

# HEALTH & ADULTS SCRUTINY SUB- COMMITTEE

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Tuesday, 26 October 2021 at 6.30 p.m.

Committee Room One - Town Hall, Mulberry Place, 5 Clove Crescent,  
London, E14 2BG

## SUPPLEMENTAL AGENDA

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# Agenda Item 4.2

Non-Executive Report of the:  <b>Health &amp; Adults Scrutiny Sub-Committee</b>  Tuesday 26 October 2021	 <b>TOWER HAMLETS</b>
<b>Report of:</b> Denise Radley – Corporate Director; Health, Adult and Community Services	<b>Classification:</b> Unrestricted
<b>2021 Adult Social Care Strategy</b>	

<b>Originating Officer(s)</b>	Joanne Starkie - Head of Strategy and Policy; Health, Adult and Community Services
<b>Wards affected</b>	All wards

## Executive Summary

This report presents the new, draft Adult Social Care Strategy (Appendix I) for comment.

It was agreed in May 2021 to develop a new vision and high-level strategy for adult social care in Tower Hamlets. The aim is to develop a “big picture” plan defining the strategic ambitions for the service, why change is necessary (including the financial imperative and insights from service users and carers) and the work packages needed to move us forward over the next three to five years.

Between June and September 2021, a programme of engagement was carried out to coproduce the strategy as much as possible with staff, providers, adult social care users and carers. A set of clear, shared themes arose from this work, and these themes have driven the vision and aims of the strategy.

The strategy is comprised of:

- A vision for the future of adult social care. This is as follows, reflecting what staff, providers, users and carers told us we should be striving for: *Adult social care enables people who need support to achieve their goals, be connected to others and be as independent as possible.*
- Nine aims to meet the vision. These are the same as the aims of the Tower Hamlets Together partnership and again reflect what we have heard from staff, providers, adult social care users and carers have told us.
- Ten work packages to meet the aims. These work packages have been defined through evidence, insights from peers and in feedback from staff, providers, users and carers. Each of the ten work packages is then described in more detail, in terms of what we want to focus on, what practical action we will take and what difference this will make.

The strategy is currently out for public consultation until 31 October 2021 and is due to be in place in early November 2021.

**Recommendations:**

The Committee is recommended to:

1. Note and comment on the draft 2021 Adult Social Care Strategy (Appendix I)

## **1. REASONS FOR THE DECISIONS**

- 1.1 The strategy aims to articulate a vision for adult social care that is shared by everyone, describing the strategic ambitions for the service, why change is needed and the specific programmes of work to focus on.

## **2. ALTERNATIVE OPTIONS**

- 2.1 Feedback and input from the Health and Adults Scrutiny Sub-Committee can be incorporated into the final strategy.

## **3. DETAILS OF THE REPORT**

- 3.1 The development of the strategy was done via analysis, engagement and co-production. Analysis of evidence was carried out, including evidence and insights on practice and costs in Tower Hamlets adult social care. Analysis also included the findings of recent service user and carer engagement and coproduction, including:
- Healthwatch insights
  - Integrated Homecare (2020-21) Healthwatch Tower Hamlets and Almost Any How
  - Independency or learned helplessness: A co-designed day centre service model in Tower Hamlets (October 2020) Toynbee Hall
  - Reports submitted by Neighbours in Poplar
  - Consultation findings in relation to charging in adult social care and day support in adult social care.
- 3.2 A programme of engagement and coproduction was then carried out on the strategy itself, focusing on the vision (what social care should be aiming to achieve for people), the aims (what we need to do to achieve the vision) and the proposed work packages (what we need to focus on to achieve the aims). This was comprised of the following:
- A staff working group was set up, made up of representatives from across adult social care and integrated commissioning services. Part of the role of members was to get wider input and engagement from staff and providers.
  - Meetings with those with lived experience of social care. This included the Carer Forum, Older People's Reference Group, Healthwatch and 'Taking Control of Your Life' group.
  - Two workshops were held in August, open to adult social care users, carers and providers. These workshops were largely (but not solely) attended by providers.
  - Meetings with the Promoting Independence Workstream of the Tower Hamlets Together partnership were attended in July and October 2021. These meetings are attended by a range of stakeholders, including health partners.
- 3.3 A set of consistent messages arose from this activity. These messages are summarised at the end of the strategy and have driven the contents of the vision, aims and work packages.

## **The format of the strategy**

- 3.4 The strategy is comprised of:
- A vision for the future of adult social care. This is as follows, reflecting what staff, providers, users and carers told us we should be striving for: *Adult social care enables people who need support to achieve their goals, be connected to others and be as independent as possible.*
  - Nine aims to meet the vision. These are the same as the aims of the Tower Hamlets Together partnership and again reflect what we have heard from staff, providers, adult social care users and carers have told us.
  - Ten work packages to meet the aims that will be focused on over the next three to five years. These work packages have been defined through evidence, insights from peers and in feedback from staff, providers, users and carers. Each of the ten work packages is then described in more detail, in terms of what we want to focus on, what practical action we will take and what difference this will make.

## **Consultation and next steps**

- 3.5 The draft strategy is currently out for consultation until 31 October ([Adult Social Care Strategy 2021 | Let's Talk Tower Hamlets](#)), and all those who contributed to the draft are being contacted to contribute to the consultation.
- 3.6 The consultation documents are available online or via the post, and an easy read version is available. Meetings are also being attended (for example, the draft strategy was discussed at a Beyond Sight Loss meeting for people who have experienced sight loss on 10 October 2021)
- 3.7 The strategy will be updated at the end of the consultation, and the final version is due to be in place and agreed in early November.
- 3.8 A range of communication and engagement activity will then take place to make sure that everyone is aware of and engaged with the strategy.
- 3.9 We are also committed to ensuring that coproduction takes place in the delivery of the strategy with adult social care users and carers.

## **4. EQUALITIES IMPLICATIONS**

- 4.1 In working towards the vision and aims of the Adult Social Care Strategy, the strategy also aims to tackle inequality for the groups most impacted by social care: Older people, and people with a disability.
- 4.2 The strategy also makes explicit reference to the following actions:
- Provide a training programme to social care staff (in the council and commissioned organisations) that supports staff to take a compassionate, kind, culturally sensitive, anti-racist and empowering approach to support.
  - Carry out initiatives to ensure the social care workforce reflects the diversity of the borough.

- Target areas with the highest levels of older people living in poverty (for information, advice and early help)

## **5. OTHER STATUTORY IMPLICATIONS**

5.1 This section of the report is used to highlight further specific statutory implications that are either not covered in the main body of the report or are required to be highlighted to ensure decision makers give them proper consideration. Examples of other implications may be:

- Best Value Implications,
- Consultations,
- Environmental (including air quality),
- Risk Management,
- Crime Reduction,
- Safeguarding.
- Data Protection / Privacy Impact Assessment.

5.2 The 2014 Care Act sets out the legal framework for adult social care.

## **6. COMMENTS OF THE CHIEF FINANCE OFFICER**

6.1 Any costs associated with the production and implementation of the ASC Strategy will be met within existing budgets.

6.2 Costs arising for workstreams aligned with the Adult Social Care Improvement Plan or the Finance Improvement Plan will be funded via additional funding resources identified for these projects.

## **7. COMMENTS OF LEGAL SERVICES**

7.1 The Local Authority Social Services Act 1970 requires local authorities to exercise social services functions in relation to the residents of their area.

7.2 The Care Act 2014 sets out how these functions are to be carried out and statutory guidance issued under that Act gives detail as to how this should be done.

7.3 Section 149 of the Equality Act requires local authorities, when carrying out their functions, to eliminate discrimination and other unlawful behaviour; to advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it; and to foster good relations between persons who share a relevant protected characteristic and those who do not share it. The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

7.4 The proposals set out in this report comply with the above legislation and guidance.

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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- NONE

### **Appendices**

- Appendix I: Adult Social Care Strategy

### **Local Government Act, 1972 Section 100D (As amended)**

#### **List of “Background Papers” used in the preparation of this report**

List any background documents not already in the public domain including officer contact information.

- NONE

#### **Officer contact details for documents:**

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# *Improving care together*

**Our vision and strategy for adult  
social care in Tower Hamlets**

2021



# Introduction

Welcome to the 'Improving care together', the vision and strategy for adult social care in Tower Hamlets.

Adult social care in Tower Hamlets has a proud history of supporting people with care needs and of doing this in partnership with our diverse communities and residents. This strategy builds on this, focusing on what we do well and what people have told us is important to them.

Social care in Tower Hamlets also faces challenges: Poverty and deprivation in the borough, recovery from the Covid-19 pandemic (in its broadest sense) and the financial challenges facing the adult social care sector are all key issues.

This strategy seeks to set out a new future for adult social care in Tower Hamlets, building on our strengths and addressing our challenges. Residents and staff have told us what they want this future to look like, so the vision for this strategy is:

***Adult social care enables people who need support to achieve their goals, be connected to others and be as independent as possible.***

In doing this, we are working in partnership with others to ensure that people who need support achieve their human rights.

The strategy sets out 9 aims and 10 areas of work that we will focus on top work towards this vision. The strategy then goes on to focus on each of those 10 areas, describing the practical action we will take and the difference the action will make.

The vision, aims and contents of this strategy has been driven by what adult social care users, carers and staff have told us is important and what they want to see change. Going forward, we are committed to carrying out and 'co-producing' this strategy with adult social care users, carers and staff, ensuring that we are all collectively working towards the same aims and future vision for adult social care in Tower Hamlets.



## Achievements over the last year

We supported almost 4,000 people with long-term care & 440 with short-term care in 2020-21

93% of social care users say care and support services help them have a better quality of life (spring 2020)

We provided wraparound care to care homes through the pandemic

We supported more people to get support via a direct payment- 22% of social care users got one in 2020-21

We supported social care users and staff to access the Covid-19 vaccine- our home care providers have consistently had the highest vaccine rate in London

We quickly adapted how support was provided over the pandemic so people were as safe as possible

Care Act easements (emergency measures in social care) were not put in place over the pandemic



# Why do we need to change?

*We should build on our strengths and what we do well*

We have a lot to be proud of in Tower Hamlets, and this strategy means we can build on that to improve what we do.

We are a diverse, vibrant borough with a track record of working together with communities, the NHS and with the voluntary and community sector:

- Tower Hamlets is the 16th most ethnically diverse local authority in England (2019) with the Bangladeshi community accounting for one third of the overall population.
- Our assets range from Tower of London to Brick Lane, from Victoria Park to Canary Wharf, and from Roman Road market to

Columbia Road Flower market.

- We have worked closely with the NHS and others through a partnership called Tower Hamlets Together.
- We have developed a 'strengths-based' to social care, appreciating the things people can do as well as the things they need help with.
- Service users, carers, staff and stakeholders have highlighted what we do well and what we can build on.



*“The staff are supportive and challenge us to help ourselves and meet our goals. The staff give us motivation” (service user, 2020)*



# Why do we need to change?

*We need to address the significant challenges facing us*

However, we also face a series of difficult challenges in relation to poverty, financial pressures in adult social care and challenges associated with workforce; which this strategy aims to address:

- The borough is the 50<sup>th</sup> most deprived borough in England. 44% of older people live in income deprived households – the highest proportion in England (2019).
- We are spending more than we have in adult social care (2021-21) and must

make more savings over the coming years. Demand for social care is also set to grow – adding further pressure from a financial perspective. Adult social care needs to be sustainable going forward.

- Across the sector, work is needed to improve the recruitment, retention and support to social care staff.
- Recovery from the Covid-19 pandemic (in its broadest sense) is a key issue for adult social care users,

carers and the social care workforce.

- Service users, carers and stakeholders have all told us that it can be difficult to understand how social care operates, what support is available and who can get it.
- In addition, service users, carers, staff and other stakeholders have all highlighted where they feel we need to improve things in adult social care – these insights have informed this strategy.



# Where do we want to get to?



Our vision for adult social care is:

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Adult social care enables people who need support to achieve their goals, be connected to others and be as independent as possible.

The aims to get us to the vision are\*:

Empower people to meet their own needs

Enable people to meet their own aspirations

Support that improves health, wellbeing and quality of life

Co-produce services and care with people who use them

Simplify the system, make it easier to understand and access

Ensure the right support, in the right place, at the right time – as close to home as possible

Be flexible and responsive to meet personal needs, wishes and outcomes

Deliver value for money, making best use of resources across the system and spending within our means

Develop self supporting, thriving communities

*\*These are the aims of the Tower Hamlets Together partnership*



# How do we get there?



The boxes below are the 10 areas of work we will focus on to meet our aims and the vision for adult social care.



# 1. Information, advice and early help



## What is information, advice and early help?

It includes information on matters relating to health, social welfare and social care. It includes information on what social care is, who can get it and what to expect.

Early help means people getting support at an early stage, enabling people to support themselves and be as independent as possible.

Social care has a role in supporting everyone in Tower Hamlets in relation to information, advice and early help.

## What do we need to focus on?

We want high quality information and advice on social care that is relevant, accessible and accurate - helping people solve their problems at an early stage.

The vision is to give residents better access to excellent information and advice at the right time and in the right way to support them to live independent, healthy and fulfilling lives.

We want to have a range of support and interventions that are easy to access at an early stage, enabling people to support themselves and be

as independent as possible.

## What will we do?

1. We have launched our new information and advice service as the first point-of-contact for all adult social care queries and will embed this further. This will include a new digital portal, a new helpline and an outreach programme.
2. Promote the vibrant and varied range of activities already available to people in their local area that can impact on their health and wellbeing.
3. Provide holistic information and advice through adult social care services, e.g. in care homes.
4. Take a strengths-based approach to information and advice, supporting people to help themselves and achieve their goals.
5. Make sure that information and advice is accessible and easier to understand.
6. Recommission LinkAge Plus for older people in the borough.
7. Redesign information, advice and

early help for unpaid carers.

8. Continue to support people to access reablement and the independent living hub to optimise individual's ability to meet their own needs and promote independence.
9. Integrate and join up reablement and rehabilitation services that help people get back on their feet.
10. Support more people with care needs to get into employment
11. Target areas with the highest levels of older people living in poverty

## What difference will it make?

- It will mean better information and advice to residents so that they can make more informed choices about their health and wellbeing
- It will mean reduced demand and costs on health, social care and social welfare services by providing information and advice as early as possible
- It will mean residents have access to joined-up information and advice services when they need it to remain independent for longer

- It will mean more people will have a clearer understanding of what social care is and what support is available.
- It will mean social care is easier to navigate.
- It will mean that poverty impacting on older people and those with a disability is tackled.
- It will mean that people are empowered to meet their own needs wherever possible.

## Who is going to do this?

This work will be led by the Commissioning Programme Board and by adult social care.



# 2. Strengths-based practice & culture change



## What does this mean?

Strengths-based practice means appreciating the things people can do for themselves, not just the things they need help with. It also means looking at the things people want to achieve in their lives.

Culture change is about changing how staff in an organisation behave, based on a shared set of values and common goals.

## What do we need to focus on?

We want to continue the good work we have started with strengths-based practice, so that more staff take this approach in their interactions with social care users and carers.

We want to develop a work culture based on being inclusive, outcomes-focused, creative, enabling positive risk-taking and addressing the anxiety that can come with this.

We want the approach taken by staff to be grounded in compassion, kindness, cultural sensitivity, anti-racism and empowerment.

We want to be clearer with social care users and carers on what to expect from social care and the role that individuals and communities play in this.

## What will we do?

1. Set up a network of strengths-based staff champions, to promote strengths-based practice to others.
2. Update the Practice Framework, setting out how Social Workers and other staff are expected to support adult social care users and carers.
3. Review C-SPAM and related staff groups to make sure we are taking a strategic view of issues in adult social care arising from assessments and reviews
4. Make sure there is a forum to quality assure strengths-based practice & getting the basics right.
5. Set a 'new deal' with communities, being clear on roles and responsibilities, what to expect from social care and the role individuals and communities play.
6. Review how staff supervision is carried out.
7. Ensure the language used in the information, policies and guidance we produce is empowering
8. Provide a training programme to social care staff (in the council and commissioned organisations) that supports staff to take a compassionate, kind, culturally sensitive, anti-racist and empowering approach to support.
9. Provide training on outcomes-based assessments and positive risk-taking to staff.
10. Provide training on 'trauma-informed practice' so staff are better equipped to support people who have experienced this.
11. Carry out initiatives to ensure the social care workforce reflects the diversity of the borough.
12. Ensure that the values and behaviours we want to see in adult social care are championed and demonstrated at every level of the organisation.

care & carers.

- It will mean that social care is more inclusive.
- It will mean that social care users and carers feel treated with respect, dignity and kindness.
- It will mean that social care users and carers feel empowered and as independent as possible, supported to live the lives they want to live.
- It will mean that more social care users and carers are supported to play active and positive roles in their local communities.

## Who is going to do this?

This work will be led by adult social care.

## What difference will it make?

- It will mean more people have a better understanding of what to expect from social care and the role they play as part of this.
- It will mean that staff feel empowered to innovate and take positive risks with people who need support.
- It will mean there is a more equal relationship between staff, providers, people who need social



**Culture change - from:**

- Thinking about care as 'time and tasks'
- Restricting choice to a familiar, short list
- Being risk averse
- Working in silos
- Looking at data as statistics rather than people

**Culture change - to:**

- Being outcomes-focussed and creative
- Being flexible and adaptive
- Enabling, focusing on the things people can do for themselves
- Taking positive risks and supporting others to do the same
- Having diversity in staff, leadership and in decision-making
- Being clear and realistic on what we can & cannot do
- Prioritising kindness, dignity, compassion and inclusion
- Working as one health and care system, with each part equally valued



# 3. Care at home



## What is care at home?

Care at home – also known as homecare – is professional support provided in someone’s home. Care workers support people to carry out daily tasks and meet their goals.

## What do we need to focus on?

We want to redesign care at home with people who need support. The redesigned service will have a focus on the goals people want to achieve. It will help to keep people independent and resilient, living at home for as long as possible. It will give people more choice and control over their support.

We want to ensure the homecare workforce is stable, compassionate and supported.

## What will we do?

- Maintain the Ethical Care Charter to pay care workers a fair wage.
- Recommission homecare. We

will coproduce this service with people who need support and carers.

- As part of this work, we will simplify the complexity in pricing that currently exists in homecare and get better value for money.
- The new model will have a focus on the outcomes people who need support want to achieve – moving away from thinking about homecare in terms of ‘time and task’.
- The new model will have a focus on strengths-based practice, and people will be supported to play an active role in their own care.
- The new model will have clear expectations about the quality and performance of services, and how contracts with homecare providers will be monitored.
- The new model will enable more people to use a direct

payment, so that more people can have more control over their support.

- The new model will be preventative, helping to keep people independent and resilient, living at home for as long as possible.
- The new model will be made up of service/s that are local, providing local jobs for people.
- The new model will take up opportunities to work more closely with the NHS, including closer working with district nurses.
- We will offer ‘Individual Service Funds’ as a way of organising care at home, starting with adults with a learning disability. These funds give people choice over support in the same way as a direct payment, but without the responsibility of managing the money.

- We are currently discussing this with people who need support, carers and other professionals to agree a set of ‘outcomes’ for the new model.
- It will mean care at home reflects what people say is important to them. Feedback to date includes care that is flexible, inclusive and culturally sensitive.

## Who is going to do this?

This work will be led by the Homecare Programme Working group.

## What difference will it make?



# 4. Housing with care



## Who is going to do this?

This work will be led by the Commissioning Programme Board.

## What is housing with care?

In this strategy, housing with care is social care that includes both accommodation and support. It includes

- Residential and nursing homes (also known as care homes)
- Extra-care sheltered housing
- Sheltered or supported housing.

The main difference between these three is the amount and level of support provided.

Housing with care also includes 'Shared Lives', which is when someone who needs social care gets support from approved carer in their local community, in the carer's home.

## What do we need to focus on?

We want there to be a range of options to be available to people

who need housing with care, reflecting the different needs and preferences people have.

We want people to have a positive experience of moving into and living in a new home.

We want to make sure the care workforce is stable, compassionate and supported.

## What will we do?

- Carry out research to determine the type of housing with care needed in the borough over the next five years.
- Use the research to inform the number of beds we fund in future in care homes, extra care sheltered housing and sheltered housing, both in the borough and out of the borough.
- Work with other councils and with the NHS – particularly in North East London – to see how to work better together on

housing with care. For example, this could involve funding care together at the same rate.

- Review and streamline the process of moving into housing with care, to make sure that admissions – particularly from hospital – are smooth, timely and are a positive experience for people who need care and their families.
- We will expand the Shared Lives service and raise awareness of it so it is an option for more people who need social care.
- We will expand the role of technology in housing with care, to the benefit of staff and residents.

## What difference will it make?

It will mean that the choice of housing with care available to people who need social care meets the different needs and preferences people have.



# 5. Direct payments

## What are direct payments?

Direct payments are payments from the council that enable social care users and carers to organise their own support.

Direct payments can give people more choice and control over their support and their lives.

## What do we need to focus on?

We want to encourage more adult social care users to organise their care and support with a direct payment.

We want direct payments to become one of the first offers to everyone new to adult social care.

## What will we do?

1. Drive up awareness and understanding of direct payments across partner organisations, so that more

people understand what they are and how to get them.

2. Review the direct payment process to make sure they are easy and quick to access, including for young people transitioning to adult social care.
3. Review the role of our Direct Payment support service (People Plus) to make sure they are involved in helping people at an early stage in their adult social care journey.
4. Roll out training to our Adult Social Care Teams to help them support adult social care users to get the most from their direct payment.
5. Develop a list of approved organisations and individuals for people to purchase support from – learning from the earlier Ensuring Quality Scheme.

6. Take a 'test and learn' approach to promoting direct payments, trying out different ways of promoting them to figure out what works well.
7. Make sure that everyone is clear on roles and responsibilities when it comes to direct payments.

## What difference will it make?

- This work will help increase the number of adult social care users and carers who organise their own support using a direct payment.
- It will mean more people understand what direct payments are in adult social care.
- It will mean people who get a direct payment get more support across all types of support (e.g. at day centres)

- It will mean people have more choice over how they can spend their direct payment and will feel more confident in making these choices.
- Overall, it should mean that more people who need support from social care have more choice and control over their support and their lives.

## Who is going to do this?

This work will be led by the Direct Payment Working Group.



# 6. Technology-enabled care and innovation



## What does this mean?

Innovation in social care is about new ways of working and supporting people. Technology-enabled care is an example of this: It is technology that changes the way people engage with and control their own care, empowering them to manage their own health and care needs in a way that is right for them. It includes things like fall-sensors or alarms (telecare), self-care apps or voice-controlled products like Amazon's Alexa.

New technology is not something everyone is comfortable or familiar with, but this can change with the right support.

## What do we need to focus on?

We want to work in new and innovative ways, including technology, to support people. Technology-enabled care has the potential to be a creative option for more people who need social care.

We want to focus on three areas:

Firstly, technology for people who need social care ("digital residents") to support people to maintain their independence and using technology to achieve their goals.

Secondly, technology for staff ("digital workforce") so staff can communicate easily with each other, access people's care records and information at the right time.

Thirdly, we want to focus on how technology is used and shared between health and social care ("digital communities").

At the same time, it is important to note that technology will not replace more traditional forms of support that work well: Our focus will be on improving what we do through technology.

## What will we do?

1. We will carry out a review to see where we do well with technology-enabled care and where we could do more.
2. The review will help us decide if and how much we need to

invest in this area and the longer-term potential financial benefits of this.

3. As a result of the review we expect to offer and use more:

- Innovative telecare and tech solutions (e.g. smart home sensors, alarms)
- Artificial Intelligence (AI)
- Predictive analytics
- Tools that help us share data between health and social care (e.g. Care Plans, understanding who is involved in a person's care and support)
- Digital directory of services
- Prepaid cards and virtual wallets for people who organise their own care with a direct payment.

4. We will support people who are new to technology to start using it.

## What difference will it make?

- It will mean more people have more control over their care.

- It will improve people's experience of social care by providing the right care at the right time and providing another way of getting support.
- It will reduce delays in the social care process by staff spending less time on administrative tasks.
- It will support people to remain independent in their own homes for longer.
- It can improve the experience carers have when interacting with staff, giving them more control and access to information.

## Who is going to do this?

The work will be overseen by the Technology Enabled Care Board.



# 7. Daytime support options

## What are daytime support options?

Daytime support options are types of support, open during the day time, typically outside the home. They include day centres, but also include other activities and less traditional types of social care.

## What do we need to focus on?

We want daytime support options to change so that people have more flexibility and choice in when and where they get support. We want people to take part in more of the activities and opportunities available to them in their local communities.

We are changing day centres in Tower Hamlets to community support 'hubs' with this in mind.

## What will we do?

1. Open a new community support hub at Sonali Gardens for older

people & those with a physical disability.

2. Develop Russia Lane as a 'dementia hub' day service, providing specialist support to those with dementia and respite to unpaid carers
3. Develop Create as a 'community hub' for adults with a learning disability, with a 'Think Work First' approach that does more to support more adults with a learning disability in to employment.
4. Develop a contractual framework for 'spot-purchased' learning disability services. This means supporting adults with a learning disability to attend daytime support options that meet certain requirements.
5. Address the barriers people say makes it harder to get out and about in their communities: Transport and the need for support, encouragement and

clear information.

6. Work with others to develop more changing places toilet facilities in the borough.

## What difference will it make?

- It will mean that day service buildings are used as community support hubs: Flexible bases for people to access the huge and vibrant range of activities available to people in Tower Hamlets, whilst providing a safe and inclusive space and the things service users have told us is important to them.
- It will mean people are supported to use a bigger range of daytime activities in their local area.
- It will mean that communities are brought into community support hub buildings where needed

- It will mean that the quality of support is standardised and increased through the new contractual framework in learning disability services.
- It will mean more people with a learning disability are supported into employment

## Who is going to do this?

This work will be led by both adult social care and integrated commissioning teams, overseen by the Day Opportunities Transformation Project Board.



# 8. Working together with others



## What does this mean?

It means better working between adult social care and other organisations – particularly between adult social care and health services, and between social care and housing.

## What do we need to focus on?

We want to work closely with health services to provide joined-up support to people who need care and support – acting as a single system. This includes with patients in hospital, in other care settings and at home.

We want to work closely with the NHS and others to meet shared goals. The aims in this strategy are also held by local health organisations.

We want to improve how we work with housing, particularly around adaptations and equipment.

## What will we do?

1. We have launched a new information and advice service for residents covering health and care.
2. Have a new model of homecare that includes closer working between care workers and health staff.
3. Integrate reablement in social care

with rehabilitation in health services so there is one joined-up service.

4. Have a strong approach to care coordination and multi-disciplinary working across the borough.
5. Reflect on and improve the Integrated Discharge Hubs. These are teams of health staff and social workers who aim to discharge people safely from hospital as soon as they are ready.
6. Reflect on and improve the process of discharging people from hospital with support that is then refined and reviewed when they are at home
7. Have a wider range of professionals who can provide some equipment and adaptations (called 'trusted assessors')
8. Enhance the care provided to people at the end of their lives, so staff work together to provide personalised support tailored to each person.
9. Do more to link up direct payments in adult social care with personal health budgets in health services.
10. Share more of our resources and budgets when working towards shared goals.

11. Develop protocols for staff to ensure that all parts of the health and care system are considered when changes are planned.

12. Continue work on 'transforming care', supporting people with a learning disability to avoid long-term hospital admission.

13. Better use the Disabled Facilities Grant to support people with adaptations to their home.

14. Raise awareness of social care with housing associations so that roles, responsibilities and processes are better understood.

## What difference will it make?

- It will reduce the time people need to stay in hospital
- It will mean more people are cared for in their community and supported to live independently.
- It will mean that avoidable hospital admission or escalations of support are avoided.
- It will mean less duplication in roles and services between health and social care
- It will mean a smoother, more joined-up experience of health and care.

- It will mean staff see themselves as playing an individual part in a larger, inter-connected ecosystem.
- It will mean health and social care staff work collaboratively to plan changes and solve problems.
- It will mean people who need adaptations to their home get these without unnecessary delay.

## Who is going to do this?

Work with health services will be driven and overseen by Tower Hamlets Together (THT). This is a partnership of health and care organisations that includes: the Council, local NHS trusts and commissioners, the GP Care Group and Tower Hamlets Council for Voluntary Services.

All staff working across these organisations have a role to play in health and social care integration under the umbrella of Tower Hamlets Together.

Work with housing will be led by adult social care and Tower Hamlets Housing Forum.



# 9. Managing our budget



TOWER HAMLETS

## What does this mean?

'Managing budgets' in this strategy means staff in adult social care managing the budget available to them effectively.

It also refers to doing a better job at collecting the money owed to us by organisations and individuals.

## What do we need to focus on?

We need to make sure that clear, accurate and up-to-date budget information is recorded, available, monitored and used in decision-making.

We want get value for our money.

We want improve debt collection in order to raise more income.

## What will we do?

1. Improve the recording of financial information in Mosaic (our IT system)
2. Develop clear protocols with roles and responsibilities on this and related processes
3. Gather and use data on all aspects of income and expenditure, including care that we do not commission.
4. Gather and use local and regional data to make decisions on what is

value for money

5. Use information on the care needs of children and young people to predict and manage the cost of care as they become adults.
6. Agree new Mosaic reports so managers have the tools to explore outturn variances
7. Agree standards for the timeliness of Financial Assessments
8. Agree new Mosaic reports to provide an assurance that everyone in adult social care has been financially assessed
9. Move all in residential and nursing care to gross payment arrangements in relation to charging for social care
10. Encourage more direct payment recipients to move to net payment arrangements in relation to charging for social care
11. Put early triggers in place to identify service users who have defaulted on their contributions towards the cost of care.
12. Raise staff, service user and carer understanding of our charging policy and our approach to usual cost.
13. Strengthen the relationship between the Financial Assessment

team and adult social care teams.

14. Provide budget holder training as part of the Financial Improvement Plan.
15. Review the financial coding structure in adult social care.
16. Carry out the Mosaic Phase 2 project to improve the IT system we use.
17. Continue to take court action as a last resort to recover debt, but take a more rigorous and robust approach to implementing our debt recovery policies for those who wilfully refuse to pay
18. Revisit our approach to writing off debt that is ongoing and unlikely to be recovered.
19. Improve the process we use to recover debt from other organisations including in the NHS
19. Make sure that Continuing Healthcare (CHC) and other funding held outside the council is used wherever appropriate.
20. Improve the purchase to pay process

## What difference will it make?

- It will mean that the control staff have over their budget improves, with a clear view on what has been

spent and what is available.

- It will mean staff can manage their resources more effectively
- It will mean that information on the amount of debt we are owed, from who and for what is clear and up-to-date.
- It will mean that people and organisations are less likely to get into debt with us.
- It will mean that debt is reduced.

## Who is going to do this?

This work will be led by adult social care, finance, the debt recovery team and the financial assessment teams.



# 10. Getting the basics right with data and how we work



## What does this mean?

In this strategy, 'getting the basics right' means having good quality data on social care both in the council and through the contracts we hold with other organisations. It means using this data to make informed decisions at operational, tactical and strategic level.

It also means having effective processes (i.e. the steps taken to carry out an action) across the organisation.

## What do we need to focus on?

Every member of staff has data responsibilities so improving our use of data must be a joint effort.

Mosaic is the name of the IT system mainly used in social care. We need to make sure that the social care data we hold on our IT systems meets the six data quality dimensions: completeness, uniqueness, consistency, timeliness, validity, accuracy.

We need to make data-enabled decisions, using insights to take

action.

We need to look at the step-by-step processes we take in social care, so they are as simple and straightforward as possible.

## What will we do?

1. Invest in this area so that the worst and most important data quality problems are tackled first and sustainably at the source.
2. Prioritise improving case file data on Mosaic as part of phase 2 Mosaic implementation (a project to improve our use of our IT systems).
3. Improve workflows, business processes and pathways on Mosaic as part of phase 2 of the Mosaic implementation.
4. Agree and monitor recording standards for all staff.
5. Provide staff training to improve data literacy.
6. Understand and clarify the questions we want to answer with the help of data and then review scorecards and dashboards needed to enable staff to understand performance in adult social care.
7. Review and agree performance targets based on these scorecards and dashboard.
8. Analyse data, identifying trends and areas for improvement.
9. Support staff to utilise in-built self-service reporting functionality within Mosaic so that bespoke reporting does not duplicate what Mosaic already does.
10. Have clear expectations about the quality and performance of services, and how contracts with providers will be monitored.
11. Improve how we collect contract monitoring data, making better use of the function in our procurement IT system.
12. Improve the analysis and use of contract monitoring data at service and strategic level, including data on equalities.

## What difference will it make?

- It will mean staff can see an accurate and timely picture of adult social care to understand what is working well and what needs to improve.
- It will mean action can be taken at an early stage to correct any problems or areas of concern.
- It will mean that tasks carried out by staff are simpler to carry out.
- It will mean that analysts can add value through more advanced analysis and spend less time on manual intervention to correct data quality.

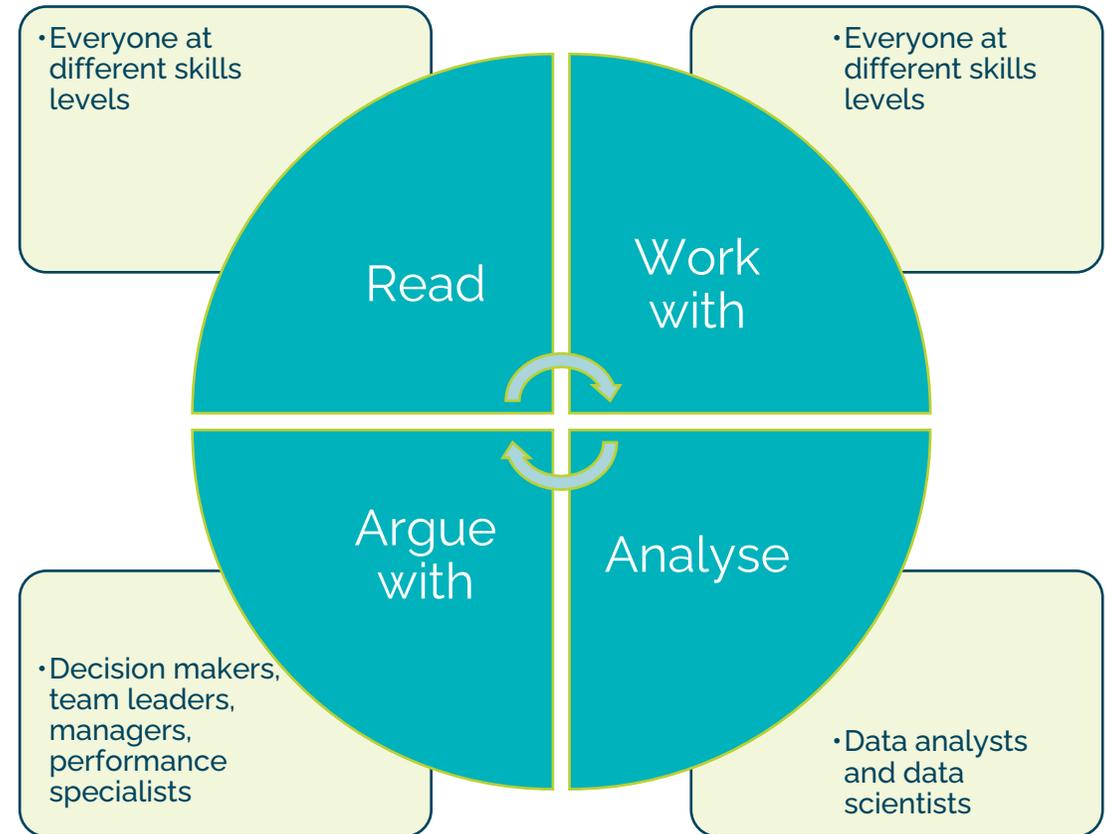
## Who is going to do this?

This work will be led by adult social care, supported by IT and the Intelligence and Performance team.



# 10. Getting the basics right with data and how we work

Every member of staff has data responsibilities so improving our use of data must be a joint effort.



# Recovering from the Covid-19 pandemic



The Covid-19 pandemic has had a devastating impact in Tower Hamlets as elsewhere, and the challenges faced by those in adult social care have been considerable.

In carrying out this strategy, we will work to:

- Address the impact on people with support needs and carers
- Address the impact on the social care workforce
- Learn from changes made to adult social care over 2020.

## Address the impact on people with support needs and carers

The impact of lockdown on people's mental health and wellbeing has been significant, ranging from stress to loneliness to trauma.

In social care, there have been specific challenges for people in care homes and their loved ones,

for people who have had to shield and for people who could not go to day support over lockdown as they normally would.

We will work to support people to recover from the pandemic and to reconnect with others. In 2021-22 we will carry out specific projects to tackle loneliness, activities that reconnect people and work to become a 'trauma informed borough' so that staff can better support people who have experienced this.

## Address the impact on the social care workforce

Social care staff have been on the frontline of the Covid-19 pandemic, providing care to people who were often at a higher risk of Covid-19 and supporting them through an extremely challenging period.

To support the workforce to recover from this, we will continue to put a focus on staff health and wellbeing, through things like

access to counselling and resources that support mental health.

## Learning from changes made to adult social care over 2020

When the pandemic hit, changes were made to how staff in social care work.

There was a focus on getting people with support needs who were ready to leave hospital to do so quickly and safely at the start of the pandemic, relieving pressure on the NHS system to stop it becoming 'overwhelmed'. People were often discharged from hospital with a care package that was then refined and reviewed when they were at home.

Social distancing restrictions meant that support had to be provided in a different way: For example, Social Workers met people over the phone or virtually when it was safe and appropriate to do so.

Furthermore, one of the consequences of the pandemic was that waiting lists for social care assessments and reviews built up.

Over the coming year, we will continue to focus on improving the quality of care while reducing the waiting list.

We want to reflect on the changes that were made to social care, learning lessons to keep what worked well and to change what did not. We are committed to working with people who need social care and carers to learn these lessons.



# What do service users and carers say?



## What is good

- Coming into contact with **good staff can be life changing**. Relationships – including time to speak and listen – are important
- **Satisfaction levels** collected via council surveys and staff is largely positive.
- People want a **service that supports people to feel able & “normal”** within wider society, not one that makes them feel different from the rest of the society or reliant on others.
- Day support is important in **enabling people to come together & socialise**, to go to a safe and inclusive space with access to support staff when needed, to form a structure or routine if preferred & access to activities that build skills, confidence & improve mental and physical health.
- Service users enjoy **supporting each other & contributing to society** through ways that they are able to.

## What is causing concern

- Concerns that the pandemic is causing the **quality and availability of care to decrease**
- Suggestions that people are **poorly informed** about social care. Concerns about communication, including access to information and advice.
- Social care support can be **difficult to be navigate**
- Concern that financial pressures are resulting in care being **harder to get**.
- Need to ensure care workers are **culturally sensitive**. Reports that people of White British ethnic background report more positive experiences than other groups.
- Concerns about **meals-on-wheels** ending and the need for meals over lockdown.
- Concerns that people can get stuck between social care and **health**, and social care and **housing** – with unclear roles and responsibilities.

- Concerns about the **impact of Covid-19** on loneliness and mental health.
- Concerns about recent changes to **day support** and changes to **charging**.

## Ideas for change

- We need to do more to shift the service model from service delivery to **partnership working**.
- We need a different mind set so users and carers are considered **the owners of services**, not receivers; encouraged to steer their own paths, create ideas & play an active role in the delivery and evaluation of services.
- Some people want **flexibility**, some want a **routine** – we need more services that allow for both.
- How might we **adapt care** to hold what the carers need, and what the patient needs? Adult social care should be flexible and adaptive.
- The **ethos of reablement** would benefit from being part of all

services

- People want to **use community assets**, and clean, safe outdoor space is very important to health & wellbeing; but transport and confidence are **key barriers** that need to be addressed. Other barriers relate to physical accessibility and lack of knowledge about what is out there.
- **Social prescribing, care at the right place and right time** and flexibility are all ways to meet people's needs and improve health, wellbeing and quality of life.
- Recommendations for all care workers to be **registered**, for more **monitoring** to be carried out, and make it easier to **switch** care agencies.



# What do service users and carers say?



## Ideas for change (continued)

- Isolation, reduced mobility and the onset of chronic illness precede grief, depression and limitations – consider **how to do more to meet those feelings & thoughts** head on with courage and compassion.
- How might we better employ **storytelling** to help service users understand and navigate the complexities of the day-to-day?
- How might we more harmoniously balance care that is **affectionate and direct** in order to build resilience and wellbeing in our carers, nurses and users?
- How might we create enough space at the outset to make the care plan/ package more **collaboratively**?
- How might we hire and train for **problem solvers**, particularly for people who get stuck between services?
- How might we build on and improve the role of social prescribers, care coordinators, citizen's advice professionals, among others to support people to work through issues from health to housing?
- How might we support carers and nurses to have the capacity to deliver the **extra inch** across those things that are meaningful to people?
- Be clear on how people can make a complaint and the next steps after this
- Health and social care appointments and online forms should not be the only option available – **face-to-face** is important.
- Important to innovate with technology, but we also need to **keep what works well** with more traditional methods.
- Funding and time should be put into joining people up and **rebuilding community post-lockdown**.
- To help address financial pressures, we should look at **different sources of funding**.
- Need to **be careful that messages on budgets** and spending within our means don't sound like people who need support won't get it.
- We need to use plain language and **avoid jargon** in the strategy & in information we produce. Accessible information is needed so people can make informed decisions about their support needs.
- Include glossaries when needed.
- Actions in the strategy should be **commitments** and 'set in stone'.
- We need to demonstrate how we have **acted on feedback** in the strategy.
- Treating people with **dignity** is an important part of social care.
- Support for everyone – social care has **a role with everyone**, not just those with eligible support needs.
- **Person-centred care** should be part of strengths-based practice.
- Need to be careful that messages on **prevention** don't sound like people will never need care.



# What do stakeholders say?

- Need to consider **quality of life** as well as independence
- The vision for social care should be ambitious, and consider the need to provide people with meaningful **choice about their own goals and how they want to live**
- This could mean taking a human rights approach, seeing social care working collaboratively with partners to provide **the building blocks for people to achieve their goals**.
- It could also mean adult social care as an enabler to provide people with the **freedom to live as they wish**
- There is a need to communicate **what adult social care is, what the offer is**. There are aspects of adult social care that are not well-understood.
- Need to consider **diversity and equality** in the strategy.
- Social care should be **accessible** and **inclusive**. It is about the impact on **residents and communities**, not just service users and carers. The role of social care in promoting **wellbeing** should be considered.
- Supporting people to be independent must be done through **co-production** and through **partnership working**, with staff, service users, carers and providers having an **equal relationship**.
- Adult social care could rephrase aims around 'spending within our means' to **utilising our resources efficiently and effectively** & seeking value for money.
- It is important to **empower** **people with the tools** to remain independent.
- It is important to be clear around the aim of enabling people to use new technology – **enabling is key. Technology is just one new way of working**.
- Prevention is about **empowering people** to enable them to support themselves
- It is important that staff **reflect the diversity of the borough**, that our workforce is **consistent, caring and empathic**. Support should be **culturally sensitive**.



# What do social care staff say?



- There are **historic, entrenched challenges** in LBTH related to deprivation and difficulties navigating services, but we are not exceptional
- Residents, health colleagues and others can have unrealistic and more traditional perceptions of social care. We need to **raise their understanding and knowledge to reset expectations** & change the conversation. This includes being clear on what we can and cannot do.
- We need to move away from traditional models of working & care towards more **innovative, enabling models**
- The move towards empowering people means a **more equal**, more collaborative relationship with service users & carers
- Need to be mindful **not to create a dependency culture**. It is harder to change things once they are in place (high D2A packages, packages from CSC)
- We need to move away from traditional 'time and task' models to being truly **outcomes-based**
- We need a system that allows for **flexibility and innovation**. Technological innovation should be a core focus. Processes should be simple.
- **Improving partnership working with health** should be a core focus. This means an equitable relationship, working together in tangible & practical ways. Staff can struggle to navigate the interface between social care and the NHS.
- **Improved partnership working with providers** also means sharing risks. We are all part of **one system**, and each part has an equal role.
- **Improved partnership working with children's services** is also needed as part of a focus on transitions. The emphasis from children to adults changes from protecting to enabling.
- We need more **borough-based accommodation** options.
- **Senior management turnover** can create change that makes culture change and system-wide harder.
- **Questions we need to ask ourselves**: how have other boroughs tackled similar issues? What do we do well? What lessons can we learn from previous attempts to change?
- The vision needs to be **ambitious**, about being **excellent** and driven by **what SU & carers want** social care to achieve for them. Maintaining **relationships, being connected** to others, living **independent and happy** lives; getting **personalised** care in **partnership** with others that is provided for as long as is needed.
- The key issue is: **What can we change to meet the vision, given the financial pressures we face**. Solutions are a focus on technology, culture change and partnerships.
- **Technology**: we should invest-to-save in this area and provide staff training on it. Technology should be part of the conversation on outcomes with service users.
- Strengths-based practice: we should build on this to include **outcomes-based assessments**.
- Culture change – we need to move away from framing care around **time-and-tasks, restricting choices** to a short & familiar list, looking at **figures not people**, a **blame culture**, being **risk averse**, unnecessary **bureaucracy** and working in **silos**.
- Culture change – we need to move to being **outcomes-focused**, **creative**, continually reflect and develop with **training**, be more **personalised**, enable **positive risk-taking** and **address the anxiety** that can come with this, more **enabling**, more **diversity** in leadership and in decision-making.

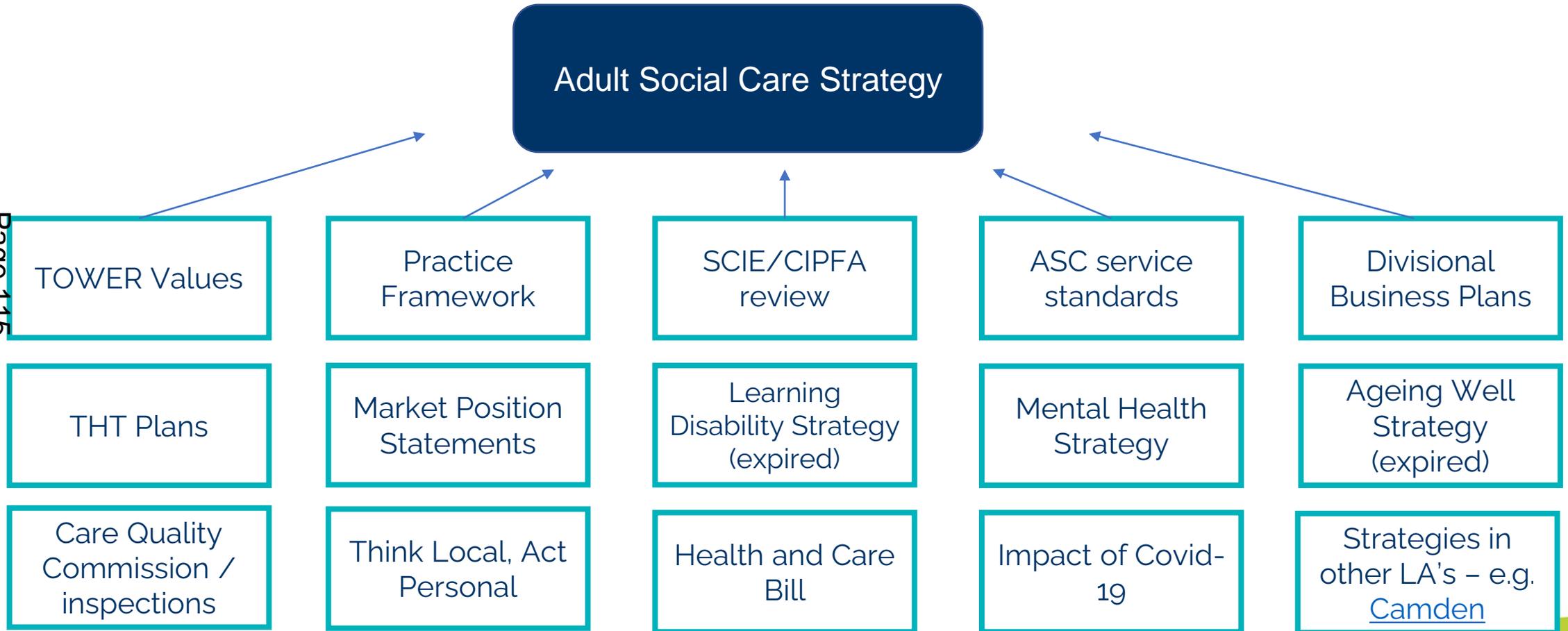


# What else do we need to consider?

The Adult Social Care Strategy is informed by or aligned with the following:

## Adult Social Care Strategy

Page 115



# What else do we need to consider?



The outcomes sought through the adult social care strategy are, in turn, intended to achieve the outcomes in the Tower Hamlets Together outcomes framework:

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Domain	I-Statement			
Integrated health and care system	I feel like services work together to provide me with good care	I believe the trust, confidence and relationships are in place to work together with services to decide the right next steps for us as a whole community		I want to see money being spent in the best way to deliver local services
Wider determinants of health	I am able to support myself and my family financially	I am satisfied with my home and where I live	I am able to breathe cleaner air in the place where I live	I feel safe from harm in my community
Healthy Lives	I am supported to make healthy choices	I understand the ways to live a healthy life		
Quality of Care & Support	Regardless of who I am, I am able to access care services for my physical and mental health	I am able to access safe and high quality services (when I need them)	I am confident that those providing my care are competent, happy and kind	I have a positive experience of the services I access, overall
Quality of Life	I have a good level of happiness and wellbeing	I am supported to live the life I want	My children get the best possible start in life	I play an active part in my community



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# Agenda Item 4.3

<p>Non-Executive Report of the:</p> <p><b>Health and Adults Scrutiny Sub-Committee</b></p> <p>Tuesday 26 October 2021</p>	 <p><b>TOWER HAMLETS</b></p>
<p><b>Report of:</b> Denise Radley, Corporate Director; Health, Adults and Community Services</p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Contain Outbreak Management Fund – use and lessons learned</b></p>	

<p><b>Originating Officer(s)</b></p>	<p>Somen Banerjee, Director of Public Health</p>
<p><b>Wards affected</b></p>	<p>All Wards</p>

## Executive Summary

The Contain Outbreak Management Fund (COMF) provides local authorities with financial support to reduce the spread of coronavirus through test, trace and contain activity.

The funding is distributed to local authorities by the Department of Health and Social Care (DHSC). The government distributed £300m to local authorities in 20/21 (from July 2020) and in £400m in 21/22 based on the Relative Needs Formula weighting population and deprivation.

The report sets out the use of this fund in the context of the strategic aims of the Local Outbreak Management Plan and explores wider learning from the approaches that have been taken.

## Recommendation for the Health and Wellbeing Board is to:

- Note the use of the Contain Outbreak Management fund and the broader learning

## **1. REASONS FOR THE DECISIONS**

1.1 There is no specific decision requested

## **2. ALTERNATIVE OPTIONS**

2.1 There is no specific decision requested

## **3. DETAILS OF THE REPORT**

3.1 See attached document

## **4. EQUALITIES IMPLICATIONS**

4.1 Addressing the disproportionate impact of Covid-19 on particular population subgroups (eg Black Asian and Minority Ethnic groups, people living with disability) and the association with deprivation have been an ongoing priority in the local response to Covid-19 and the allocation of Contain Outbreak Management Fund (COMF).

## **5. COMMENTS OF THE CHIEF FINANCE OFFICER**

5.1 The Covid-19 Test & Trace and Contain Outbreak Management Grants received in 2020-21 were used in accordance with the Grant Conditions associated with each of these grants. Of the total £11.060m received in 2020-21, £2.672m was spent against a program of planned activities, allowing for £8.388m to be carried-forward for use in 2021-22.

5.2 A further £3.350m COMF grant was awarded to Tower Hamlets in 2021-22, giving a total available funding in this financial year of £11.739m. This funding has been identified against a program of staffing resources, and other planned workstreams, as described in the body of the main report. Work has been undertaken to identify costs in services across the Council that are eligible to be funded to the grant, in line with the grant conditions.

5.3 Any underspend remaining against the grant at the end of the financial year 2021-22, may need to be returned to the Department of Health and Social Care.

## **6. COMMENTS OF LEGAL SERVICES**

6.1 Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area. The steps which may be taken include providing services or facilities for the prevention, diagnosis or treatment of illness, and making grants or loans available.

6.2 The matters set out in this report comply with the above legislation.

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## **Linked Reports, Appendices and Background Documents**

### **Linked Report**

- Keep Tower Hamlets Safe – Local Outbreak Plan

### **Appendices**

- NONE

### **Local Government Act, 1972 Section 100D (As amended)**

#### **List of “Background Papers” used in the preparation of this report**

List any background documents not already in the public domain including officer contact information.

- NONE

#### **Officer contact details for documents:**

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## **Contain Outbreak Management Fund: use and lessons learned**

### **What is the Contain Outbreak Management Fund (COMF)?**

The Contain Outbreak Management Fund (COMF) provides local authorities with financial support to reduce the spread of coronavirus through test, trace and contain activity.

The funding is distributed to local authorities by the Department of Health and Social Care (DHSC). The government distributed £300m to local authorities in 20/21 (from July 2020) and in £400m in 21/22 based on the Relative Needs Formula weighting population and deprivation.

In 2021 the Covid 19 Test and Trace and COMF combined were £11.060m and the COMF in 21-22 was £3.350m.

The specific public health activities that the funding can be used for are left to local discretion based on the local outbreak plan.

Suggested uses include targeted testing, additional contact tracing, compliance activity, communications and marketing, capacity building, outbreak management, non-financial support for people self-isolating, support for groups that are disproportionately impacting, and support for people who are clinically vulnerable.

Through the pandemic, there have been other Covid related funding streams including the Test and Trace Support Scheme (means tested financial support for people self-isolating) and the Adult Social care Infection Control and Testing Fund.

The focus of this report is the use of the COMF and lessons learnt.

### **How has the COMF been used in Tower Hamlets?**

The use of COMF since July 2020 has been informed by national priorities, the London Outbreak Plan, and the Local Outbreak Management Plan (responding to the specific local picture of need in Tower Hamlets).

This has reflected the introduction of major national programmes including the introduction of PCR testing, Lateral Flow Device (LFD) rapid testing, surge testing for Variants of Concern (VOC), shielding of Clinically Extremely Vulnerable (CEV), lockdown measures (national and regional) and the vaccination programme.

Throughout the pandemic, the basic interventions of physical barriers to transmission (eg facemasks), hygiene, social distancing, testing, contact tracing, self-isolation and vaccination have been the foundations of the response.

This has been in the context of significant disparities in impact of the pandemic linked to factors including ethnicity, deprivation, and disability.

The use of COMF in the Tower Hamlets is set out below in the context of the strategic aims of the Tower Hamlets Local Outbreak Management plan (Safe Tower Hamlets)

## **1. Understanding the local picture**

### Strategic aim

To have a robust COVID-19 surveillance system that integrates national, regional, and local data sources providing insight into the local epidemiology of COVID-19, early warning of outbreaks, and enables future forecasting.

### Use of COMF

The pandemic response has required a new level of public health analysis requiring daily synthesis of national and local datasets to deliver the granularity of datasets needed to understand the local picture, emerging trends and disparities based on population subgroups and neighbourhoods.

This has required additional investment in specialist analytic support as well as communications capacity to disseminate information to stakeholder.

### Learning

The granularity and timeliness of Covid data is unprecedented. At the same time, there are non-communicable disease epidemics (eg heart disease, diabetes, obesity) in the Borough which would benefit from the analytical approach taken to the pandemic.

## **2. Keeping background virus levels low**

### Strategic aim

To support people in the borough to follow social distancing and hygiene measures to limit transmission both in public and private spaces

### Use of COMF

Measures such as social distancing, wearing of face masks, enhanced hand hygiene were new to the public. In addition, national guidance to the public often changed, required further clarification and local interpretation.

This required new and dedicated roles to add to the existing capacity around compliance and enforcement in the public realms with flexibility to support targeted action in response to local hotspots.

For these reasons, four Covid-19 marshals were employed to add to existing environmental health capacity and a team of 'Stay Safe ambassadors' was recruited and deployed.

'Stay Safe' ambassadors have been recruited from the local community and they have been deployed flexibly across the borough to engage directly with residents. In the initial stages after the first wave, their primary role was to engage directly with the public on social distancing and face masks. This has since developed to promotion of testing and vaccination. There are currently 15 Covid Ambassadors working in locality-based teams across the borough

Additional resource was commissioned to support faith settings and markets to be Covid secure given the risk from gatherings and the range of sites across the borough.

### Learning

The Covid ambassadors programme has highlighted the value of local recruitment to respond to an ongoing emergency. Local knowledge and the ability to speak the first language of many residents has been a key asset particularly when there has been a significant policy change or the need to respond rapidly (eg surge testing).

## **3. Limiting transmission in infected cases (test, trace, isolate)**

### Strategic aims

- To communicate and engage with residents on testing, contact tracing and self-isolation support
- To ensure sufficient and equitable symptomatic and asymptomatic testing capacity across the borough
- To normalise testing in the longer term by increasing access to testing in familiar sites such as primary care and pharmacy
- To better integrate the pathway across testing, contact tracing (national and local) and self-isolation support

### Use of COMF

The pathway from infection (asymptomatic or symptomatic), testing, identification of contacts and then self-isolation of cases and contacts is an essential element of limiting transmission. However, it has had huge challenges from operational, individual, household, and institutional perspectives. This became increasingly complex with changing self-isolation advice, introduction of asymptomatic testing,

expansion of options to access testing, a changing interface between national and local testing, surge testing for variants, and ongoing policy discussions about self-isolation support.

This has been an area of significant investment of the COMF including the following:

- Rental costs of testing sites
- Additional communication resource to address low testing uptake
- Staff capacity to promote and support testing in schools, higher education, workplace, and care settings
- Commissioning of the local test and trace service (this was initially commissioned externally but has now been brought in house)
- Lateral Flow Device (rapid) testing delivery (this was initially commissioned externally but has now been brought in house)
- Deployment of the council call centre to support self-isolation needs of individuals (with enhanced support during the shielding programme)
- Dedicated team supporting the financial and non-financial needs of people self-isolating (eg test and trace support payment, discretionary payment, resident support scheme, welfare advice, help with ordering and collecting food shopping, collection of medication or personal protective equipment, social isolation)

### Learning

There are two examples of programmes that were initially commissioned externally and then delivered in house (local test and trace, rapid testing). Local test and trace is now delivered through call centre staff and the rapid testing programme is staffed through local recruitment. Whilst external commissioning enabled rapid mobilisation, the inhouse models have enabled greater flexibility of response.

## **4. Preventing and controlling outbreaks in high-risk settings and situations**

### Strategic aims

- Ongoing review of infection control procedures in high-risk settings and support where needed
- Daily surveillance of data to identify potential outbreaks or community hotspots
- Rapid response to outbreaks working across Public Health England, the Council and site of outbreak
- Review of underlying reasons for outbreaks and learning to prevent further outbreaks
- To ensure preparedness for surge testing

### Use of COMF

The pandemic has surfaced the need for a step change in infection control procedures in high-risk settings to prevent and respond to outbreaks. This has required partnership work between Public Health England (through the London Coronavirus Response Cell), the settings and the council.

The intensity of the need to respond at the height of successive waves meant that resources were particularly stretched for both Public Health England and the council.

The COMF funding has been used to provide additional specialist staffing resource to develop and implement standard operation procedures and outbreak control plans for high-risk settings and to engage with these settings. These settings have included care homes, school, university, workplace, community, housing, residential care, hostels, and faith settings.

It has also been used to fund targeted testing where needed eg care homes, homelessness services, hostels and educational setting.

### Learning

The work across the range of high-risk settings has established new norms and greater awareness of the importance of infection control. It will be important to sustain this for prevention and response to outbreaks from a range of causes as well as future pandemics. With the dissolution of Public Health England and the establishment of the UK Health Security Agency (UKHSA) on the 1<sup>st</sup> October it will be important to ensure that the working practices and relationships developed through the pandemic remain strong with clarity on roles and responsibilities.

## **5. Vaccinating the population**

### Strategic aim

The aim is for all eligible residents in Tower Hamlets to be vaccinated against Covid-19.

### Use of COMF

The Covid-19 vaccination programme is being delivered and funded through the NHS. However, the council plays a critical role in promoting the vaccination in the borough, providing reliable, clear information, targeting communities with low uptake and supporting delivery (eg community clinics, identification of vaccination sites and marshalling clinics).

The COMF funding has been used to set up a dedicated vaccination helpline (through the council call centre to advise the public and book appointments), provide additional staffing to coordinate the vaccination programme, commission additional communication/engagement support (particularly for 18-29 year olds and more recently schools), support specific engagement events (eg webinars), support the delivery of community clinics (such as those at East London Mosque, Granby Hall, Queen Marys), provide a vaccination bus (to promote and deliver vaccines) and fund the rental of specific vaccine sites (eg the Art Pavilion, Albert Jacob House).

### Learning

The rollout of the vaccination programme has highlighted the importance of local networks and trusted sources (eg peers, friends, GPs, pharmacists) in promoting the vaccination and disseminating reliable information. This has required deep engagement in communities with low uptake and a step change in approaches to communication on public health issues. Linked to this is the importance of the model of delivery of vaccination being inclusive and enabling local access in familiar settings (eg local GP practices, pharmacies, community settings). There is significant transferable learning for other health issues where uptake can vary between groups eg screening programmes.

## **6. Engaging with communities and taking action on health inequalities**

### Strategic aim

To address inequalities in the impact of COVID-19 on individuals and communities and ensure that our COVID-19 response is led by residents and communities

### Use of COMF

COVID-19 has surfaced longstanding structural inequalities that have underpinned health inequalities. These disparities were outlined in the June 2020 Public Health England report (Beyond the Data). The ethnicity, occupational and socioeconomic characteristics linked to vulnerability to the impacts of COVID-19 are particularly high in the Tower Hamlets population and this has been reflected in local data.

The recommendations of the PHE report have been used as a framework for how the COMF funding has been used. Additional resources have been used to strengthen the analysis of surveillance data to focus on inequalities, provide qualitative community insight (including participatory research), commission outreach programmes with high-risk groups (eg Bangladeshi, Somali, Black African, Black Afro-Caribbean, people living with disability faith groups, carers,

homeless people, new migrants) and develop the resilience of the voluntary sector to address inequalities.

The Covid-19 Community Champions has been a particularly important resident led programme providing a channel for ongoing dialogue, engagement, information sharing and dissemination through networks.

### Learning

The inequalities that have emerged through the pandemic have highlighted the importance of creating conditions to enable coproduction of responses with communities that have been disproportionately affected by Covid-19. This has required approaches to commissioning that have needed to be shaped by coproduction at all points in the process. The Covid-19 Community Champions programme approach has provided a successful model of direct engagement enabling residents to share concerns, engage with information and policy and shape the local response. The learning from this form of engagement could clearly be applied to other health and wellbeing issues.

## **7. Governance and coordination of the response**

### Vision

Tower Hamlets is a place where coronavirus infection is kept as low as possible, uptake of vaccination is maximised and those who are most at risk from impacts of COVID-19 are protected and people can get on with their lives free from disruption.

### Use of COMF

The overall governance of the response to COVID has been through Corporate Leadership Team (CLT) Gold leading the council response and the Health Protection Board/ Local Engagement Board leading the partnership response (reporting into the Health and Wellbeing Board). Reporting into the Health Protection Board have been numerous bronze groups covering specific elements of the response. Through the pandemic there have been periods where the intensity of work has been particularly heavy with daily meetings, weekly Health Protection Boards and CLT Gold meetings.

The COMF funding has provided additional staffing resource through the Covid-19 hub to support the coordination of this governance structure.

## Learning

Due to the intensity and complexity of the response, a dedicated coordination resource with streamlined reporting arrangement has been essential. In addition, communication of a single point of contact for Covid response both within the council and with partners has been important to ensure issues are identified and acted upon efficiently.

## **8. Budget allocation**

The table below sets out the broad allocation of budget in 20/21 and estimated 21/22 based on existing programmes (subject to change).

*Table 1 Expenditure on Covid-19 Local Outbreak Plan implementation*

Category of spend	20-21 spend (£)	21-22 estimate (£)
Public Health Capacity	636,000	1,042,000
Public Helpline (3030) and food support	748,000	388,000
Community Mobilisation	518,000	621,000
Communications	239,000	375,500
Business Support	142,000	241,000
Substance misuse - additional costs	162,000	38,000
Homelessness	14,300	25,000
Vaccination Deployment Support	0	400,000
Testing - PCR	30,000	370,000
Testing - LFT	960,000	2,626,000
Local Test and trace	152,000	145,000
PPE	474,245	175,000
Street Markets support		70,000
<b>Total</b>	<b>4,075,545</b>	<b>6,516,500</b>

## **Conclusions**

The availability of COMF funding has been essential to enable an effective local response to the pandemic in Tower Hamlets. The need to respond flexibly and at times urgently has driven innovation and new ways of working. Across all the elements of the response there are some broad themes including the following

- The critical role of the council call centre as a single point of contact for residents through the pandemic and the deployment of staff to support changing roles eg shielding, self isolation support, testing and vaccination.
- The importance of being able to rapidly recruit local people to support direct engagement with people who live and work in the borough
- The importance of coproduction as a guiding principle in engaging with communities to codesign approaches to addressing inequalities
- The value of direct engagement with residents as part of an ongoing dialogue as evidenced through the Covid Champions programme
- The need for insight driven tailored communications to shape approaches for different communities and groups within the borough

Overall, the pandemic response has highlighted the critical role of the council and partners in responding to a global emergency. This has been unprecedented, but it is important to recognise that Covid-19 continues to remain active in the population and in future there may be further threats. At this point it is uncertain what funding may be available post March 2022 to recognise the ongoing role local authorities will need to play in responding to Covid as well as preparing and responding to future pandemics.

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