

Leicester
City Council

WARDS AFFECTED
All Wards – Corporate Issue

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:
Health Scrutiny Committee
Cabinet

22 September 2005
24 October 2005

UK Influenza Pandemic
Potential Implications

Report of the Corporate Director of Resources, Access and Diversity

1. Purpose of Report

In accordance with a referral from the Health Scrutiny Committee, at their meeting on 22 September 2005, to update the Cabinet on issues relating to a potential influenza pandemic and its possible effects, including the preparatory measures to ensure continued delivery of essential Council services.

2. Summary

2.1. What is Pandemic Influenza

Pandemics of influenza have swept the world from time to time throughout history, three times in the last century. They caused widespread illness, large numbers of deaths, including among children and young adults and huge societal disruption, concentrated in just a few weeks. There is currently rising concern that a new influenza virus with pandemic potential (such as Avian or 'bird' flu) will emerge and spread and a further pandemic can be expected. When that will be is not known, but the consequences, when it does, will be serious. Around a quarter of the population could be affected, with over 50,000 deaths in the U.K. alone.

Unlike the 'ordinary' flu that usually occurs every winter in the U.K., pandemic flu can occur at any time of year. If and when it happens, it may come in two or more waves several months apart and each wave may last two or three months.

It is much more serious than 'ordinary' flu. The systems may be more severe because nobody will have any immunity or protection against that particular virus.

2.2. U.K. Influenza Contingency plans – The National Response

The Department of Health (as the lead agency) and supported by the Health Protection Agency, has published the U.K. Influenza Pandemic Contingency Plan. This is also supported by a range of information and plans at national, regional and local level, both within the health community and within the participants of the Local Resilience Forum (a

multi-agency body for Leicester, Leicestershire and Rutland) charged with planning for civil contingencies and other emergencies.

2.3. The Regional and Local Impact and Response

The Health community will, of course, bear the direct brunt of an influenza pandemic, whether that be by way of treatment, infection minimisation or preventative measures. Like the public at large, health workers, of course, will not have any immunity protection against a new virus.

Treatment of patients with the panoply of illnesses which generally occur, along with the increased number of patients presenting themselves with influenza symptoms will all need to be undertaken within the content of a workforce itself abnormally depleted by staff absence due to the influenza. This will mean a prioritisation of service delivery, which the Health community has already undertaken much planning.

Similarly, local authority services, many of which are core elements of day to day life, will also be stretched due to either increased workload arising from the pandemic (e.g. Social Care) and/or arising from increased levels of staff absence. Such situations require and are being given detailed consideration by departments as part of their business continuity arrangements. This will require, in particular, and throughout the Council, the identification of:-

- * essential services
- * key skills required to maintain those essential services
- * essential workers, i.e. those with the key skills to deliver the essential services

The local response which, at least in the initial stages, will have a Health lead, will be co-ordinated through the Local Resilience Forum (LRF). (This is a multi-agency body, chaired by the Chief Constable, incorporating all the key emergency responders, including the blue light services, local authorities and health agencies, which has been established in accordance with the requirements of the Civil Contingencies Act, 2004). The LRF will ensure a county-wide co-ordinated response to such a flu pandemic and also provide appropriate linkages to both regional and national government.

3. **Recommendations**

Members are recommended to:-

- (i) thank the Health Scrutiny Committee for drawing this matter to the attention of Cabinet and ask that officers take into account the views expressed by the Health Scrutiny Committee in the further development of pandemic flu plans including those at a multi-agency level;
- (ii) comment upon the contents of this report, in order that this can inform officer preparations in the event of an influenza pandemic in the foreseeable future;
- (iii) ask all Corporate Directors to ensure that their business continuity plans are reviewed and operative;

- (iv) ask all Corporate Directors within the business continuity framework and, having regard to the particular service pressures arising from an influenza pandemic, to identify within their portfolio of responsibilities the essential services, and the key skills and essential workers required to ensure continued delivery of essential services; and
- (v) ask the Corporate Director of Resources, Access and Diversity to engage with employee representatives regarding the planning processes and potential health and safety implications for Council employees.

4. Headline Financial and Legal Implications

There is no international or national legislation aimed specifically at influenza pandemics. However, existing public health legislation and emergency powers can be utilised to limit and control the spread to the disease. (Peter Nicholls, Head of Legal Services)

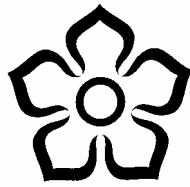
The cost implications of any such pandemic are impossible to predict, as there is clearly a wide range of possibilities concerning the severity of the outbreak. It is likely, however, that there would be significant additional costs arising from the need to extend the provision of some services at the same time as staffing levels are adversely affected by the outbreak. Income generating activities, such as Sports facilities and the De Montfort Hall would also be affected by significant reductions in the number of paying customers.

5. Report Author/Officer to contact:

Charles Poole, Service Director (Democratic Services) extn. 7015

DECISION STATUS

Key Decision	No
Reason	N/A
Appeared in Forward Plan	N/A
Executive or Council Decision	Executive (Cabinet):



Leicester
City Council

WARDS AFFECTED
City Wide - All Wards

FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:
Health Scrutiny Committee

22 September 2005

**U.K. Influenza Pandemic
Potential Implications**

SUPPORTING INFORMATION

1. Report

Pandemics of influenza have swept the world from time to time throughout history, three times in the last century. They caused widespread illness, large numbers of deaths, including among children and young adults and huge societal disruption, concentrated in just a few weeks. There is currently rising concern that a new influenza virus with pandemic potential (such as Avian or 'bird' flu) will emerge and spread and a further pandemic can be expected. When that will be is not known, but the consequences, when it does, will be serious. Around a quarter of the population could be affected, with over 50,000 deaths in the U.K. alone.

A detailed explanation of Pandemic Flu has been published in a Guide by the Chief Medical Officer – obtainable on the web: www.publications.doh.gov.uk/pandemicflu.

Unlike the 'ordinary' flu that usually occurs every winter in the U.K., pandemic flu can occur at any time of year. If and when it happens, it may come in two or more waves several months apart and each wave may last two or three months.

It is much more serious than 'ordinary' flu. The systems may be more severe because nobody will have any immunity or protection against that particular virus.

The Department of Health (as the lead agency) and supported by the Health Protection Agency, has now published the U.K. Influenza Pandemic Contingency Plan. Full copies are available on the web:- www.publications.doh.gov.uk/pandemicflu. This is also supported by a range of information and plans a national, regional and local level, both within the health community and within the participants of the Local Resilience Forum (a multi-agency body for Leicester, Leicestershire and Rutland) charged with planning for civil contingencies and other emergencies.

The Local Authority Impact

Information for non-Health organisations, with specific reference to local authorities (annex J of the National Contingency Plan) has also been published.

Issues particularly of relevance to the City Council will include:-

- * maintaining essential service delivery (i.e. Business Continuity) in the context of high staff absence rates. This will require, throughout the Council, the identification not only of the essential services (particularly within the context of an influenza pandemic), but also the key skills and essential workers within those essential skills to ensure continued delivery of these key services.
- * the impact on the Social Care services, both preventative and when people fall ill, including people within their own houses, day centres, etc.
- * the high incidence within schools and the possible need to close schools to slow the spread.
- * the possible use of Council facilities as vaccination centres and the provision of associated staff to support the NHS provision.
- * the restriction on public gatherings, to slow the spread.
- * possible restrictions on the movement of people.
- * pressure on key services, including registration of deaths, the burials and cremation service and, indirectly, the Coroner's Service.
- * managing the health and safety risks to City Council staff (and notably those directly involved in dealing with the pandemic).
- * ensuring that City Council activities do not further contribute to the spread (e.g. home care staff).

Local/Regional Multi-Agency Context

Planning for such an eventuality, led by the Health community, is taking place at regional and local level on a multi-agency basis.

The local response which, at least in the initial stages, will have a Health lead, will be co-ordinated through the Local Resilience Forum (LRF). (This is a multi-agency body, chaired by the Chief Constable, incorporating all the key emergency responders, including the blue light services, local authorities and health agencies, which has been established in accordance with the requirements of the Civil Contingencies Act, 2004). The LRF will ensure a county-wide co-ordinated response to such a flu pandemic and also provide appropriate linkages to both regional and national government.

A regional exercise at strategic level took place in June this year to look at high level issues and a local multi-agency table top exercise is being organised to take place in October.

Arising out of the regional exercise held in June of this year a number of key local authority issues emerged. These were:-

- (i) Staff absence – for planning purposes an absence model should be used which provides for each staff absence, on average, to be between 5-8 days, for the increased absences due to the pandemic to stretch over a three month period and at its peak, somewhere in the middle of the pandemic for the staff absence levels to be in the order of 25% above normal absence levels. This will require thorough business continuity arrangements by all departments, which will include the identification of essential services, a prioritisation of service delivery and associated training of staff to enable staff transfer between functions.
- (ii) To help cover potential staff shortages, staff should be prepared to work flexibly and have their regular duties altered to take account of service priorities. They should not be expected to undertake tasks outside their level of competence. A system of staffing volunteers should also be established to utilise skills they may have external to their working capacity (e.g. lay faith leaders who have bereavement counselling skills could contribute to the ushering of the bereaved at cemeteries and crematoria).
- (iii) Additional staff may be required. Managers should identify staff who are recently retired, currently known not to be working, or working part-time, who might be willing to be called upon at short notice to provide additional cover for staff absences. (Employment status, payment arrangements, insurance provision, etc., should also be considered as part of the initial planning).
- (iv) A system should be prepared ready to inform managers daily of staff absences so that workload may be reorganised and emergency rotas updated. This system should also be utilised to identify corporate absence data and trends to facilitate overall management of the Council's response to the pandemic.
- (v) The strain placed on the NHS, including hospital provision primary care, and mental health provision, will place significant additional burdens on the local authority's social care provision.
- (vi) The increased mortality rate will place additional burdens (at times of potential staff absence) on specific Council and related services (directly Burials and Cremation, Births, Deaths and Marriages and support to H.M. Coroner and indirectly mortuary provision, including liaison with the funeral trade).
- (vii) Schools, nurseries, elderly persons homes, community and sports centres and entertainment venues all have the potential to accelerate transfer of the virus. Closure (or not) may be undertaken by Government direction or on local initiative. This may well have significant impacts, either financial (e.g. De Montfort Hall, football stadia, cinemas) or societal implications e.g. closure of

schools and nurseries which immediately impacts on, for example, NHS staff with childcare responsibilities.

- (viii) A flu pandemic is marked by no (or very few) members of the community having an immunity to the virus. This, therefore, places everyone at risk. However, special care and attention will need to be given to those people with particular vulnerabilities (the young, the elderly, those with existing medical conditions, those for whom the local authority has particular care facilities). It is, therefore, essential that the identification of such persons, through record systems/ICT provision, etc., can be undertaken speedily and easily.
- (ix) Social care provision is likely to have additional work generated by the very early discharge of patients from hospital or by a delay in admissions due to reduced elective workload in the hospitals.
- (x) As Health Service staff become aware of failing or failed care situations due to the epidemic, they will notify Social Services. Co-operation between the two organisations is vital in devising and instituting packages of care for vulnerable people who are left unsupported as a result of the epidemic.
- (xi) Demand for meals on wheels service must be expected to increase. This service may have to be augmented during and immediately after the epidemic.
- (xii) Day care facilities, if suspended due to staff shortages and risk to those attending, may cause stress to carers and result in increased calls for assistance.
- (xiii) Third party providers of services (e.g. home care provision, refuse collection) need to undertake similar BCP reviews as the local authority and ensure that robust arrangements are in place.
- (xiv) Telephone helplines may be helpful:-
 - (a) for those carers who are ill or otherwise unable to perform their normal duties;
 - (b) for professionals who find untenable situations when visiting clients.
- (xv) Employees within the Council will almost certainly be bereaved due to the flu pandemic. This will include professionals working directly with the impacts of the pandemic. Regular debriefing sessions and the availability of appropriate support of staff will be required.
- (xvi) Staff may be unable to work because of the need to care for their own children. Consideration should be given to setting up or extending crèche facilities for the children of essential staff members to allow them to work.
- (xvii) Consideration will need to be given to the provision of mutual aid between authorities and agencies within the area.

(xviii) Pre-involvement of employee representatives, both in relation to the planning work for a pandemic flu outbreak and the associated health and safety implications, needs to be addressed at a corporate level.

FINANCIAL, LEGAL AND OTHER IMPLICATIONS

1. Financial Implications.

The cost implications of any such pandemic are impossible to predict, as there is clearly a wide range of possibilities concerning the severity of the outbreak. It is likely, however, that there would be significant additional costs arising from the need to extend the provision of some services at the same time as staffing levels are adversely affected by the outbreak. Income generating activities, such as Sports facilities and the De Montfort Hall would also be affected by significant reductions in the number of paying customers.

2. Legal Implications

There is no international or national legislation aimed specifically at influenza pandemics. However, existing public health legislation and emergency powers can be utilised to limit and control the spread to the disease. (Peter Nicholls, Head of Legal Services)

3. Other Implications

OTHER IMPLICATIONS	YES/NO	Paragraph Within Supporting information	References
Equal Opportunities	No		
Policy	Yes	The paper as a whole facilitates consideration of the Council's response to a flu pandemic.	
Sustainable and Environmental	No		
Crime and Disorder	No		
Human Rights Act	No		
Elderly/People on Low Income	No		

4. Background Papers – Local Government Act 1972

None

5. Consultations

Director of Public Health, Eastern Leicester and Leicester City West PCTs

6. Report Author

Charles Poole, Service Director (Democratic Services) - extn. 7015