guidance issued by the Department of Health is reviewed by the NHS Trusts through the LRF Health Emergency Planning Group and the local Joint Health Emergency Planning Groups led by the Primary Care Trusts.

The guidance issued by the Cabinet Office is reviewed by the LRF Pandemic Influenza Planning Group.

4. Review of the framework

Participating agencies acknowledge their obligation related to planning, exercising and evaluation under the Civil Contingencies Act 2004. The LRF Pandemic Influenza Planning Group will monitor and inform that process to ensure that the plan is reviewed annually or as a result of changes to Government guidance, National best practice or from having held exercises to test the plan.

5. Managing Excess Death plan

This work is being led by Hampshire County Council Emergency Planning Unit on behalf of the LRF and the resulting plan is complementary to this framework document.

The Hampshire and Isle of Wight Local Resilience Forum Flu Pandemic Managing Excess Deaths Plan can be viewed via the following link:

http://www.hiow-localresilienceforum.org.uk/medplan.pdf

The plan has been produced to conform to guidance from the Cabinet Office: Planning for a possible pandemic influenza – A framework for planners preparing to manage deaths.

Activation of the Managing Excess Deaths Plan will be by the Strategic Coordinating Group (SCG) who will meet when WHO Phase 6 is announced and the Chief Medical Officer announces UK Alert Level 2

When the decision has been taken to activate the plan, the SCG will notify Hampshire County Council Emergency Planning Unit who in turn will notify the **Pandemic Excess Death Advisory Group** (PEDAG).

5.1 Role of the PEDAG

One of the main roles of the PEDAG will be to oversee the transition to Different Ways of Working as laid out in the Home Office Guidance. It will become a sub group of the Hampshire & Isle of Wight Strategic Coordinating Group (SCG) and report directly to them.

5.2 Membership of the PEDAG

Hampshire Constabulary
Hampshire County Council
Hampshire PCT
Coroners
Registration Service
Bereavement service
Faith groups
Funeral directors
Communications representative

6. Communications plans

6.1. National

The communications response to a pandemic will be led nationally by the Department of Health which has developed a comprehensive communications plan triggered by the World Health Organisation (WHO) alert levels (see paragraph 9). The plan will be rolled out across the media as the pandemic develops.

A National campaign has already started to raise awareness about how to minimize the spread of infection 'Catch it, bin it, kill it' details can be found on the Department of health web site: www.dh.gov.uk

Work is also continuing in schools to improve awareness as part of the overall pandemic flu preparedness.

6.2 Regional

The Strategic Health Authority is the regional lead for the NHS and the Regional Director of Public Health works closely with the Government Office South East. In the event of a pandemic the SHA will coordinate the media strategy across the NHS in the region.

6.3 Local

The LRF has a Warning and Informing Group which has produced a LRF media plan which will cover the response phase of an incident.

The NHS Communications leads have produced a communications plan which identifies activity required at each alert level to support the national response and can be used to support the multi-agency response.

A media cell will be formed from the communications teams of the main responding agencies and will be a sub group to the SCG**.** (See section 3 part 5)

7. Summary of Roles and Responsibilities

Organisation	Roles and linkages
Primary Care Trusts	• Assessing local risk and for commissioning, supporting and monitoring the development of integrated health response plans. • Plan arrangements to maintain and support patients in the community in conjunction with the Local Authority. • Ensuring that health plans take account of the needs of military bases, prisons or other establishments that may require specific planning • In the event of a pandemic coordinating and overseeing the local health response and mobilising general practice and primary care resources. • Providing advice and public information • Collating and reporting operational information to the SHA • Acting as the health link in the SCG • Making contingency arrangements for the distribution or collection of antiviral medicines and delivering population wide vaccinations if required
Hospital/Foundation Trusts	• Providing acute hospital inpatient and outpatient services • Managing additional workload. • Prioritising intensive care beds. • Maintaining infection control within the hospital environment. • Minimising disruption to health and other essential services during a pandemic • Developing arrangements to treat affected patients in hospital during a pandemic
Health Protection Agency	• Supporting NHS pandemic flu planning • Coordination of and advice on the investigation and management of early cases and contacts • Surveillance and tracking • Supporting the public health response
Independent health sector	• Supporting the NHS response

Ambulance Service	• Responding to 999 calls from the public, urgent calls from health professionals and providing non-emergency patient transport services (pre-booked patient journeys to and from healthcare facilities) • Providing a service which preserves life and promotes recovery
Mental Health Trust	• Providing mental health services • Providing other services including forensic mental health, learning disability, substance misuse and a range of specialist services • Maintaining infection control within trust premises
Strategic Health Authority	• Coordinate NHS resources across region • Represent the NHS at RCCC • Liaise with the Department of Health • Authorize the suspension of NHS targets • Support the Lead PCT
Local Authorities	• responsibility for social care • children's services, • community leadership role, • emergency mortuary capacity (with coroner's office) • Burial, Cremation and Registration services • Waste services
Police	• Prevention and detection of crime • Maintaining public order • Chairing and hosting SCG in the first instance
Fire & Rescue	• Delivering fire and rescue services

8. Business continuity planning

All Organisations both in the public and private sector need to consider the effects on their staff should a pandemic occur. It is good practice to have a business continuity plan in place which considers the key planning assumptions outlined in Section 1 part 4 of this framework; it should ensure:

- employees who are ill do not come into work
- employees are made aware of advice on how to reduce the risk of infection
- adequate hygiene (e.g. hand-washing) facilities are available
- measures are in place to maintain core business activities for several weeks at high levels of staff absenteeism (remote working, self-service, on-line options)
- essential functions and posts are identified and staff trained to cover these
- services that could be curtailed are identified
- health and safety responsibilities continue to be fully discharged
- supplier organisations (contractors) have appropriate arrangements to sustain their service provision

9. Staffing implications

a. Identifying Key Workers and Coping with High Sickness Levels

All staff groups must have contingency plans to cater for 10%, 25% and 50% sickness absence scenarios. These must be completed/reviewed by all services**.**

b. High Sickness Levels in other Community Services, and 'Closed' Communities

Influenza can spread more rapidly in schools and 'closed' communities where people are in close proximity to each other

Schools - It is likely that irrespective of any Local Education Authority decision to close or keep schools open, the incidence of the disease will force some schools to close which will in turn affect working parents.

In the 1957 outbreak up to 50% of schoolchildren developed flu. In residential schools the incidence reached 90%, often affecting the whole school within 2 weeks.

Closed communities - A similar pattern of disease is expected in other 'closed' communities such as
Prisons
Military barracks
Residential homes
Nursing homes

10. World Health Organisation Alert Levels

<table>
<tr><th colspan="2">WHO Pandemic Phases (2005)</th><th>Significance for UK</th></tr>
<tr><td colspan="3">Inter-pandemic Period</td></tr>
<tr><td>Phase 1</td><td>No new influenza virus subtypes detected in humans</td><td rowspan="2">UK not affected
UK has strong travel/trade connections with affected country
UK affected (animal / bird)</td></tr>
<tr><td>Phase 2</td><td>Animal influenza virus subtype poses substantial risk</td></tr>
<tr><td colspan="3">Pandemic Alert Period</td></tr>
<tr><td>Phase 3</td><td>Human infection(s) with a new subtype, but no new human to human spread to a close contact</td><td rowspan="3">UK not affected

If UK has strong travel/trade connections with affected country</td></tr>
<tr><td>Phase 4</td><td>Small cluster(s) with limited human-to human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans</td></tr>
<tr><td>Phase 5</td><td>Large cluster(s) but human-to human spread still localised,
suggesting that the virus is becoming increasingly better
adapted to humans</td></tr>
<tr><td colspan="3">Pandemic Period</td></tr>
<tr><td>Phase 6</td><td>Increased and sustained transmission in general
population</td><td>UK Alert level

1 Virus/cases only outside the UK

2 Virus isolated in the UK

3 Outbreak(s) in the UK

4 Widespread activity across the UK</td></tr>
<tr><td colspan="3">Post Pandemic Period</td></tr>
<tr><td colspan="3">End of pandemic Return to inter-pandemic period.</td></tr>
</table>

SECTION 3 - EMERGENCY RESPONSE

1. Operational response arrangements

Operational response arrangements for Pandemic Influenza should be responsive to change, integrated across organisations, combine local flexibility with national consistency, proportionate, based on scientific evidence, build on existing services, communicated to service providers and the public and promote an early return to normality.

2. Surveillance

2.1 National

Although an influenza pandemic could start in the UK, new variants of the virus are more likely to emerge in other parts of the world. The WHO plays a critical role in surveillance, detection and warning, and will keep the pandemic potential of all new viruses under consideration. They will inform the Department of Health and the Health Protection Agency of any new subtypes identified which are perceived as a risk.

2.2 Local

Primary care and community staff should be aware of the flu pandemic threat.

- People returning from areas where avian flu is widespread
- Workers with poultry (See HPA diagnosis algorithm for avian flu)

2.3 Suspected Cases

Suspected cases should be isolated and the Hampshire and the Isle of Wight Health Protection Unit advised immediately for testing and advice.

3. National & Regional Alerting

3.1 Declaring a pandemic
The WHO will inform the Department of Health of any changes in the alert Levels.

3.2 National alert mechanism
The Secretary of State for Health, on the advice of the Chief Medical Officer for England, will convene the **UK National Influenza Pandemic Committee (UKNIPC**), when informed by the WHO of the isolation of a new virus with pandemic potential.

The Department of Health will inform the Devolved Administrations (DAs) and the Civil Contingencies Secretariat (CCS).

The CCS will inform other Government departments.

The Department of Health will advise the NHS.

3.3 Local alerting
The PCTs will alert the multi-agency partners in the Local Resilience Forum.

4. National Response

The Civil Contingencies Committee (CCC) is likely to meet and review preparedness across all sectors and take appropriate strategic decisions.

When the WHO confirms the onset of a likely pandemic, the Department of Health will cascade this information to the:

- Devolved Administrations
- HPA
- Civil Contingencies Secretariat
- Other Government departments and agencies
- NHS in England
- Other relevant services and agencies

In exceptional circumstances, the UK may convene the UKNIPC on the strength of the advice from the HPA or the National Expert Panel on New and Emerging Infections, on the grounds of UK national interest even in the absence of advice from WHO. The UK may also implement its pandemic plans in the absence of a WHO declaration, on the advice of the UKNIPC.

Should a potential pandemic subsequently fail to evolve, UKNPIC will be stood down.

5. Regional Response

Government Office for the South East (GOSE)

Government Offices represent central government in the regions. Each region has established a Regional Resilience Forum allowing key responders to plan together and improve the coordination and flow of information across and between regions and the centre. In the response to a pandemic the region will form a Regional Civil Contingencies Committee (RCCC) made up from representatives from each LRF area.

The Regional Civil Contingencies Committee (RCCC) will

- Collate a regional picture of the pandemic across the 5 LRF areas of Kent, Surrey, Sussex, Thames Valley and Hampshire Isle of Wight
- Provide an information channel between central and local tiers
- Work with the Strategic Health Authorities and other regional bodies

There are two SHAs for the region;
South Central SHA – covering Thames Valley & Hampshire Isle of Wight
South East Coast SHA – covering Kent, Surrey & Sussex

6. Local Response – coordination arrangements

6.1 Method

1.1 The threat of a novel strain of influenza of pandemic proportions is an emergency beyond what can normally be expected. The widespread consequences of an influenza pandemic will not be confined to the health service and is a serious threat to human welfare and social cohesion

1.2 Whatever the national and international management framework, it is critical that those responsible for the multi-agency management of a flu pandemic establish an agreed local framework for this response. The purpose of this framework is to determine priorities, share information, communicate consistent and reliable guidance and take appropriate action to mitigate the effects of such an emergency.

1.3. The arrangements within this framework are based on the usual command and control arrangements which would be put in place in the event of any emergency of significance and/or complexity. This document does not seek to change any of these arrangements but add clarity on how the response and recovery will be coordinated in the context of a pandemic.

1.4 The agreed approach in Hampshire and the Isle of Wight will be to formalise arrangements on multi-agency strategic and tactical command levels. Both levels will initially be chaired by the police, however co-ordination of the longer recovery phase of re-building communities and the supporting infrastructure may pass to the Local Authorities if and when, appropriate.

1.5 The key elements to the Hampshire and Isle of Wight Flu Pandemic Command and Control will comprise of the following elements:

Multi-Agency Strategic Coordinating Group
Multi-Agency Tactical Command Team in each Local Authority area
A Combined Intelligence Cell
A Combined Media and Public Information Cell
A Pandemic Excess Deaths Advisory Group
Other working groups as required

1.6 The decision to activate these coordination arrangements, either in whole or in part, rests with the Chief Constable or their nominated deputy, however it should be based on a discussion with other key stakeholders and in particular the Directors of Public Health and the Director of the Health Protection Unit.

6.2 Multi-Agency Strategic Coordinating Group (SCG)

2.1 This will be chaired by the Chief Constable or their nominee and will meet at a mutually convenient location (likely to be the Police Support and Training Headquarters at Netley). Attendance at the SCG may depend on circumstances however initially it will comprise:

Hampshire Constabulary (Chair)
Hampshire Primary Care Trust (representing NHS)
Health Protection Agency
Hampshire County Council (also representing Districts)
Southampton City Council
Portsmouth City Council
Isle of Wight Council
South Central Ambulance Service
Hampshire Fire & Rescue Service
Maritime & Coastguard Agency
Environment Agency
Media officer from Lead Agency

2.2 Due to the protracted nature of a pandemic the SCG is unlikely to meet with the frequency associated with other emergencies and as such is unlikely to require a continuous presence.
The frequency and timing of meetings will be for the SCG to decide, dependant on prevailing circumstances. However it is suggested that the SCG meets on a daily basis at 1600.

2.3 The SCG should consider establishing working groups to address particular issues e.g. Managing Death, Recovery, Risk/Hazard identification, Welfare and Humanitarian Assistance, provision of essential community services

2.4 Those who attend the Strategic Co-ordinating Group should be empowered to make executive decisions. The SCG will not have the collective authority to issue executive orders. Each organisation will retain its own control.

2.5 A Flu Pandemic will be a prolonged emergency therefore the need to hand over to colleagues will arise. Each organisation represented should have sufficiently trained staff and ensure the means for an effective handover.

6.3 Combined Intelligence Cell

3.1 The SCG will need reliable, accurate and timely information to discharge its duties. There will be a vast amount of information available which must be assessed and graded on an ongoing basis. To enable this a combined Intelligence Cell will be established.

3.2 The cell will be coordinated by the police and established at Netley. The organisations represented must remain flexible depending on developments but the key elements will be the Police, Health Services and Local Authorities.

3.3 The work of the intelligence cell will not be confined to health and medical information but will also monitor trends in social disruption and indications of community tension as well identifying issues for consideration by the SCG.

3.4 The Combined Intelligence Cell will also be in a position to provide authenticated information direct to local, regional & national stakeholders as well as being a key provider and receiver of information to/from other elements of the response.

3.5 The combined intelligence cell will produce two briefing/summary reports;

1) A strategic briefing of the current situation and developments of the last 24 hrs for consumption by the SCG – to be produced daily by 1600hrs
2) A daily summary report for distribution to all stakeholders – to be produced daily by 1900hrs

4. Joint Media Cell

4.1 Good public communication will be vital to the successful handling of the Pandemic. The key communications objective is to deliver accurate, clear and timely information and advice to the public so that they feel confident, safe and well informed.

4.2 The declaration of a Pandemic will provoke widespread public concern and will rapidly attract attention of the media. The SCG will need a coordinated means of communicating with the public and relevant organisations upon the nature of the pandemic, its implications and what action people should take.

4.3 In order to maintain arrangements to warn the public and provide appropriate advice to the local population, the media cell will be established in accordance with the LRF media plan. This will be

coordinated by the NHS media liaison officer.

4.4 The widespread nature of a flu pandemic will mean that central government and in particular the Department of Health, will determine much of the media strategy and public information messages. The media cell will therefore need to co-ordinate their activity to ensure consistency with the national approach. The emphasis for the media cell will be on local issues.

5. Scientific & Technical Advisory Cell (STAC)

5.1 Nationally the Government will convene the UK National Pandemic Influenza Committee (UKPIC) which will issue advice about the virus and its effects

5.2 HIOW does not intend to set up a full STAC for pandemic flu but local public health advice will be provided to the SCG based on the national advice from UKPIC by the HIOW Health Protection Unit and or PCTs

5.3 This will include public health statistical information which will help determine where the pandemic is against the curve and whether locally the effects are better or worse than the predictions

6 Tactical Coordinating Groups (TCGs)

6.1 Tactical (silver) Coordinating Groups will be based on the three Unitary Authorities and the Hampshire County Council area. The 11 District Councils will be represented as part of the Hampshire County Council Team.

6.2 They will be co-ordinated by a Senior Police Officer until it has been agreed that the co-ordination role will fall to another authority/agency.

6.3 The locations of the TCGs are designated as:

- Hampshire
- Southampton
- Portsmouth
- IOW

6.4 The Tactical Coordinating groups will initially form from Category One Responders but should remain flexible in membership to include other essential stakeholders if appropriate.
For example voluntary groups may play a role in supporting welfare arrangements.

6.5 Port Health Authorities will form part of the tactical coordinating groups

advising on health issues at the ports of entry
This includes the ports of Southampton, Portsmouth, Isle of Wight and Southampton Airport

6.6 Representatives from the Prisons will form part of the Tactical Coordinating Group
This includes the prisons on the Isle of Wight, Portsmouth and Winchester

6.6 Meetings of the Tactical Coordination Group should take place AM daily to review recent developments, pandemic related activity by each agency and the outputs of the previous day's SCG. During periods of acute problems more frequent meetings may be appropriate however this is at the discretion of the chair.

6.7 In order to maintain a consistent and coordinated approach the Tactical Coordinating Groups should be able to obtain and provide briefings and information to and from the Combined Intelligence Cell. A written summary report covering the preceding 24hr period should be provided to the Combined Intelligence Cell by 1500 each day

7. Health and Safety/Welfare

7.1 Each organisation will be responsible for the welfare and health and safety of its own staff. Where advice or guidance has been agreed at the SCG this will be promulgated to each organisation for consideration.

8 Activation Triggers

Key events that will invoke a local response and a meeting of a Strategic Coordinating Group to consider the implementation of elements contained within this framework and any other response requirements are:

Trigger	Declaration	Agency
1	Declaration of a Pandemic strain capable of Human to human transmission	World Health Organisation
2	Declaration that Pandemic influenza Virus is present in the UK	Department of Health
3	Declaration that Pandemic influenza Virus is present in Hampshire or the IOW	HIOW Health Protection Unit

WHO Phase	International Phase	Activities	Strategic Co-ordinating Group	Combined Intelligence Cell	Joint Media/ Cell	Tactical Coordination Groups
Inter Pandemic Phase	Phase 1 Low Risk of human cases	Updates from HPA to LRF Executive, Coordinating and Pandemic Groups.				
New virus in animals	Phase 2 High Risk of Human cases	Updates from HPA to LRF Executive, Coordinating and Pandemic Groups.				
	CURRENT LEVEL					
Pandemic Alert	Phase 3 No or very limited human to human	Updates from HPA to LRF Executive, Coordinating and Pandemic Groups. Enhance Planning efforts toward pandemic preparedness			Begin public information programme to promote community resilience	
New virus causes human-to-human transmission	Phase 4 Evidence of increased human to human transmission	Updates from HPA to LRF Executive, Coordinating and Pandemic Groups. Review & finalise All pandemic arrangements	Consider SCG meeting. Review LRF business priorities	Consider activation	Ensure consistency with national messages	
	Phase 5 Evidence of significant human to human transmission	Updates from HPA to LRF Executive, Coordinating and Pandemic Groups. Identify and address any critical weaknesses	Consider SCG meeting	Activate - weekly reporting	Ensure consistency with national messages	

Pandemic	Phase 6 Efficient and sustained human to human transmission		Activated	Activate	Activate	Activate
Post Pandemic	Pandemic has passed – need to continue surveillance and update planning. An intensive phase of recovery and evaluation may be required		Review SCG arrangements	Review	Review	Review

It is not envisaged the SCG would sit on a permanent basis unless this is deemed necessary by the Chief Constable. However elements may be formed on a permanent basis i.e. the Combined Intelligence Cell would need to provide monitoring arrangements throughout to inform the SCG.

7. NHS Services during peak period

The impact on the health service will be particularly severe with more patients than usual requiring treatment at a time when resources and staffing are in short supply.

Patients that have influenza symptoms will be able to access antiviral medication and advice via the National Pandemic Flu Line.

Patients will be asked to stay at home and follow advice.

During the peak period it is likely that hospitals will only be able to treat those who are acutely ill.

7.1 Surge capacity

Surge capacity is defined as 'The ability of the health service to expand beyond normal capacity to meet transient increase demand for clinical care'.

Principles

- The care that can be given to people when resources are stretched should be maximised
- Plans should be consistent with the overall aim of preserving and maintaining essential healthcare services
- Changes to services and clinical standards should be incremental and should reflect changes in local demand and the resources that are available
- Changes should be consistent with ethical principles
- Plans should take a whole systems approach and encompass primary, community and secondary care
- Plans should support the attainment of strategic objectives at each stage of the pandemic

Surge capacity involves 3 components

- Increasing capacity
- Service prioritisation
- Patient prioritisation

7.1 Increasing capacity

Each of these components should be considered individually, as well as considering how they would operate together.

- Processes – Systems changes such as staffing levels require planning so that changes can be implemented easily and quickly during a pandemic.

- Premises – all hospitals have planned to make significant expansions in their acute bed capacity and double the provision of critical care beds within a one-to two-day period. In primary care, extra space will be created for additional clinical contact

opportunities through the suspension of health promotion and some chronic disease management clinics.

- Providers/provisions – healthcare organisations are considering what their key vital supplies are and what is likely to be required to meet the surge in demand for emergency care.

- People – healthcare organisations will need to determine and maximise the pool of skills they have at their disposal from their employed, reserve, trainee and volunteer staff, so that redeployment is managed to best effect.

7.2 Prioritising services

The NHS will be unable to maintain all of its services during the peak of a pandemic and so will begin to prioritise services. A number of factors will be considered when deciding to reduce or stop a service;

- the demand for certain services will be increased at the same time as there are staffing shortages
- A decision to reduce or create a service needs to consider the potential impact this may have on other services
- The short and long term impacts on patients and service recovery
- It may be possible to deliver services in a different way or at a different location
- The suspension of services that use high level of resources will be considered
- Some services may be able to reduce workload

7.3 Prioritisation of Patients

Measures to control the demand for hospital and community services will be introduced

- Deferral of non-urgent referrals and investigations
- Deferral of elective procedures
- Suspension of health promotion activities
- Prioritisation of patients for access to primary, hospital and critical care facilities
- Rapid early discharge
- Restrictions on the range of treatments
- Restrictions on some preventative procedures

8. National Data reporting

This is subject to change by Ministers during a pandemic depending on severity of the pandemic and arising issues

1. Civil Contingencies Committee (CCC - COBR)

The Civil Contingencies Committee will meet mid morning approx 1100
The Civil Contingencies Committee (Operations) (CCC (O) will meet approx 0900

2. Government Departments will be operating 24/7

3. Inputs from key Departments will be required

a. Department of Health & HPA 0700
This will describe the situation at 1500hrs the previous day
The impact data from the health service will be 24 hr period starting 0800 and ending on the day of the sitrep at 1500

b. Regional Directors by 1900
Reporting on their regions as at 1700

c. Other Government departments by 0700
Reporting on the situation as at 1700

d. News updates from Government News Network and media monitoring unit

4. Compiled national situation reports will be distributed by the COBR Situation cell to Ministers, Departments, and to regional and local levels

5. The Common Recognized Information Picture (CRIP) will be briefed into CCC and CCC(O) meetings and will be drawn from the national situation report.

6. Hampshire & IOW Reporting

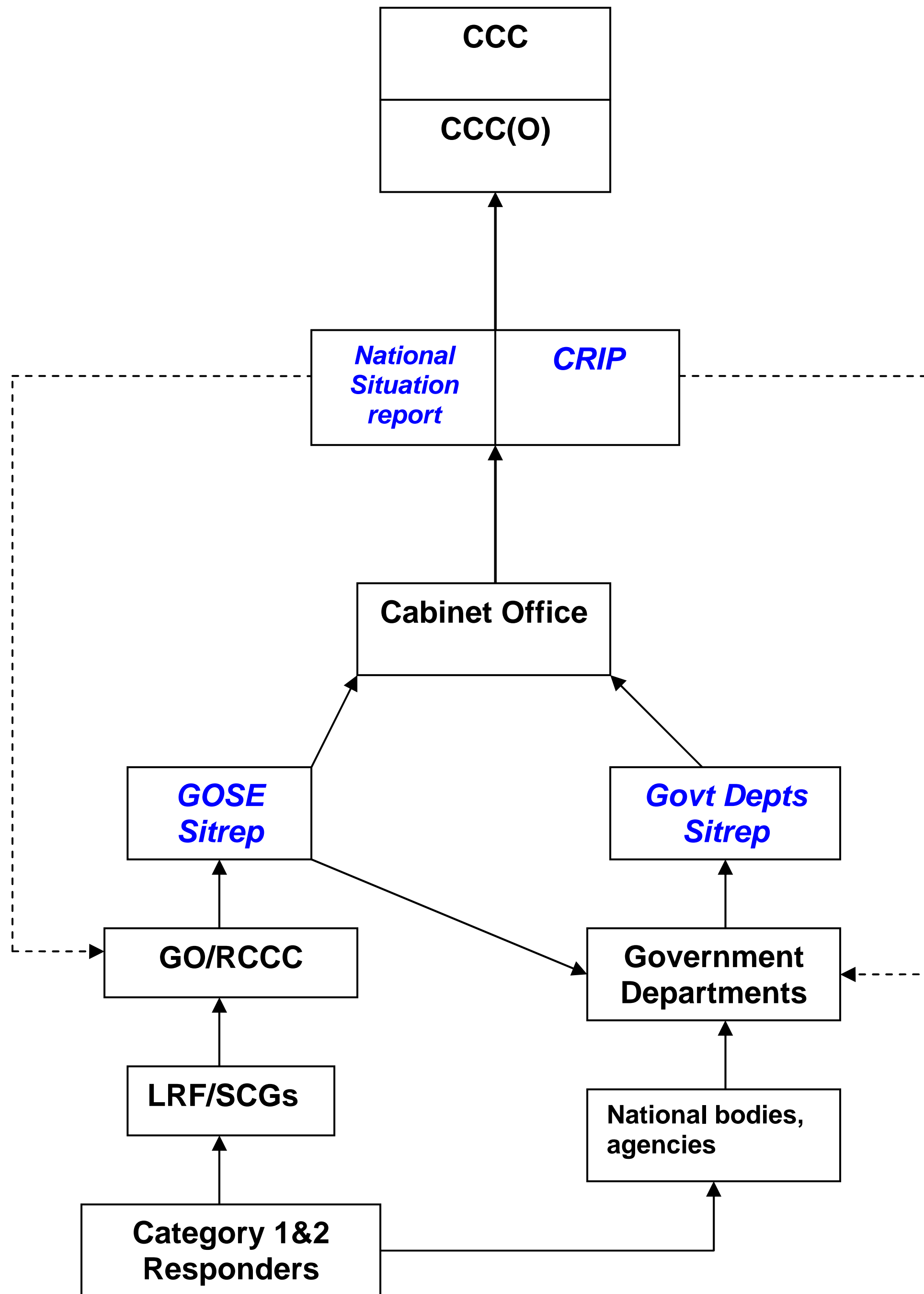
The Hampshire and Isle of Wight Local Resilience Forum reporting arrangements will meet the aforementioned requirements and be coordinated by the Combined Intelligence Cell SCG, and fulfilled through the circulation of a daily summary by 1900 each day.

7. Local reporting schedule

The local daily schedule for reporting and coordination meeting during peak pandemic periods is (subject to change by the SCG)

0900	Tactical Coordination Group meeting(s)
1500	Agency and TCG reports to be received by Combined Intelligence Cell
1600	Combined Intelligence Cell produce SCG situation report
1600	Strategic Coordination Group Meeting
1900	Completion and distribution of HIOW Daily summary

Information flow during a pandemic



SECTION 4 - MITIGATION & SOCIAL MEASURES

1. Education

The Government would take decisions on whether or not to advise closures of schools on the basis of an assessment of the emerging characteristics and impact as the pandemic develops. The trigger for advice to close would be confirmation of initial cases in the area.
It is sensible to prepare on the basis that:

- some school and group early years/childcare closures are likely
- decisions on whether to advise schools and group early years/childcare settings to close can only be made in the light of emerging information as a pandemic develops
- schools and early years/childcare settings will be advised to close only if it is anticipated that this will produce significant health benefits
- if the Government advises schools and group early years/childcare settings to close to pupils, the initial advice is likely to be to close for a few – probably two to three – weeks, after which the position would be reviewed, but the closure may be extended beyond this period
- any advice to close schools and group early years/childcare settings would be communicated to them through the local authority, which would be told through local resilience arrangements
- even if there is no general advice to schools and early years/childcare settings in an area to close, some may decide to do so because of staff shortages or local health and safety reasons.

2. Vulnerable people

Vulnerable people – those that are less able to help themselves in the circumstances of an emergency

See guidance 'Identifying people who are vulnerable in a crisis' CCS Feb 2008

The LRF is currently developing a strategy for identifying vulnerable people and this plan will link to that strategy which is based on the four key stages

1. Building networks

2. List of lists

3. Agreeing data sharing protocols

4. Determine the scale and requirements

3. Antiviral distribution

There is a national stockpile of antiviral medicine (Tamiflu) that allows treatment of all symptomatic patients at clinical attack rates of up to 25%.

Anti-viral medication will not be used as a preventative treatment but for treatment of symptoms only.

The stockpile is currently being increased to cover 50% of the population

Antiviral medication needs to be made available for all patients who have been symptomatic for less than 48 hours and preferably within 12 hours from reporting symptoms.

A National Flu line will be available from UK alert level 2 to provide symptomatic patients with rapid access to assessment, advice, triage and if appropriate authorization of medication.

The Department of Health will distribute antivirals to PCTs, within 24 hours of UK alert level 2, an initial allocation of 2 weeks supply.

The HIOW PCTs are currently identifying a number of sites from where the antiviral distribution will take place.

4. Vaccination

Pre-pandemic
A limited stock of H5N1 vaccine has been purchased for the protection of healthcare workers (Note: this may not be the pandemic flu virus)

Pandemic specific
The UK will secure sufficient pandemic vaccine to protect the population as soon as it available. It is likely to take up to 6 months to develop as work can only start once the virus has been isolated

SECTION 5 - SUPPORTING INFORMATION

1. Record of training and multi-agency exercises

Exercise Cold Play
HPA led exercise across HIOW

Exercise Winter Willow (Feb 2007)
National Flu exercise with local play by the Isle of Wight NHS

Exercise Eclipse (Jan 2008)
An exercise by Southampton City PCT and City Council on the effects of a pandemic influenza outbreak in the city of Southampton

Exercise Delta II (November 2008)
South Central Strategic Health Authority Pandemic flu exercise for HIOW and Thames Valley NHS

Hampshire IOW LRF Pandemic flu (10th March 2009)
Pandemic flu exercise run as part of the Civil Contingencies Secretariat programme of exercises in each region.

2. Hampshire & Isle of Wight LRF complementary plans

LRF Media plan
LRF Managing Excess Deaths plan

3. NHS Plans

Hampshire PCT Pandemic influenza plan
Southampton City PCT Pandemic influenza plan
Portsmouth City PCT Pandemic influenza plan
Isle of Wight NHS PCT Pandemic influenza plan

4. Supporting documents and websites

available at www.dh.gov.uk/pandemicflu

National Framework for Responding to an Influenza Pandemic
Related documents:
Responding to pandemic influenza – The ethical framework for policy
Pandemic influenza: Guidance on preparing acute hospitals in England
Pandemic influenza: Guidance for ambulance services and their staff in England
Pandemic influenza: Guidance for primary care trusts and primary care professionals on the provision of healthcare in a community setting in England
An operational and strategic framework: planning for pandemic influenza in adult social care

The following documents are available at www.ukresilience

Preparing for pandemic influenza: Guidance to local planners
Preparing for pandemic influenza: Supplementary guidance to local resilience forum planners
Overarching Government Strategy to respond to pandemic influenza – Analysis of the scientific evidence base
Planning for a possible pandemic influenza – A framework for planners preparing to manage deaths
Pandemic flu checklist for businesses
Department for Children, Schools and Families

The following documents are available at www.teachernet.gov.uk/humanflupandemic

Guidance for schools, providers of childcare, early years and other children's services, and local authority children's services departments
Guidance for FE colleges
Guidance for HE institutes
Information for parents
Model pandemic flu plan for schools
Model pandemic flu plan for FE colleges
Infection control guidance for day schools and early years/childcare settings
Infection control guidance for childminders
Infection control guidance for residential settings
Infection control guidance for HE and FE establishments

4. Agency Checklist template.

LRF contact point	
Key informants and correspondents outside LRF	
What has been achieved in the pre-pandemic period	
Response when pandemic strain is first identified	
Response when pandemic strain is first identified in UK	
Response when pandemic strain is first identified in Hampshire	
Response during peak period	
Response during recovery phase	

5. List of Acronyms

CAR	Clinical Attack Rate
CIC	Combined Intelligence Cell
CCC	Civil Contingencies Committee
CCC(O)	Civil Contingencies Committee (operations)
COBR	Cabinet Office Briefing Room
CCS	Civil Contingencies Secretariat
CMO	Chief Medical Officer
CRIP	Common Recognised Information Picture
DA	Devolved Administration
DH	Department of Health
FE	Further Education
GOSE	Government Office South East
HE	Higher Education
HIOW	Hampshire Isle of Wight
HPA	Health Protection Agency
HPU	Health Protection Unit – Hampshire Isle of Wight
IOW	Isle of Wight
LEA	Local Education Authority
LRF	Local Resilience Forum – Hampshire Isle of Wight
MCA	Maritime Coastguard Agency
PCT	Primary Care Trust
PPG	Pandemic Planning Group
RCCC	Regional Civil Contingencies Committee
RRF	Regional Resilience Forum
SHA	Strategic Health Authority – South Central
SCG	Strategic Coordinating Group – Hampshire Isle of Wight
TCG	Tactical Coordinating Group
UA	Unitary Authority
UKNIPC	UK National Pandemic Influenza Committee
WHO	World Health Organisation

FINAL PAGE