

MODULE

3



Pandemic influenza

Guidance for commissioners and providers of social care



Module 3: Planning

DH INFORMATION READER BOX

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Pandemic influenza

Guidance for commissioners and providers of social care

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1 Introduction

This module will set planning for pandemic influenza within the wider context of good business continuity and emergency planning. It will help organisations to focus on the potential impacts of pandemic flu on both service users and the organisation's workforce and normal day-to-day decision-making processes. It will promote user involvement in planning.

2 Purpose

This document is **Module 3** in a series of nine modules that support planning in social care for an influenza pandemic.

Module 1	Introduction and key facts
Module 2	Communication roles and responsibilities
Module 3	Planning (appendix: Impact calculator)
Module 4	Infection control
Module 5	Managing assessment, death and fair access to care
Module 6	Induction information for staff
Module 7	Surveillance
Module 8	Recovery
Module 9	Self-assessment

The nine modules are collectively entitled *Pandemic influenza: Guidance for commissioners and providers of social care*. This guidance builds on two key documents that have been published by the Department of Health: *Pandemic flu: A national framework for responding to an influenza pandemic* (November 2007), and *An operational and strategic framework: Planning for pandemic influenza in adult social care* (November 2007).

The aim of this guidance is to equip local authorities and other social care organisations with the tools and resources needed to plan for, and meet the challenges presented by, pandemic influenza. These challenges will be different from those posed by many other emergency response situations: it will not be confined to one area, and it will affect staff at all levels as well as users. All partner organisations – health services, emergency services, care providers, etc – are likely to be under considerable strain as a result of both increased demands and diminished human resources with which to meet those demands.

By providing a set of checklists, local authorities and other social care providers will be able to assure themselves that they have robust plans in place, rooted in joint working, supported by good-quality local information and underpinned by meaningful user involvement.

Other modules in this series will provide detailed guidance on preparing a social care response to pandemic flu. While primary care trusts (PCTs) have lead responsibility for local planning, it is essential that local authorities and private and voluntary providers take responsibility for ensuring that they have adequate and tested business continuity plans in place to ensure the continued provision of essential services through the peak period and possible subsequent waves of a pandemic.

3 Where to start: some quick wins

Some effective steps to reduce the impact of any future pandemic can be taken straight away.

3.1 Catch It, Bin It, Kill It

Supporting the Department of Health's 'Catch It, Bin It, Kill It' respiratory and hand hygiene campaign is one way of reducing infection rates of influenza and other droplet-borne infections.

Campaign material to download or order is available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080839.

Materials aimed at younger children are also available at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085121.

3.2 NHS Numbers

In order to obtain antivirals during a pandemic, people accessing the National Pandemic Flu Line Service by telephone or online will be required to know their NHS Number, or that of the person who has flu if accessing the service on their behalf.

While most care homes will have a record of these for their residents, this is less often the case for those users supported in the community. Assessment forms held by statutory, private and voluntary providers should be amended to include this information and the importance of collecting it should be highlighted to assessing officers.

4 The bigger picture

4.1 Existing plans

In the first instance, it is important to know what plans already exist that will be implemented during an influenza pandemic.

Those working in social care in local authority, private and voluntary settings should familiarise themselves with PCT plans, local emergency plans and Local Resilience Forum plans.

PCTs have specific lead responsibility for producing and maintaining pandemic flu plans, which will include issues relating to local authorities and other providers of social care. Most plans will be available online.

4.2 Continuity of service

Always ensure that processes that might need to follow on from each other in a pandemic can be actioned by more than one person, as this will help to ensure continuity of service even in the absence of key workers. Certain key roles can be written up on action cards to enable workers unfamiliar with that particular area of work to perform at least the essential elements of it.

4.3 Prioritisation

While recognising that all the services provided by social care are important, in a pandemic it will be vital to know which ones can be suspended to enable a greater focus on critical life-sustaining functions. This requires the creation of a list of functions within each area of social care provision that are ranked in the order in which they could be stopped with the least impact. For example, the issuing of Blue Badges is an important local authority function, but it could be suspended for the duration of a pandemic without critical impact. However, there are implications, and such service suspension will have to be clearly communicated to the public and other agencies.

The provision of mobile meals could not be easily suspended but could be pared back to the provision of cold food to increase the number of meals provided and to reduce the time-critical nature of deliveries. Meal preparation could also be concentrated on a few outlets, which although increasing the transport costs would consolidate skilled staff in fewer places.

The identification and agreement of the level of social care service required should be coordinated at senior management level. This will also identify services that can be suspended to allow redeployment of staff. Consideration should also be given as to the criteria for restarting such suspended services. This will involve careful communication and coordination with a wide cross section of the public and media.

Getting staff and users engaged with planning as early as possible will be important to its success and will provide the environment to introduce an increasingly wider audience of both staff and users to the issues involved with pandemic flu.

All the usual communications routes, including newsletters, team meetings, briefings, user discussion groups, external media, etc, can be used to highlight the potential for a pandemic and to begin to explore some of the likely consequences.

Older users and staff will have memories of past pandemics, ie the 'Asian flu' and 'Hong Kong flu', and some people may recall relatives affected by the 'Spanish flu'. These may provide a valuable resource to stimulate discussion and possible action planning.

5 Impact calculator

The impact calculator, which can be accessed online at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093380, will help to forecast the range of potential effects of an influenza pandemic on a given population.

It is already known that the demographic of social care staffing means that more people are likely to be off work during a pandemic as they are more likely to have children and other dependants.

It is important to remember that small staff groups may be harder hit than larger ones and that flu can spread very quickly within a closed community, such as a care home.

It is anticipated that an influenza pandemic will have a significant effect on the health and social care workforce. For example:

- up to 50% of the workforce may require time off at some stage over the entire period of the pandemic (with individuals absent for a period of seven to ten working days)
- additional staff absences are likely to result from such things as care responsibilities, family bereavement, or practical difficulties in getting to work
- the Government may advise schools and group childcare settings in an area to close in order to reduce the spread of infection among children, meaning that some staff may need to stay off work in order to care for their children. This is anticipated to be as much as 30% of the workforce in health and social care.

6 As a commissioner of social care

Commissioners have responsibilities to both those for whom services are commissioned and those from whom you commission. An influenza pandemic will provide an extreme test of the robustness of your systems and planning.

In order to support the health care response to a pandemic, critical social care services need to stay as operational as possible, ie supporting their existing cohort of users and remaining able to accept and process referrals and make discharges where appropriate.

Before a pandemic strikes, having contracts that require providers to have robust and tested business continuity plans in place will help to ensure maintenance of services. Such contracts should be regularly checked during reviews, and they should specifically address the effect of a pandemic on staff absenteeism, as this makes pandemic flu different from other foreseeable business interruptions such as fire and flood.

Providers will need reassurance from commissioners that they will continue to be supported during a pandemic. For example, consideration will have to be made as to how you might support care homes or domiciliary care providers that experience high vacancy levels due to excess deaths and how incentives might be offered to providers to continue to function and accept referrals.

Providers should assist each other to develop mutually supportive contingency planning according to their own local emergency/resilience forum plan and use local provider forums to specially feature pandemic flu discussions.

Under the Civil Contingencies Act 2004 there is a duty on local authorities to provide advice to their local business community and voluntary sector on business continuity. While engaging social care providers in business continuity planning can be challenging, it is important that local authorities do exercise this duty.

It will be important to review on a more frequent basis than normal the status of commissioned services in terms of their ability to continue to assess and accept referrals, the levels of infection that they are managing, their staffing status and any other challenges that they are facing. It will also be important for commissioners to know exactly what services are available in their local area. Emerging Joint Strategic Needs Assessments may be a source of information on the independent sector provider market, as will information from the regulator on the number of services in the area.

It is vital that local authorities have systems in place so that during a pandemic they are quickly able to establish from their records which individuals and groups in a particular geographical area are known to be vulnerable and why.

7 As a provider of social care

During a pandemic, the providers of social care will have a key role to play in ensuring the success of the wider response. Social care has the responsibility of ensuring that it remains a positive force and that it doesn't become an additional burden on health provision. This means having plans in place that enable services to continue to function effectively, even when they are under extreme pressure.

All responsible providers will already be aware of the need to ensure the robustness of their services in the face of disruption caused by fire, flood, loss of power, etc. While there are many similarities in planning for all of these possibilities, pandemic influenza presents some of the biggest challenges.

If you successfully plan for a pandemic, the services you provide will be prepared to meet many other challenges that they might encounter. The essential difference between a pandemic and other emergencies is that it affects and reduces human rather than physical resources.

7.1 Day services

Where day services are centred on fixed sites such as day centres, then consideration may need to be given to closing them early on as a pandemic emerges in a particular area in order to reduce the risk of spreading infection. Staff based in centres that are closed will be a valuable resource in terms of redeployment as they will have a range of transferable skills.

Staff will need to identify users for whom failure to provide day services is likely to create critical risks and will need to make recommendations for mitigating these risks.

Where services are more community based, then it may be possible to continue with provision for longer. This could be particularly important where such services provide respite for carers.

7.2 Care homes

Care home managers and staff are used to coping with day-to-day difficulties such as staff shortages, resident illness and transport problems. The challenge that pandemic flu presents is that it potentially brings all of these difficulties, and other difficulties, together and sustains them over a prolonged period. Pre-planning is the key.

7.3 Key things that you will need to know

1. Which of your staff have dependants (ie children, dependent relatives, etc) as they are more likely to need to take leave to care for others?
2. What sources of additional/alternative staffing do you have (are there bank or retired staff you know you could call upon)?
3. Where do staff live and how do they usually travel to work (this will help with planning if transport is disrupted)?
4. Which staff might be prepared to live in during a pandemic?
5. What are the absolutely essential work practices that need to happen in order for the care home to continue to function, such as provision of cold food and fluids, changing of incontinence pads, changing of soiled bed linen, administration of medications, recording of key decisions?
6. If staff do not receive sick pay if they are off ill, how might you ensure that those who are symptomatic do not come to work?

7.4 Key things to consider

1. Do staff contracts permit redeployment to essential duties during an emergency?
2. Which staff might be particularly susceptible to complications if they develop influenza, and what might you do to identify and protect them?

7.5 Domiciliary care providers

The United Kingdom Homecare Association Ltd (UKHCA) has developed specific guidance on domiciliary care during an influenza pandemic that is available at www.ukhca.co.uk/flu/.

8 Specific needs of different user groups

8.1 Older people

Even if the particular strain of pandemic influenza mainly affects people of working age, the vulnerability of the older people with whom social care services work means that they are likely to be disproportionately represented in terms of the numbers developing complications and dying.

Older people form the biggest group in receipt of services from social care and, as such, it is essential to ensure that the usual range of services, particularly those that support avoidance of inappropriate admission and timely discharge from hospital, are maintained even if that requires such services to be operated in a more basic way.

In the period before a pandemic is declared hospitals will be keen to discharge patients to create capacity, and this pre-pandemic surge will need to be carefully handled in order to ensure that people who could be returning home do not unnecessarily take up intermediate care and care home places.

During a pandemic it may be necessary to support greater numbers of users, both existing and new referrals, whose usual informal carer is unwell with flu.

8.2 People with learning disabilities

Those people with learning disabilities who have additional health issues will be at increased risk of developing complications if they get pandemic flu. Users living with older carers may also be at increased risk if their carers are ill.

For those in supported living or otherwise supported in the community it will be important that care plans identify a minimum level of essential support. For example, could support worker visits be temporarily replaced by a phone call?

8.3 People with mental health needs

Specific separate guidance has been issued to NHS mental health trusts that will also address issues for integrated community mental health teams.

Local authorities' responsibility for the provision of an approved social worker (ASW) (or an approved mental health professional) service will continue throughout a pandemic when an increase in mental health referrals can be expected.

8.4 People with physical disabilities

With increasing numbers of people in receipt of direct payments and individual budgets, it will become important to remind, and where appropriate assist, users to ensure that they have robust plans in place for dealing with sudden absences of personal assistants (PAs). It will also help to have clear knowledge from the user of the minimum, essential support that they could manage with in the event that an alternative provision of care becomes necessary.

8.5 Carers

There are an estimated 5 million informal (unpaid) carers in the UK whose collective work saves the nation annually as much as the NHS costs to run.

Planning together with carers and those they care for is essential to assisting this group during a pandemic. Care plans and carers' assessments need to have sufficient detail to enable an alternative carer to know what as a minimum needs to be done with or for an individual if they or their carer is incapacitated.

Carers need to have been helped to develop their own 'business continuity' plans in order to maximise their ability to manage in every type of incident that might prevent them from carrying on their usual caring activities, but particularly in relation to pandemic flu.

Employers should ask staff with caring responsibilities to identify themselves in order that specific working arrangements, which could be implemented during a pandemic, can be considered for them.

9 Personal protective equipment and infection control

The Health Protection Agency can provide tailored training on infection control and use of personal protective equipment (PPE).

PPE, which includes masks, aprons and gloves, is required if you are working within 1 metre of a symptomatic patient, which is frequently the case for day services, care home and domiciliary care staff.

Use of PPE requires training or its effectiveness is reduced. A further module in this series (Module 4) will deal specifically with the use of PPE within social care.

10 When the going gets tough

If a pandemic results in rates of infection, complications and deaths at the top end of the planning assumptions, then it becomes likely that in some settings staff who do not normally have responsibility for managing a service will find themselves having to fulfil that role.

It is key to the maintenance of at least rudimentary services that staff in such a position are empowered to make decisions and are able to be confident of the support of colleagues and managers when things begin to return to normal.

Desperate situations may call for less than ideal remedies. Staff can be enabled to continue to provide a service and protect themselves by the application of some basic practices.

Decision logs can be used to record all decisions, particularly those made by staff who are aware that they are acting outside of their normal area of work and who are having to make difficult decisions that may have far-reaching consequences.

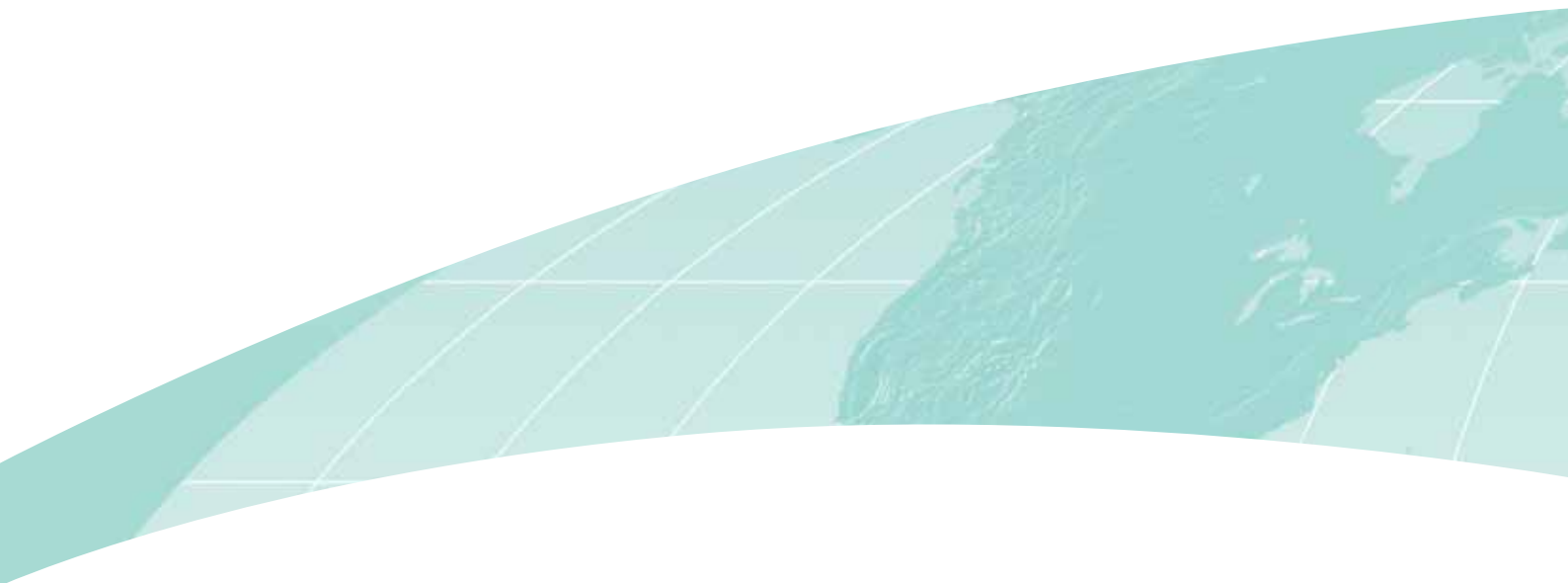
Below is an example of a decision log:

Pamela Lane

Senior home care assistant

5 April, 11.30

- Home care manager has phoned in sick
- Only 3 staff available
- 25 essential home visits to be made
- Instead of cancelling all visits, which could place some users at extreme risk, will use Joanna Fish (admin assistant who has no CRB or POVA check in place) to do 4 visits as an alternative
- Jo will contact me after each visit – she has been briefed and has an essential tasks checklist for each user



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