

**CORPORATE SERVICES & PARTNERSHIPS
POLICY OVERVIEW COMMITTEE**

2009/10

DRAFT REVIEW SCOPING REPORT

Proposed review title:

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

Aim of the review

To review how the Council has prepared for a pandemic in terms of the economic effects and the effects on Council services and residents of the Borough who use those services.

Proposed outcome

A report summarising the Committee's findings would be completed and presented to the Council's Cabinet. The report will present recommendations on the Council's individual and multi-agency resilience and response plans for a potential pandemic, particularly in relation to the economic effects of a pandemic and the impact on Council services, and on residents of the Borough who use those services.

Terms of reference

1. To examine the local resilience and response plans which are in place for this Council to respond to a pandemic.
2. To examine what the Council could do for the local economy in the event of a pandemic.
3. To examine how the Council could mitigate the impact of a pandemic on Council staff and the services provided.
4. To examine the multi-agency planning for a Pandemic and looking at any gaps which may exist in the delivery of services.
5. To examine the working practices that the Council will require during a pandemic to ensure a minimum disruption to Council services.

6. To examine the priority services which the Council and its partners will need during a pandemic to vulnerable people in conjunction with its partners.
7. To make recommendations from the above investigations, in relation to the resilience and planning processes for this Council's response to a pandemic.

Reasons for the review

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

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

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

Key issues

1. What can the Council do in undertaking its community leadership role to mitigate the economic effects of a pandemic? What would the major economic challenges be for the Council?
2. What support can the Council provide to the Borough's businesses and residents in the event of a pandemic?
3. What business continuity and contingency plans have the Council in place to ensure that critical services and outputs continue to be delivered throughout a pandemic?
4. What is the multi-agency approach to a pandemic, particularly in relation to the provision of essential services to residents?
5. What will the effects of a pandemic be on Hillingdon PCT' budget? How will providing both Tamiflu and/or vaccines to patients affect the financial deficit of the PCT?

6. What operational plans will the Council have in place should a pandemic widely affect the Council's workforce? What advice would be given to staff who meet the public face-to-face and what safeguards would be put in place? How would staff commute to work if public transport is affected?
7. Are the command structures, roles and responsibilities during a pandemic clear?
8. Would flexible working be encouraged such as home or remote working and would the Council have the IT infrastructure to enable this to happen?
9. To some extent the level of staff absence during a pandemic depends on the demographics of the Council's work teams and the numbers who have childcare or family responsibilities. What estimates can be made of the likely numbers of the Council's workforce this will include?

Methodology

A review of the relevant literature and websites including:

- Cabinet Office – London Resilience preparing for emergencies
<http://www.cabinetoffice.gov.uk/ukresilience.aspx>
- Health Protection Agency - <http://www.hpa.org.uk/>
- Department of Health - <http://www.dh.gov.uk/en/index.htm>
- London Borough of Hillingdon – Council's response to swine flu -
<http://www.hillingdon.gov.uk/index.jsp?articleid=17634>

Witness sessions to potentially include:

- Mike Price, Civil Protection Manager, London Borough of Hillingdon
- Claude Seng, Health Protection Agency
- Shikha Sharma, Hillingdon Primary Care Trust
- Officer from Human Resources at London Borough of Hillingdon
- Steve Palmer, Head of Information and Communications Technology, London Borough of Hillingdon
- Paul Whaymand, Head of Accounting Services, London Borough of Hillingdon
- Shabeg Magra, Airport Services Manager and John Purcell Bereavement Manager at London Borough of Hillingdon
- Other local authorities
- Chambers of Commerce
- Business Continuity specialist
- Officer from the London Resilience Team – Government Office for London
- Pharmaceutical Companies

Stakeholders and consultation plan

As many stakeholders as possible would be invited to give evidence to the Committee in person. In addition to those outlined above, further stakeholders could be invited to give written evidence to the review. For example, the

Council's Corporate Communications Team could be used to undertake consultations for the review. In addition the Council's website and/or *Hillingdon People* could be used to engage with stakeholders and to invite views on the review. The views of businesses could be gauged from the Business Forum.

Connected work (recently completed, planned or ongoing)

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

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

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

Proposed timeframe & milestones

Meeting	Action	Comments
7 July 2009	Consider draft scoping report and to give consideration to the witnesses the Committee would like to invite to give evidence	Comment on the draft scope for the review and discuss preferred witnesses. Background information on pandemics and its impact on the public and on Council services.
23 July 2009	Finalisation of scoping report and consideration of potential witness sessions First witness session	Members to set the parameters for the review and to hear what this Council already has prepared in the event of a pandemic. Also to decide on witness sessions Potential witnesses: Mike Price, Civil Protection Manager, LBH, Steve Palmer, Head of Information and Communications Technology LBH and Shaneg Nagra, Airport Services Manager and John Purcell Bereavement Manager at LBH

8 September 2009	Second witness session	Session to focus on the work the Council's partners have already undertaken in relation to planning for a pandemic. Potential witnesses: Shikha Sharma from Hillingdon PCT, Claude Seng, Health Protection Agency,
14 October 2009	Third witness session	Session to look at the economic impact of a pandemic and what the Council can do to mitigate its impact on Council services, businesses and residents. Potential witnesses: Representatives from Chamber of Commerce, officer from Human Resources, Paul Whaymand, Head of Accounting Services, LBH, representative from a Pharmaceutical company and Departmental officers of the Council (i.e. schools)
12 November 2009	Fourth witness session	Session to look at the work of London Resilience and other local authorities as well as to hear from a Business Continuity specialist Potential witnesses: Officer from the London Resilience Team – Government Office for London, officers from other local authorities and a Business Continuity specialist
20 January 2009	Agree report	Sign off final report.

Risk assessment

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

Information Updates

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

BACKGROUND INFORMATION ON PANDEMICS

The Government judges that one of the highest current risks to the UK is the possible emergence of a human influenza pandemic – that is the rapid worldwide spread of influenza caused by a novel virus to which people would have no immunity, resulting in serious harm to human health, and wider social and economic damage and disruption.

What is a Pandemic?

An influenza pandemic occurs when a novel influenza virus appears, against which the human population has little or no immunity. Recently the world has encountered swine flu pandemic which has spread globally but has not impacted too greatly on this country.

Influenza is one of the most difficult infectious diseases to control because the virus spreads easily from person to person via the respiratory route when an infected person talks, coughs or sneezes. The incubation period is in the range of one to four days. Historical evidence suggests that one person infects about two others on average and that influenza spreads particularly rapidly in closed communities such as schools or residential homes.

Influenza poses a serious danger for high risk groups (the very young, the elderly and the chronically ill and some disabled people).

Pandemics can cause major social and economic damage and disruption. Social disruption may be greatest when rates of absenteeism impair essential services.

Non Health Impacts of an Influenza Pandemic in the UK

- In the absence of early or effective interventions, society is also likely to face much wider social and economic disruption, significant threats to the continuity of essential services, lower productivity levels, shortages and distribution difficulties.
- Individual organisations may also suffer from the pandemic's impact on business and services. Difficulties in maintaining business and service continuity will be exacerbated if the virus affects those of working age more than other groups, and fear of infection, illness, care-providing responsibilities, stress, bereavement and potential travel disruption are likely to lead to higher levels of staff absence.
- High levels of public and political concern, general scrutiny and demands for advice and information are inevitable at all stages of a pandemic.

How can the influenza virus be prevented?

- Strict adherence to infection control practices, especially hand hygiene, containment of respiratory secretions and the use of Personal Protective Equipment.
- Administrative controls such as separation or cohorting of patients with influenza.
- Instructing staff members with respiratory symptoms to stay at home and not come into work.
- Education of staff and general awareness raising of the need to regularly clean the office equipment.

Severity of Illness and Deaths

An influenza pandemic ¹ will result in a large number of deaths throughout London. The projected scale of excess deaths during a pandemic particularly at the upper end of the planning assumptions is likely to present many challenges for local services. Planning in both the local health community and Local Authorities will need to recognise the requirement for sensitive and sympathetic management of potentially large number of deaths.

Impact on Council services

- **School closures** – Influenza transmits readily wherever people are in close contact and is likely to spread particularly rapidly in schools. As children will have no residual immunity they could be amongst the groups worst affected and can be ‘super spreaders’. The decision to close schools would have an impact on not only the education of children, but also services and businesses dependent on working parents. In addition Local Authorities have a legal duty to provide education “at school or otherwise” for children who for any reason may not for any period receive suitable education unless such arrangements are made for them.
- **Vulnerable People** – In the event of a pandemic vulnerable people may include; children, older people, mobility impaired, those mentally or cognitively function impaired, individuals supported by the Local Authority, or the independent sectors within the community, the homeless etc. The process of identifying and managing vulnerable people needs to take place at local level.
- **Business Continuity and Resilience Planning** – It is highly probable that the pandemic will consist of one or more waves, and once established, its speed of spread will leave little time for contingency planning or preparations. Once person to person transmission is

¹ As detailed in World Health Organisation Pandemic Flu Phase 6

established, preventing the pandemic is unlikely to be possible, as most people are likely to be exposed to the virus at some stage during normal activities. Those with influenza like symptoms should minimise contact with others by remaining at home until the symptoms have resolved. Those who are not symptomatic should continue normal activities for as long as possible.

Although existing business continuity plans for other disruptive challenges provide a good starting point for planning for a pandemic, it must be recognised that an influenza pandemic presents a unique scenario in terms of prolonged pressures through a reduced workforce and potentially increased workload. Organisations are therefore expected to develop specific business continuity and contingency plans to ensure that critical services and outputs continue to be delivered throughout a pandemic.

Over the course of a pandemic, staff are likely to be absent from work for a combination of reasons including personal illness, bereavement, fear of infection, the impact of public health measures such as school closures and other factors such as transport difficulties. All sectors should plan for such an eventuality which could last several months.

Each organisation needs to estimate the level of staff absence and its potential impact on its own activities. The level of staff absence will depend to some extent on the composition of the workforce and the environments in which people work. In order to derive estimates for the total numbers likely to be absent, employers should consider the demographics of their work teams, including the percentage who have childcare or other family responsibilities, 'normal' absenteeism levels and options for home or remote working.

Making temporary changes to working practices – e.g. reducing close face-to-face contact; providing physical barriers to transmission; enhancing cleaning regimes; ensuring that the necessary protective equipment is available; having hand washing; waste disposal and other hygiene facilities in place – and actively promoting these and other similar measures can help encourage and maintain attendance at work during the response phase.

Multi-Agency Planning and Preparedness

It is likely that most, if not all, of the agencies that make up the London Resilience partnership will have established internal planning groups to lead on and co-ordinate and establish integrated multi-agency response plans.

The response to a pandemic at a Borough level will require collaboration between the PCT, other NHS organisations, the sector Health Protection Unit of the Health Protection Agency, together with Local Authorities, emergency services, other local organisations and the public.