Appendix 1

LOCAL GOVERNMENT EMERGENCY MANAGEMENT GROUP

7th October 2009

Dear Chief Executive

SWINE FLU – DISTRICT COUNCIL SUPPORT FOR ANTI-VIRAL DISTRIBUTION

A request was received in July 2009 from the Health and Social Care Board (HSCB), asking whether District Councils would consider providing assistance with the distribution of anti-virals to the public should the influenza pandemic grow to proportions that overwhelmed the capacity of community pharmacies.

Following communication with LGEMG and with agreement in principle from SOLACE, a planning process was initiated to establish the likely demand levels for such distribution and to then scope the needs in terms of facilities and staff to support the task.

Given the possible need for this support to be provided at an early date, a number of procedures were commenced in parallel. Provisional criteria for the selection and arrangement of suitable premises and for the staffing requirements of this activity were developed into planning documents for councils; and a draft Memorandum of Understanding was circulated via SOLACE to allow Chief executives to comment upon the proposals.

These planning assumptions were examined and tested in a training event held on the 9th September and following that event some changes have been introduced that provide for increased efficiency, economy and greater control of any risk factors.

To place the proposals for assistance into context and to provide a brief overview of the proposals as currently developed, the following paragraphs present a summary of current considerations and proposals:

1) Context.
    a. Typically influenza epidemics/pandemics occur in 15 week waves during which numbers of cases increase to a peak in weeks 6, 7 and 8 and then fall away. HSCB will not request assistance from District Councils unless and until the numbers of new cases of influenza reach such proportions that community pharmacists are unable to cope. This is most likely to occur if sickness absence becomes a major factor in those businesses. It should

be noted that such failures of capacity (and therefore requests for assistance) are most likely to be local in nature and transient, however planning for local government assistance is based upon an assumption of widespread failure within a council area so that the worst case scenario could be accommodated.

b. The first response of HSCB will be to form clusters of community pharmacies so that staff can be re-allocated between pharmacies to cover sickness absence. Only when the capacity of such a cluster of pharmacies to maintain services is compromised would district councils be requested to provide assistance. This is likely to be only in the three peak weeks of the wave of influenza At that point it is likely that the numbers of new cases of influenza in a typical District council area (population c. 50,000) could be in the order of 3500 per week and the need for district councils to provide community support and leadership, whilst coping with internal staff absences of between 8 and 12% at the peak, might drive consideration of re-allocation of staff to priority services.

2) Scale of Demand. Planning assumptions for the scale and extent of the pandemic have been revised downwards in recent weeks and the new figures, suggesting that 30% of the population may be infected and 1% admitted to hospital, are used to estimate numbers of cases and the resulting demand for anti-virals. The attached Excel spreadsheet provides details of the numbers of cases per week and per day expected in a district council area (population 54,000) over the fifteen week cycle and shows the consequent demand for anti-virals and the necessary capacity of any distribution regime. It is clear that at current planning levels most of the council areas in Northern Ireland could theoretically meet the distribution demand for their population with a single distribution centre providing a single queue. The geographical spread of population might however drive the provision of additional distribution points to reduce journey times for “flu friends”, although total case numbers suggests that community pharmacy clusters may continue to provide dispensing services in smaller population centres, leaving only major centres to be supported by local government.

3) Staffing. On the assumption that a single full time distribution centre might be augmented by two part-time centres, the total staffing requirement (in a council of population 54,000) would be approximately 20 staff from local government and 8 staff from health professions. If the population is more concentrated and a single centre will suffice, the numbers would be halved. Discussions with HSCB have reached provisional agreement that health professionals will be provided to all distribution centres to undertake the dispensing and advice roles. This decision reduces concerns that local government staff may dispense the wrong dosage of anti-virals and also removes some of the concerns about the adequacy of indemnification and insurance.

4) Memorandum of Understanding. The MOU previously circulated for comment has undergone some minor amendment in the light of the changed planning assumptions and due to developing knowledge from the training and test exercise. Additional matters under active discussion are the issues of:
    i) Indemnification. The relevant section has been referred to Belfast Legal

Services for advice on adequacy; In particular, it is clear that legislation has been amended to allow anti-virals to be dispensed by non-pharmacists, however the general view that health staff should be present to undertake the core dispensing function has gained wide acceptance.

ii) Insurance. Advice is being sought from Council's insurers that cover will be provided for staff re-allocated to duties proposed. Initial feedback in other similar circumstances suggests this should not be a problem, but may be conditional upon adequate indemnification by HSCB.

iii) Trades Union views. Consultation with NIJC awaits final confirmation. Concerns would centre around training and health & safety issues which have been carefully considered in implementation plans.

iv) Cost recovery. HSCB have undertaken to reimburse councils for all costs incurred in the operation of centres. Templates will be developed to allow consistent recording of costs. A business case has been prepared and submitted by the HSCB Programme Board and LGEMG will keep councils informed on this important issue.

5) Planning and Preparation. To minimise nugatory activity, it is intended that initial planning, preparation and training should be aimed at reaching a stage of preparedness from which full capability to provide anti-viral distribution centres can be reached in a further period of 2 to 3 weeks. This will mean that prior-preparation can be limited to identification of demand, decisions on numbers and locations of distribution centres and some preliminary work to ensure suitability. At the same time staff volunteers may be identified, with some additions (to allow for sickness) and preliminary briefing sessions undertaken. Only when the number

6) of new influenza cases reach a level that suggests Northern Ireland is around week 3 of a pandemic wave will more detailed preparation commence.

Preparation for distribution centre operation and design has been undertaken and work to complete action cards and training materials is at an advanced stage.

At this point, to enable further planning to take place, it would be greatly appreciated if you would indicate whether, given satisfactory resolution of the key issues of indemnification, costs, insurance and trades union acceptance, you would be prepared to commit council resources to this provision of assistance to the community in the event of severe stress on health resources.

I will keep you fully informed of developments.

Anne Donaghy
<u>Chair of LGEMG</u>

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Memorandum of Understanding between the Health and Social Care (HSC) Board and Local Government District Councils in Northern Ireland

September 2009

Draft

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1 Purpose

In times of national emergency such as Pandemic Flu there may be exceptional demands on health and social care services which may require co-operation and support from other public service organisations to deliver vital services to the community. This document describes the circumstances under which such support may be sought by the HSC Board from District Councils and addresses the management of such arrangements, the risks for both parties and the need for resources.

2 Background

There is a legislative provision which permits local government to offer support in to other organisations in emergencies. Section 105 of the Local Government Act (Northern Ireland) 1972 allows for arrangements to be entered into for the supply of goods and services or the interchange of staff. A district council may make arrangements with another council, public body or government department, inter alia, for the provision by one party of support to another for any for administrative, professional or technical services.

There are pre-existing relationships between District Councils and Health and Social Care in the field of emergency planning including agreements for the provision of rest centres. This is helpful in building arrangements in preparation for a flu pandemic.

A flu pandemic (level 6) was declared by the World Health Organisation in June 2009 and countries throughout the world are activating plans to manage outbreaks as they emerge. The Health Service in Northern Ireland must gear up to ensure that all appropriate elements of care are in place in anticipation of the first and subsequent waves of pandemic flu cases. It is expected that with each wave, there will be strain placed upon all elements of the service. It is important therefore to consider contingencies and to have planned and appropriate resources identified in order to ensure continuity of service alongside the management of flu. The strategic context for the development of antiviral distribution arrangements is set out in the Annex.

3 Circumstances of initiation

It is anticipated that there may be a large surge of demand on the health system in response to Pandemic Flu in Northern Ireland in November 2009. An important component of the health service response will be to ensure there is ready access to antiviral medicines. 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 Antiviral Collection Points (ACPs).

It is a fundamental intent within this large scale mitigation strategy that the person with flu should stays at home and that antivirals are collected on their behalf from a designated local Antiviral Collection Point (ACP) by a ‘Flu Friend’.

Antivirals will be issued from the ACP to Flu Friends, following assessment of the patient by the National Flu Service or a GP, on submission of an authorisation number which has been provided by the flu line or an authorisation form issued by a GP.

This stage of initiation will be introduced in a situation where normal supply mechanisms via community pharmacies can no longer meet the demand. The extent of this need will vary in each locality and will be informed by flu status reporting in each locality.

4 Role and Responsibility of HSC Board

The Board is responsible for ensuring the appropriate availability of antiviral medicines for the population of Northern Ireland. It will provide guidance on the development of ACPs, deliver training, ensure access to a stock management system, provide daily professional support in the management of ACPs. It will ensure appropriate delivery of stock. It will provide advice and training on infection control and the necessary equipment required for personal protection as appropriate. All public information including centre signage will be provided by the HSC Board.

The Board will liaise closely with Councils in the initial set-up of ACPs and in standing down these venues. Communication is set out in section below.

The Board will indemnify the Councils against any claim made by a Third Party for damages for any damage, loss, injury (including death) arising out of any act or omission in relation to any activities or obligations covered by this agreement, subject to the Councils accepting liability for any acts or omissions of their employees, servants or agents, which may give rise to such claims.

5 Role and Responsibility of Councils

The Council will identify and provide appropriate facilities for the provision of the service. It will, where possible, identify council staff to support the service and as their employer manage any human resource elements including liabilities.

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.

6 Communication

District councils and the HSCB local offices will nominate lead officers so that communication can be initiated promptly to:

- Implement the antiviral distribution plan locally
- Ensure there is day to day supervision and management
- Manage any operational aspects
- Take decision to stand down

7 Resource Implications

It is anticipated that there will be resource implications should District Council facilities and staff be required to support the implementation of any emergency response

situation. Resources are currently being sought and the HSCB is awaiting interdepartmental approval. Until the Executive approves funding for Pandemic Flu, the HSCB cannot yet stand over the resource envelope required.

The HSCB will reimburse Councils in respect of the costs of any staff deployed to provide support to the Antiviral Collection Points and any ancillary costs associated with the provision of this service. Both parties will ensure that their respective payments and receipts are recorded and accounted for under agreed relevant organisational procedures.

8 Effective Date

This Agreement will come into effect on ---------------- and will be subject to review as appropriate on 31st March 2010 and thereafter annually.

Signed and Dated

_________________ Chief Executive _______ _________ Council

________________ Mr John Compton, Chief Executive, HSCB

Annex

Strategic Context

The DHSSPS Guidance ***"Northern Ireland Contingency Plan For Health Response For An Influenza Pandemic November 2008"*** provides a policy steer for the organisation of the Health and Social Care services.

Within this policy it notes that a 'single wave' pandemic profile with a sharp peak provides the most prudent basis for planning as that would put a greater strain on services than a lower level but more sustained wave or the 'first wave' of a multi-wave pandemic. However, second or subsequent waves have occurred in some previous pandemics, weeks or months after the first. While the first priority at the end of the first wave will be to further develop recovery plans and gradually restore supplies, services and activities depleted or curtailed during the pandemic, plans must assume that some regrouping may be necessary in anticipation of a future wave.

Health plans should assume that heightened monitoring and surveillance will be required for some time beyond the first wave and that all plans require review and revision in the light of lessons learnt.

In particular, the likelihood of ongoing constraints on supplies and services and continuing pressures on health and social care services, combined with the loss of key staff, should be taken into account.

Principles underlying planning and response

The DHSSPS Guidance "***Northern Ireland Contingency Plan For Health Response For An Influenza Pandemic November 2008***" states that health and social care organisations should apply the following general principles to their planning and response:

- Response arrangements should be based on strengthening and supplementing normal delivery mechanisms as far as practicable

- Interventions will be applied where they achieve maximum health benefit, but may also be required to help maintain essential services - political decisions will be necessary if there is a conflict of interest
- Plans should be developed on an integrated multi-agency basis with risk pooling and cross cover between all organisations
- Plans should encourage pan organisational working, seeking to mobilise the capacity and skills of all public and private sector health care staff (including students and those who are retired), contractors and volunteers
- Although visiting all cases may not be possible, primary care plans should be based on avoiding influenza patients leaving home as far as possible
- Initial telephone based assessment is likely to be necessary to meet demand
- Primary care response strategies should focus the capacity and clinical skills available primarily on treating those suffering with the complications of influenza or requiring other essential clinical care and assessing young children or patients in groups identified as being at particular risk.
- Antiviral medicines should initially be available to all patients who have been symptomatic for less that 48 hours within 12-24 hours of reporting symptoms
- Response measures should maintain public confidence and ‘feel fair’
- Treatment and admission criteria should remain clinically based and hospital admission criteria should be applied in a transparent, consistent and equitable way that utilises the capacity available for the seriously ill most likely to benefit.
- Plans should recognise the need to respond to psychosocial issues and concerns such as anxiety, grief and distress and for sympathetic arrangements to manage additional fatalities.