LRF & LHRP

Pandemic Influenza Strategic Framework

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PREPARING FOR EMERGENCIES

Devon, Cornwall & Isles of Scilly

LHRP & LRF Pandemic Influenza Framework

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Title of document:	**LHRP & LRF Pandemic Influenza Framework**
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Review date:	**Aug 2018**

Revision History

Revision Date	Version No.	Summary of Charge	Changes made By	Authorised by	Date
This document has been developed and is a product of both the LHRP and LRF Pandemic Influenza Frameworks versions 4 and 13 respectively and the proceeding versions.					
Aug 2017	0.1	New draft	Neil Vine		
Nov 2017	0.2	Consultation amendments	Neil Vine		
Nov 2017	1.0	Final version	Neil Vine	LHRP	Nov 17

Distribution

This Pandemic Influenza Framework is for distribution to all Local Health Resilience Partnership and Local Resilience Forum Partners.

Ownership

This Framework is owned by the Devon, Cornwall and Isles of Scilly LHRP, and maintained and updated by the Local Health Resilience Group. All users are asked to advise NHS England South (South West) – Devon, Cornwall and the Isles of Scilly of any changes in circumstances that may materially affect this document in any way.

Details of changes should be sent to:

Devon, Cornwall and Isles of Scilly (DCIoS) Local Health Resilience Partnership (LHRP)

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Review

This Framework and working protocols will be reviewed annually.

Equality and Diversity

The importance of delivering services which meet the needs of different communities within both the LHRP and LRF area and ensuring no-one is discriminated against is essential from both a legal and moral point of view.

Partners should remain mindful and respectful of individuals' human rights and must also recognise the importance of taking into account the full range of protected characteristics including Race/Ethnicity, Disability, Gender, Gender re-assignment and Transgender, pregnancy and breastfeeding mothers, marital and civil partnership status, Age, Sexual Orientation, Religion and Belief and ensuring that these needs and circumstances are considered.

Devon, Cornwall & Isles of Scilly
LHRP & LRF Pandemic Influenza Framework

CONTENTS

1. Introduction

This Framework is not intended to replicate or replace national strategy and guidance and should be read in conjunction with those contained within the related documents section at 1.5 below.

- The framework details response functions and arrangements.
- It should build upon existing arrangements for escalation and surge planning and complement organisations' Business Continuity Plans.

The principles outlined in this document should act as guidance and therefore do not contain detailed instructions. They are intended to provide a basis of understanding upon which other multi-agency plans are developed. This is a STRATEGIC document, under which appropriate TACTICAL plans sit for each partner organisation. These tactical plans contain the detailed information by which personnel deployed to deal with Influenza Pandemic will carry out their required functions.

It should be noted, that in-depth detail regarding the health and social care response including the liaison between Clinical Commissioning Groups, Commissioned Provider Service Organisations, Acute Trusts and Foundation Trusts, General Practice, Mental Health Partnership Trusts and all providers of NHS Funded care, is included within the local health services' individual agency plans which are formulated from National Guidance.

It is intended for use by all Category 1 and Category 2 responders; Voluntary Aid Societies, as defined in the Civil Contingencies Act 2004, when each respective organisation is invoking special procedures to deal with Pandemic Influenza.

The impact of a novel pandemic virus on health and social care services will vary according to the nature of that virus and its effects, as well as the underlying status of the health economy and the context such as severe weather.

- A short but severe pandemic may place greater strain on health and social care services than the same number of people becoming ill over a more prolonged period.
- Critical care services may be at risk of being overwhelmed in a short severe pandemic, whereas primary care may shoulder the greater part of the burden during a mild, extended pandemic wave.

In the period leading up to the onset of a Pandemic the LRF will receive public announcements and restricted briefings from central government departments. The LRF will use this information to commence preparing our local response as part of the wider co-ordinated sub-national response. This will involve engagement with the regional tier as described in the following documents:

- NHS England's Operating Framework for Managing the Response to Pandemic Influenza:

https://www.england.nhs.uk/wp-content/uploads/2013/12/framework-pandemic-flu.pdf

1.1 Definitions

The World Health Organisation's (WHO) current pandemic definition is:

> "A pandemic occurs when an influenza virus which was not previously circulating among humans and to which most people don't have immunity emerges and transmits among humans"[1]

1.2 Aim

The over aim of this framework is to:

- minimise the potential health impact of a future influenza pandemic
- minimise the potential impact of a pandemic on society and the economy
- instil and maintain Public and Professional trust and confidence

1.3 Objectives

The overall objective of this framework is to document the Strategic response of the local health community during a flu pandemic and to:

- Provide an overview of response phases and key actions.
- Identify methods to facilitate an integrated health community response.
- Illustrate a process for communication and risk assessment.
- Provide an initial assessment of accountability and responsibility for review dependent on the specific circumstances.

1.4 Scope

This framework does:

- Outline operational processes for mobilising local health community resources to respond to an Influenza pandemic that has significant impact on routine services and / or require additional resources to implement effective control measures.
- Build on the health community response arrangements in the Health Community Response Plans.

This framework does not:

- Provide a process for dealing with day to day management of seasonal flu or other winter or surge pressures which is covered in local health systems organisational surge and escalation plans
- Supersede or replace the requirement for professional expert advice and or existing guidance

[1]WHO "Influenza virus infections in humans" July 2013
http://www.who.int/influenza/resources/publications/en/

1.5 Related Guidance, Plans and Frameworks

- NHS England; Operating Framework for managing the Response to Pandemic Influenza
- NHS England; Pandemic Influenza – NHS Guidance on the current and future preparedness in support of an outbreak
- NHS England; Roles and Responsibilities of CCGs in Pandemic influenza
- PHE; Pandemic Influenza strategic framework
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/344696/PI_Strategic_Framework_13_Aug.pdf
- PHE; Pandemic Influenza Response Plan
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/344695/PI_Response_Plan_13_Aug.pdf
- Devon, Cornwall and Isles of Scilly Local Health Resilience Partnership Health Community Response Plan
- NHS England; Guidance on the Roles and Responsibilities of Clinical Commissioning Groups (CCGs) in preparing for and responding to an influenza pandemic 2013
- NHS England; Guidance on the current and future preparedness in support of an outbreak (Gateway Reference 02616)
- WHO; Interim Guidance Pandemic Influenza Risk Management, 2013
- Cabinet Office; Preparing for Pandemic Influenza, Guidance for Local Planners; July 2013
- Devon, Cornwall and IoS LRF Excess Deaths Plan

2. Pandemic Overview

A pandemic is the worldwide spread of a disease, with outbreaks or epidemics occurring in many countries and in most regions of the world.

A influenza Pandemic occurs when a new influenza virus emerges which is markedly different from recently circulating strains and is able to:

- infect people (rather than, or in addition to, mammals or birds)
- spread readily from person to person
- cause illness in a high proportion of the people infected, and also spread widely, because most people will have little or no immunity to the new virus and will be susceptible to infection.
- As this will be a new strain of virus it also means that it is unlikely that a vaccine will be available in the first wave of the pandemic.

Although the intention will be to maintain normal services for as long as possible, the unique nature of the challenges presented by a pandemic and their likely duration will inevitably require the curtailment of some services and activities to limit the spread of infection and allow the diversion of resources or protect those who may be particularly vulnerable.

The impact on the provision of healthcare in particular is likely to last well beyond the pandemic itself, and restrictions on elective surgery and other activity will inevitably result in additional discomfort, pain and suffering for many people.

Key planning aims are to minimise the impact and secure the gradual resumption of services at the earliest possible opportunity.

Given the expected levels of additional demand, capacity limitations, staffing constraints and potential shortages of essential medical material, hard choices and compromises are likely to be particularly necessary in the fields of health and social care. People are more likely to accept the need for and the consequences of difficult decisions if these have been made in an open, transparent and inclusive way. Organisations' individual plans will need to reflect this issue and take into account the nationally developed ethical framework.

3. Strategic aim

Any new influenza pandemic can be expected to have a significant effect on individual members of the population, Health and Social care and society at large.

The overall objectives of the LHRP/LRF's approach to planning and preparing for an influenza pandemic are therefore to:

Minimise the potential health impact of a future influenza pandemic by:

- Public Health England continues to support international efforts to detect its emergence, and early assessment of the virus by sharing scientific information.
- National and local Communications campaigns promoting individual responsibility and action to reduce the spread of infection through good hygiene practices and uptake of seasonal influenza vaccination in high-risk groups; frontline health and social care staff.
- Ensuring the health and social care systems are ready to provide treatment and support for the large numbers likely to suffer from influenza or its complications whilst maintaining other essential care.

Minimise the potential impact of a pandemic on society and the economy by:

- Supporting the continuity of essential services, including the supply of medicines, and protecting critical national infrastructure as far as possible.
- Supporting the continuation of everyday activities as far as practicable.
- Upholding the rule of law and the democratic process.
- Preparing to cope with the possibility of significant numbers of additional deaths.
- Promoting a return to normality and the restoration of disrupted services at the earliest opportunity.

Instil and maintain trust and confidence by:

- Ensuring that health and other professionals, the public and the media are engaged and well informed in advance of and throughout the pandemic

period and that health and other professionals receive information and guidance in a timely way so they can respond to the public appropriately.

4. Notification

The World Health Organisation (WHO) Global Influenza Surveillance Network, comprising 105 countries, acts as a global alert mechanism, monitoring circulating influenza viruses in order to detect the emergence of those with pandemic potential. Its work enables WHO to recommend the viral subtypes included in each year's seasonal influenza vaccine.

In the early stages of the influenza pandemic, it is unlikely to be possible to assess with any accuracy the severity and impact of the illness caused by the virus. There will be some information available from other countries but the uncertainty about the quality of information that is available and its applicability to the LHRP/ LRF will mean that the initial response will need to reflect the levels of risk based on this limited evidence. Good quality data from early cases arising around the UK or within the LHRP/LRF area is essential in further informing and tailoring the response.

As reliable information becomes available, the appropriate response to the Pandemic can be determined. Appendix A outlines how the response might be taken forward in different pandemic scenarios. These are indicative only – the actual response measures will be determined at the time in the light of scientific, clinical and operational advice.

5. Triggers

This framework will be triggered by an influenza pandemic that:

- World Health Organisation (WHO) have declared a pandemic 'Alert Phase'; or
- Public Health England (PHE) has identified a novel influenza virus, with pandemic potential circulating in the UK; or
- An influenza-related 'Public Health Emergency of International Concern' (PHEIC) is declared by WHO; and additional resources are required to implement agreed control measures;
- There is a significant impact on public confidence and anxiety;
- There is significant media interest.
- Is present in the DCIOS LRF/LHRP area

6. Activation

Local activation of these arrangements will be with the agreement of LHRP/ LRF partners and be coordinated by the Devon and Cornwall Police in the first instance.

Local arrangements and activities will be agreed via a preliminary health teleconference and subsequently via (Op LINK) between LRF partners and coordinated via further teleconferences or face-to-face meetings as required.

The focus in this stage would be:

- Intelligence gathering from countries already affected.
- Enhanced surveillance within the UK.
- The development of diagnostics specific to the new virus.
- Information and communications to the public and professionals.

The activation of this Framework is a gradual process over time due to the time taken to identify a new strain of virus within the UK or because of the time taken for the pandemic to reach the UK, unlike the clearer activation of other plans in response to immediate events.

However, this frame work may be activated as a result of an outbreak with regional (level 3)[2] or national (level 4) requiring NHS England National co-ordination to support the NHS and NHS England response.

The indicator for moving to the next stage would be the identification of the novel influenza virus in patients in the UK.

The local health community will announce the series of phases (see table below) as soon as they are confirmed, indicating the level of activity expected.

The phases are not numbered as they are not linear, may not follow in strict order, and it is possible to move back and forth or jump phases.

It should also be recognised that there may not be a clear delineation between phases, particularly when considering local and sub national variation and comparisons.

Named Phase	Lead	Trigger	Mechanism
Detection and Assessment* Phases	PHE	WHO have declared a pandemic 'Alert Phase'; or Public Health England has identified a novel influenza virus, with pandemic potential, circulating in the UK; or An influenza-related 'Public Health Emergency of International Concern' (PHEIC) is declared by the WHO.	LHRP teleconference LRF teleconference (Operation Link)

[2] DCIOS LHRP Health Community Response Plan section 2 refers

Named Phase	Lead	Trigger	Mechanism
Treatment Phase	NHS England	Containment no longer possible and sustained community transmission in DCIOS or Escalation no longer required and return to treatment phase	LHRP teleconference LRF teleconference (Operation Link)
Escalation Phase	NHS England	Continued escalation of demand causing acute pressures on all health and social care services.	LHRP / SCG teleconference or meeting (if appropriate)
Recovery Phase	NHS England/ local authority	Recovery planning and coordination is initiated during the initial Treatment phase Formal handover will occur when activity has returned to pre-pandemic levels.	LHRP teleconference LRF & local authority RCG teleconference

* Public Health England have a policy and protocol for identifying and collecting data on the first few hundred (FF100) confirmed cases. PHE will lead on all activity relating to the FF100 protocol collecting clinical, epidemiological and virological information from the earliest laboratory confirmed cases and their close contacts.

7. Planning assumptions

Impacts from an influenza pandemic are likely to be significant and widespread. Attributable increases in morbidity and mortality within the community will have a considerable impact on human health; however it is likely that the wider social and economic impacts will also be significant.

Estimated health and social care impacts of an influenza pandemic on the Devon, Cornwall and Isles of Scilly area will need to be calculated on available data issued by the Department of Health.

Once clinical attack rates and at risk groups have been identified for the new pandemic strain demographic modelling can be completed for the area.

All LHRP members will be able to access this information for more detailed local modelling which will assist detailed response planning when required.

8. Excess Deaths

The NHS is well accustomed to dealing with an increase in seasonal deaths. These are catered for under the ‘Health’ ‘winter pressures’ arrangements and are well

practised, with all organisational plans being reviewed annually before the seasonal increase in activity.

During an Influenza Pandemic the expected 'excess deaths' will be far greater and will be on top of any seasonal increase. Business Continuity plans deal with immediate in-house hospital storage and increased demand in mortuaries.

Other pinch points and assistance with partnership working is covered within the LRF 'Excess Death' plan which has been written specifically to deal with excess deaths and the subsequent impact on the Coroner, Registration and burial services.

9. Business Continuity

Business Continuity arrangements for each of the LHRP/LRF partner agencies are not covered within this document, as LHRP/LRF members will invoke their own Business Continuity Plans as required. Health and Social Care Services in particular will share a greater burden as they endeavour to continue essential service delivery with reduced staff.

Emergency Services and Local Authorities can also expect their essential service areas to be severely challenged.

Business Continuity themes for consideration are:

- Identification of the critical functions of the various services and development of measures to maintain these as far as possible throughout the pandemic. Contingency planning for this including maintenance of adequate staffing levels is essential within all organisations.
- Ensuring essential contracted out services are robust
- Redistribution of staff from support to critical roles.
- Utilising staff skills and delivery of training as required in advance of them being needed.
- In line with the Government's overall aim to continue business as normal as far as is reasonably possible. This may involve a change in normal working practices where applicable to ensure delivery of the most critical services.
- Cancellation of non-essential activities and routine training.
- Ensure planning covers for loss of supplies through a supply chain failure and identify alternative suppliers.
- Prepare for loss of essential services, particularly utilities, fuel or transportation failures.

Organisations' Business Continuity plans should be aligned with ISO 22301:2012.

Business Continuity plans for responding to other pressures, such as winter illness or major incidents such as flooding, are well established, tried and tested. Building on these familiar procedures provides a robust foundation for responding to fluctuation in demand for capacity that may occur in an influenza pandemic.

10. Public Impact and Social Distancing Measures

At a very early stage, a national hygiene communications campaign will be put in place which will include advice and information such as hand washing, encouraging infected people to stay at home and reducing unnecessary travel, in an attempt to delay the spread of the infection.

Other control measures required, such as travel restrictions, will require an element of voluntary cooperation. Mandatory quarantine and curfews are generally not considered necessary or advised in national guidance.

10.1 Impact on Other Services

In the absence of early or effective interventions there will be a widespread effect on all other services through sickness, travel restrictions and knock-on effects from other businesses and failing services. Services such as death registration and funeral directors will have an increased workload. In addition to maintaining continuity of their work, businesses will need to consider extra measures such as security of premises and equipment.

10.2 Impact on Travel and Fuel Issues

Although explicit restrictions on travel are not expected, there is also a lack of scientific evidence on the impact of internal travel restrictions on transmission and attempts to impose such restrictions would have wide-reaching implications for business and welfare. For these reasons, the working presumption will be that Government will not impose any such restrictions. The emphasis will instead be on encouraging all those who have symptoms to follow the advice to stay at home and avoid spreading their illness.
However, the impact of fuel supply chain staff going sick or not turning up for work may impact on the availability of fuel across the peninsula and organisational partners should plan for this as part of their Business Continuity planning.

10.3 Public Events and Mass Gatherings

There is very limited evidence that restrictions on mass gatherings will have any significant effect on influenza virus transmission. Large public gatherings or crowded events where people may be in close proximity are an important indicator of ‘normality’ and may help maintain public morale during a pandemic.

The social and economic consequences of advising cancellation or postponement of large gatherings are likely to be considerable for event organisers, contributors and participants.

10.4 Sport, Culture and Tourism

The LRF Strategic Coordination Group (SCG) when formed will monitor any local impact experienced due to the cancellation of major sporting events or the prolonged effects experienced by a downturn in tourism across the LRF area.

Measures to mitigate these effects will be considered as the Pandemic lessens and Devon, Cornwall and the Isles of Scilly, begin to move into the Recovery Phase.

10.5 School Closures

There is modelling data highlighting the potential benefit of school closures in certain circumstances, both in terms of protecting individual children from infection and in reducing overall transmission of the virus within the population. However, to be effective prolonged closures are required. This would involve schools over a wide area, and carries a risk that social mixing of children outside school would defeat the object of the closures.

It is likely that school closures will have a significant impact on the ability of businesses to operate as parents will have issues with child care. There is also likely to be an impact on social care where special needs schools close.

However, under some circumstances head teachers (and their Boards of Governors, where relevant) may take the decision to close individual establishments temporarily.

10.6 Mutual Aid

Although multi-agency working locally will be instrumental in maintaining critical service delivery it is not anticipated that mutual aid from other areas will be available to support the Devon, Cornwall and the Isles of Scilly response.

The sub national tier through the Resilience Emergency Division (RED) and NHS England (South West) will be responsible for managing requests for mutual aid and providing regional assistance whenever practicable.

It is in the nature of this emergency that it will cross borders, meaning that opportunities for mutual aid will be limited and should not therefore be counted on. All LRF Plans will be checked by RED with neighbouring LRFs to ensure that as far as possible they do not conflict with each other. This includes neighbouring regions.

10.7 Vulnerable People

It is recognised that Pandemic Flu will have a severe impact upon the NHS and other agencies and their ability to continue providing services to the public. At the onset of the pandemic, the NHS will begin to prioritise the services it provides in order to maintain its core services (Appendix A).

Some prioritisation based upon clinical and social need is inevitable and some patients usually cared for in hospital, will instead need to be cared for in the community. Specific populations may be disproportionately affected or recognised as more vulnerable.

Vulnerable people are defined as those 'that are less able to help themselves in the circumstances of an emergency'. In the event of a pandemic, these may include:

- Children
- Older people
- Mobility impaired
- Mental/cognitive function impaired
- Sensory impaired
- Individuals supported by Health, Local Authorities or the independent sectors within the community.
- Individuals cared for by relatives
- Homeless people
- Pregnant women.
- Minority language speakers
- Tourists
- Gypsy & traveller community

Approximate numbers of individual groups can be obtained from the local Directors of Public Health (DPH) for each area within the LRF.

The NHS and each Local Authority has planning in place to identify vulnerable people by interrogating their patient/client records within postcodes. These records can only be accessed at the time of an emergency to pinpoint those most at risk.

Some LRF partners (specifically utilities) also hold vulnerable client information; requests for its release should be made direct to those agencies.

Consideration would need to be given to the activation of the LRF Vulnerable Persons Tactical Framework to undertake the management and oversight.

11 Summary of key roles and responsibilities

Primary roles and responsibilities of key responders in respect of any emergency can be found within the Devon, Cornwall and Isle of Scilly LRF Combined Agency Emergency Response Protocol (CAERP).

These primary roles and responsibilities are not likely to change significantly in an Influenza Pandemic outbreak. Below is a quick reference table that gives an outline of the Roles and Responsibilities of responding organisations.

Organisation	Role
NHS England	Mobilise and coordinate NHS resources.
CCG	Provide support to NHS England in coordinating NHS providers.
PHE	Provide independent, expert microbiological, epidemiological and modelling advice as well as operational support to DH, the NHS and other organisations whose formal responsibilities include responding to an influenza pandemic including the local screening and immunisation teams in support vaccination where possible.

Local Authority	Provider and/or commissioner of a range of essential public services, including adult social services and host organisation to the local Director of Public Health who will have an initial leadership role in health protection incidents
Providers of NHS funded care	Provide resources as agreed to effectively deliver control measures. Invoke organisational Business Continuity Plans as required.
LRF Partners	Provide support to health in delivering the response. Particularly around logistics and excess deaths/emergency mortuary arrangements. Invoke organisational Business Continuity Plans as required.

The matrices of pandemic phases shown at Appendix B are intended to provide a quick reference to the responsibilities of responding organisations. It is not intended to be an exhaustive list of activities which will be determined by the specific nature of the pandemic and guidance and instruction received from WHO, the Department of Health (DH) and Public Health England (PHE). These stages are not linear and do not have identified indicators for moving between them.

12 The combined response

12.1 Command, Control & Co-ordination

The arrangements for the co-ordination of the multi-agency response will commence locally as determined by responding partner organisations, or when the 'triggers' described in section 5 above are, or are likely to be met.

Experience from previous emergency responses indicates a number of key factors which are critical for ensuring effective, coordinated responses. These are:

- **Clear leadership:** Pre–established and tested command and control structures with clear roles and responsibilities, along with strong working relationships, are essential in ensuring coordination and channelling communication at every level of the response. However, those placed in leadership roles also need to understand the importance of public confidence and engagement, facilitated through an approach encompassing openness and transparency.
- **Exercising arrangements:** To test that response plans work and are efficient. Staff familiarity with plans and their likely roles and responsibilities helps to ensure that arrangements run smoothly. The involvement of relevant partner organisations in testing and exercising will improve understanding of each other's response plans and ensure that any links and assumptions are identified and validated. This is particularly important during a period of widespread organisational and structural change.
- **Knowledge & Information Management:** Effective knowledge and information management is important during any adverse event. A structured approach to knowledge management throughout the planning and response phases will help with evaluation and recovery following a pandemic and can assist in incorporating lessons learned which will improve and strengthen any future response.

- **Business Continuity:** All organisations should ensure that they have up to date and effective Business Continuity arrangements in place to support the additional pressures and challenges that will arise through loss of staff. It is also essential that any contractor delivering services on an agency's behalf has robust plans in place.

The initial local Health response would be as outlined in the LHRP Health Community Response Plan with local Health and Social Care organisations undertaking surge and escalation until such time as a Pandemic is declared and full activation as per section 6 above.

12.2 Multi-Agency Strategic Co-ordination

The purpose of the strategic command level is to be in overall command of the emergency within the context of a local, regional and national perspective.

The Strategic Coordination Group should establish a framework of policy within which the Tactical Co-ordination Group (TCG) (Silver) will operate.

12.3 Strategic Co-ordination Group (SCG) (Gold)

- Chaired by the Police in the first instance. Health may take on the role of chair as the Pandemic progresses.
- The SCG may be required to meet in person or via audio or video conference – frequency and timings of meetings will be determined by the Strategic Commander.
- Supported by Devon and Cornwall responders as required.
- Includes Strategic Co-ordination arrangements put in place by the Local Health Resilience Partnership via NHS England South local team, supported by PHE South West.

12.4 Multi-Agency Tactical/Operational Co-ordination

- Established for each Police Tactical Command area.
- Chaired by the local Police Tactical Commander. Health may take on the role of chair as the Pandemic progresses.
- Will include Directors of Health Commissioned Provider Services including Clinical Commissioning Groups.
- Adult Social Care or nominated deputy.
- Local Authority Public Health Teams.
- Other members of the responder community as required.
- Reports to the Strategic Co-ordinating Group.
- Determines Tactical/Operational decisions within their catchment area
- Group may be required to meet in person or via audio conference

Details of multi-agency command control and co-ordination is contained within the Devon, Cornwall and Isles of Scilly Combined Agency Emergency Response Protocols (CAERP) held by all Category 1 and 2 Responders.

Individual agencies will also be required to co-ordinate their own agency response at a Strategic, Tactical and Operational level.

13. Communications with the public and key stakeholders

13.1 Media Lead

It would be expected that NHS England South (South West) will take the lead for Communications across the health economy and coordinate media requests. This will ensure that messages are consistent and in line with national communications messages.

However, it is expected that appropriate specialists, particularly from Public Health England and local authority Directors of Public Health, would be called upon to provide expert opinion to local media and to be key contributors to the communications strategy.

13.2 Communications Strategy

A communications strategy should be devised to ensure consistency of messaging and avoidance of duplication across the health community.

This is done in accordance with our generic Local Resilience Forum Warning and Informing Media; Communications and social Media Frameworks which should be instigated when and if there is an identified need.

This should include, but is not limited to:

- Centralisation and coordination of media requests
- Localisation of national and regional messages
- Communications to the public
- Consideration of hard to reach population groups
- Communications across the health and social care community
- Communications with regional and national bodies
- Communications with multi-agency partners
- Timeliness and accuracy of information
- Managing expectations of the public and partners
- Specialist advice and information for particular settings and sectors
- Key stakeholders for development of messaging and cascading information
- Pooling of communications resources
- Out of hours communications arrangements
- Links with LRF warning and informing plans
- UK Pandemic Influenza Communications Strategy 2012 (DH).

PHE would have responsibility for developing the key communication messages and partners would support sharing these messages with their patients or the wider public.

14. Reporting Requirements

14.1 Data reporting

Data will be produced by, and provided to, the local health and social care community. The primary purpose of flu data will be:

- Monitoring and assessing the progress and impact of the pandemic
- Assessing the efficacy of interventions
- Informing decision-making processes particularly around moving between phases
- Justification for the release and allocation of resources
- Invocation of Business Continuity Plans
- Supporting requests for mutual aid or support.

Surveillance data will be collected and collated from a number of sources for example:

- NPFS information
- GP patient information
- Hospital admissions data
- Local authority registry offices
- Situation reports of pressures on services (see below)
- Antiviral/antibiotic distribution by pharmacies or ACPs
- Vaccination uptake via ImmForm

14.2 Situation Reporting

There will be requirements for situation reporting across the health and multi-agency communities. It is likely that consolidated information will be required for:

- NHS England South
- Public Health England
- Local Resilience Forum partners
- DCLG Resilience and Emergencies Division.

A standard template should be agreed at the time to meet as many of the requirements as possible so that the data only needs to be collected from organisations once and then utilised for the different purposes to fulfil requirements.

NHS organisations will be required to submit their sitreps direct to the NHS England South West Incident Control Centre for consolidation and onward transmission to both Regional and National health tiers.

NHS England will complete the Strategic Coordination Centre sitrep on behalf of all health organisations to ensure consistency.

15. National Pandemic Flu Service (NPFS)

The NPFS may be implemented nationally to support the response provided by primary care if the pressures during a pandemic mean that it is no longer practical for all those with symptoms to be individually assessed by a doctor or other prescribers in order to access antiviral medication.

Activation of the NPFS will be determined by the impact of the flu pandemic on primary care.

It is an online and telephone self-assessment service where individuals follow a process of answering questions which have been developed with extensive advice from clinicians which determine whether the person who is ill is eligible for an antiviral medicine or not. Individuals may also be directed to other health interventions such as home care advice or ambulance response.

Families and Friends of a patient ('flu friends') can collect the antiviral medications on another's behalf. It is anticipated that the initial response will be for antivirals to be dispensed by pharmacies as with normal medications but that during peak periods it may be necessary to establish an antiviral collection point (ACP)s.

16. Antiviral Collection Points

The Department of Health is responsible for policy decisions relating to the use of antivirals in response to a flu pandemic. Considerations will a include authorisation and mobilisation of the national antiviral stockpile, treat all policy, targeting at risk groups and use of limited prophylaxis.

If the demand for antivirals is too high to be met by the existing pharmacy network, then ACPs can/may be established. These are non-pharmacy locations set up specifically to dispense antivirals during a pandemic.

NHS England is responsible for the local delivery of antiviral distribution arrangements, business as usual arrangements will be used wherever possible, e.g. distribution though community pharmacies.

NHS England is responsible for providing the pertinent contact information on ACPs to enable delivery of Antivirals. PHE will work with hospital manufacturing units on the production of Oseltamivir solution for children under 1 and ensure Trusts have the appropriate resources required to do so.

NHS England will determine local arrangements as required, in the absence of national agreements local planning assumptions are as follows:

- NHS England South West will work with community pharmacies as the proposed primary delivery mechanism for the public to collect antivirals'
- Additional community pharmacy locations will be available as required;
- If antiviral collection points are required antivirals will be delivered directly to these locations (as opposed to NHS England for on-ward distribution)

- Antiviral stocks will initially only be available in a limited number of locations within NHS England South (South West);

Antiviral delivery mechanisms, including ACPs will be developed further and this plan updated accordingly.

17. Acute and Critical Care (including ECMO)

17.1 Expansion of Critical Care Capacity

Acute hospitals are required to have a plan to expand their intensive and high dependency capacity. It is expected that actions would include:

- Cancellation of elective surgery and utilisation of theatre and recovery respirators.
- Utilisation of mobile respirators.
- Adjustment of staff patient ratios to provide higher levels of support on normal wards.
- Acceleration of discharge of patients to create capacity within the hospital
- Introduction of 'virtual wards' in the community to provide support to patients with higher levels of acuity.

17.2 Extracorporeal Membrane Oxygenation (ECMO)

ECMO is an extracorporeal technique of providing both cardiac and respiratory support oxygen to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their function. Initial cannulation of a patient receiving ECMO is performed by a surgeon and maintenance of the patient is the responsibility of the perfusionist or ECMO specialist who gives 24/7 monitoring care for the duration of the ECMO treatment.

During the 2009 pandemic there was an increase in patients requiring ECMO as a result of complications from H1N1. There are no ECMO facilities within the Devon, Cornwall and Isles of Scilly footprint, but there may be a requirement for patients to be transferred to appropriate facilities which will be coordinated by the Critical Care Network, dependent on location and capacity.

18. Vaccination

It would be anticipated that a pandemic 'specific vaccine' would be available within 4-6 months after the new pandemic influenza viral strain has been identified.

The Joint Committee on Vaccination and Immunisation (JCVI) will agree the prioritisation of vaccination to reduce morbidity and mortality as far as possible. As such the groups likely to be targeted with early supplies of vaccine would be frontline health and social care workers and those usually in the seasonal flu 'at risk' groups. Other groups would be added to the group as dictated by the nature of the specific flu strain and advised by JCVI.

Vaccination would be undertaken in the usual Primary Care locations wherever possible.

If mass vaccination arrangements need to be established, then the LHRP Mass Prophylaxis/Vaccination appendix to the communicable disease plan will be invoked (under development).

19. Logistics and Transport

Logistics and transport will utilise existing systems and structures wherever possible. This will include scheduled services between healthcare facilities and local authority transport networks.

Consideration will need to be given to the 'cold chain' (temperature control) requirements when transporting vaccine and fridges and cold storage will need to be strategically placed to support mass vaccination arrangements.

When and if systems become overwhelmed NHS England may ask the LRF to help coordinate the wider transport and logistics requirements to relieve some of the pressure on health services.

20. Information and Demographics

Once clinical attack rates and 'at risk' groups have been identified for the new pandemic strain demographic modelling can be completed for the area.

All local Public Health England centres in conjunction with Directors of Public Health will be able to access this information for more detailed local modelling which will assist detailed response planning when required.

21. Recovery

Each affected Local Authority may establish its own Recovery Co-ordinating Group (RCG) working alongside Health Colleagues. An important part of the work of the RCG, in the various phases of the Pandemic, is to develop a recovery strategy and inform the SCG of this to ensure that decisions made by the SCG do not unnecessarily compromise medium to long-term recovery.

The Department of Health is likely to announce when the pandemic is over or subsided, this is likely to be as the impact of the influenza pandemic wanes.

The pace of recovery will depend on the residual impact of the pandemic, on-going demands, backlogs, staff and organisational fatigue, and the on-going difficulties affecting most organisations. Therefore, a gradual return to normality should be expected.

Health and social care services may experience persistent secondary effects for some time.

Other sectors and services are likely to face similar problems and may also experience difficulties associated with income loss, changes in competitive position, loss of customer base, lack of raw materials, the potential need for plant and machinery start-up and so on.

The recovery phase from a Pandemic Flu is likely to be sustained and may continue for many months and or potentially years before returning to a pre-pandemic state.

Appendix A

Proportionate response to pandemic influenza				
Impact	**Nature and scale of illness**	**Key healthcare delivery**	**Impact on wider society**	**Public messages**
Initial phase **(pandemic impact unknown at this stage)**	Sporadic influenza cases may be reported from the community Possible limited local outbreaks (schools, care homes) Possible increased proportion of critical care cases with influenza	Response led by Public Health through the Public Health Emergency Centre (PHEC) working collaboratively with DPH's and NHS England local team supported by primary care and pharmacy services, and making preparations for extra support should this initial phase be extended Detection, diagnosis and reporting of early cases through testing and contact tracing National Pandemic Flu Service (NPFS) not activated. Local areas may start initial preparations to use NPFS and Antiviral Collection Points (ACPs) Influenza information line may be activated Consider support arrangements for Health Protection Teams Normal health services continue	Possible public concern arising from media reporting of cases at home or abroad Possible disruption to international travel and concern among intending / returning travellers Possible school closures to disrupt the spread of local disease outbreak, based on public health risk assessment Review and update of pandemic response plans	Advice on good respiratory and hand hygiene Advice about how to obtain further information e.g. to consult Government and NHS websites and other channels for up to date Information Establish transparent approach to communicating emerging science, the level of uncertainty about severity and impact, and the likely evolution of the situation

Proportionate response to pandemic influenza				
Impact	**Nature and scale of illness**	**Key healthcare delivery**	**Impact on wider society**	**Public messages**
LOW	Similar numbers of cases to moderate or severe seasonal influenza outbreaks AND In the vast majority of cases – mild to moderate clinical features	Primary and hospital services coping with increased pressures associated with respiratory illness, with maximum effort Paediatric/Intensive care units (PICU / ICU) nearing or at maximum pressure No significant deferral of usual activities Influenza information line function active ACPs established in hotspots only – consider using community pharmacies alongside other arrangements NPFS active depending on pressures in primary care Use existing legislation to allow the supply of antiviral medicines at premises that are not a registered pharmacy Continued compliance with statistical reporting standards to maintain confidence in publicly disseminated information	Increase in staff absence due to sickness – similar to levels seen in seasonal influenza outbreaks Consider arrangements for sickness absence surveillance No significant or sustained impact on service and business capacity	As above; Information on the pandemic and the clinical effects of infection, and what to do Information about antiviral medicines and tailored messages for children, pregnant women, elderly and other at risk groups (in liaison with expert bodies and support groups) How to use your local health service Employers planning in advance for sickness absence, service reprioritisation and alternative ways of working

Proportionate response to pandemic influenza				
Impact	**Nature and scale of illness**	**Key healthcare delivery**	**Impact on wider society**	**Public messages**
MODERATE	Higher number of cases than large seasonal epidemic Young healthy people and those in at-risk groups severely affected AND/OR more severe illness	Health services no longer able to continue all activity ICUs/PICUs under severe pressure Local and regional decisions to cease some health care activity Influenza information line function active NPFS activated as required Local areas establish ACPs as required in each county Contingency plans for supporting care at home and respite care Continued compliance with statistical reporting standards	Supplies of electricity, gas and fuel will remain at near-normal levels of supply. Routine maintenance afforded a lower level of priority if there are staffing shortfalls, essential repairs expected to continue Potential disruption to general supplies if peak staff absence coincides with technical or weather related supply difficulties Prepare to implement business continuity arrangements for management of excess deaths, if necessary Concern among teachers and parents about infection spread in educational settings may lead to teacher and pupil absence Supply chain companies implement business continuity plans Possible review of legislation regarding drivers' hours Justice system affected by absence of staff, judiciary and other parties. Maintain essential services in accordance with established business priorities	Information on the pandemic and the clinical effects of the infection Advice on seeking medical assessment when not improving or getting worse Information on NPFS Information on collection of medicines Information about antiviral medicines and tailored messages for children, pregnant women, elderly; and other at-risk groups (in liaison with expert bodies and support groups) Infection control and business continuity advice for specific occupations. E.g. funeral directors, registrars, cemetery and crematorium managers, police etc as appropriate Managing expectations of Critical Care

Proportionate response to pandemic influenza				
Impact	**Nature and scale of illness**	**Key healthcare delivery**	**Impact on wider society**	**Public messages**
HIGH	Widespread disease in the UK AND/OR most age-groups affected AND/OR severe, debilitating illness with or without severe or frequent complications	GPs, community pharmacies, district nurses, dental practitioners and social carers, independent sector, residential homes and voluntary organisations fully stretched trying to support essential care in the community with consequential pressure on secondary care Hospitals can only provide emergency services NPFS working to capacity ACPs under pressure Influenza information line function active Critical Care services: demand outstrips supply, even at maximum expansion Continued compliance with statistical reporting standards	Emphasis on maintaining supplies and staffing Transport, schools, shops affected by sickness and family care absences Numbers of deaths putting pressure on mortuary and undertaker services Possible implementation of national legislative changes to facilitate changes in working practice (e.g. death certification, drivers' hours, sickness self-certification requirements, Mental Health Act, benefits payments) Justice system affected by absence of staff, judiciary and other parties Maintain essential services in accordance with established business priorities	Messages about progress of the pandemic, availability of healthcare and other services Advice on how to minimise risks of transmission Information on how to support family members and neighbours Advice on where to get help for emergencies Truth about how services are coping and what they are doing to cope Explanation of triage systems to align demand and capacity Some civil contingencies advice, including advice to specific occupations such as paramedics, funeral directors, registrars, cemetery and crematorium managers, police etc as appropriate

Appendix B

Matrices of Pandemic Phases

Detection and Assessment Phase

Key:

Y – Will carry out these activities
C – Will be responsible for ensuring that commissioned services have capacity and capability to carry out activities
X – Will not have a duty to carry out these activities, but may be asked to support

	NHS England Local Team	PHE	CCG	Acute	Community (incl. community hospitals)	Primary Care	Local Authorities	Other providers of NHS care	Other LRF Partners
Testing suspected cases	C	X	C	Y	Y	Y	X	X	X
Provision of antiviral medications for treatment and prophylaxis	C	X	C	Y	Y	Y	X	Y	X
Analysis of serological samples	X	Y	X	X	X	X	X	X	X
Communications campaigns – self-care, further assessment	Y	Y	Y	Y	Y	Y	Y	Y	Y
Review plans and prepare to respond quickly – flexible and proportionate	Y/C	Y	Y/C	Y	Y	Y	Y/C	Y	Y

Treatment Phase

	NHS England Local Team	PHE	CCG	Acute	Community (incl. community hospitals)	Primary Care	Local Authorities	Other providers of NHS care	Other LRF Partners
Move health economy into 'Treatment' Phase	Y	X	Y	X	X	X	X	X	X
Provide rapid access to treatment (antivirals/antibiotics)	Y/C	X	C	Y	Y	Y	C	X	X
Management of patients in the at-risk groups	C	X	C	Y	Y	Y	Y	Y	X
Communications campaigns – self-care, further assessment	Y	Y	Y	Y	Y	Y	Y	Y	Y
Invoke Business Continuity Plans and cease non-urgent activity	Y/C	Y	Y/C	Y	Y	Y	Y/C	Y	Y

Escalation Phase

	NHS England Local Team	PHE	CCG	Acute	Community (incl. community hospitals)	Primary Care	Local Authorities	Other providers of NHS care	Other LRF Partners
Manage pressure on specialist and small-scale services e.g. ITU	C	X	C	Y	Y	Y	X	Y	X
Maximise use of capacity – further Business Continuity Management	Y/C	Y	Y/C	Y	Y	Y	Y/C	Y	Y
Prioritise access to services	C	X	C	Y	Y	Y	Y	Y	Y
Communications campaigns – self-care, further assessment	Y	Y	Y	Y	Y	Y	Y	Y	Y

Recovery Phase

	NHS England Local Team	PHE	CCG	Acute	Community (incl. community hospitals)	Primary Care	Local Authorities	Other providers of NHS care	Other LRF Partners
Coordinate gradual, managed return to normality	Y/C	X	Y/C	X	X	X	C	X	X
Manage services for the continuing care for persistent secondary effects[3]	C	X	C	Y	Y	Y	Y	Y	X
Assess and provide additional support for fatigued staff	Y/C	Y	Y/C	Y	Y	Y	Y/C	Y	Y
Manage re-supply and replenishment of stocks and physical resources	C	X	C	Y	Y	Y	Y/C	Y	X
Assess health community capability and capacity[4]	C	X	C	X	X	X	C	Y	X
Complete debriefing activity and identify lessons to be learned	Y/C	Y	Y/C	Y	Y	Y	Y/C	Y	Y
Review and update pandemic flu plans and prepare for further waves and/or future pandemics	Y/C	Y	Y/C	Y	Y	Y	Y/C	Y	Y

[3] Including patients with existing illnesses exacerbated by flu, those suffering medium to long-term health complications, backlog of work, post-pandemic seasonal flu
[4] Some small providers and other sectors and services may experience difficulties associated with income loss, change of competitive position, loss of customers/patients, lack of raw materials etc.

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