



Belfast City Council

Report to:	Strategic Policy and Resources Committee
Subject:	Swine Flu – Update and Proposals for Distribution of Antiviral Medicines
Date:	23 rd October 2009
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Relevant Background Information

The Committee has over the last 6 months received a number of reports regarding Pandemic Flu, detailing the Council's planning processes for ensuring continuity of critical services, implications for staff absence procedures and information to be issued to all staff and managers.

The number of new cases of Swine Flu in Northern Ireland has been generally showing an increase over the last few months, although the levels are not as high as predicted earlier in the year and there is not yet a sustained week on week increase. It must also be noted that clinical diagnosis is now being used to confirm swine flu in most cases, as opposed to laboratory testing and so the figures reported are considered as estimates. .

Since 2007 the council has had in place a specific corporate contingency plan (Strategic Pandemic Plan) to cope with a pandemic situation. It is supported by individual pandemic contingency plans for critical services such as refuse collection, burials and cremations and some environmental health functions. All Services also have more general business continuity plans. All of these plans have recently been reviewed and subjected to appropriate desk-top testing.

Information has also been issued to all staff and managers on swine flu, detailing how to minimise the spread of infection, sickness procedures, special leave arrangements, etc. Improved cleaning procedures have also been put in place.

Key Issues

The Department of Health is still planning for further more severe waves of this illness in the very near future and the Government has issued revised planning assumptions based on the estimated worst case situation, to enable authorities to plan for this eventuality. It is expected that there will be a peak period sometime in the next two months which will have an impact not only on the health service, but also on the business continuity of public services.

Antiviral drugs such as Tamiflu are being offered to those who have contracted the illness, but it is a matter of clinical discretion as to whether they are being prescribed in individual cases, although a number of high risk groups have been identified for early priority access to antiviral medicines.

In Northern Ireland, the responsibility for ensuring effective supplies of antiviral medicines rests with the Health and Social Care Board (HSCB). At present the drug is being dispensed via community pharmacists in the normal way. However, as part of the Board's contingency arrangements for a major second or third wave of the virus, it has asked district councils for support with the distribution of antiviral medicines during the peak period (likely to last for 2 – 3 weeks), should the normal methods of distribution be overwhelmed. In periods of higher demand, large scale access to antivirals may be required. When this critical stage is reached the Board may be required to quickly mobilise a number of additional Antiviral Collection Points (ACPs).

The Board has been working through the Local Government Emergency Management Group (LGEMG) to develop a Memorandum of Understanding (MOU) between it and district councils to agree the support which might be called upon from councils in respect of ACPs. A copy of this MOU is provided in the Appendix, along with a covering letter. The MOU envisages that, where pharmacies are overwhelmed during a peak period, temporary ACPs will be set up in Council premises with the support of Council staff. A workshop has also been held for some key members of staff and a number of community and leisure centres have been identified as possible locations.

The Principal Solicitor in Legal Services has had sight of the MOU and is satisfied with the legal framework to enable the Council to perform this role and also the level of risk to the Council in terms of its role and the level of indemnity stated.

The MOU outlines the Council role as being to identify and provide appropriate facilities for the provision of ACPs. The Council will, where possible, identify staff to support the service and as their employer, manage any human resource elements. All costs to the Council associated with this work can be reclaimed from the Board.

One concern regarding this arrangement for Belfast will be the ability of the Council to provide the required numbers of staff for this purpose should there be high absence levels and a focus on the delivery of its own critical services. However the MOU allows for this, in that it states:

Councils will endeavour to provide agreed levels of service to HSCB in support of the distribution of anti-virals, but any support provided will be conditional upon the ability of the individual council to make staff available having regard to prevailing circumstances:

Council Officers will be meeting with the Board officials in the next few weeks to discuss in detail the arrangements for Belfast and the expectations in terms of buildings and staff.

Resource Implications

Human

Further training of staff will be needed. Communication is also ongoing with the Unions.

Financial

All costs will be recoverable from the HSCB. Additional funding has now been agreed by the Assembly for dealing with swine flu.

Recommendations

The Committee is recommended to authorise the Chief Executive to sign the MOU with the Health and Social Care Board.

Key to Abbreviations

MOU: Memorandum of Understanding
HSCB: Health and Social care Board
LGEMG: Local Government Emergency Management Group
ACP: Antiviral Collection Point

Documents Attached

Appendix 1 - MOU and covering letter

Decision Tracking

The Head of Environmental Health will report back on any further developments with the MOU and will provide updates to Committee as required.

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