



**Pandemic Influenza Preparedness Programme  
Social Care Flu Resilience  
Self-Assessment Tool**

*Executive Summary: the Results of the Self  
Assessment of Councils with Social Services  
Responsibilities in England*

# Introduction

## 1 INTRODUCTION

- 1.1 In October 2009 Roy Taylor, National Director for Social Care Flu Resilience, wrote jointly with the then Department for Children, Schools and Families and the Civil Contingencies Secretariat at the Cabinet Office to all 152 Directors of Adult Social Services, Directors of Children's Services and council Emergency Planning Officers, inviting them to participate in a self-assessment survey on pandemic flu preparedness<sup>1</sup>.
- 1.2 The aims were to gain a representative overview of the state of readiness of social care in councils in England and to identify where further planning and resilience work might be required for flu pandemics and/or major emergencies affecting social care for adults and/or children.
- 1.3 The survey was issued on a voluntary basis and 106 councils, representing 70% of those with social services responsibilities, participated. The form was designed to enable each council, once it had completed the survey, to see a graphical representation of its responses via a summary tab, to facilitate further internal discussions. The responses to the 53 questions in the survey were analysed alongside the comments submitted and are summarised in this report.
- 1.4 The full report produces information that separates the responses between adults and children's social care, although the differences were marginal. The full report also summarises the responses at regional level to enable more local discussion and follow up.

## 2 FINDINGS AND THEMES

### ***Influenza pandemic plans***

- 2.1 Of the 106 councils who responded, 105 adult social care departments and 104 children's social care departments indicated that they had specific written plans for dealing with the impact of an influenza pandemic.

### ***Role of elected members***

- 2.2 Of the responders, 51% of councils providing adult social care and 49% providing children's social care stated that their lead elected members had agreed the plan.
- 2.3 There were different views on whether it is appropriate for senior elected members of the council to sign off the final plan. Some councils had indicated they had briefed members and would be keeping them updated, but as an "operational" issue. Approval and reporting to the council's executive management team was seen as the appropriate governance.
- 2.4 Although not specifically asked, a handful of responders indicated that their members were involved in scrutinising or evaluating the effectiveness of their plans and council responses to the swine flu pandemic.

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<sup>1</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_107632](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_107632)

***Working within the council***

- 2.5 The survey responses evidence significant joint work within councils between social care, emergency planning and other council services. This is essential to a council's ability to ensure essential social care support is provided during a pandemic. The self-assessment provides evidence that this is the case for 90% of responders in adult and 92% in children's social care. A separate survey initiated by the Local Government Association<sup>2</sup> also indicates how councils have given priority to social care in their pandemic
- 2.6 Of the council responders, 90% of adult social care and 91% of children's social care had arrangements to redeploy staff across their council to maintain essential services during emergencies such as a pandemic. 95% of the responders had worked with their council colleagues to address corporate issues covering Human Resources, Health and Safety and deployment of buildings and equipment. 75% and 74% in adult and children's social care respectively stated they had sufficient numbers of staff with Criminal Records Bureau (CRB) checks in place to enable their redeployment to support frontline social care services.

***Working with independent sector providers of social care***

- 2.7 Independent sector providers of care employ 75% of the social care workforce<sup>3</sup>. Working with this sector is therefore an essential element for councils if they are to plan and respond successfully to a pandemic.
- 2.8 94% of councils providing adult social care and 93% of councils providing children's social care services were confident that the lines of communication with private and voluntary sector providers were clear and robust.
- 2.9 There were slightly lower responses for having processes and procedures in place for gathering and sharing information. It is noted that 86% of the 152 councils subsequently completed and returned their third weekly Social Care Condition ("SocCon") reports. It is unlikely they would have been able to do this, had they not had the appropriate processes and procedures in place.
- 2.10 However, on whether council vaccination plans identified both council and independent sector staff, the responses dropped to 80% for adult and 78% for children's social care services. Also 11% of responders in adult social care and 16% in children's social care had not at that point arranged for onward distribution of facemasks to providers.
- 2.11 8% of council commissioners stated they had reviewed their contracts with social care providers that may need to be suspended, renegotiated or revised for a pandemic. This is a possible area for further work by many councils, although 85% of councils did state they had sought assurance from their suppliers and providers about their business continuity plans, as part of their contractual arrangements.

***Working with the local NHS community***

- 2.12 Along with social care providers, the local NHS are a key partner for ensuring people who require social care support receive this during a pandemic. 97% of the council responders stated that local PCTs had involved the councils in their business continuity

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<sup>2</sup> <http://www.lga.gov.uk/lga/core/page.do?pageId=7085410>

<sup>3</sup> *The State of Social Care in England 2007-08*, Commission for Social Care Inspection

and pandemic planning. In addition, 97% of the responding councils providing adult social care and 94% of councils providing children's social care services stated that their plans or a summary of them had been shared and agreed with the PCTs. Whilst this indicates 103 councils in adult social care and 100 in children's social care had engaged with their PCTs, the survey did not require evidence of the outputs from this. However, we are aware from the survey, and from other sources, of some clear outputs from joint planning with local NHS colleagues, such as joint surge and capacity plans, accelerated discharge arrangements and integrated vaccination plans for frontline staff.

- 2.13 At 89% in adult social care and 84% in children's social care, fewer councils were able to state that their plans addressed the essential need for the continued and enhanced support of hospital discharges. Slightly fewer councils stated their plans had been shared and agreed with the acute trusts. Given the potential pressures on acute beds and the possible impact for both adult and children's social care in a pandemic, this looks to be an area for exploration for more councils and health service colleagues.
- 2.14 In addition, 63% and 62% of responders in adult and children's social care respectively had arrangements in place for agreeing, where appropriate, the coordination and streamlining of support to service users across health and social care agencies during a pandemic. There would seem to be potential benefits if more councils and PCTs were able to agree arrangements for consolidating care packages.

#### ***Working with other external organisations and partners***

- 2.15 The survey results indicate that councils have given less focus on engaging carers, the trade unions and the Local Resilience Forums (LRFs) compared to the NHS and social care providers. Whilst the survey did not specifically ask a question on the council's involvement with the Care Quality Commission (CQC), there were a number of queries raised by councils about working with CQC during the peak weeks of a pandemic.

#### ***Exercises***

- 2.16 Councils had undertaken various planning exercises. 75% of responders in both adult and children's social care had recently tested their plans in a multi-agency setting. Fourteen had already used Exercise Prometheus<sup>4</sup>.

#### ***Recovery***

- 2.17 76% of responders in adult social care and 78% in children's social care had plans with a process for agreeing the priority order in which services would be strengthened/re-established. However only 62% and 63% in adult and children's social care respectively stated that their plan included a process for developing plans for facilitating a return to normal working. This suggests that recovery is an area which councils generally will need to do more work on.

#### ***Self-assessment of resilience: council scores***

- 2.18 Each council was invited to indicate, in terms of adult and children's social care resilience, how it would score itself from 1-10 where 10 is a highest level of confidence. In adult and children's social care, the mean of self-assessed resilience for the councils within a region ranged from 5.5 to 7.5, with a mode for councils across all the regions of seven.

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<sup>4</sup> [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_104969](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_104969)

### **3 MAKING USE OF THE FINDINGS**

- 3.1 The Department of Health has received very positive feedback on the value of completing the survey and we know councils have used their response to this exercise to further develop their local response capability and resilience arrangements. Councils will be able to use the survey again as part of their regular review of their plans and readiness.
- 3.2 We also hope those councils that did not complete the survey will see the value of doing so as a helpful tool in the evaluation of their response to the (H1N1) swine influenza pandemic.
- 3.3 The Department of Health will utilise the findings from the survey in the review of the lessons learned from the swine flu pandemic for the social care sector, considering the lessons learned and where existing guidance may need to be revised or developed.