

CABINET

28 SEPTEMBER 2010

REPORT OF THE CABINET MEMBER FOR HEALTH AND ADULT SERVICES

Title: Barking and Dagenham Response to the H1N1 Pandemic Flu 2009/10 Final Report		For Information
Summary: The Influenza Planning Committee (IPC) have been planning for the event of a pandemic influenza for many years. Whilst the 2009/10 incident has been a learning process to all involved it clearly highlights the firm foundations built over this time. The contributions made by individuals, teams and organisations have been recognised. The continuity and commitment of the Partnership and having a robust multi agency plan in place proved pivotal to the success of the response to the swine flu incident.		
Wards Affected: All		
Recommendation(s) The Cabinet is recommended to note: (i) The Barking and Dagenham Response to the H1N1 Pandemic Flu 2009/10 Final Report; and (ii) That the Influenza Planning Committee will monitor progress against actions from lessons learnt.		
Reason(s) To assist the Council and its partners in achieving the community priorities of working together for a borough in which local people can stay safe and remain healthy.		
Comments of the Chief Financial Officer The report has been noted and there are no specific comments.		
Comments of the Legal Partner The report has been noted and there are no specific comments.		
Head of Service: Matthew Cole	Title: Joint Director of Health Improvement	Contact Details: Tel: 020 8532 6356 E-mail: matthew.cole@barkingdagenham.nhs.uk
Cabinet Member: Linda Reason	Portfolio: Health & Adult Services	Contact Details: Tel: 020 8227 2116 E-mail: mailto:linda.reason2@lbbd.gov.uk

1. Background

- 1.1 In April 2009 the world became aware of cases of illness caused by a novel influenza virus, then termed swine influenza A/H1N1. Over the following five days, the World Health Organisation (WHO) announced that the global pandemic alert level had increased from WHO Phase 3 to WHO Phase 5. On 11 June, WHO declared WHO Pandemic Phase 6 and the official start of the first pandemic of the 21st Century.

Locally, the first case of H1N1 was confirmed on 2nd June 2009. The initial containment phase involved testing those with symptoms, treating those confirmed as infected and providing antiviral prophylaxis to contacts.

This phase ended on the 2nd July 2009 when the country entered the treatment phase when patients were given antiviral drugs if they were displaying classic symptoms. In Barking and Dagenham 30 people were diagnosed with swine flu by testing (swabbing) prior to the switch to treating all those with suggestive symptoms.

The peak week for flu diagnoses in London was the week beginning the 13th July 2009, whereas Barking and Dagenham peaked in November that year. Locally 4,893 courses of antivirals were dispensed and this figure provides an estimate of the total number of suspected cases seeking healthcare.

- 1.2 In 2009/10 NHS Barking and Dagenham (NHSBD) and our partners, especially the Council focused on strengthening our joint plans for responding to pandemic flu. This involved running a number of major multi-agency events and table-top exercises designed to test and/or review the plans of the participating agencies in their response to pandemic flu. These events involved the NHSDB, the Council, other local NHS organisations, the Police, Ambulance Service, Fire Brigade and local community organisations in considering our preparedness and our collective plans to maintain essential services and to care for those with flu during a flu pandemic.

2. Proposal

- 2.1 This pandemic did not result in a large number of cases or significant disruption of healthcare in Barking and Dagenham. Barking and Dagenham experienced the first case and community peak a number of weeks later than London overall. The hospitals experienced two peaks of admission of suspected cases from Barking and Dagenham – one in July when London experienced a community peak and one in November which was the local peak. Barking and Dagenham residents only constituted one quarter of the total hospital admissions for swine flu for the acute trust across its catchment area. On this occasion the number of admissions were small and only one quarter – about 15 patients - were confirmed as having H1N1 influenza
- 2.2 The post pandemic multi-agency review (25th March 2010) identified some useful learning from the pandemic including the need for greater skill in coordinating major incidents and optimising communications across all partners.

3. Financial Issues

- 3.1 The overall budget for the financial year 2009/10 amounts to approximately £700,000 from NHS Barking and Dagenham this includes agency costings but does not take into account staffing and factoring this in could amount to approximately £1.2million. In respect of Council resources these were more difficult to identify as they were attributed mostly to human resource time in taking people away from their day to day work. The non-pay element of the Council's budget amount to £40,000 but this is believed to be a gross under-estimate of the cost which is put in the region of approximately £350,000.

4. Legal Issues

- 4.1 No specific legal implications.

5. Other Implications

5.1 Risk Management

The Civil Contingencies Act 2004 requires that NHS Barking and Dagenham (NHSBD) prepare for major incidents and other civil emergencies which may affect the borough and its population.

NHSBD leads the development, testing and regular updating of plans through an Emergency Planning Group made up of partner agencies such as the Council and the Health Protection Agency (HPA).. The *NHS Emergency Planning Guidance of 2005* stipulates arrangements in implementing the Act and *Standards for Better Health* requires the NHSBD Board to assure themselves that emergency preparedness arrangements for the organisation are in place, exercised regularly and show evidence of continuous improvement.

NHSBD in partnership with Council, the Police and fire services and the voluntary agencies have established a Joint Influenza Pandemic Contingency Plan, the purpose of which is to assist all agencies in the response to a pandemic. The plan operates on the same system of command and control as for any other major incident.

5.2 Health Issues

The profile of attack of the pandemic virus is now clear. For the majority the illness is mild. However, for a minority the virus causes severe illness and can be fatal. There have been 363 deaths related to pandemic influenza in England to-date and of these 18% were in previously healthy individuals and 82% were under the age of 65. Across the UK, 16 women have died during pregnancy and 35 children under five years of age have died. The figure for H1N1-related deaths in the UK as a whole is 478 (Scotland: 69, Wales: 28, Northern Ireland: 18). Figures 1 and 2 show the breakdown of H1N1-related deaths in England.

The response of the Partnership to the first pandemic of the 21st Century was excellent. Inevitably there will be lessons to be learnt and improvements to be made to our pandemic plans following the experience of the last year. Meanwhile, for many citizens influenza is a vaccine-preventable disease.

For those individuals for whom vaccination is recommended, pandemic H1N1 (2009) influenza is now a vaccine-preventable disease. We must do all we can to ensure as high a take-up of the vaccine as possible. Every dose of vaccine that is given has the potential to reduce unnecessary suffering and the risk of death.

6. Background Papers Used in the Preparation of the Report:

None

7. List of appendices:

Appendix 1 - Final report