



Influenza pandemic planning strategy
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Version 2

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1. INTRODUCTION

This document provides South Norfolk Council with a framework for responding to, and recovering from, an influenza pandemic. The Civil Contingencies Act (2004) places a statutory duty on Local Authorities to both respond to incidents, and to maintain continuity plans to ensure that service delivery can be maintained throughout the response. Influenza is an example of one such crisis that has the potential to affect both the community of Norfolk and local authority staff. It is incumbent upon South Norfolk Council to work with our partners to ensure that the effect of a pandemic is not worsened by our inability to deliver critical services to the public.

1.1 Definition

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 pandemic of influenza results 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, other mammals or birds);
- Spread readily from person to person;
- Cause illness in a high proportion of the people infected; and
- Spread widely, because most people will have little or no immunity to the new virus and will be susceptible to infection (they will not previously have been exposed to it or a similar strain of virus, and any previous vaccinations will not have covered the strain).

2. AIMS AND OBJECTIVES

2.1 Aim

- To reduce the impact of an influenza outbreak on the community by ensuring an integrated, co-ordinated response with other service providers

2.2 Objectives

- To assist in the provision of care and support for the affected local communities;
- To save and protect life by implementing measures to prevent and restrict the spread of the illness;
- Ensure the safety of all staff engaged in the response by providing comprehensive advice to limit their vulnerability;
- Develop and maintain a robust communications plan that provides timely, open, clear and consistent information to the public;
- To make sure we can provide sufficient staff and resources to maintain essential services;
- Anticipate likely consequences of the pandemic to key industries, lack of supplies and reduce their impact;
- Return to near normality as soon as possible.

3. KEY FEATURES OF PANDEMIC FLU

3.1 Planning Assumptions

Based on past pandemics, the scale and severity of illness caused by (and hence the consequences of) pandemic influenza generally exceed those of even the most severe winter epidemics.

- The incubation period is between 48 and 72 hours. People are infectious for 4-5 days, although this period is longer in children.
- Mortality in the UK is likely to exceed 50,000 additional deaths, possibly by a considerable margin (deaths in the UK from seasonal 'flu are approximately 12,000 per year).
- Attack rates will be uniform across all age groups.
- Modelling studies suggest it may take only 2-4 weeks for the virus to reach the UK.
- Once cases begin to occur in the UK it will take only a few weeks before 'flu activity is widespread
- It is possible that there will be more than one epidemic wave (with an interval of several months) and, if a second wave occurs, it may be more severe than the first.
- Attack rates across all waves together may be in the order of 25% and 50% respectively (25% attack rate and further 25% with sub-clinical infection). Absentee rates may be increased by the need to care for sick relatives or failure of childcare arrangements.
- An effective vaccine may take four to six months to develop and produce in sufficient quantities. Local plans must address the problem of dealing with the pandemic without the means to prevent cases, as well as strategies for vaccinating priority groups as determined by the Department of Health.
- Antiviral drugs have been ordered by the Department of Health (DH) for use in a pandemic. Their use will not avoid the need to prioritise work to make best use of reduced numbers of staff. The precise strategy for their use will be decided centrally.

3.2 Impact In South Norfolk

3.2.1 Applying the results of the Health Protection Agency's (HPA) mathematical modelling to local population statistics, it is possible to gain a broad understanding of the likely impact of the next pandemic. The table below summarises the number of additional events that might be expected during a 17-week period by a GP with 1,000 patients on their list, and in the population of South Norfolk.

3.2.2 These are based on a 25% clinical attack rate and 0.37% case fatality rate. Figures in parentheses illustrate scenarios for 20% (lower limit) and 30% (upper limit) attack rates.

N.B. All figures are approximate.

Population	Clinical Cases	GP consultations	Minimal n ^o . of extra hospital admissions	Excess Deaths
GP list of 1,000	250 (200-300)	50 (40-60)	2 (0-2)	1 (0-2)
South Norfolk (111,000)	27,750	5,550	166	111

3.2.3 Health, social care, and other key services will be affected with perhaps one third taking time off during the epidemic due to influenza infection or the need to look after family members. The period of absence is likely to be at least one week.

4. INTERNATIONAL PANDEMIC INFLUENZA PHASES & UK ALERT LEVELS

4.1 The World Health Organisation (WHO) has defined phases in the evolution of an influenza pandemic which allow a step-wise escalating approach to preparedness planning and response leading up to a declaration of the onset of a pandemic. Once a pandemic has been declared, UK action will depend on whether cases have been identified in the UK, and how extensively it has spread. For UK purposes, therefore, additional UK Alert Levels are included within the WHO pandemic phases (Phase 6).

4.2 International Phases and their Significance for the UK

INTERNATIONAL PHASES		SIGNIFICANCE FOR UK
Inter-pandemic Period		
1	No new influenza virus subtypes detected in humans	UK not affected
2	Animal influenza virus subtype poses substantial risk	UK has strong travel/trade connections with affected country UK affected
Pandemic Alert Period		
3	Human infection(s) with a new subtype, but no new human-to-human spread to a close contact	UK not affected
4	Small cluster(s) with limited human-to-human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans	UK has strong travel/trade connections with affected country
5	Large cluster(s) but human-to-human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans	UK affected
Pandemic Period		
6	Increased and sustained transmission in general population	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.
Post-Pandemic Period		
End of pandemic – return to inter-pandemic period		

5. MECHANISM FOR DECLARING AN INFLUENZA PANDEMIC

5.1 World Health Organisation (WHO)

5.1.2 The WHO will announce the various phases as soon as they are confirmed, indicating the level of preparedness expected of WHO and its individual member States. National Authorities are expected to be prepared to activate their national Contingency Plans following announcement of WHO **Phase 5** (the highest pandemic alert level). Before announcing this phase, WHO will have consulted international experts to rule out other possible explanations, such as subversive activity. WHO will normally consult internationally before confirming **Phase 6**, i.e. the onset of a pandemic.

5.2 Health Authority actions in the UK

5.2.1 On being informed by WHO of the isolation of a new influenza virus with pandemic potential (normally when person-to-person spread has been confirmed, i.e. **Phase 5**), the Secretary of State for Health, on the advice of the Chief Medical Officer, England, will convene the UK National Influenza Pandemic Committee (UKNIPC), which advises all four UK Health departments. The DH (England) will inform the Devolved Administrations (DA) and the Civil Contingencies Secretariat (CCS). The CCS will inform other Government Departments. The Civil Contingencies Committee (CCC) is likely to meet to review preparedness across all sectors and take appropriate strategic decisions. A CCC subgroup may be established at this stage. The Health Departments will advise the NHS in their relevant countries.

5.2.2 On receipt of confirmation from WHO of the onset of a likely pandemic, i.e. **Phase 6**, DH will immediately cascade this information to the DAs, HPA, the CCS, other Government Departments and Agencies, the NHS in England and other relevant services and agencies. The DAs will inform the NHS in their countries. The CCC will be convened at this stage, if not already convened at **Phase 5**, and similar committees will be convened in the DAs, as appropriate.

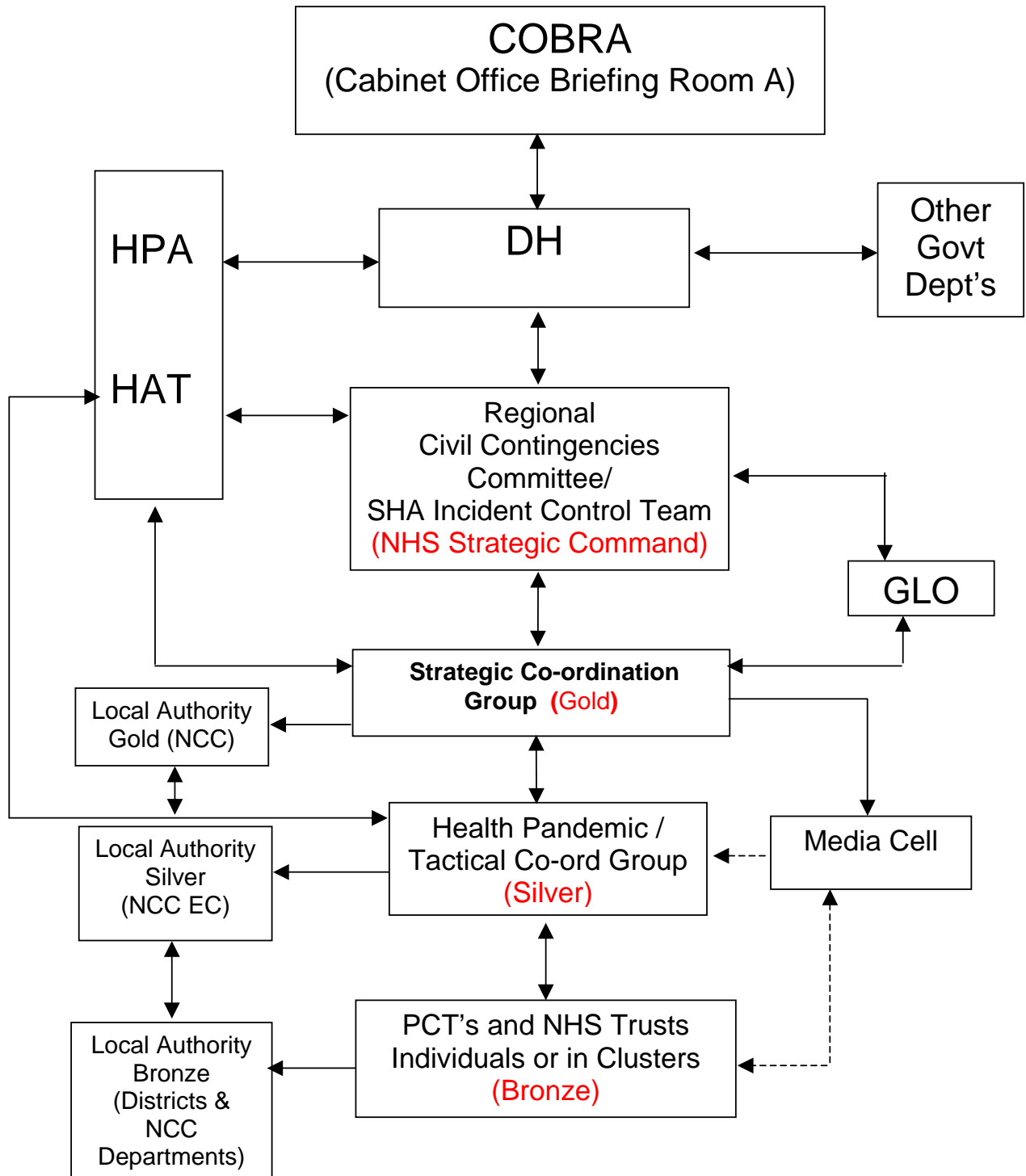
5.2.3 On receipt of confirmation from the WHO of the onset of a likely pandemic, i.e. **Phase 6**, a Regional Civil Contingencies Committee will be convened by the Regional Director of Resilience, in consultation with the Regional Director of Public Health (RDPH) and Regional Director, HPA, if not already convened at **Phase 5**. At the same time, the East of England Strategic Health Authority (SHA), will establish its Pandemic Incident Control Team.

5.2.4 In exceptional circumstances, the UK may convene the UKNIPC on the advice from the HPA, or National Expert Panel on New and Emerging Infections (NEPNEI), in the absence of, or where this differs from, advice from WHO, on the grounds of UK national interest. The UK may also implement its pandemic plans in the absence of a WHO declaration, on the advice of the UKNIPC, and after consultation with other European Communicable Diseases Network.

5.3 Action in Norfolk

5.3.1 Following confirmation from the DH / CMO Cascade or HPA that the WHO alert level has raised from **Phase 3 to Phase 4** the PCT CEO will contact the Chair of the Norfolk Resilience Forum (NRF) Strategic Group to arrange an emergency meeting of the NRF. Upon confirmation from the DH of the onset of a likely pandemic, i.e. **Phase 5**, Norfolk PCT will immediately cascade this information to all NHS organisations in the county and to members of the Norfolk Resilience Forum. They will convene a county-level Strategic Co-ordinating Group (Gold).

5.4 Command and Control Structure



6. RESPONSIBILITIES

6.1 Lead Agency

6.1.1 The Department of Health will take the lead in the event of an influenza pandemic in the UK. The role of the Local Authority will be to support the DoH. Other responsibilities are as follows:

6.2 Local Authority responsibilities

Local Authorities (County and Districts) have a major role to play in supporting the Norfolk Health Systems in an Influenza Pandemic. Local Authorities will assist in the provision of care and support for the affected local communities.

- Participate in the Strategic, Tactical and Operational levels of command and control in order to provide an integrated response to an influenza pandemic.
- To support the Norfolk Health Systems by providing links and communication to specialist Local Authority departments, including Adult Social Services, Children's Services, Trading Standards, Environmental Health and other appropriate resources.
- Assist with the identification of vulnerable groups within the community in order that the Norfolk Health Systems are able to accurately target those groups with care and treatment.
- Assist with the co-ordination of the voluntary agency response to such an incident.
- Lead on the identification of suitable facilities to be used as mass vaccination centres.
- Lead on the identification and establishment of suitable premises and other resources for use as a temporary mortuary, in conjunction with the Police, H.M. Coroner and Norfolk Health Systems.
- Assist with co-ordinating the multi-agency response to representatives of the media and the management of information to the public, assisting with the establishment of a dedicated media centre and/or the provision of a public information help-line.
- Implement Local Authority Business Continuity arrangements to ensure that preparations are in place to maintain effective services to the public.

6.3 Strategic Objectives

- To save and protect life by implementing measures to prevent and restrict the spread of the illness
- Ensure the safety of all staff engaged in the response by providing comprehensive advice to limit their vulnerability
- Develop and maintain a robust communications plan that provides timely, open, clear and consistent information to the public
- To ensure the provision of sufficient staff and resources to maintain essential services
- To anticipate likely consequences of the pandemic to key industries and lack of supplies, and reduce their impact
- Return to near normality as soon as possible

7. SNC BUSINESS CONTINUITY

7.1 Service Plans

Each Service has been asked to consider how to continue service delivery in the event of an outbreak of pandemic influenza – that is, with a potential cumulative shortage of staff of up to 50% (worst case scenario). This is likely to affect small critical teams to a greater degree than larger sections who can in theory more easily absorb the impact. As well as the staff shortage, it should be borne in mind that a pandemic might initiate simultaneous and diverse impacts on the community as the National infrastructure is likely to be similarly affected. We can therefore expect workloads to increase, especially in areas such as Benefits.

7.2 Criticality

Criticality of each function within the Service is based on the impact to the organisation and / or the community should the Service be unable to deliver a function. For example, the loss of the network team in E-Gov will have an impact on the organisation and reduce our ability to respond to the incident; and the loss of the Waste Collection Team will have an almost immediate impact on the community.

7.3 Specific plans for Influenza pandemic

Each Service should specifically consider the following issues:

a. Single points of failure

Each team should ensure that staff with critical knowledge, without which the team would be compromised, share the knowledge as widely as is possible. An example may be passwords, knowledge of specific cases (Homelessness, Benefits), project details, knowledge of electronic systems and power (Property Services).

b. Training

If the critical functions of Services are compromised, teams should consider whether there are staff that could be reallocated to keep critical teams functioning with the minimum of training. An example may be the Reception Desk staff. It is vital that staff are fully briefed and trained before a pandemic occurs, and that the Unions are fully involved. It is also important that staff who could be moved do not cause a problem to their own teams - the teams concerned should be able to absorb the loss, at least for a limited time.

c. Functions to suspend

Each team should consider suspending routine processes. This may then allow more resource to keep critical processes working. An example may be that filing; routine correspondence and training may be able to be suspended. Any suspended activity, if this has an impact, should be communicated to all concerned, and the communications team should be kept fully informed. It may be that a function within a service, although critical, cannot be achieved in spite of contingency measures due to a lack of staff. In this case, potential impacts should be identified (these may be contained within the Service Continuity Plans) and communicated to senior management as soon as possible.

8. SNC RESPONSE TO PANDEMIC

8.1 At the time of publication of this strategy, the WHO alert level was at level 3: - *Human infection(s) with a new subtype, but no new human-to-human spread to a close contact. (See page 6)*

8.2 On the move to level 4 (*“Small cluster(s) with limited human-to-human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans” (See page 6)*) the following actions should be undertaken. This is to ensure adequate time for necessary planning to take place: -

8.3 Actions

- The Department of Health to lead Nationally
- Regional Civil Contingencies Group will lead for region in conjunction with the Strategic Health Authority, the Health Protection Agency and Government Office East.
- The East of England Strategic Health Authority will establish a local Pandemic Incident Control team (Norfolk Health Pandemic Co-ordination Group) at the East of England Ambulance HQ, Hellesdon.
 - (see command and control flowchart page 8)
- CMT meet to agree service criticality/prioritisation, agree to implement strategy
 - Review of HR policies
 - Sickness absence, training, travel, attendance, working from home
 - Review of Health and Safety in line with Government guidance

- Decide communications strategy
- Multi agency Strategic Norfolk Resilience Forum Group (Gold) meets at Wymondham Police Headquarters
- Multi Agency Tactical team (Silver) meets at Hellesdon (Ambulance HQ)
- LA Tactical team (LA Silver) meet at emergency centre, County Hall
- District CMTs and Operational (Bronze) team(s) meet
- Generic Emergency Response Plan used to control and coordinate response
- Review national guidance on school strategy / advice and guidance for social care /residential homes
- Update staff as required

8.4 BC plan review

- Continuity / Emergency Plans re-visited
- Supplier/Contractor plans checked
- Supplies /stocks/services checked
- Risk minimisation undertaken
- Staff cross training carried out

8.5 Service meetings

- Plans reviewed at Service level
- Agreement of Service strategy to dovetail with corporate strategy / Generic emergency response strategy

8.6 Key staff

- Identify critical staff.
- Disseminate knowledge as appropriate.
- Reduce single points of failure.

8.7 Training issues

- Identify areas for training
 - Specific training in coping with pandemic influenza (based on DoH guidance)
 - Cross training issues to reduce reliance on critical staff

8.8 Briefing

- Brief all staff in liaison with communications team/corporate policy

8.9 Support for Health Service

- Use existing arrangements in Norfolk Emergency Response Strategy

8.10 Staff sharing

- Share staff using mutual aid agreement wherever possible. Ensure all category one responders aware of SNC strategy.

9. TEAM ROLES, ACTIONS & RESPONSIBILITIES

9.1 Emergency Planning

- Coordination of response.
- Setting up and running Emergency Control Centre
- Communication with multi agency strategic and tactical teams
- Liaison with Norfolk Health Systems and NCC Silver
- Providing situation reports to CMT as required
- Maintaining overview of continuity issues
- Maintain incident log
- Provide and train support staff where possible to assist response
- Briefing and debriefing response teams

9.2 Directors

- Chair CMT as required
- Attend multi agency Tactical (Silver) Team meetings as required
- Chief Executive to sit on multi agency Strategic (Gold) team as required
- Overall control of SNC response
- Support for LA tactical (Silver) and Bronze teams
- Communication with County Council management
- Instigation of SNC response
- Communication with elected members
- Briefing media in liaison with Communications team and multi agency strategic/Tactical teams

9.3 Heads of Service

- Provide strategic direction for SNC
- Attend emergency CMT meeting when WHO alert raised to level 4
- Provide support for SNC staff
- Agree strategy for response to pandemic
- Agree strategy for travel, training, sickness absence, work from home, and other policies relevant to pandemic
- Communicate decisions to all staff
- Activate Continuity Plans

9.4 Elected Members

- Provide information on request to constituents
- Relay messages from constituents to Strategic/Tactical/Operational teams in liaison with Communications Team

9.5 Corporate Affairs

- Ensure sufficient staff to maintain communications with public
- Train non-critical staff in Reception Desk operations to ensure constant service delivery
- Identify staff training needs
- Identify standby staff in advance of pandemic
- Communicate with EP Team
- Provide updates on request

9.5.1 Human Resources

- Review HR policies in light of possible pandemic, specifically:
 - Sickness absence
 - Working from home
 - Travel
 - Training
 - Annual Leave
 - Flexible Working
- Ensure changes in policies communicated to all staff.
- Attend CMT meetings where necessary
- Provide updates on request
- Map staff absence figures using team information fed back to CMT

9.5.2 Health and Safety

- Provide updates on request
- Attend CMT meetings on request
- Liaise with EP Team
- Ensure advice and guidance for 'influenza avoidance' given to staff as soon as possible, and updated as necessary, in liaison with Occupational Health, Department of Health and Health lead through Tactical / Strategic teams

9.6 Democratic Services

- Review likelihood of Election and need to maintain electoral registration function
- Review Committee cycle and possibility of cancelling non urgent /statutory meetings

9.7 E-Government

- Review and update Working from Home requirements of other staff through Service Heads and be prepared enable as necessary.
- Communicate issues regarding critical ICT directly to CMT and EP team.
- Ensure Web site is kept up to date with advice to the public.

9.8 Environmental Services

- Review Waste collection arrangements and be prepared to reduce Green Bin collection
- Be prepared to support Health Services with resources/ advice
- Provide specialist advice on health precautions to reduce spread of infection and implement and police arrangements

9.9 Financial Services

- Consider requirement for supplementary estimate.
- Contact banks to set up alternative users for Financial Director

9.10 Leisure Services

- Be prepared to close Leisure Centres and relocate staff

9.11 Planning

- Consider requirement to suspend Planning, Area planning and Site Panel meetings.
- Consider amendments to scheme of officer delegation in such circumstances to maintain performance/service to public
- Consider need to suspend any programme of public, stakeholder meetings arranged as part of the LDF programme
- Consider need to cancel and rearrange any Planning Hearings/Inquiries

9.12 Property & Facilities

- Ensure sufficient staff to maintain SNC premises and critical infrastructure
- Recommend courses of action if SNC infrastructure compromised due to staff shortage
- Provide updates on request

9.13 Revenue Services

- Review procedures in light of possible increase of Benefit claimants in light of increase in number of deaths / hardship cases.
- Consider suspension of visits for Benefit Interventions, Council Tax new properties and extensions.
- Consider rearrangement of Court dates and postponement of Recovery actions.
- Consider alternative work patterns for staff.
- Review debt payment arrears policy.
- Ensure front line telephone service is maintained.
- Consider back dating benefits where customers have been hospitalised or unable to make a timely claim.
-

9.14 Strategic Housing

- Assist Norfolk Health Services to identify vulnerable people.

9.15 Communications Team

- Liaise with NCC Communications Team to develop and provide communications strategy
- Brief CMT and EP Team on communications progress
- Attend CMT meetings
- Provide updates on request
- Provide information to staff, Members, South Norfolk community as appropriate and in accordance with existing emergency communications strategy

10. W.H.O. level 5 - IMPLEMENTATION

10.3 When the alert level changes from phase 4 to phase 5 (*Large cluster(s) but human-to-human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans (see page 6)*) the actions below at 10.4 to be undertaken.

10.2 Alert level 6 signifies that there is a full scale pandemic (see page 6) - *Increased and sustained transmission in general population*. The alert level 6 is split into 4 separate areas:

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.

10.3 Having implemented plans at level 5, ways of working should be fully established by critical teams and any necessary planning / training / communications / education of staff already carried out. This should mitigate the impact of inevitable service disruption when the pandemic phase commences at level 6.

10.4 Actions on raising of alert level to WHO level 5:

- Health continue to take lead on co-ordination / control issues;
- Multi agency Gold Silver and Bronze teams to convene;
- Command and control teams to issue advice and guidance;
- Government to issue advice and guidance to Local Authorities;
- NCC Influenza Pandemic Co-ordination Group (IPG) to convene and set regular meeting arrangements in place;
- NCC IPG to monitor pandemic impact across local/regional/national infrastructure and feedback to multi-agency command and control as necessary;
- Countywide Communications strategy to be implemented;
- CMT to issue advice and guidance (developed previously) to staff, based around guidance from Health/Central Government;
- Influenza pandemic / continuity plans to be implemented as necessary by each Service;
- Services to feed back to CMT on a weekly basis staff attendance figures/issues, to be fed into HR team;
- Revised HR policies put into place and promoted to staff as necessary;
- Any additional Health and Safety measures where identified previously to be implemented where necessary;
- Reception and Service Help Desk staff briefed on issues public may raise;
- SNC Emergency Control Centre to be activated

11. REFERENCES

www.dh.gov.uk

www.ukresilience.info

Norfolk Health Systems framework plan (version 10)

<http://www.dh.gov.uk/PandemicFlu/PandemicContingencyPlan/fs/en>

www.pfe.gov.uk

<http://www.teachernet.gov.uk/wholeschool/healthandsafety/Influenza/>

12. GLOSSARY

BC	Business Continuity
CCC	Civil Contingencies Committee
CCS	Civil Contingencies Secretariat
CMO	Chief Medical Officer
CMT	Corporate Management Team
COBRA	Cabinet Office Briefing Room A <i>(National Civil Contingencies Emergency Committee)</i>
DA	Devolved Administrations
DH	Department of Health
DoH	Department of Health
EP	Emergency Planning
GLO	Government Liaison Officer
GP	General Practitioner
HAT	Health Advisory Team
HPA	Health Protection Agency
HR	Human Resources
ICT	Information Communication Technology
IPG	Influenza Pandemic Co-ordination Group
LA	Local Authority
NCC	Norfolk County Council
NEPNEI	National Expert Panel of New & Emerging Infections
NHS	National Health Service
NRF	Norfolk Resilience Forum
PCT	Primary Care Trust
RDPH	Regional Director of Public Health
SCG	Strategic Co-ordinating Group (Gold)
SHA	Strategic Health Authority
UKNIPC	UK National Influenza Pandemic Committee
WHO	World Health Organisation