



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

*The results of the Survey from Councils with
Social Services responsibilities in England*

DH INFORMATION READER BOX

Policy	Estates
HR / Workforce Management	Commissioning
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	Social Care / Partnership Working

Document Purpose	For Information
Gateway Reference	14423
Title	Social Care Flu Resilience Self Assessment Tool : Results
Author	DH/Pandemic Influenza Preparedness Programme
Publication Date	01 Jul 2010
Target Audience	PCT CEs, NHS Trust CEs, Local Authority CEs, Directors of Adult SSs, Directors of Children's SSs
Circulation List	
Description	This report contains the results of the social care self assessment tool issued to Local Authorities (LA's) with social services responsibilities in England in October 2009. The results will help LA's in reviewing and improving their pandemic preparedness plans.
Cross Ref	N/A
Superseded Docs	N/A
Action Required	N/A
Timing	N/A
Contact Details	Pandemic Influenza Preparedness Programme HIPP Skipton House 80 London Road, London SE1 6LH (020) 797 25363
For Recipient's Use	

Pandemic Influenza Preparedness Programme Team Social Care Self Assessment Tool

*The Results of the Survey from Councils with Social
Services Responsibilities in England*

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Contents

1. Introduction.....	7
2. Overview of exercise	8
2.1 Aims	8
2.2 Objectives	8
3. Methods.....	8
4. Assumptions	9
5. Summary of survey results for England	10
a. Planning.....	10
i. An influenza pandemic plan. The number of councils per region that have plans for dealing with the impact of an influenza pandemic. (response to Q1)	10
ii. Role of elected members. The number of councils where elected members have agreed the plan. (response to Q2).....	11
iii. Involvement of stakeholders in the pandemic plans. The number of council whose plan has been shared and agreed with the PCTs. (response to Q3).....	12
iv. Communication of plans with providers. The number of councils confident of their lines of communication with providers. (response to Q5).....	14
b. Arrangements for response, management and co-ordination	15
i. Intelligence gathering and reporting. The number of councils with processes and procedures for information gathering and reporting. (response to Q17)	16
ii. Vaccination plans. The number of councils with vaccination plans covering council and independent Sector providers. (response to Q24).....	17
iii. Hospital discharges. The number of councils with plans addressing hospital discharge. (response to Q26)	19
c. Resilience, business continuity and interdependency.....	20
i. Facemasks. The number of councils with arrangements for facemask distribution to providers. (response to Q29)	20
ii. Redeployment of staff to support social care. The number of councils with arrangements to redeploy staff. (response to Q32).....	21
iii. Self-assessment of Resilience: Council scores (response to Q39)	22
d. Recovery. The number of councils with process for developing plans for facilitating a return to normal working (response to Q40).....	24

6. Summary of results for Government Office (GO) regions	25
a. East Midlands	25
b. East of England.....	25
c. London	26
d. North East.....	26
e. North West.....	27
f. South East	27
g. South West	28
h. West Midlands	28
i. Yorkshire and the Humber	28
7. Summary of the additional comments made in the self-assessment returns	30
7.1 Method and assumptions	30
7.2 Existing Guidance and communications from DH	30
7.3 Performance, standards and regulations	30
7.4 Vaccination programme for priority frontline social care staff.....	30
7.5 Contracts	30
7.6 Facemasks	31
7.7 Exercises.....	31
7.8 Elected Member Involvement	31
7.9 Resources	31
7.10 Sharing Practice	31
7.11 Evaluation.....	31
8. Conclusions: Social care preparedness and response arrangements.....	32
8.1 Influenza pandemic plans	32
8.2 Role of elected members	32
8.3 Working within the Council.....	33
8.4 Working with independent sector providers of social care	33
8.5 Working with the local NHS community	33
8.6 Working with other external organisations and partners	34
8.7 Recovery.....	34
8.8 Sharing Case Studies and next steps	34
9. Appendix 1: Full set of questions asked in Social Care Self-Assessment	
Survey	34
9.1 Appendix.2 – Self-assessment questionnaire	
9.2 Full dataset summary for adults and children.....	38
9.3 Percentages of full dataset summary for adults and children.....	39
9.4 Data Summary for question 39	40

Table of Figures

Figure 1.1: survey outcomes showing the proportion of councils per region that have plans for dealing with the impact of an influenza pandemic: adult social care. 11

Figure 1.2: survey outcomes showing the proportion of councils per region that have plans for dealing with the impact of an influenza pandemic: children’s social care. 11

Figure 1.3: survey outcomes showing the proportion of councils where elected members have agreed the plan: adult social care 12

Figure 1.4: survey outcomes showing the proportion of councils where elected members have agreed the plan: children’s social care. 12

Figure 1.5: survey outcomes showing the proportion of councils whose plan has been shared and agreed with the PCTs: adult social care. 13

Figure 1.6: survey outcomes showing the proportion of councils whose plan has been shared and agreed with the PCTs: children’s social care. 14

Figure 1.7: survey outcomes showing the proportion of councils confident of their lines of communication with providers: adult social care. 15

Figure 1.8: survey outcomes showing the proportion of councils confident of their lines of communication with providers: children’s social care. 15

Figure 1.9: survey outcomes showing the proportion of councils with processes and procedures for information gathering and reporting: adult social care. 16

Figure 1.10: survey outcomes showing the proportion of councils with processes and procedures for information gathering and reporting: children’s social care. 17

Figure 1.11: survey outcomes showing the proportion of councils with vaccination plans covering council and Independent Sector providers: adult social care. 17

Figure 1.12: survey outcomes showing the proportion of councils with vaccination plans covering council and Independent Sector providers: children’s social care. 18

Figure 1.13: survey outcomes showing the proportion of councils with plans addressing hospital discharge: adult social care. 18

Figure 1.14: survey outcomes showing the proportion of councils with plans addressing hospital discharge: children’s social care. 19

Figure 1.15: survey outcomes showing the proportion of councils with arrangements for facemask distribution to providers: adult social care. 20

Figure 1.16: survey outcomes showing the proportion of councils with arrangements for facemask distribution to providers: children’s social care. 20

Figure 1.17: survey outcomes showing the proportion of councils with arrangements to redeploy staff: adult social care. 21

Figure 1.18: survey of outcomes showing the proportion of councils with arrangements to redeploy staff: children’s social care. 21

Figure 1.19: Council self-assessment of resilience: adult social care. 22

Figure 1.20: Council self-assessment of resilience: children’s social care. 22

Figure 1.21: survey outcomes showing the proportion of councils with process for developing plans for facilitating a return to normal working: adult social care. 23

Figure 1.22: survey outcomes showing the proportion of councils with process for developing plans for facilitating a return to normal working: children’s social care. 23

Introduction

- 1.1** This is a report on the self-assessment returns on pandemic flu preparedness by those councils with responsibilities for social care in England. There are 152 such councils and 106 completed and returned their self-assessment in time to be included in the analysis. This 70% response rate is very positive for a voluntary exercise, particularly as at the time of the request councils were heavily involved in testing or further developing their plans for pandemic influenza and managing and administering a vaccination programme for eligible frontline social care workers.
- 1.2** Since 2006, the Department of Health (DH) has been working to support social care commissioners and providers in their planning for pandemic influenza. In November 2007, DH published an operational and strategic framework: *Planning for pandemic influenza in adult social care*. Subsequently a series of nine modules (*Pandemic influenza: guidance for commissioners and providers of social care*)¹ was produced to further support planning. The former Department for Children, Schools and Families (DCSF) also produced guidance materials for children's services.
- 1.3** DH has also undertaken a range of other activities to support councils, including exercises, a series of regional conferences, presentations and providing general advice and guidance
- 1.4** Through its work on pandemic influenza preparedness, DH gathered a large amount of anecdotal information on how particular councils were progressing with their plans. However, there was no systematic measuring of the extent of preparation by councils.
- 1.5** In order to gather more evidence from across England, the Local Government Association (LGA) wrote to all councils in April 2009 inviting them to participate in a self-assessment exercise on pandemic flu preparedness. This was intended to help produce baseline information about social care resilience across England. Following the emergence of the swine flu pandemic, Roy Taylor, National Director Social Care Flu Resilience, wrote jointly with the then Department for Children, Schools and Families (DCSF) and the Cabinet Office Civil Contingencies Secretariat (CCS) to all Directors of Adult Social Services, Directors of Children's Services and council Emergency Planning Officers on 23 October 2009, inviting them to participate again in a self-assessment survey on pandemic flu preparedness². The aim was to help 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 other major emergencies affecting social care.
- 1.6** This second invitation was issued two months after DH announced that frontline social care workers were being given priority for the swine flu vaccination and a couple of weeks after the announcement of the availability of financial support for councils towards the cost of managing and administering their vaccination programmes. It was therefore a busy time to request completion, although also a critical time as councils

¹

http://collections.europarchive.org/tna/20100506073547/http://dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093380

² http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_107490

should have been well advanced in how they were going to implement their vaccination plans.

- 1.7** 106 councils, representing 70% of those with social services responsibilities, responded to the survey. An executive summary of the findings is available from the DH website.
- 1.8** During the period of the DH survey, the LGA sent a further survey to Emergency Planning Officers across England and Wales to obtain a snapshot of preparedness within **councils**. Where appropriate, reference is made to the LGA survey in this report.³

2 Overview of exercise:

2.1 Aims:

The overall 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.

2.2 Objectives:

- i. To obtain as complete a picture as possible from councils on how they rated their state of readiness in their planning, response, recovery and their resilience, business continuity and interdependency in relation to pandemic influenza.
- ii. To assess this readiness in both adult social care and children's social care.
- iii. To provide a tool for councils to enable them to identify the areas where they might next focus their attention and resources.
- iv. To identify where there are challenges consistently reported by the councils and to respond at a national level with additional support, possibly including national policies or guidance.
- v. To offer support to individual councils and share examples of case studies to help further strengthen readiness and resilience.
- vi. To enable the Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS) branches and the Government Offices (GOs) to review the results within their region to see if there are potential benefits from sharing practice and learning to strengthen further regional or sub-regional resilience.
- vii. Where valid, to highlight and respond to emerging correlations between elements of planning and resilience work by councils.

3 Methods:

- 3.1** This voluntary exercise consisted of a survey in electronic format, which was sent to all 152 councils providing social care services in England via email. The estimated time to complete the survey was two hours. Councils were asked to return one survey form per council. However, nine councils returned separate survey responses for adult and

³ *Local Authority Swine Flu Survey*, Local Government Association, December 2009

children's social care services. We have presented separate sets of results for adult and children's social care services to reflect the different answers from these nine authorities. However, the results will not differ noticeably as 97 of the 106 respondents provided a single response for all social care. We have assumed that those 97 replies were applicable to both services in the relevant authority and so have used the answers in both sets of results.

3.2 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 internal discussions.

3.3 The survey was developed with input from DH, the then DCSF and CCS. The 6-page survey was sent back to the DH Pandemic Influenza Preparedness Programme team via email. The councils were asked to answer yes or no to each question and if there was not a response to a specific question, this was recorded as "not answered".

For each question, there was space for the council to provide more information or general comments. These additional comments indicate that in many instances a council has stated that although it currently did not have something in place, it was either:

- a) discussing the issue;
- b) in progress for completion;
- c) discounting it, as the council had decided that it was not currently required.

This may suggest the survey has acted as intended, as a checklist and a prompt for councils to aid their decision-making.

3.4 The responses to the 53 questions have been analysed and included in this report and have informed our conclusions. We also identified 10 questions to analyse more closely as we believe these were pivotal. If a council answered positively to these, this meant it would have also had to address a number of the actions covered more directly in other questions in the survey.

3.5 We have also included the responses to a further question that invited the council to summarise what it perceived to be the state of its resilience by scoring itself from 1-10, where 10 is the highest level of confidence.

4 Assumptions:

4.1 This was a self-assessment and therefore involved subjective judgement by council representatives completing the survey.

4.2 Many of the questions focus on the work the council had done with key partner organisations such as social care providers and local NHS organisations. The survey does not seek the views or experiences of these organisations, only those of the councils and their assessment of this contact and relationship.

4.3 The survey was issued on a voluntary basis and 46 councils (30% of those with social services responsibilities) chose not to participate, or returned it well after the completion date and are therefore not included in this analysis. We do not know why these councils chose not to respond within the timescale requested and, of those that did not submit a

return, we do not have any evidence of their level of planning and readiness to respond to a pandemic. Throughout the report, we must bear this in mind.

- 4.4** The survey enabled respondents to answer either “Yes” or “No” to each question. However, some councils chose not to give a response to some of the questions. We therefore recorded this as a “Not Answered” response. For the information shown in the graphs we have subsequently calculated the percentage of “Yes” responses by taking the number of Yes’s over the total number of ‘yes’, ‘no’, ‘not answered’ and ‘survey not completed’ replies. In the regional summaries, we focus on the ‘yes’ ‘no’ and ‘not answered’ responses.
- 4.5** The information has been collated at a national level and the results split between adult and children’s social care services. It has also been grouped at regional level for the regional branches of the ADASS and ADCS and the GOs. This will enable further local discussion and follow up. However, as the number of councils in each of the nine GO regions varies considerably, as does the percentage of returns completed within each region, careful consideration is needed when comparing between individual questions in the survey.
- 4.6** In response to a specific request some councils provided copies of their swine flu plans as evidence. It is important to note that no validation of the data has been undertaken. However, some of the returns provide considerable supporting statements and evidence, providing a higher level of confidence of a thoughtful and comprehensive approach within that council.
- 4.7** There is also a wealth of material that can be used as case studies for sharing and wider learning amongst councils.

The questions asked in the survey are included in Appendix 1. Appendix 2 provides the full dataset summary responses and percentages for adults and children.

5 Summary of survey results for England

a Planning

- (i) An influenza pandemic plan. The number of councils per region that have plans for dealing with the impact of an influenza pandemic. (response to Q1):**

The picture for pandemic preparedness planning in England is similar across both adult and children’s social care, with small differences in the elements of each plan.

Overall, for adult and children’s social care in England, the vast majority (99% and 98% respectively) of councils that responded to the survey have pandemic flu preparedness plans. At the time of this exercise just one of the 106 respondents in adult social care and two respondents in children’s social care said they did not have a plan :

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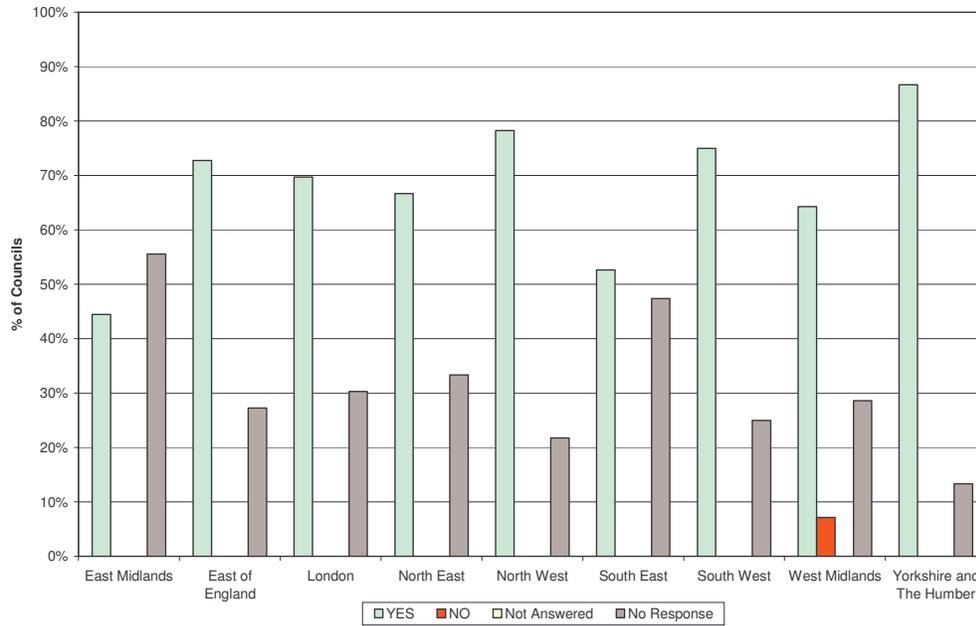


Figure 1.1: survey outcomes showing the proportion of councils per region that have plans for dealing with the impact of an influenza pandemic: adult social care.

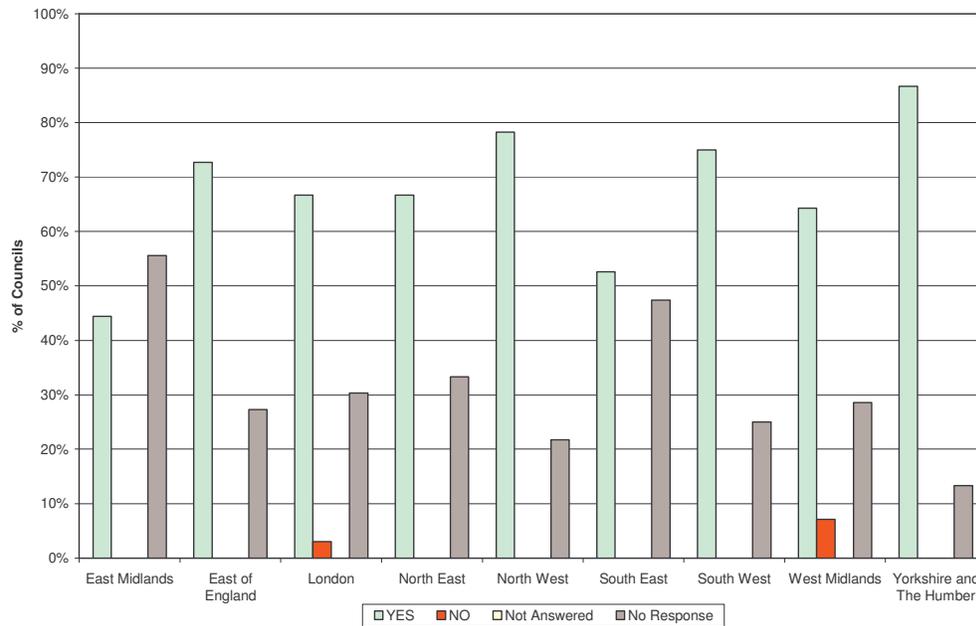


Figure 1.2: survey outcomes showing the proportion of councils per region that have plans for dealing with the impact of an influenza pandemic: children's social care.

(ii) Role of elected members. The number of councils where elected members have agreed the plan. (response to Q2)

Of the respondents , 51% of councils providing adult social care and 49% providing children's social care stated that their lead elected members had agreed the plan:

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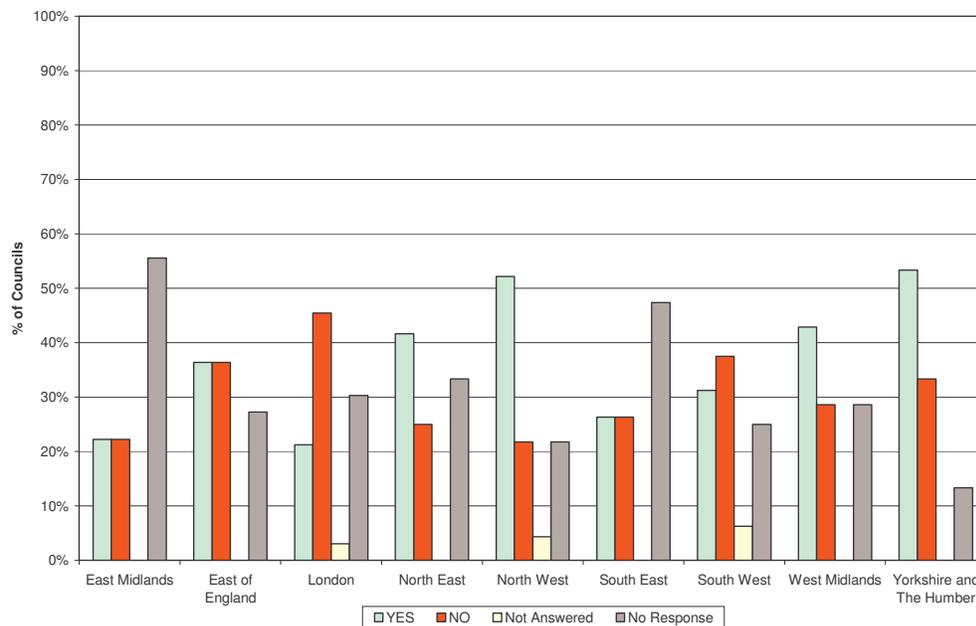


Figure 1.3: survey outcomes showing the proportion of councils where elected members have agreed the plan: adult social care

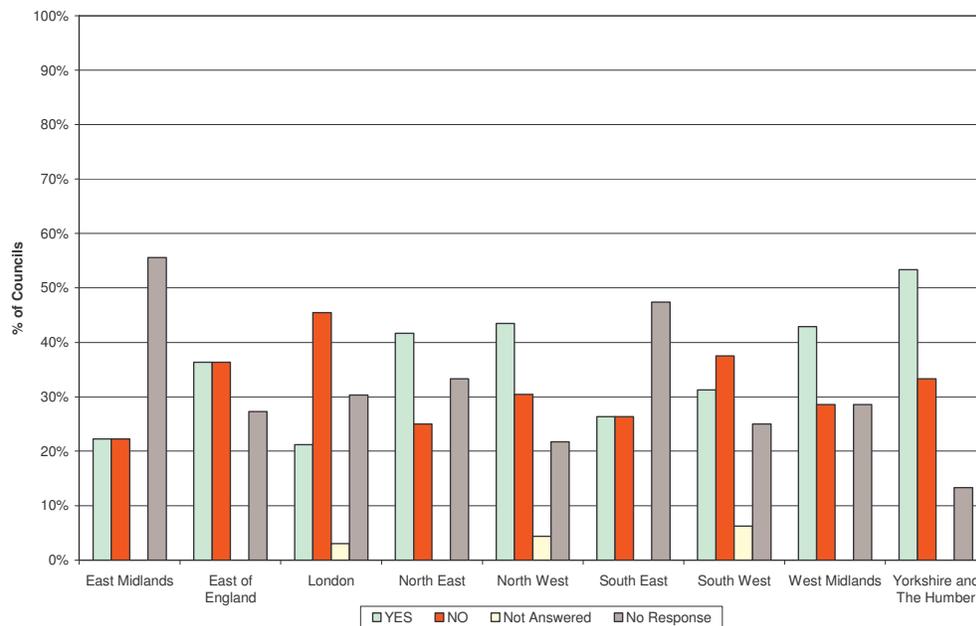


Figure 1.4: survey outcomes showing the proportion of councils where elected members have agreed the plan: children's social care.

(iii) Involvement of external organisations in the pandemic plans. The number of councils whose plan has been shared and agreed with the PCTs. (response to Q3)

The survey asked whether the councils had shared and agreed their plans or a summary with the bodies who they would be working with, such as the private and voluntary sector, trade unions, carers' organisations, other councils and the local NHS community.

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These plans were most likely to involve in-house and independent sector social care providers and local NHS organisations. The plans were least likely to involve carers’ organisations, trade unions and other related organisations.

Generally, adult social care were more likely than children’s social care to have shared and agreed their plans with a wider range of external organisations and partners. In adult social care, respondents were most likely to have shared and agreed their plans with the PCT, social care providers and the Acute Trusts. Children’s social care shared their plans mostly with PCTs and Acute Trusts. Adult social care were least likely to have involved carers, trade unions and the Local Resilience Forum (LRF). For children’s social care they were least likely to have involved the third sector, carers, trade unions, and the LRF.

Councils had undertaken the use of exercises. 75% of respondents in both adult and children’s social care had recently tested their plans in a multi-agency setting.

In relation to the local NHS community, 97% of respondents in adult social care and 94% in children’s social care stated that they had shared and agreed their plan with their PCT(s):

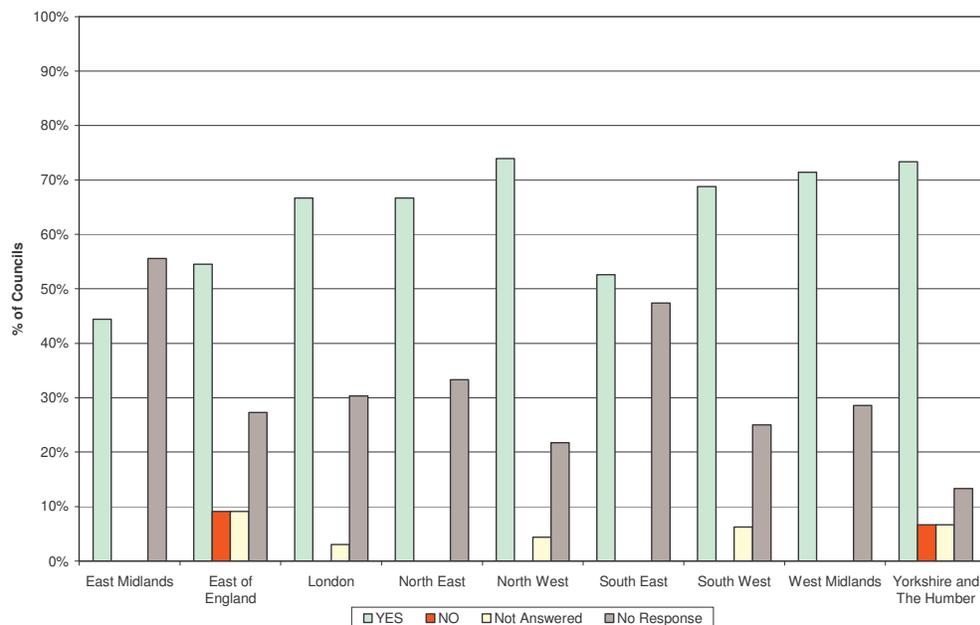


Figure 1.5: survey outcomes showing the proportion of councils whose plan has been shared and agreed with the PCTs: adult social care.

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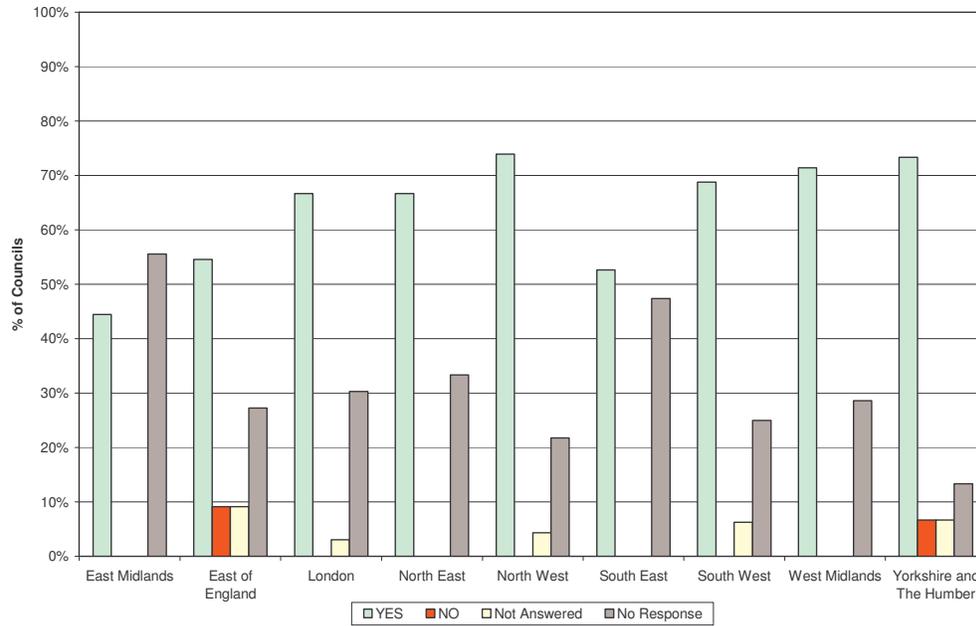


Figure 1.6: survey outcomes showing the proportion of councils whose plan has been shared and agreed with the PCTs: children’s social care.

PCTs had also engaged councils. 97% of respondents in both adult and children’s social care stated that the PCTs had involved the councils in their business continuity and pandemic planning.

(iv) Communication of plans with providers. The number of councils confident of their lines of communication with providers. (response to Q5)

Of the respondents, 94% and 93% of councils providing adult and children’s social care services respectively stated they were confident that the lines of communication between the council and independent sector social care providers were clear and robust for use during a pandemic:

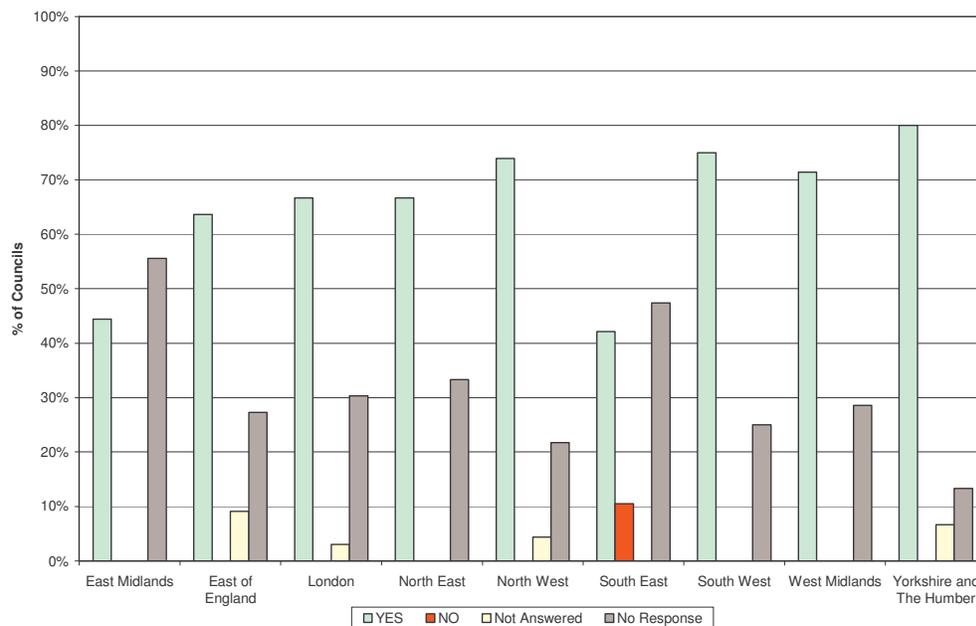


Figure 1.7: survey outcomes showing the proportion of councils confident of their lines of communication with providers: adult social care.

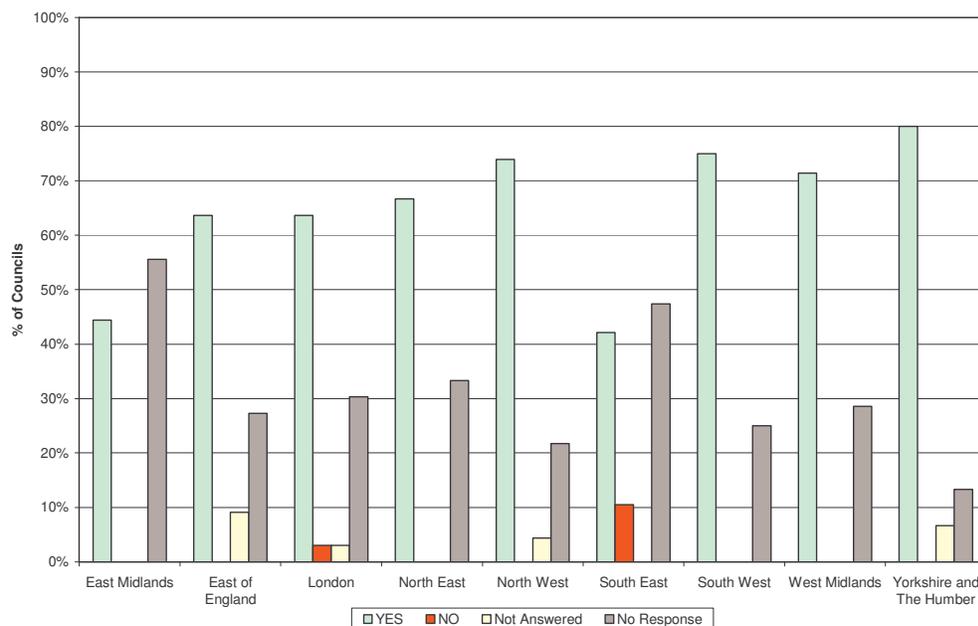


Figure 1.8: survey outcomes showing the proportion of councils confident of their lines of communication with providers: children’s social care.

5b. Arrangements for response, management and coordination

In terms of pandemic response arrangements, there were similar response arrangements across all councils for both adult and children’s social care services. 99% of respondents in both adult and children’s social care had plans which identified the essential services that must be prioritised during a pandemic.

This mirrors the LGA survey (see paragraph 1.8). All relevant respondents in the LGA survey said that community care and adult services were considered business critical for the council. 94% of the respondents in the LGA survey said their business continuity plans had arrangements in place to ensure that this service can continue to function in the event of a swine flu pandemic. 99% of the relevant respondents indicated children’s and families services were business critical, with 86% of these LGA respondents stating that their business continuity plans ensure that this service can continue to function.

In the councils who completed the DH survey, response rates were all 95% and above for both adult and children’s social care for the following survey questions:

- a Pandemic Flu Coordinator to lead on social care response arrangements;
- identification of essential services for prioritisation, the constraints on the workforce caused by absenteeism, caring responsibilities and possible school closures;
- the provision of health and safety advice for staff in relation to the pandemic;
- processes to identify individuals or groups considered vulnerable to the pandemic.

58% of respondents in adult and children’s social care respectively had reviewed their contracts and Service Level Agreements that may need to be suspended, renegotiated, or new ones developed in planning for a pandemic.

63% and 62% of respondents 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.

(i) Intelligence gathering and reporting. The number of councils with processes and procedures for information gathering and reporting. (response to Q17)

Of the respondents , 93% for adult and 91% for children’s social care services said they had processes and procedures in place for gathering and reporting (e.g. to a Strategic Co-ordinating Group) information relating to social care service provision and the capacity of service providers:

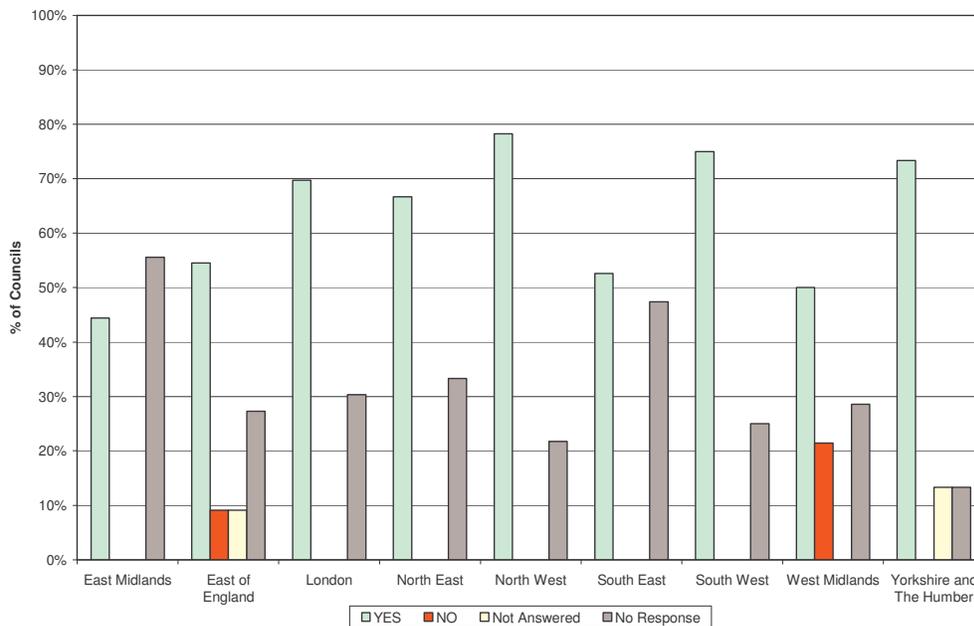


Figure 1.9: survey outcomes showing the proportion of councils with processes and procedures for information gathering and reporting: adult social care.

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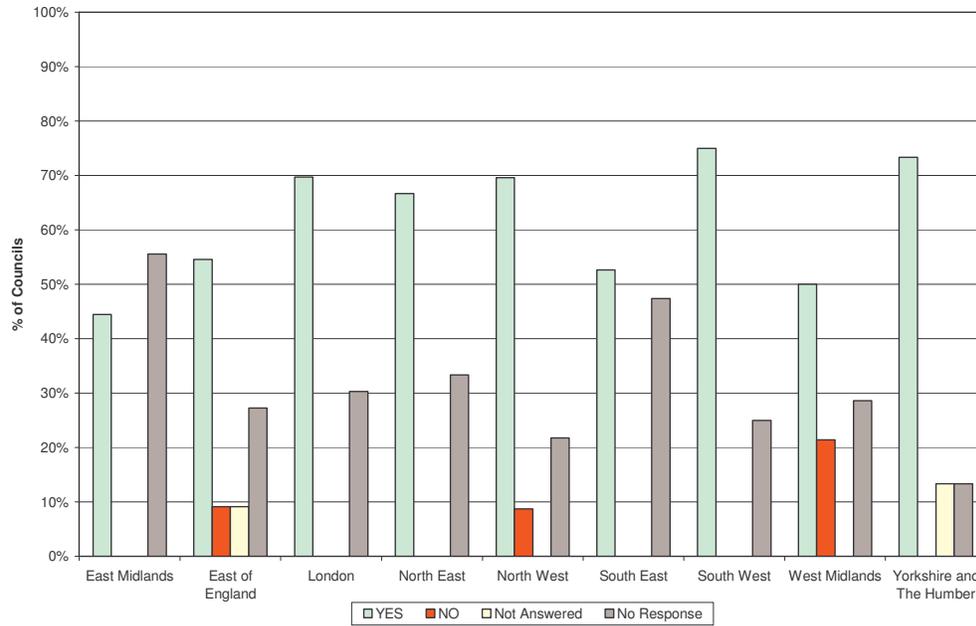


Figure 1.10: survey outcomes showing the proportion of councils with processes and procedures for information gathering and reporting: children's social care.

(ii) Vaccination plans. The number of councils with vaccination plans covering council and Independent Sector providers. (response to Q24)

Of the respondents, 80% of councils for adult social care and 78% for children's social care services stated they had an agreed plan for vaccinating eligible frontline social care workers:

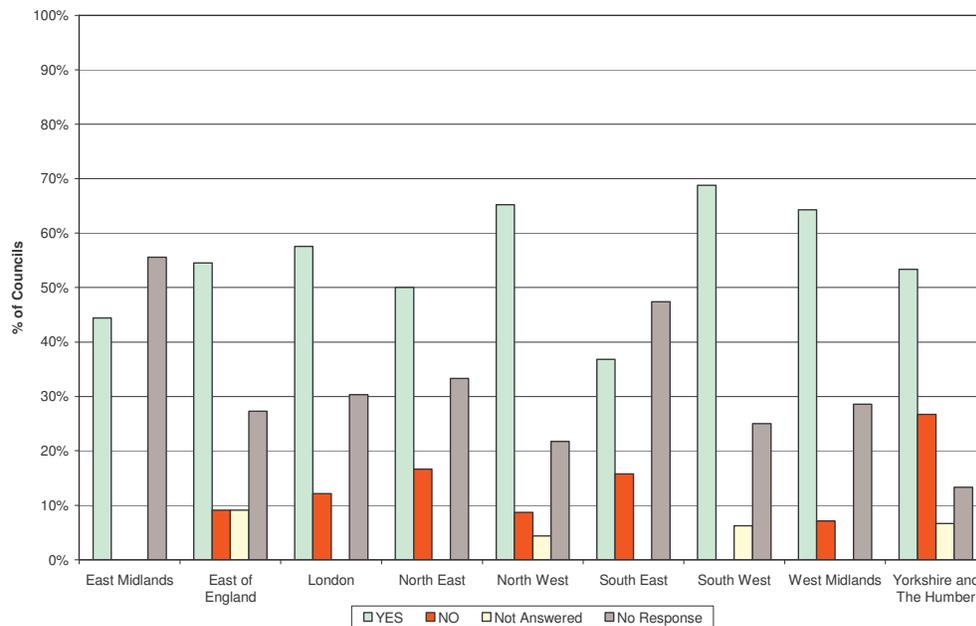


Figure 1.11: survey outcomes showing the proportion of councils with vaccination plans covering council and Independent Sector providers: adult social care.

Report: The Results of the Survey from all Councils with Social Services Responsibilities in England

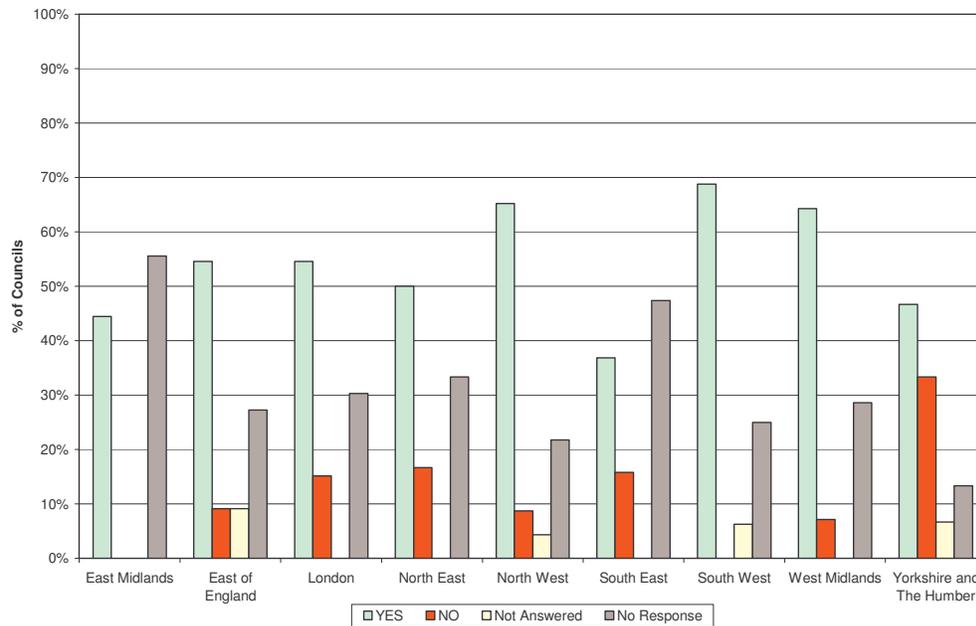


Figure 1.12: survey outcomes showing the proportion of councils with vaccination plans covering council and Independent Sector providers: children’s social care.

At the time of the self-assessment, this was a ‘live issue’ with all councils having been reminded of the need to produce plans in consultation with the PCTs.

(iii) Hospital discharges. The number of councils with plans addressing hospital discharge. (response to Q26)

Of the respondents, 89% of adult and 84% of children’s social care services confirmed that their plan addressed the essential need for the continued/enhanced support to those discharged from hospital during a pandemic:

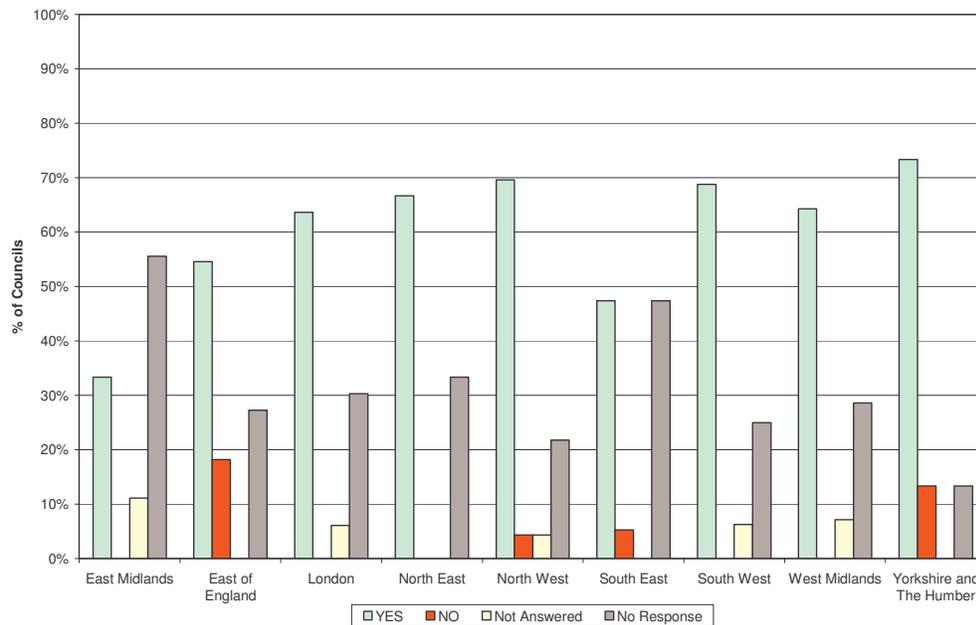


Figure 1.13: survey outcomes showing the proportion of councils with plans addressing hospital discharge: adult social care.

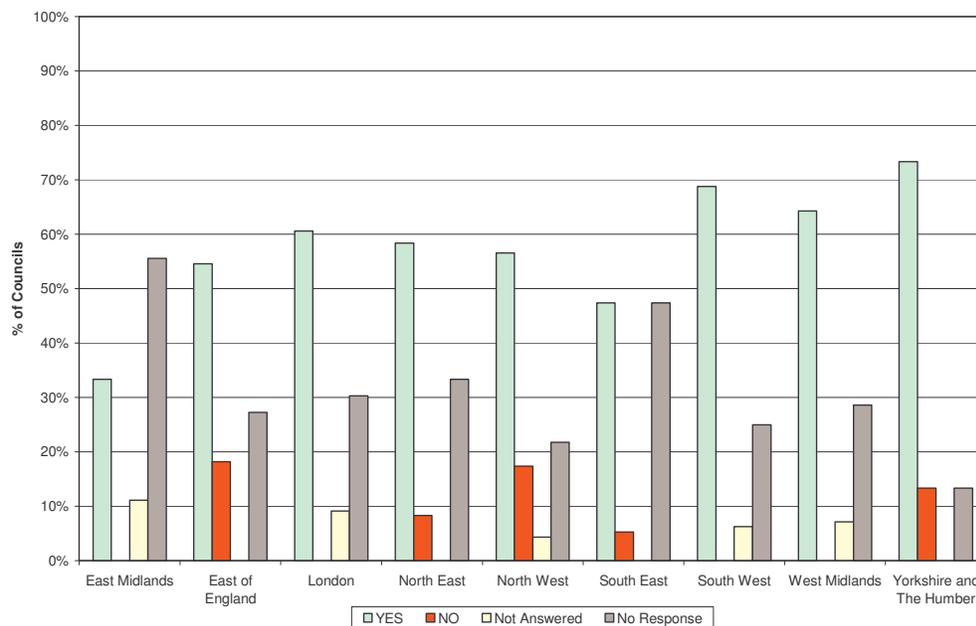


Figure 1.14: survey outcomes showing the proportion of councils with plans addressing hospital discharge: children’s social care.

5c Resilience, business continuity and interdependency

95% of respondents in both adult and children’s social care services had a pre-designated major incident/emergency response control room for the social care response during a pandemic. 90% had plans which included the deployment of buildings and equipment to maintain critical services and support service delivery, and to store additional supplies. 82% and 83% of adult and children’s social care respondents respectively had sought assurance from their suppliers and providers that they had robust business continuity plans in place, as part of their contractual arrangements.

(i) Facemasks. The number of councils with arrangements for facemask distribution to providers. (response to Q29)

Of the respondents , 86% of adult and 84% of children’s social care services had arranged for onward distribution of facemasks to social care providers working with people symptomatic with flu:

Report: The Results of the Survey from all Councils with Social Services Responsibilities in England

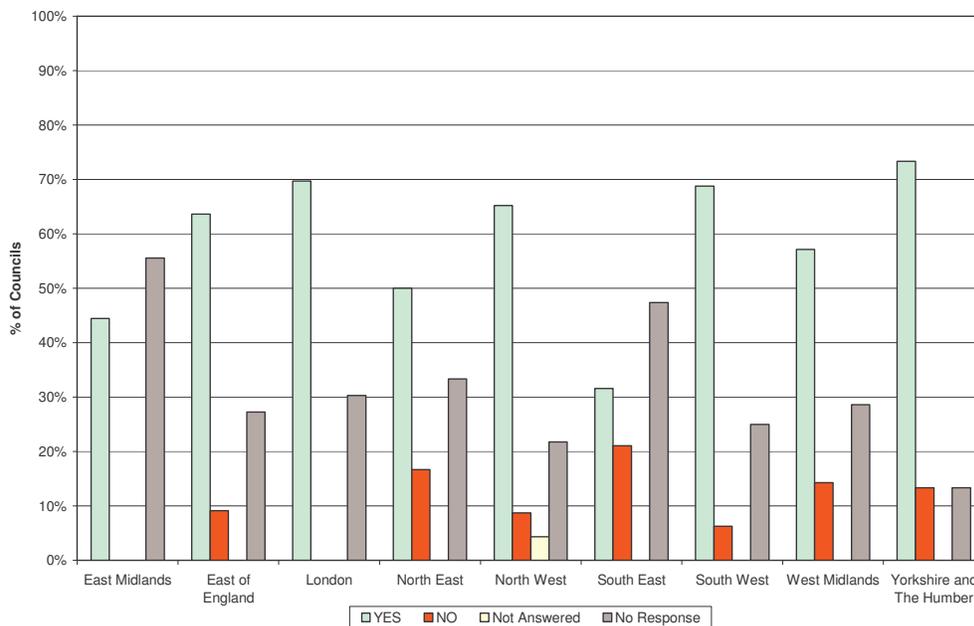


Figure 1.15: survey outcomes showing the proportion of councils with arrangements for facemask distribution to providers: adult social care.

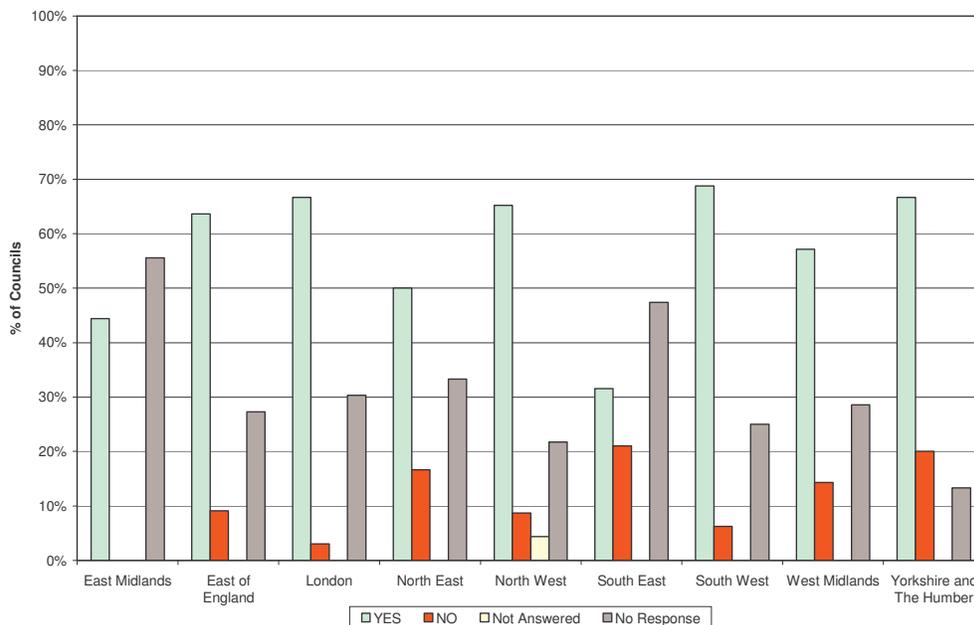


Figure 1.16: survey outcomes showing the proportion of councils with arrangements for facemask distribution to providers: children's social care.

(ii) Redeployment of staff to support social care. The number of councils with arrangements to redeploy staff. (response to Q32)

Of the council respondents, 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:

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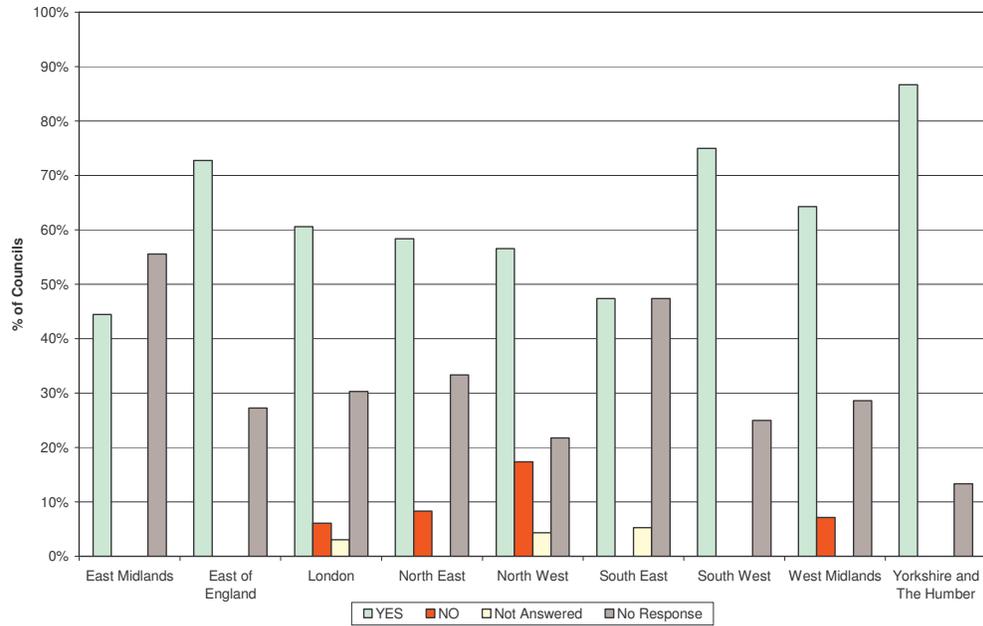


Figure 1.17: survey outcomes showing the proportion of councils with arrangements to redeploy staff: adult social care.

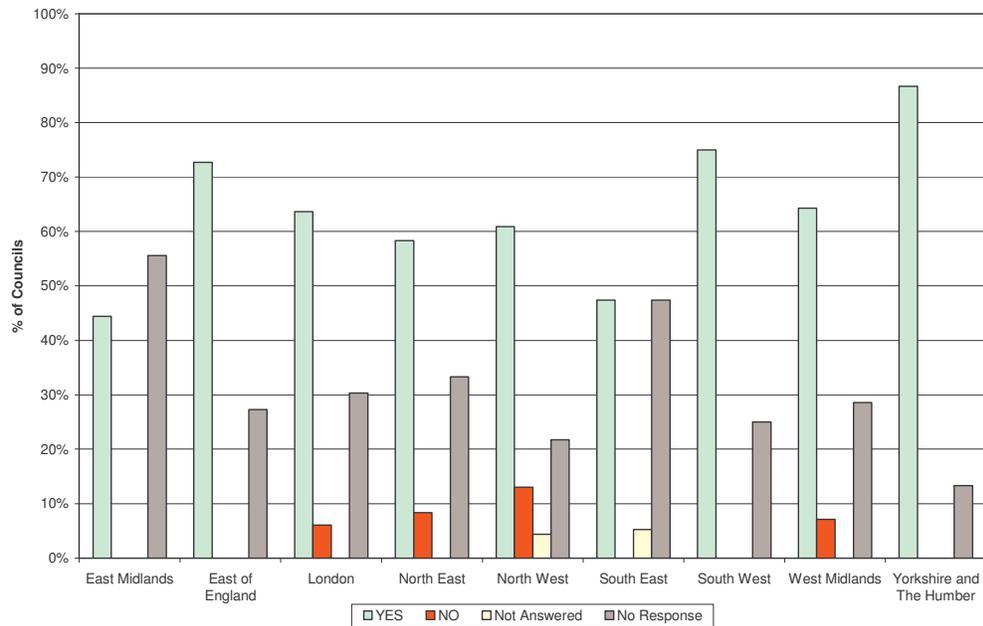


Figure 1.18: survey outcomes showing the proportion of councils with arrangements to redeploy staff: children's social care.

89% of respondents in adult social care and 90% in children's social care stated they had plans that included policy and actions on HR issues such as possible restriction of booked leave during a pandemic.

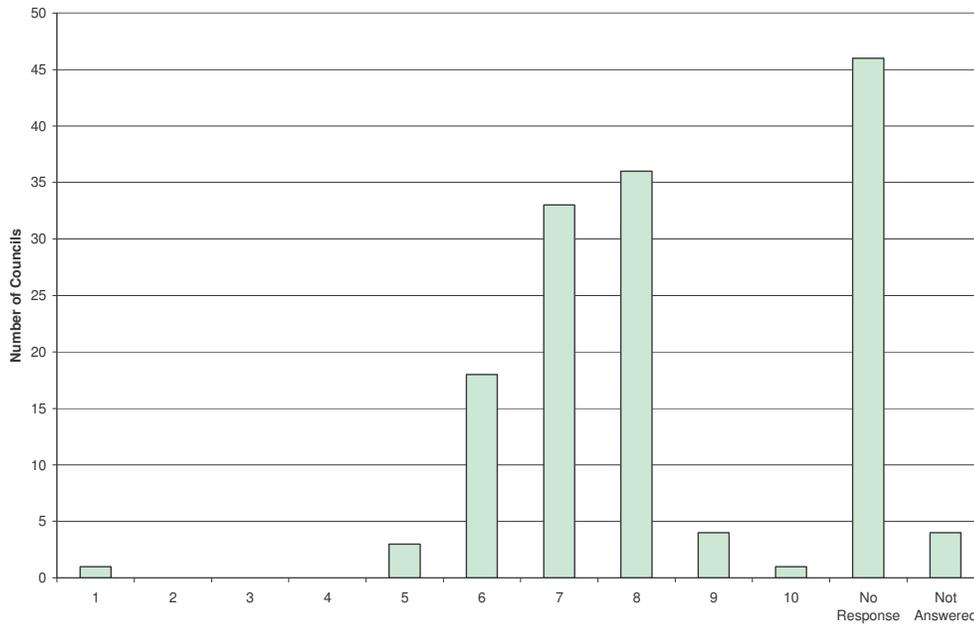
75% and 74% of respondents in adult and children's social care respectively stated they had sufficient numbers of staff with Criminal Records Bureau (CRB) checks in place to enable their redeployment to support frontline social care services.

Report: The Results of the Survey from all Councils with Social Services Responsibilities in England

In the LGA survey (see paragraph 1.8), there was also evidence that councils were supporting their social care colleagues in this respect. 94% of the LGA respondents said their business continuity arrangements were in place to ensure social care services could continue to function in the event of a swine flu pandemic. This took into account staff absences within the council due to swine flu.

(iii) Self-assessment of Resilience: Council scores. (response to Q39)

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 the highest level of



confidence:

Figure 1.19: Council self-assessment of resilience: adult social care.

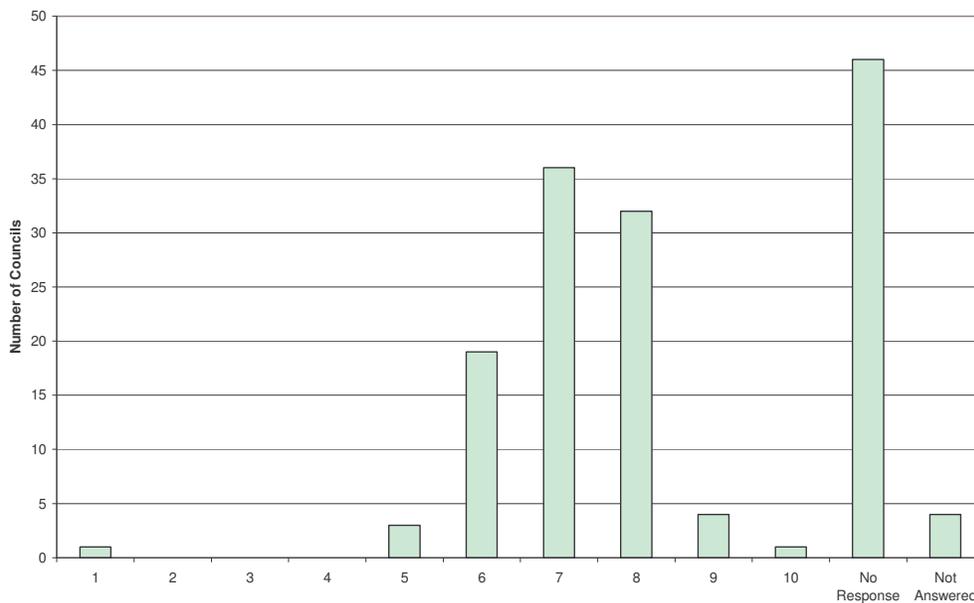


Figure 1.20: Council self-assessment of resilience: children’s social care.

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 7.

5d Recovery. The number of councils with process for developing plans for facilitating a return to normal working (Response to Q40)

Of the respondents, 62% of adult and 63% of children’s social care services had plans that included a process for facilitating a return to normal working:

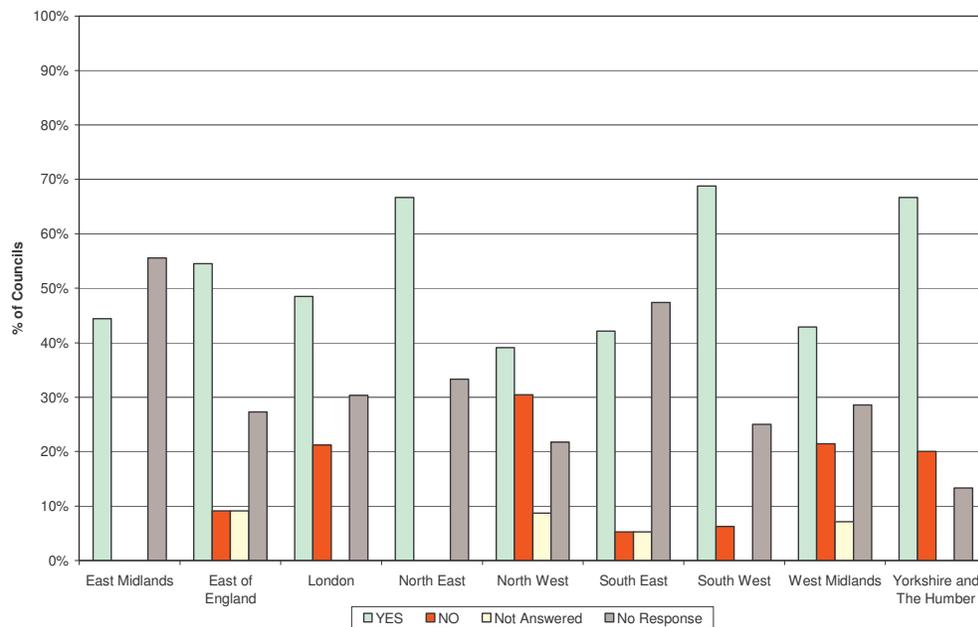


Figure 1.21: survey outcomes showing the proportion of councils with process for developing plans for facilitating a return to normal working: adult social care.

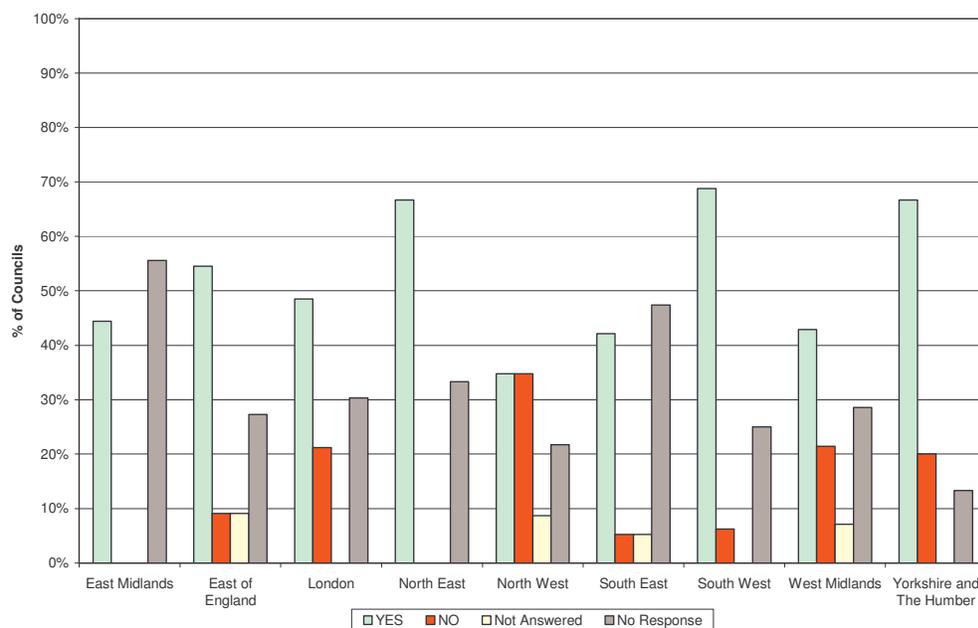


Figure 1.22: survey outcomes showing the proportion of councils with process for developing plans for facilitating a return to normal working: children's social care.

facilitating a return to normal working: children's social care.

76% of respondents 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. 62% and 63% in adult and children's social care respectively had identified a process for ensuring resources and arrangements were in place to help return to normal working.

This section summarises the responses at the regional level. This will enable more local discussion and follow up. However, as the numbers of councils in each of the nine regions vary considerably, alongside the percentage of returns completed within the regions, comparisons between individual questions in the survey need to be considered carefully.

6 Summary of results for Government office (GO) regions

(a) East Midlands

- There are nine councils in the region. Four (44%) councils responded, although one further LA did make a return after the data had been inputted.
- All four respondents had written plans.
- Two have received elected member approval for their plans.
- All the respondents stated they have shared and agreed their plans with the PCTs.
- They were also confident that the lines of communication with providers were robust, and they had processes and procedures in place for gathering and sharing information.
- The region was only one of two where 100% of the respondents said that their vaccination plan identified both local authority and private and third sector staff.
- Three of the four respondents had plans to address hospital discharges, the fourth did not answer this question.
- All of the respondents had arranged for the distribution of facemasks.
- They all had identified arrangements to redeploy staff across the authority to maintain essential services.
- All the respondents' plans included a process for developing plans for facilitating a return to normal working.
- In the self-scoring, no council scored itself above seven and one scored itself at five or less. The average score was 5.5 - the lowest of the regions.

(b) East of England

- There are eleven councils in the region. Eight (73%) councils responded.
- All the respondents stated they had plans.
- Four have received elected member approval for their plans.
- One council had not shared or agreed their plan with the PCT.
- There was one "no answer" and all the other respondents were confident that the lines of communication with providers were robust.
- The region was one of three where not all councils had processes and procedures in place for gathering and reporting information on social care provision. One stated they did not have such processes in place and another council did not answer this.
- One council did not answer the question and one other council did not yet have a vaccination plan that identified staff amongst all providers.
- Six out of the eight respondents had plans to address hospital discharges.

Report: The Results of the Survey from all Councils with Social Services Responsibilities in England

- Seven out of the eight respondents had arranged for the distribution of facemasks.
- All the councils that responded had arrangements for the redeployment of staff within the council.
- There was one council that did not answer the question and the remaining seven councils had plans for returning to normal working.
- In their self-scoring, one responder scored itself 6 with the remainder at 7 or 8, giving a regional average of just over 7.

(c) London

- There are thirty-three councils in the region. Twenty-three (70%) completed the self-assessment.
- Twenty-two of the twenty-three respondents from children's services had a plan.
- Seven councils stated they had elected member approval for their plans.
- All adult social care respondents and all except one in children's social care, had shared and agreed their plan with the PCTs.
- Except for two councils, all the respondents were confident in their communication with providers. One council did not answer the question, and another in children's social care stated it was not confident.
- However, all the adult and children's respondents stated they had processes and procedures in place to gather and share information about provision and capacity. As with the majority of regions, some of the councils had not yet fully included all providers in their vaccination plans. Three adult social care and four children's social care respondents stated they had not yet achieved this.
- Apart from two in adult and three in children's social care who did not answer the question, all the councils had addressed hospital discharges.
- Apart from one in children's social care, all council respondents had arranged for the distribution of facemasks.
- Two councils had not identified plans for returning to normal working. There was also another in adult social care who did not answer the question.
- In the self-scoring one council scored itself a maximum of 10 and no council assessed itself lower than 6, giving it a regional average of just over 7.

(d) North East

- There are twelve councils in the region. Eight (66.6%) of the councils completed the self-assessment.
- All the respondents have plans.
- The plans in five of the local authorities had received elected member approval. Apart from one children's service, all the respondents had engaged with the PCTs.
- Everyone was confident in relation to communications with providers.
- Everyone also had processes and procedures in place to gather and share information.
- All except two respondents had identified independent sector providers in their vaccination programmes.
- Other than one children's social care service, the council respondents had plans to address hospital discharges.
- Two of the respondents in adult and children's social care had yet to make arrangements for the distribution of facemasks.
- All the respondents except one each in adult and children's social care had arrangements for the redeployment of staff within the council.
- All the respondents stated they had plans for returning to normal working.
- In the self-scoring, none of the councils in the region had scored themselves at the

higher or lower scores, with an average for the region of just under 7.

(e) North West

- There are twenty-three councils in the region. Nineteen (83%) of councils responded to the survey.
- All the respondents have plans.
- Twelve of the plans had received elected member approval.
- Apart from one children's service, all the respondents had engaged with the PCTs.
- Apart from one "not answered", all the responding councils were confident about their communications with providers.
- It was the same response in relation to the councils' assessment of their processes and procedures for information gathering and sharing.
- Like most regions, fifteen councils (the majority) had identified independent sector providers in their vaccination programmes. There were two councils who had not yet achieved this and one council did not answer the question.
- One council in adult social care and four in children's social care did not have plans to address hospital discharges. There was also one council that did not answer this question.
- Two respondents in both adult and children's social care had not made arrangements for facemask distribution. There was also one council that did not answer the question.
- Four councils in adult social care and three in children's social care stated that they had not identified arrangements to redeploy staff across the council to maintain essential services. One responder did not answer this question.
- Only half of the respondents stated they had plans for returning to normal working.
- There was a variation on the self-scoring, with one council rating themselves as 9 and one at 5 or less. The average for the region was 7.

(f) South East

- There are nineteen councils in the region. Ten (53%) of the councils responded to the survey.
- All the respondents stated they had plans.
- Five of these plans had received elected member approval.
- All but one council in adult and children's social care had shared and agreed their plan with PCTs.
- Two councils in adult and children's social care were not confident about their communications with providers.
- All the respondents stated they had processes and procedures in place for gathering and sharing information.
- Three councils stated that their vaccination plan did not yet identify all the providers.
- All but one LA in adult and children's social care had plans to address hospital discharges.
- Four councils had not yet arranged for the distribution of facemasks.
- Apart from one "not answered", all the councils had covered the redeployment of staff from within the council.
- Eight councils (the majority) had plans for facilitating a return to normal working. One council did not answer the question and one council did not have a plan.
- There was a variation on the self-scoring, with one council rating themselves as 9 and one at 5 or less. The average for the region was just under 7.5.

(g) South West

- There are sixteen councils in the region. Twelve (75%) of the councils completed the self-assessment.
- All of the respondents had written plans.
- Five councils had elected member agreement for the plan.
- All of the respondents stated that their plans had been shared and agreed with their PCTs.
- All of the responding councils were confident of their lines of communication with providers and with processes and procedures to gather and report information relating to social care service provision and capacity.
- There was a 100% response that the vaccination plans identified both council and independent sector staff.
- Similarly, all the respondents had addressed hospital discharges.
- One council had not arranged for facemask distribution.
- All the respondents had secured council support for the redeployment of staff to maintain essential services.
- Apart from one responder in both adult and children's social care, all the councils had developed plans for facilitating a return to normal working
- The South West's average self-scoring was the highest of all the regions, at just under 8.

(h) West Midlands

- There are fourteen councils in the region. Ten (71%) of the councils returned their self-assessments.
- Apart from one responder in adult and children's social care, all the councils stated they had written plans.
- Elected members had agreed six of the written plans.
- All the respondents stated their plans had been shared and agreed with their PCTs.
- All the respondents were confident of their lines of communications with providers.
- However, three of the respondents in both adult and children's social care had not yet finalised processes and procedures for gathering and reporting information on provision and capacity.
- All but one of the council's vaccination plans had identified independent sector providers.
- All the respondents stated they had addressed hospital discharges
- Two councils in both adult and children's social care had not yet completed arrangements for facemask distribution.
- All but one of the respondents in both adult and children's social care had identified arrangements to redeploy staff within the council
- Six or 60% of respondents had addressed the return to normal working in their plans. There were three councils in both adult and children's social care who had yet to do this, and one council that did not answer the question.
- In the self-scoring there was a variation in how the councils scored themselves, with one LA rating themselves as 9 and one at 5 or less. The average for the region was 7.

(i) Yorkshire and the Humber

- There are fifteen councils in the region. Thirteen (87%) of the councils in this region returned their self-assessment.
- All the respondents stated they had written plans.

Report: The Results of the Survey from all Councils with Social Services Responsibilities in England

- 66% of the councils who had written plans had had these agreed by their elected members.
- All but one council in both adult and children's social care stated their plans had been shared and agreed with their PCTs.
- Apart from one council in both adult and children's social care that did not answer the question, all the other respondents were confident in their communications with providers.
- A second council also did not answer the question, although the remaining councils stated they had processes and procedures for gathering and sharing information on provision and capacity.
- Four councils for both adult and children's social care stated they did not yet have vaccination plans that identified both local authority and independent sector staff. There was also one council that did not answer the question.
- All but two councils in both adult and children's social care had addressed hospital discharges in their plans.
- There were two respondents in adult social care and three in children's social care where the council had not arranged for facemask distribution.
- All the respondents had identified arrangements for redeployment of staff in the council.
- Three councils in both adult and children's social care had yet to cover plans for returning to normal working.
- In the self-scoring, the councils ranged from 6 to 8 with an average for the region of 7.

7 Summary of the additional comments made in self-assessment returns

7.1 Method and assumptions

The self-assessment questionnaire provided an opportunity for respondents to provide additional comments against each of the questions answered. Councils were also invited to state whether there was anything else they needed to prepare for the impact of an influenza pandemic. DH has no knowledge of whether the responses and suggestions made are those of the particular officer who completed the form, or whether they represent the views more generally of officers within the council.

7.2 Existing guidance and communications from DH

One council stated the advice and guidance “has been very comprehensive”. Another commented that the information from the centre was comprehensive but would benefit from being more streamlined. It added that feedback from partners suggest that guidance, updates and training should be bundled together and targeted at specific sectors and also be more timely, with better notice of events. Another council sought more consolidated messages from the centre and would have liked to have seen more direct communication with social care rather than via their Emergency Planning Team.

7.3 Performance, standards and regulations

Seven councils sought clearer guidance from for example DH or CQC on this. One council said it should cover the relaxation of certain criteria once a trigger point has been reached in a pandemic. Another council wanted clarity on the approach to be taken regarding slipped performance in Key Performance Indicators (KPIs) during the peak weeks of a pandemic. Two further councils sought a clear steer on what, if any, relaxation would be made to standards and inspections during a pandemic. Two further councils made a similar request, with a specific reference to guidelines on CRB checks during a surge. One council also added the need for clarity on the registration limits on emergency temporary placements in care homes during a pandemic. This council also wanted DH and the Health Protection Agency (HPA) to re-visit the HPA’s risk assessment approach to a care home where residents have flu. One council highlighted that it had involved CQC on its core swine flu operations group and this had been very helpful.

7.4 Vaccination programme for priority frontline social care staff

Two councils sought greater clarification of whose responsibility this was. They queried whether it was the employer’s responsibility, that of the NHS or the council. One council sought priority status for the vaccination for transport and kitchen staff in social care.

7.5 Contracts

One council sought government guidance on the approach to suspending or amending contracts and Service Level Agreements with contracted providers of social care.

7.6 Facemasks

One council stated it had not developed plans for distribution as its Health and Safety team did not agree there is any value in their distribution.

7.7 Exercises

The returns indicated that councils were making use of exercises. Exercise Prometheus was designed for social care and launched in September 2009. Fourteen councils were already using this with providers and local NHS organisations. One of these explicitly mentioned they had included elected members in the exercise. Other exercises undertaken include Cold Play and Peak Practice. This is the NHS's flu resilience exercise that was undertaken in all the health regions in England. Councils also took part in local "stress test" exercises with NHS colleagues. Other, local exercises undertaken were "Flanders" (Bury), "Trotter" (Croydon) "Fancied Plum" (Suffolk) and "Fever Pitch" (Wirral).

7.8 Elected Member involvement

Fifty-four councils had secured formal approval of their plan either through Cabinet, the Cabinet lead, or through Scrutiny. One council stated it provided its members with a weekly update on the position across the council, including social care. Another provided a quarterly update to Scrutiny during the pandemic.

One council said lead member sign-off was not necessary, as the local situation was not a civil emergency. Another said an operational plan was not something members would normally be expected to approve.

Other councils commented that they had briefed senior members rather than formally signing off the plan. One of these explicitly mentioned they had included elected members in Exercise Prometheus.

One council stated it had secured political agreement to adjust the application of its Fair Access to Care Criteria, if required.

7.9 Resources

Some councils highlighted how the pandemic was having a serious impact on staff time and financial resources. One council requested more resources for its civil protection team, and another more resources and expertise. A further council requested additional government funding to meet the added burden of swine flu.

7.10 Sharing practice

Three councils specifically requested the sharing of good practice and lessons learned, covering planning, the response and recovery.

7.11 Evaluation

One council said it was developing an evaluation framework based on the self-assessment survey.

A number of themes have emerged from the survey.

8 Conclusions: Social care preparedness and response arrangements

8.1 Influenza pandemic plans

Of the 106 councils who responded, 105 in adult social care and 104 in children's social care had specific pandemic flu preparedness plans. There is no legal requirement for council social care departments to have a specific influenza pandemic plan. However the council as a whole, as a category one responder under the Civil Contingencies Act, would be expected to have undertaken a number of tasks, such as:

- assessing the risk of emergencies occurring and using this to inform contingency planning;
- putting in place emergency plans;
- putting in place business continuity management arrangements;
- putting in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- sharing information with other local respondents to enhance co-ordination;
- co-operating with other local respondents to enhance co-ordination and efficiency; and
- providing advice and assistance to businesses and voluntary organisations about business continuity management.

It would be difficult to see how, for a pandemic, social care departments could meet these requirements without written plans.

8.2 Role of Elected Members

105 council respondents in adult social care and 104 in children's social care had written plans for dealing with the impact of an influenza pandemic. There appeared to be 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. We only have partial knowledge of the extent to which members scrutinised or evaluated the effectiveness of these plans and council responses to the current swine flu pandemic. We are aware of a handful, although there could be many more.

8.3 Working within the Council

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 respondents in adult and 92% in children's social

care. The LGA survey also indicates how councils have given priority to social care in their pandemic planning.

In our survey, 95% of the respondents had worked with their council colleagues to address corporate issues covering Human Resources, Health and Safety and deployment of buildings and equipment.

8.4 Working with independent sector providers of social care

Independent sector providers of care employ 75% of the social care workforce⁴. Working with this sector is therefore an essential element for councils if they are to plan and respond successfully to a pandemic.

The self-assessment revealed that 94% of the responding councils providing adult social care and 93% of the responding councils providing children's social care services were confident that the lines of communication with independent sector providers were clear and robust.

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 SocCon report. It is unlikely they would have been able to do this, had they not had the appropriate processes and procedures in place.

However, on whether the council vaccination plans identified both council and independent sector staff, the responses dropped to 80% for adult social care and 78% for children's social care services. Also 11% of councils in adult social care and 16% in children's social care had not yet arranged for onward distribution of facemasks to providers.

58% of council commissioners stated they had reviewed their contracts with social care providers that may need to be suspended, renegotiated or new ones developed 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.

8.5 Working with the local NHS community

Along with the 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 respondents stated that the PCTs had involved the councils in their business continuity 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 have engaged with their PCTs, the survey does 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.

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

⁴ *The State of Social Care in England 2007-08*, Commission for Social Care Inspection

hospital discharges. A slightly lower percentage of 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.

In addition there would seem to be potential benefits if more councils and PCT provider services were able to agree arrangements for consolidating care packages during an emergency.

8.6 Working with other external organisations and partners

The survey results indicate that councils focused less on engaging carers, the trade unions and the 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, there were a number of queries raised by councils about working with CQC during the peak weeks of a pandemic.

One council had indicated its local CQC office had joined its operational group and that had proved beneficial.

8.7 Recovery

Of the responses, only 62% of councils providing adult social care and 63% of councils providing children's social care services 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.

8.8 Sharing case studies and next steps

There has been very positive feedback on the value of completing the survey and councils have used their self-assessments to develop their response capability and resilience. Councils will be able to use the survey again as part of the regular review of their plans and readiness.

It is hoped those councils that did not complete the survey will see the value of doing so as a helpful tool in their evaluation of their response to the (H1N1) swine influenza pandemic.

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 guidance may need to be revised.

Appendix 1: Full set of Questions asked in the Social Care Self-Assessment survey.

<i>No</i>	<i>Question</i>
1	Does your organisation have a plan/plans for dealing with the impact of an influenza pandemic? If yes, please give the date it was last updated.
1a	Are you able to share your adult / children's plan or plans with the national Pandemic Influenza Preparedness Programme? If yes, please attach copies.
2	Have lead elected members agreed your plan?
3(i)	Have your plans or a summary/key points been shared and agreed with those you will be working with during the pandemic? With Local authority care providers
3(II)	Have your plans or a summary/key points been shared and agreed with those you will be working with during the pandemic? With Private sector care providers
3(III)	Have your plans or a summary/key points been shared and agreed with those you will be working with during the pandemic? With Third sector care providers (e.g. voluntary organisations, community groups/networks)
3(IV)	Have your plans or a summary/key points been shared and agreed with those you will be working with during the pandemic? With Other Local Authorities
3(V)	Have your plans or a summary/key points been shared and agreed with those you will be working with during the pandemic? With LRF
3(VI)	Have your plans or a summary/key points been shared and agreed with those you will be working with during the pandemic? With PCTs
3(VII)	Have your plans or a summary/key points been shared and agreed with those you will be working with during the pandemic? With Acute Trusts
3(VIII)	Have your plans or a summary/key points been shared and agreed with those you will be working with during the pandemic? With Mental Health Trusts
3(IX)	Have your plans or a summary/key points been shared and agreed with those you will be working with during the pandemic? With Carers organizations
3(X)	Have your plans or a summary/key points been shared and agreed with those you will be working with during the pandemic? With Other Eg: Trade Unions (please indicate who)
4	Have the respective responsibilities of the Director of Adult Services and the Director of Children's Services during a pandemic been agreed?
5	Are you confident that the lines of communication, with your local authority and with private and voluntary sector social care providers, for use during a pandemic are clear and robust?
6	Do you have up to date information on the state of planning and preparedness of your private and third sector social care providers (e.g. plans, training, exercises)?

Report: The Results of the Survey from all Councils with Social Services Responsibilities in England

- 7 Have you recently tested or exercised your plan in a multi-agency setting? If yes, please indicate which partners were involved and date.
- 8 Has the local Primary Care Trust involved your children's and adult social care services in its business continuity and pandemic planning?
- 9 Have you conducted a risk assessment to determine the point(s) where any social care services within your area may begin to fail?
- 10 Does your organisation have a named pandemic influenza coordinator who leads on social care response arrangements?
- 11 Have you identified the essential services that must be prioritised during a pandemic?
- 12 Do you have processes in place to identify individuals and groups that may be particularly vulnerable during a pandemic?
- 13 Have you assessed the potential for increased demand for services during a pandemic?
- 14 Have you reviewed the contracts/service level agreements that may need to be suspended or renegotiated or new ones developed in planning for a pandemic?
- 15 Do providers know how you will communicate with them if you need them to work differently in a pandemic?
- 16 Do you have dedicated swine flu communication processes and procedures in place for cascading routine and urgent information to providers of social care services (including private and third sector)?
- 17 Do you have processes and procedures in place for gathering and reporting (e.g. to a Strategic Co-ordinating Group) information relating to social care service provision and the capacity of service providers? If Yes, which partners (within and outside the LA) are included?
- 18 Do you have arrangements in place agreeing, where appropriate, consolidation of care packages for service users across health and social care agencies during a pandemic?
- 19 Does your plan include agreeing operational arrangements with out of hours and unscheduled care providers during an influenza pandemic?
- 20 Does your plan take into account the constraints on your workforce caused by absenteeism, caring responsibilities and possible school closure etc? (including private, voluntary, third sector and local authority providers)
- 21 Does your plan include details of how staff will be supported during an influenza pandemic, including the provision of explanatory information and pastoral/mental health support? (including private, voluntary, third sector and local authority providers)
- 22 Does your plan include arrangements for the provision of health and safety advice to staff in relation to the pandemic? E.g. vaccination (including private, voluntary, third sector and local authority providers)
- 23 Do you have an agreed plan for vaccinating eligible front line social care workers?

Report: The Results of the Survey from all Councils with Social Services Responsibilities in England

- 24 Does your vaccination plan identify both local authority staff and private and third sector staff.
If yes please attach a copy.
- 25 Do your plans include agreed arrangements for utilising third sector organisations, community groups and networks that may be able to assist in providing community support during the pandemic (e.g. British Red Cross, WRVS etc)?
- 26 Does your plan address the essential need for the continued/enhanced support of hospital discharge during a pandemic?
- 27 Does your plan include details of how you will deploy the use of your physical resources (e.g. buildings and equipment) to maintain critical services, support service delivery and store any additional supplies (e.g. stocks of face masks or hygiene resources)?
- 28 Have you received a third (your share) of the fluid resistant surgical masks delivered to your local PCT/PCTs?
- 29 Have you made arrangements for onward distribution of face masks to social care providers working with people symptomatic with flu? In all sectors of social care.
- 30 Does your organisation have a pre-designated major Incident / emergency response control room that will support coordination of the local social care response during a pandemic?
- 31 Do you have arrangements in place to identify those staff with the transferable skills needed in an influenza pandemic?
- 32 Have you identified arrangements to redeploy staff across your authority to maintain essential services during emergencies such as a pandemic?
- 33 Are staff group aware of the business continuity plan and their impact on them? (Maintaining resilience and likelihood of being transferred to support services elsewhere)
- 34 Do sufficient numbers of your staff have CRB checks in place to enable you to redeploy them to support front line social care services if you need to?
- 35 Does your organisation seek assurance from its suppliers and providers, that they have robust business continuity plans in place for emergencies including pandemic influenza, as part of contractual arrangements?
- 36 Have you made specific arrangements to ensure payments to service providers continue throughout a pandemic?
- 37 Does your plan include agreed policy and actions on HR issues? (e.g. possible restriction of booked leave during a pandemic).
- 38 Have you made specific arrangements to ensure payments to users in receipt of direct payments and individualised budgets throughout a pandemic?
- 39 In terms of adults and children's social care resilience how would you currently score your authority from 1 - 10 (where 10 is a high level of confidence?)

Report: The Results of the Survey from all Councils with Social Services Responsibilities in England

- 40 Does your plan include a process for developing plans for facilitating a return to normal working?
- 41 Does your plan include a process for agreeing the priority order in which services will be strengthened/re-established?
- 42 Have you identified a process for ensuring resources and arrangements are in place to help return to normal working?
- 43 Is there anything else you need to help you prepare for the impact of an influenza pandemic? If so please specify
- 44 Have you agreed on how and when the social care preparedness will be evaluated and the outcomes published for the elected members?

Full dataset summary for adults and children

Questions	Adults					Children				
	YES	NO	Not answered	No response	Total	YES	NO	Not answered	No response	Total
1	105	1	0	46	152	104	2	0	46	152
1 a	63	39	4	46	152	62	40	4	46	152
2	54	49	3	46	152	52	51	3	46	152
3	99	2	5	46	152	99	2	5	46	152
3i	102	3	1	46	152	76	28	2	46	152
3ii	89	13	4	46	152	50	51	5	46	152
3iii	78	24	4	46	152	46	54	6	46	152
3iv	71	33	2	46	152	69	34	3	46	152
3v	65	38	3	46	152	65	38	3	46	152
3vi	103	3	0	46	152	100	6	0	46	152
3vii	87	17	2	46	152	84	20	2	46	152
3viii	78	25	3	46	152	75	28	3	46	152
3ix	54	46	6	46	152	51	48	7	46	152
3x	64	38	4	46	152	64	38	4	46	152
4	92	12	2	46	152	91	13	2	46	152
5	100	2	4	46	152	99	3	4	46	152
6	75	25	6	46	152	74	26	6	46	152
7	79	25	2	46	152	75	29	2	46	152
8	103	2	1	46	152	103	2	1	46	152
9	88	13	5	46	152	88	13	5	46	152
10	101	5	0	46	152	101	5	0	46	152
11	105	1	0	46	152	105	1	0	46	152
12	103	3	0	46	152	104	2	0	46	152
13	98	8	0	46	152	99	7	0	46	152
14	61	43	2	46	152	61	42	3	46	152
15	96	7	3	46	152	95	8	3	46	152
16	87	18	1	46	152	85	20	1	46	152
17	99	4	3	46	152	97	6	3	46	152
18	67	32	7	46	152	66	32	8	46	152
19	70	28	8	46	152	70	30	6	46	152
20	104	2	0	46	152	104	2	0	46	152
21	81	19	6	46	152	80	20	6	46	152
22	101	4	1	46	152	101	3	2	46	152
23	95	9	2	46	152	96	9	1	46	152
24	85	17	4	46	152	83	19	4	46	152
25	76	26	4	46	152	73	29	4	46	152
26	94	6	6	46	152	89	10	7	46	152
27	95	10	1	46	152	95	10	1	46	152
28	86	16	4	46	152	82	19	5	46	152
29	91	14	1	46	152	89	16	1	46	152
30	101	4	1	46	152	101	4	1	46	152
31	92	12	2	46	152	91	13	2	46	152
32	95	8	3	46	152	97	7	2	46	152
33	93	11	2	46	152	93	11	2	46	152
34	80	21	5	46	152	78	22	6	46	152
35	87	18	1	46	152	88	17	1	46	152
36	83	21	2	46	152	83	19	4	46	152
37	94	10	2	46	152	95	9	2	46	152
38	79	23	4	46	152	78	22	6	46	152
39										
40	78	23	5	46	152	77	24	5	46	152
41	81	20	5	46	152	83	19	4	46	152
42	66	35	5	46	152	67	35	4	46	152
43	48	39	19	46	152	46	39	21	46	152
44	30	65	11	46	152	31	64	11	46	152

Percentages of full dataset summary for adults and children

Questions	Adults					Children				
	YES	NO	Not answered	No response	Total	YES	NO	Not answered	No response	Total
1	69%	1%	0%	30%	100%	68%	1%	0%	30%	100%
1a	41%	26%	3%	30%	100%	41%	26%	3%	30%	100%
2	36%	32%	2%	30%	100%	34%	34%	2%	30%	100%
3	65%	1%	3%	30%	100%	65%	1%	3%	30%	100%
3i	67%	2%	1%	30%	100%	50%	18%	1%	30%	100%
3ii	59%	9%	3%	30%	100%	33%	34%	3%	30%	100%
3iii	51%	16%	3%	30%	100%	30%	36%	4%	30%	100%
3iv	47%	22%	1%	30%	100%	45%	22%	2%	30%	100%
3v	43%	25%	2%	30%	100%	43%	25%	2%	30%	100%
3vi	68%	2%	0%	30%	100%	66%	4%	0%	30%	100%
3vii	57%	11%	1%	30%	100%	55%	13%	1%	30%	100%
3viii	51%	16%	2%	30%	100%	49%	18%	2%	30%	100%
3ix	36%	30%	4%	30%	100%	34%	32%	5%	30%	100%
3x	42%	25%	3%	30%	100%	42%	25%	3%	30%	100%
4	61%	8%	1%	30%	100%	60%	9%	1%	30%	100%
5	66%	1%	3%	30%	100%	65%	2%	3%	30%	100%
6	49%	16%	4%	30%	100%	49%	17%	4%	30%	100%
7	52%	16%	1%	30%	100%	49%	19%	1%	30%	100%
8	68%	1%	1%	30%	100%	68%	1%	1%	30%	100%
9	58%	9%	3%	30%	100%	58%	9%	3%	30%	100%
10	66%	3%	0%	30%	100%	66%	3%	0%	30%	100%
11	69%	1%	0%	30%	100%	69%	1%	0%	30%	100%
12	68%	2%	0%	30%	100%	68%	1%	0%	30%	100%
13	64%	5%	0%	30%	100%	65%	5%	0%	30%	100%
14	40%	28%	1%	30%	100%	40%	28%	2%	30%	100%
15	63%	5%	2%	30%	100%	63%	5%	2%	30%	100%
16	57%	12%	1%	30%	100%	56%	13%	1%	30%	100%
17	65%	3%	2%	30%	100%	64%	4%	2%	30%	100%
18	44%	21%	5%	30%	100%	43%	21%	5%	30%	100%
19	46%	18%	5%	30%	100%	46%	20%	4%	30%	100%
20	68%	1%	0%	30%	100%	68%	1%	0%	30%	100%
21	53%	13%	4%	30%	100%	53%	13%	4%	30%	100%
22	66%	3%	1%	30%	100%	66%	2%	1%	30%	100%
23	63%	6%	1%	30%	100%	63%	6%	1%	30%	100%
24	56%	11%	3%	30%	100%	55%	13%	3%	30%	100%
25	50%	17%	3%	30%	100%	48%	19%	3%	30%	100%
26	62%	4%	4%	30%	100%	59%	7%	5%	30%	100%
27	63%	7%	1%	30%	100%	63%	7%	1%	30%	100%
28	57%	11%	3%	30%	100%	54%	13%	3%	30%	100%
29	60%	9%	1%	30%	100%	59%	11%	1%	30%	100%
30	66%	3%	1%	30%	100%	66%	3%	1%	30%	100%
31	61%	8%	1%	30%	100%	60%	9%	1%	30%	100%
32	63%	5%	2%	30%	100%	64%	5%	1%	30%	100%
33	61%	7%	1%	30%	100%	61%	7%	1%	30%	100%
34	53%	14%	3%	30%	100%	51%	14%	4%	30%	100%
35	57%	12%	1%	30%	100%	58%	11%	1%	30%	100%
36	55%	14%	1%	30%	100%	55%	13%	3%	30%	100%
37	62%	7%	1%	30%	100%	63%	6%	1%	30%	100%
38	52%	15%	3%	30%	100%	51%	14%	4%	30%	100%
39										
40	51%	15%	3%	30%	100%	51%	16%	3%	30%	100%
41	53%	13%	3%	30%	100%	55%	13%	3%	30%	100%
42	43%	23%	3%	30%	100%	44%	23%	3%	30%	100%
43	32%	26%	13%	30%	100%	30%	26%	14%	30%	100%
44	20%	43%	7%	30%	100%	20%	42%	7%	30%	100%

Data summary for question 39 (In terms of adults and children's social care resilience how would you currently score your authority from 1 - 10 (where 10 is a high level of confidence?):

Data summary for question 39:

Q39	Rating scale										Not answered	No response	Total
	1	2	3	4	5	6	7	8	9	10			
Adult	1	0	0	0	3	18	33	36	4	1	10	46	152
Children	1	0	0	0	3	19	36	32	4	1	10	46	152

Percentages:

Q39	Rating scale										Not answered	No response	Total
	1	2	3	4	5	6	7	8	9	10			
Adult	1%	0%	0%	0%	2%	12%	22%	24%	3%	1%	7%	30%	100%
Children	1%	0%	0%	0%	2%	13%	24%	21%	3%	1%	7%	30%	100%