The Communications and Support Infrastructure required by DASSs to support them communicating service reprioritisation in a future Pandemic Flu response

April 2018

The most up to date source of Government guidance documentation is the Gov.UK Pandemic Flu Webpage.

www.gov.uk/guidance/pandemic-flu

The Government flu pandemic website was updated in November 2017. Although links are provided in this report to national guidance documents for ease of reference, readers should use the website to check they are reading the most up-to-date version.

It is recommended that this document is read in conjunction with the Introduction to the ADASS Pandemic Flu Planning Reports.

The overarching recommendation in this report is:

> **In order for local systems, including DASSs, to have the required Communications and Support infrastructure, the role of Social Care needs to be understood as the vital service it is for many. Any national, regional or local Pandemic Communications Strategy should be co-produced with DASSs and their representatives to ensure the requirements of adult social care are considered and planned for.**

The Purpose of this Report:

The Department of Health and Social Care (DHSC) has invited ADASS to provide expertise to ensure the needs of DASSs are understood and influence the national communications strategy.

DASSs have a wide range of responsibilities to cover as members of the corporate management team of their council. Often, as well as being the statutory director responsible for adult social care services, they have responsibilities for other services, including for example, Housing, Leisure, Children's services or Public Health. It is essential that national guidance recognises the need for them to balance their statutory responsibilities as the DASS with responsibilities as leaders within the council, and with the requirements of working with other agencies, such as health bodies or the police and other emergency services, either individually or as part of partnerships such as the Local Resilience Forum (LRF).

DASSs will need to formulate the key messages (informed by the national, regional and local picture) that relate to social care. Wider messages about a range of services will not be their responsibility, though they will need to be cognisant of them. The channels of communication will, however, be different, with councils having wider functions with their local citizens, and DASSs having key communications links

with people using social care, their families and social care providers, together with the local NHS systems.

It is essential that in the event of a flu pandemic, and in particular, the need to reprioritise services, communications support and infrastructure enable effective communication with the public, staff and other colleagues, and apply the key principles of **clarity** of communication, **consistency** in messaging and **timely** distribution of information.
This report identifies priorities for support required by DASSs arising from research into guidance documents and interviews with key informants.

Recommendations are made throughout the report and listed in **Annex A**.

1. Extracts from Government Guidance:

The Gov.UK Pandemic Flu web page[1]refers to an effective two-way communication strategy that:

> *"positively engages government, public authorities, business, non-governmental organisations, the voluntary sector and individuals…any emergency on this scale needs strong national direction of public information from the outset to help prepare the population for the potential impact of a pandemic and critical to its subsequent management".*

More detailed information is found in the *UK Pandemic Influenza Communications Strategy 2012[2]:*

Communications to Health and Social Care Organisations need to understand the key challenge of communicating about the flu pandemic as clearly as possible without underplaying or exaggerating the risk.

The Cabinet Office, the Home Office, MHCLG and DHSC will agree briefings and cascade alerts down through health and social care organisations. National media will also put out regular bulletins and will be a useful source of information for staff as well as the public.

The Code of Practice for Official Statistics requires publishing of weekly epidemiological reports on an 'appropriately accessible website' for example the Health Protection Agency (HPA) – to update professionals and the public and *'allow complex issues to be debated*'.

National and local communications will need to be honest, clear and timely so that media – including social media – views on what is happening don't become the dominant source of information. The current National Communications Strategy is over five years old, which means that the impact of personal social media and 'fake news' was not fully addressed. This will need to be rectified in any redraft.

[1] **www.gov.uk/guidance/pandemic-flu**
[2] ***www.gov.uk/government/uploads/system/uploads/attachment_data/file/213268/UK-Pandemic-Influenza-Communications-Strategy-2012.pdf***

2. National and Local Communications Channels:

The National Communications Strategy states that DH will be the primary source of health-related messages and ensure that direct communications to the public include Braille, audio, Easy Read and language translations. Specific channels will be targeted to reach all sections of the population, for example asylum seekers, refugees and foreign nationals.

NHS Choices, the Public Heath England (PHE) website and other key health and social care channels, third party/stakeholder websites will need to ensure wide dissemination.

It is expected that LRFs will plan communications delivery in their local areas, for instance a scenario where the outbreak is more severe locally than the national picture. LRFs vary in size, but in most areas, will include more than one local authority.

DASSs may not all have been actively involved in LRFs, and some may need to represent social care and each other across a wider geographic patch than they would normally cover. They may also find themselves representing other directorates from their own council, such as housing or children's services. A DASS's role as a key member of the corporate management team will mean they will require expertise in a wide range of public services. In some cases, this may include representing local CCGs and/or community, mental health or acute health services. In such cases the support and communications infrastructure required will need to ensure that the DASS is well briefed and informed about a wide range of services. During the period of the pandemic, this could be exacerbated by the ill health of colleagues. A well-trained LRF and corporate management team, who have held regular emergency planning exercises involving pan flu, will be able to rise to this challenge.

For newly appointed senior managers will little or no experience or training, it will be invaluable to buddy up with others who have had recent experience. It is recognised that in periods of high levels of sickness there may not be others with experience to lean on, so tried and tested procedures and communications channels will be essential.

Council websites will also need to provide links to local information. And local leaders, including DASSs, will benefit from advice on what should be included. Local broadcast media, local TV and radio will be essential to get up to date messaging out to all sectors of the community. As well as the broadcast media the same news channels will use Twitter and other online media to get the messages out.

Recommendation 1: DHSC will need to collaborate closely with NHS and Social Care leaders to ensure, through national communication channels, there is consistent, timely and competent messaging to citizens.

a) To achieve this, the government and news organisations need to have a highly effective national social media presence to keep the public informed and well

advised. This will include repeated messaging about keeping well and effective hygiene controls.

b) Local messages will need to be routed through social media as well as more traditional means.
c) LRFs and local health and care systems should plan a joint communications strategy and the resources required to deliver it well ahead of a pandemic.
d) National advice will be required on how smart phone apps can be used effectively at local level by community-based front-line staff in health and social care and by volunteers to provide them with authoritative up to date information and instructions. In turn, staff and volunteers will need to be able to use smart phones as well as other channels to send simple prompt reports on clients/patients and feedback on workload pressures and barriers to working.
e) DHSC should consult appropriate charities for example British Red Cross on what messages will be required nationally and locally to recruit and train volunteers to provide social support and some personal care to isolated people at home, or to supplement care staff in Care Homes. (The importance of volunteers to boost care capacity is discussed in the linked ADASS report on Information and Data to support service reprioritisation).
f) The above recommendations require information sharing protocols being agreed at Government and professional body levels, to avoid greater harm by not sharing patient information. (This is fully discussed in sections 5 – 7 of the linked ADASS report on Information and Data to support service reprioritisation).
g) Information exchanged between government and ADASS and on to DASSs through their Regional ADASS Chairs and the value of regional mutual support systems and activities.

Once a flu pandemic begins, the communications on reprioritisation become essential to enable the available staff to support those who most need care and support.

There will be national criteria for determining when the country reaches each phase of a pandemic. Under the UK Influenza Pandemic Preparedness Strategy 2011, Local Resilience Fora (LRFs) will determine the status of the population within the LRF area according to the national criteria. The changing status in LRF area populations throughout a pandemic is not expected to be linear, so communications activities at LRF level and below will be tailored to meet the current situation in that area – bearing in mind there may be other national or regional problems arising at the same time, such as extreme weather or utility supply failures.

Recommendation 2: LRFs will need to ensure that DASSs or their representatives are fully involved in any LRF Communications planning to ensure social care communication needs are considered and supported.

Recommendation 3: DHSC should consult with representatives of care providers such as the Care Provider Alliance and workforce leaders such as Skills for Care on the content of messages for care staff. Messages should be clear and simple to ensure staff understand what is required.

3. Anti-Viral Treatment and The National Pandemic Flu Service:

The 2012 guidance states that there will be a system of call centres that provide an authorisation number for people to pick up anti-viral treatment on behalf of patients. This phone number will be disseminated on a range of government health websites.

Local communications should amplify this message using most appropriate means for the local population.

National communications will need to be clear about what is expected of pharmacies at the different phases of the pandemic.

Once anti-viral medications are available, local authority public health departments will be responsible for establishing anti-viral distribution centres where the medication will be administered and the locations and opening times of these will need to be available to people designated for anti-viral treatment.

It is anticipated that DASSs would work with local public health teams to source appropriate, accessible Anti-Viral Centres and consider what social care support may be needed at the Centre to ensure that patients, relatives and "Flu Friends" are able to be properly informed about the anti-viral treatment, for example, translators and sign language experts might be required. Communications channels may be required to seek spare capacity among care provider staff and volunteers.

Throughout the pandemic the Government will track public awareness, attitudes and behaviour through social media monitoring, market and other research. Tracking surveys will help ensure messages are reaching all population groups and that those who are particularly vulnerable have access to advice.

Recommendation 4: DHSC should ensure that tracking surveys target care workers and volunteers.

4. Communication during the phases of a pandemic:

The UK categorises a pandemic into a number of phases:

a. Preparation and Planning
b. Detect and Assessment
c. Treatment
d. Escalation
e. Recovery

National and local guidance and understanding needs to be clear about the role of Social Care as well as health at every phase.

At each stage, in addition to general communications, local health and social care leaders will need to be clear on what needs to be communicated about local care and support services and about reprioritisation. This will change on a day-to-day basis, and lists (and lists of lists) will be necessary to keep track of exactly what is planned. Communication needs to include communication to practitioners and

managers, and, separately, communication to people who need care and support and their families. It will be essential to ensure that messages are simple and easy to understand.

5. Preparation and planning:

This phase is the time for local health and care leaders and commissioners to be engaging with local providers, voluntary sector and other stakeholders.

Recommendation 5: LRFs should ensure that there are local agreements on communication channels and the matters listed below are completed well ahead of a pandemic and refreshed bi-annually.

a) Establish communication links with partners
b) Brief staff, providers and other stakeholders on the phases of a pandemic and what the key communication themes will be at each phase
c) Emphasise the personal protection and hygiene messages
d) Listen to what partners need from health and social care commissioners and others to be confident about working to maximum effectiveness throughout a pandemic.
e) Plan local communications to take those matters into account
f) Plan to negotiate any contractual changes and flexibilities to apply in a pandemic with providers at this stage.
g) Recruit volunteer support via selected voluntary organisations
h) Ensure national information sharing protocols (confidential patient information) are understood and adopted at local level
i) Test plans/scenarios.

6. Detect and assessment phases

"There are particular challenges in providing clear information and advice during a pandemic. Scientific knowledge will at first be limited, the pattern of disease spread very variably across the country, with the potential for regional hotspots, and public concern may be high." DH Pandemic Flu Communications Strategy 2012 p11

It is expected that there may only be a few days between the point when WHO and then the UK Government advise of the increased risk of a pandemic and the response activation phase.

At the detect and assess stage the key communications purpose is to help manage pressure on primary care services by advising on self-care options and giving clear guidance on when to seek medical help. To achieve this, national media briefings and door drop leaflets etc will be activated at this stage. NHS, public health and social care stakeholders will be briefed. It will be important to consistently reinforce the messages to people who need care and support services, their families, staff and volunteers.

Selected key Government messages to the public during the detect and assess phase will include (see pages 11 and 12 of the UK Communications Strategy for the full list):

- Self-care and hand hygiene
- Preparing families for disruption to schools and childcare
- Familiarising yourself with local arrangements for accessing health and social care support early should you need them, including anti-viral medicines.
- If you have a long term medical condition and you contract flu, contact your GP or other health professional for assessment and advice immediately.
- Supporting friends and family "Flu Friends" (a designated friend or relative) who collect medicine on behalf of a person with flu who has been advised to remain at home.
- Being good neighbours

Recommendation 6: DHSC should work with ADASS, the Care Provider Alliance and other partners, such as The British Red Cross, to develop messages for strategic planners, staff groups and the public about the need to reprioritise services.

Recommendation 7: DHSC should develop guidance and protocols for commissioners and front-line staff about how to communicate the need for reprioritisation in practical terms, with reference to the Ethical Framework[3]. It is important that staff have frameworks to work within to protect both staff and people who need care and support. This will then support messages that go out to the public as well as health and care commissioners and providers about the need to reprioritise.

7. Treatment phase

Local services move to full response mode.

In the 2009 H1N1 pandemic, this phase lasted 8 months. The role for communications is to help ensure people know how to access medical treatment quickly if they need it.

Communications activities will include:

- Responding to emerging communication issues being fed back by local NHS and social care
- Responding to local/regional hotspots requiring tailored messaging to help manage pressure on local services.
- Encouraging the use of methods of accessing treatment and advice such as the National Pandemic Flu Service.

[3] **www.gov.uk/guidance/pandemic-flu#ethical-framework**

- Implementing a vaccination campaign aimed at frontline staff and specified groups of the public, according to scientific advice.
- Monitoring social media, responding to public information needs and signposting to authoritative content to avoid the spread of false or misleading information.

8. Escalation phase:

The communications response will be determined by variables including the severity of illness and pressure on health services.

There will be a pandemic vaccine campaign as soon as the vaccine is available.

Recommendation 8: Government departments need to understand the role of Social Care as being a vital service throughout a Flu Pandemic, and the national communications team should consult fully with representatives of the sector in developing an updated strategy.

Recommendation 9: Government departments should consider the implications for those who need care and support of damaged social infrastructure and supply lines. Messaging to the public may include calls for volunteers to help where staffing levels are depleted.

Recommendation 10: DHSC and other Government departments should ensure guidance includes clear messages to staff and public about the continued need to communicate sensitively, with reference to the Ethical Framework, about reprioritisation of social care services during the escalation phase.

9. Recovery phase:

At this stage, the peak of infections will be over and the end of the pandemic is in sight. This phase could take several months. Public information messages about correct path to treatment, hand hygiene practice, vaccine uptake will continue.

Local messaging will continue regarding a gradual return to normal, or to a new kind of normal depending on the impact of the pandemic and whether anything has fundamentally changed because of it.

Recommendation 11: DHSC should take account of the pandemic 'tail' being much longer in social care services than in health services. Social Care is likely to be supporting a much larger number of very frail clients than before the pandemic. These are likely to be elderly, profoundly disabled and/or chronically ill people who survived complications of flu but have become frailer or newly chronically ill in the process.

10. Learning from Swine Flu 2009:

The 2009 pandemic did not have the severe impact in the UK that was originally feared and research into public attitudes found that public attitudes towards that pandemic appeared to be one of semi-apathy, a view evidenced in the media and in tracking feedback that too much fuss might have been made. By inference, there

was a belief that a pandemic is less of a potential threat than had been communicated.

Enabling People: research suggests that people are more likely to take up recommended behaviours when they clearly understand the risk the pandemic poses to them and they have the tools and information to respond to it.

Demonstrating the normality of having a vaccination could be more effective than focussing on non-compliance, to harness the impact of social norms.

Recommendation 12: Both national and local messaging should be targeted to population segments and social care expert advice taken on targeting to different vulnerable population groups such as people with a learning disability, people with mental health problems or older people.

11. Summary of social care roles and responsibilities during a pandemic

Social Care roles at each phase of a flu pandemic can be found in Annex B of the Health and Social Care Influenza Pandemic Preparedness and Response guidance 2012.[4] This Annex provides a useful at-a-glance list for DASSs. Every item in the list has a communication aspect to it, which illustrates how demanding the communications task for local health and social care services will be.

Recommendation 13: DHSC should review the list of roles and responsibilities listed in Annex B of the Health and Social Care Influenza Pandemic Preparedness and Response guidance 2012 and update as appropriate.

[4] www.gov.uk/government/uploads/system/uploads/attachment_data/file/213696/dh_133656.pdf

Recommendations for Government/DHSC action:

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infrastructure and supply lines. Messaging to the public may include calls for volunteers to help where staffing levels are depleted.

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