

# **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE**



**Tuesday 12<sup>th</sup> May 2009**

**at 10.00 am**

**in Committee Room B,  
Civic Centre, Hartlepool**

Councillor G Hall, Cabinet Member responsible for Adult and Public Health Services will consider the following items.

**1. KEY DECISIONS**

No items

**2. OTHER ITEMS REQUIRING DECISION**

No items

**3. ITEMS FOR INFORMATION / DISCUSSION**

- 3.1 Preparations for coping in the event of an outbreak of pandemic influenza –  
*Director of Adult and Community Services*

**4. REPORTS FROM OVERVIEW OF SCRUTINY FORUMS**

No items.

## **ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO**

Report To Portfolio Holder

12 May 2009



**Report of:** Director of Adult and Community Services

**Subject:** PREPARATIONS FOR COPING IN THE EVENT  
OF AN OUTBREAK OF PANDEMIC INFLUENZA

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### **SUMMARY**

#### **1. PURPOSE OF REPORT**

To inform the Portfolio Holder about proposed arrangements for alternative working within the Adult and Community Services Department in the event of an outbreak of pandemic influenza.

#### **2. SUMMARY OF CONTENTS**

This report outlines the steps being planned to prepare the Adult and Community Services department, and specifically adult social care for a flu pandemic. This includes the prioritisation of activity based on an expected increase in demand and high levels of absenteeism because of the pandemic outbreak.

#### **3. RELEVANCE TO PORTFOLIO MEMBER**

For information

#### **4. TYPE OF DECISION**

Non Key

#### **5. DECISION MAKING ROUTE**

Portfolio holder

#### **6. DECISION(S) REQUIRED**

To note the steps taken by the Adult and Public Health Services Portfolio to prepare for the impact of staff shortages and increased demand for services as a result of a pandemic influenza outbreak

**Report of:** Director of Adult and Community Services

**Subject:** PREPARATIONS FOR COPING IN THE  
EVENT OF A OUTBREAK OF PANDEMIC  
INFLUENZA

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## **1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to inform the Portfolio Holder about proposed arrangements for alternative working practices within the Adult and Community Services Department in the event of an outbreak of pandemic influenza. It also identifies key actions that will be taken by the Director of Adult and Community Services to implement changes in working practices if required during the crisis.

## **2. BACKGROUND**

- 2.1 National Guidance from the Department of Health requires Local Authorities to have plans in place to manage the crisis when it occurs. The Council works in cooperation with partners across the Tees valley through the Cleveland Local Resilience Forum. This has produced a strategic plan that has been nationally recognised as an exemplar of good practice.
- 2.2 As part of this strategic process a council-wide corporate plan and an Adult and Community Services departmental plan have been produced. The departmental plan identifies a staged approach to manage the delivery of services during a pandemic. The plan aims to maintain business as usual for as long as possible and then prioritises resources on the basis of need and risk as the pandemic's effect takes hold and subsequently wanes.
- 2.3 An outbreak of pandemic influenza poses many challenges which are significantly different from those posed by other emergencies. There is likely to be huge staff absence as well as a substantial increase in demand for services. It will affect staff at all levels, all people who use services and the public at large and will not be confined to one area. All partner organisations; care providers, health services, emergency services etc; are likely to be under similar huge strain because of increased demands and very reduced workforce.

- 2.4 The best advice from the World Health Organisation and the Department of Health is that another pandemic is now imminent, although precise prediction is not possible. The recent outbreak of Mexican Swine, may or may not be a pandemic outbreak. The situation is not yet clear but the World Health Organisation is closely monitoring the situation and issuing daily updates. This uncertainty is a challenge to planners and providers but, by having pre-emptive, coordinated and robust plans in place, the impact of a pandemic can be reduced and the recovery of services hastened.

### 3. ONSET OF A PANDEMIC INFLUENZA OUTBREAK

- 3.1 A pandemic outbreak of influenza occurs when a new virus emerges that is significantly different to those already circulating. It will spread rapidly causing epidemics across the world, with high sickness rates and significant numbers of deaths. This is because, like all influenza viruses, it will be highly contagious, but unlike the “normal virus” the population will have no natural immunity to it and there will be no available vaccines for at least 6 months. Anti-viral medication will be available but only eases the symptoms and is only effective once someone becomes ill.
- 3.2 Most information about how a pandemic will impact is based on experience from the 3 pandemic flu outbreaks in the last century. Their severity varied but the ‘Spanish flu’ outbreak in 1918/19, caused 20 to 40 million deaths worldwide (with peak mortality rates in people aged 20–45). ‘Asian flu’ in 1957/58 and ‘Hong Kong flu’ in 1968/69 were much less severe but still caused significant illness levels (mainly in the young and the old) and an estimated 1 to 4 million deaths between them.
- 3.3 National guidance suggests that up to **50%** of the population could become ill. The outbreak is expected to last up to 17 weeks with the peak period being between weeks 5 and 9. National guidance also advises that, whilst all plans should address different levels of attack, the plan should address this “worst case scenario.” It is probable that there will be a second phase of the pandemic following the first 17-week period and possibly a third which will need to be addressed in the same way as the first.

### 4. IMPACT OF THE PANDEMIC OUTBREAK

- 4.1 The impact of the pandemic is not wholly restricted to the illness itself. Staff absence due to illness will be compounded by:
- other illnesses,
  - the need to care for relatives and children who are ill,
  - the need to care for children whose schools are closed,
  - bereavement,
  - stress,

- fear of infection,
- potential travel disruption compounded by possible fuel distribution problems.

- 4.2 Care services will be under greater strain during a pandemic flu outbreak because they support people who are already vulnerable, so are probably more likely to suffer from the pandemic illness. Also, as a group, care staff are statistically more likely to already have caring responsibilities.
- 4.3 Prioritisation of services and support will therefore be critical. A critical service analysis is currently being undertaken within the department. This is similar to the agreed Business Continuity Management plans which have been developed for emergency planning and business continuity. The specific differences are the long build-up and length of the crisis before recovery can begin. As a result some services that were previously viewed as 'category 1' for restarting as soon as possible after an incident will need to be re-evaluated as they are not "life and limb," or central to managing extreme risk to service users, staff and Council or the public at large.

## 5. CHANGES IN WORKING

- 5.1 In order to manage the reduced and highly pressurised workforce key actions need to be taken in advance and key decisions made that can be activated as the crisis caused by the pandemic increases.
- 5.2 A critical services analysis both within the department and with contracted providers is currently underway. Work is also underway to identify staff in non critical services that could be redeployed to bolster critical services. This would inevitably mean the planned phased suspension of some services.
- 5.3 A re-prioritisation of services will also be needed, Specifically relating to social care, this may mean operating on a "life and limb" basis instead of a full service.
- 5.4 During a pandemic flu outbreak support may need to be highly prioritised to only those who have no other support **and** are at risk to "life and limb." In the severest of situations, this could mean an individual would need to meet **one** of the first 3 conditions **and** the 4<sup>th</sup> that is:
1. Requires provision of medication/ food/ warmth **to sustain life**
  2. Requires provision of **basic** hygiene to maintain health and dignity
  3. Has mental health or mental capacity issues that pose a **risk to life** if no support provided
- and**
4. Has no other support or informal carer available to perform life sustaining tasks putting the individual at risk."

- 5.5 Issues of adult protection would remain a priority as they relate to “life and limb” but complaints may not and would need to be looked at on an individual basis.
- 5.6 In the short term the department either directly or through its contracted providers may not be able to deliver a full level of service but in the long term no-one would be refused support. However they may have that support deferred or suspended until the crisis lessens and a normal working situation can be recommenced.
- 5.7 This restricted working would also impact on existing service users. Work is underway to identify who are the most vulnerable people whose care needs must be met at all cost and those whose needs could be met in the short term through alternative or less frequent support, or could cope in the short term with a suspension of support.
- 5.8 A simplified assessment and support planning process would also be used. The Individual Budgets process identified through Self Assessment Questionnaire and Resource Allocation is not currently used for people in a crisis. This would be extended to all new people requesting support during the pandemic outbreak but would be reviewed after the crisis had passed. This may include increased reliance on information from other sources to reduce the amount of face to face contact.
- 5.9 All people affected would have their needs re-evaluated once the crisis was over and this undertaking would be given at the time of any change or refusal of service. The aim would be to do this within a three month period following the end of the outbreak of pandemic flu.
- 5.10 The decision to move to this level of working, and at the end of the crisis to revert to usual working, would be made by the Director of Adult & Community Services Department, or a deputising, or designated senior manager within the department, based on workforce availability and demand for support.

## **6. FINANCIAL IMPLICATIONS**

- 6.1 There is likely to be an increase in demand for assistance which will impact on finances but at this stage quantifying this is not possible. Spending will be closely monitored to identify what changes are taking place during the pandemic outbreak.

## **7. RECOMMENDATIONS**

- 7.1 That the proposed changes in working in the event of an outbreak of Pandemic influenza are noted and that further reports are received as more information about the likelihood of a pandemic outbreak and its impact become available.
- 7.2 That Adult and Community Services Pandemic Flu Plan be brought for agreement.