

Tower Hamlets COVID-19 Adult Social Care Winter Plan

October 2020



2/24 Summary of approach



The Tower Hamlets COVID-19 Adult Social Care Winter Plan is aligned to the vision in our Outbreak Control Plan:

Tower Hamlets is a place where coronavirus infection is kept as low as possible, those who are most at risk from impacts of COVID-19 are protected and people can get on with their lives free from disruption. We all need to work together to make this happen.

The plan:

- Reflects the requirements of the national COVID-19 Adult Social Care Winter Plan
- Is aligned with our Outbreak Control Plan
- Is aligned with the Tower Hamlets Together Borough Plan and winter plans held by health partners.
- Will be delivered through engagement with health partners, care providers and those with lived experience of adult social care.



3/24 Discharge from hospital



We will:

- Continue the Integrated Discharge Hubs at the Royal London & Mile End hospitals – these are multi-disciplinary hubs including Social Workers.
- Continue to aim to discharge people within one day of them being medically fit to do so.
- Continue to embed the Discharge-to-assess (D2A) model.
- Continue to carry out a full social care assessment or reassessment within six weeks of hospital discharge.
- Continue to involve carers in hospital discharge decisions.
- Increase the size & capacity of the team over winter, flexing our overall hospital social work capacity in line with changing demand over the winter period.

Our Executive Lead for Discharge to Assess is Claudia Brown (Divisional Director, Adult Social Care

In the D2A model, compled discharge cases will be picked up by the community-based social work team. A&E will have social work presence to support those who do not need to be admitted but have care needs.



4/24 Step-down accommodation



We will:

- Continue to work with the CCG to provide safe accommodation for people discharged from hospital with a positive or inconclusive test.
- For those who need support in a care home, we will continue to provide temporary accommodation to enable people to leave hospital whilst they are self-isolating and/or awaiting the outcome of a COVID-19 test.
- Work with health partners to increase the number of stepdown beds following hospital discharge.
- Recruit an additional Social Worker and Occupational Therapist to focus on discharges from all step-down beds.

To date, step-down accommodation has been provided through the Ea Ham Care Centre.



5/24 Care homes



We will:

- Continue to carry out our published Care Home Action Plans.
- Continue to support care homes with infection control.
- Continue to support providers to carry out risk assessments and preparedness checks.
- Continue to only accept Covid-negative referrals.
- Continue regular communication with care homes, including weekly conference calls.
- Support providers to update their business continuity plans.
- Promote uptake of the flu vaccinations.

There are 10 care homes registered with the Care Quality Commission (CQC), offering places for up to 352 people in Tower Hamlets

We work with health partners to provide an enhanced Primary Care offer to care homes, provide infection control training to staff and provide homes with access to specialist infection nurses

We will continue to monitor all referrals into care homes to ensure they have tested negative prior to admission and self-isolated for 14 days.



6/24 Care homes



We will:

- Keep our position on visitors to care homes under continual review, taking early action where needed, and will support providers to develop policies on this.
- Use the Infection Control Fund to restrict staff movement and ensure self-isolation support (i.e. pay staff who are self-isolating their normal wages while doing so). This is also being used for homecare staff.
- Continue to support providers to undertake learning reviews after an outbreak.
- Support care providers to register with national services to access digital technology (e.g. tablets)

As of 30th September 2020, we have requested that all care homes restrict visitors into the building to those who provide essential clinical or specialist support, or family members when relatives are end of lift Garden & window visits can still be undertaken. These restrictions are subject to individual risk assessment.

We have agreed plans with care homes to ensure staff are only working in one home and/or reducing workforce movement and transmission as much as possible. All care homes are paying staff for self-isolation or sick periods.



7/24 Testing in adult social care



We will:

- Continue to support and monitor the use of national care home COVID-19 testing kits and protocols.
- Continue to support essential workers to access testing.
- Continue to monitor and escalate issues related to delays in getting tests or test results.
- Continue to push for appropriate access to testing in bedbased social care settings that are not care homes.
- Provide information and advice on testing to those in the adult social care sector.
- Increase the number of local testing sites in the borough.

At the time of writing (October 2020), a number of services are experiencing issues in receiving timely COVID-19 tests and test results.



8/24 PPE



We will:

- Continue to support providers and Council staff to access and use PPE.
- Support care home and home care providers to access PPE via the national PPE portal.
- Support providers to report PPE shortages via the Capacity Tracker and/or the CQC community care survey.
- Work with the Department of Health and Social Care and care providers ineligible for the national PPE portal (including Personal Assistants and those employed with a direct payment) to ensure adequate PPE supply in these areas.
- Use the Infection Control Fund and/or MHCLG funding to continue to hold 13 weeks of stock across all PPE items. This will be for emergency use only to address any future shortfalls in supply arising from spikes in demand or supply problems.

The council has distributed over 900k PPE items; masks, gloves (counted as pairs) sanitisers, clinical waste bags, shoe protectors etc. since the start of the pandemic.

Recipients of mutual aid included care home, home care providers, shielding residents, funeral services & internal teams.



9/24 Homecare, direct payments



Homecare - we will:

- Use the Infection Control Fund to ensure self-isolation support (i.e. pay staff who are self-isolating their normal wages while doing so).
- Support providers to update their business continuity plans.
- Continue regular communication with care providers, including regular conference calls.
- Closely monitor capacity and demand over the winter period, taking action when needed.
- Promote uptake of the flu vaccinations.

Direct payments - we will:

- Continue to provide support to people with direct payments through our People Plus service.
- Continue to provide flexibility in how people use their direct payments. We will continue t allow service users to employ close family members as Personal Assistants (PAs).
- Continue to align our approach to national guidance.
- Listen and engage with those who use direct payments to support them over winter.
- Promote uptake of the flu vaccinations.



10/24 Day services



We will:

- Subject to risk assessment, carry out the service operating plan for the re-opening of Tower Hamlets learning disabilities day services during COVID-19
- Risk assess other day services at appropriate times including reviewing the risk assessments of commissioned services as they come forward
- Look at and consult on the development of a new day service model, in light of the COVID-19 pandemic.
- For day services that remain closed or those that are operating at reduced capacity, we will continue to provide alternative arrangements and will work proactively with the voluntary and community sector to identify a wider range of options that people could use.

Day services that are closed operating a reduced capacity due to COVID-19 are providir phone calls, home visits, and digital activities.



11/24 Respite & unpaid carer support



We will:

- Implement residential respite testing protocols.
- Continue to offer 'carer relief' home-based respite.
- Continue to provider the Carers Emergency Service to provide urgent support to carers.
- Continue to offer carers who are known to adult social care access to a 'top-up' carer relief service in situations where there was an urgent need arising from the pandemic for things like food shopping or medicine collection.
- Work with service users and carers to identify alternative arrangements that meet their needs (if, for example, a family does not want to use respite provision due to COVID-19 concerns).
- Continue to work with the Tower Hamlets Carer Centre to promote & provider support to carers.
- Provide respite and carer relief free of charge from December 2020 onwards (subject to Mayor in Cabinet approval).

Testing protocols have been drafted – for example, for Hotel in the Park Residential Respite – to ensure only Covidnegative referrals are accepted into respite care



12/24 Safeguarding



We will:

- Continue to review any systemic safeguarding concerns that arise during the pandemic & ensure actions are in place to respond to them.
- Continue to work through the Safeguarding Adults Board to identify and mitigate risks to safeguarding arising from the COVID-19 pandemic.
- Continue to carry out targeted learning and awareness-raising activity for staff and residents in relation to safeguarding.
- Continue to ensure that those with substantial difficulty are offered Care Act advocacy support.

A thematic review into COVID-19 and care homes in Tower Hamlets was carried out in summer 2020. Further work to engage with families will be carried out, and findings and recommendations will be implemented.

Through the Safeguarding Adults Board, over November 2020 we will carry out staff webinars on homelessness, multiple exclusion and the support available for safeguarding cases. We will carry out safeguarding adults awareness-raising activity targeted at BAME communities

In September 2020, the Tower Hamlets Safeguarding Adults Board looked at the issue of COVID-19, volunteering and safeguarding to gain an assurance that any risks were understood and addressed.



13/24 Quality assurance



We will:

- Continue to embed the Practice Framework for social care teams.
- Continue to convene meetings to quality assure care and support plans.
- Continue to run Social Work Forums facilitated by our Principal Social Worker.
- Continue to run a range of staff learning and development sessions related to the quality of practice, involving partner organisations in this.
- Continue a wider range of work to assure the quality of care provision.
- Work with partner organisations to gather insight and assure the quality of care.
- Run learning and development sessions for partners and providers on the Ethical Framework for Adult Social Care.
- Review the Quality Assurance Framework in Adult Social Care.

The TOWER RADAR Practice Framework was developed in summer 2020 and launched at the September Social Work Conference. It sets quality standards for social care practitioners

C-SPAM are 'Care and Support Plan Assurance Meetings' held within adult social care to quality assurance care & support plans.

The Ethnical Framework for adult social care is a national framework published by Department of Health & Social Care to support the planning & organisation of adult social care during the pandemic.



14/24 Care Act Easements



We will:

- Continue to put in a range of actions to mitigate the risk of putting Care Act Easements in place.
- Continue to closely monitor the risk of Care Act Easements being needed.
- Adapt our approach to Care Act Easements as required.
- If we ever need to put Care Act Easements in place, we will communicate this to everyone affected.

Care Act Easements are emergency and temporary measures in adult social care that local authorities can put in place as a result of the COVID-19 pandemic.

At the time of writing, we are have not pure easements in place and continue to act in accordance with the Care Act. We continue to assess the risk of putting easements in place as very low. However, we have developed an approach should this ever needed and have identified 86 care packages where temporary, emergency changes could be put in place if needed



15/24 Tackling inequalities BAME communities



We will:

- Carry out the Race Inequality Commission in Tower Hamlets, acting on findings applicable to health and social care
- Carry out the actions arising from staff forums focused on anti-racism
- Continue to run reflective and learning sessions for staff on anti-racism
- Ask social care training providers & educators to demonstrate how they are addressing anti-racism through their training
- Work with health partners through Tower Hamlets Together to tackle BAME inequalities across the system and address the recommendations made by Public Health England in summer 2020.
- Address the interconnections of racial inequality with other forms of inequality, including sex and LGBTQ inequality.

Council-wide, the staff BAME
Empowerment network are agreeing actions to be taken forward. Our Soc Care Anti-Racism Board are also agreeing an action plan to be carried over winter.

Reflective 'listening circles' and 'Lea Wednesdays' in adult social care had included sessions on anti-racism.

Tower Hamlets Together agreed a sepriorities and actions in September 2 to tackle BAME inequality, arising from the PHE report



16/24 Tackling inequalities Disability



We will:

- Continue to support people with communication needs to understand COVID-19 information (including information in easyread)
- Support partners and residents to understand Covid restrictions and regulations as they apply to people with a disability (e.g. exemptions from face coverings, 'rule of 6')
- Continue to support people with a disability to access and maintain employment, addressing the additional challenges of an economic downturn
- Continue to support service users with a learning disability, autism, mental health issue or other support need carrying out reviews and reassessments where needed.
- Continue to provide & promote advocacy services to disabled people to support them to achieve their rights and participate meaningfully in social care assessment processes.
- Carry out the community mental health transformation programme.
- Address the interconnections of disability inequality with other forms of inequality, including sex and LGBTQ inequality.

Tower Project is commissioned to provide the Jobs, Enterprise & Training service for adults with a disability.

Real is funded to provide support to employers make them more accessible to disabled people through the THEN & NOW project. Independent support planning options for disabled people is provided through the "Take Control of Your Life" project.

The community mental health transformation aid to dissolve the boundaries between primary, community & secondary mental health care & to ensure that people with severe mental illness caracters better care close to home.



17/24 Adult social care workforce & market oversight



Workforce - we will:

- Continue to support the mental health and wellbeing of adult social care staff
- Continue to promote national initiatives relevant to staff wellbeing, recruitment & training
- Continue to flex our staff resource to meet surges in demand over winter
- Continue to closely monitor demand, staff capacity & sickness in the local authority and with care providers, taking

action when needed

borough

Market oversight - we will:

- Continue to closely monitor the viability of care providers and explore additional measures where needed
- Complete a self-assessment of the health of local market management and contingency planning leading into winter.
- Continue to work in accordance with our Market Position Statements, including work to increase the number of nursing care beds, Extra Care Support Housing provision and local provision for adults with a learning disability.

Initiatives to support the mental health & wellbeing of staff inclu reflective 'listening circles' run for practitioners & access to therapies

18/24 Flu and cold weather



Flu - we will:

- Provide free flu vaccination for all Council staff
- Encourage eligible provider staff and people who receive care to receive a free flu vaccine, as part of the prevent and prepare objectives of our Local Outbreak Communications Strategy
- Monitor flu vaccination up-take in our workforce & support care providers to do the same
- Work with local NHS partners to facilitate & encourage the delivery of flu vaccines to social care staff & residents in care homes.

Cold weather - we will:

- Implement our Averse Weather Communications Protocol in the event of adverse cold weather over winter
- Continue to carry out a wide range of work to tackle poverty and to improve the quality and supply of housing.



19/24 Shielding

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Shielding - we will:

- Our current message is "If you're clinically extremely vulnerable we are not currently advising that you need to shield. However, it's important that you continue to take precautions"
- If shielding is re-introduced in Tower Hamlets, we will ensure appropriate support is in place to those who are shielding, promote the helpline and offer clinical and social support. We will carry out targeted action to support people experiencing loneliness or mental health issues.
- We have agreed an enhanced service with primary care to prepare and support shielding response.



20/24 Tackling Ioneliness



We will:

- Continue to communicate to adult social care users and carers where they can get support with social isolation & loneliness.
- Progress and pilot the work on the Wellbeing Check-In developed in adult social care
- Continue to support the voluntary sector work that provides social connection alongside financial and food support etc., including commissioning additional capacity from Somali organisations to work with that community.
- Continue to support volunteering including the Community Covid Champions.
- Continue to make small grants available to tackle loneliness.
- Carry out work to address digital exclusion, recognising that this can contribute to social isolation.
- Continue to work with the voluntary and community sector to decrease the risk of carers becoming disconnected and lonely.

Work to tackle loneliness & social isolation is overseen by the Loneliness Taskforce

The 'Wellbeing Check-In' has been developed in adult social care as a loneliness identification tool for staff to use with residents



21/24 Support to self-isolate, support with food



Support to self-isolate – we will:

- Maintain the selfisolation for and 3030 phone number so residents can tell us when they need help
- Manage the £500 government payments for qualifying households









Talk through other support available including benefits, financial support and housing advice. We can also support people to claim the government's £500 self-isolation support payment

Support with food – we will:

- Help food partners to increase their capacity to provide residents with food through the Voluntary & Community Food hub
- Support qualifying residents financially through the Resident Support Scheme
- Arrange for volunteers to deliver food where residents can afford to pay but have no one who can shop for them
- Work with schools to see how we can best help them to support families in need
- Explore how to maintain volunteer hot food offers during the winter period that also provide a regular contact to those who may be socially isolated



22/24 Addressing the wider impacts of COVID-19



We will:

- Carry out actions aimed at mitigating the potential negative impact of the pandemic on mental health & wellbeing
- Continue to provide and commission information and advice targeted at adult social care users in relation to economic wellbeing and employment, to help mitigate the potential negative impacts of the economic downturn.
- Continue to support adult social care users to access health services, working with health partners to recommence delivery.
- Continue work to understand and monitor the wider impact of the pandemic.

Action on mental health includes setting up & mobilising an all-age open access crisis hub located outside the main A&E building at the Royal London & additional mental health crisis helplines.



23/24 Finances and funding



ncial pressures:

dult social care continues to ce financial pressures

ouncil has saved £190m nce 2010

xpected to need to make a rther £39m in savings over ext 3 years – but position eteriorated due to COVID-19

dult social care has a recast overspend of c£5m or 2021-22.

Funding the Winter Plan:

- Funding of the Winter Plan as in previous years will be largely met from existing financial resources
- LBTH has already received and disbursed a total c£541k through the initial tranche of the Infection Control Fund
- The Tower Hamlets allocation from the additional £500m into the Infection Control Fund is £1.4m
- Aspects of our winter plan are already funded through the CCG or health partners and this will be kept under review.

Use of the Infection Control Fund:

- 80% of the £1.4m allocation must go to care providers. This is primarily to stop staff movement between care settings ensure care providers can pay staff what are self-isolating their normal wages. There is a significant risk the funding was be insufficient for that purpose.
- The remaining 20% must be focussed infection control and the full amount w used in line with this plan.
- We will support and monitor use by ca providers.
- We will submit regular returns on how funding has been used



24/24 Working with health partners



will:

continue to work through the Tower Hamlets ogether partnership to but this plan into place. Work collectively to applement the Tower lamlets Together orough Plan and winter lans held by health artners.

This plan is aligned to the priorities of Tower Hamlets Together, to deliver health and care services to meet the needs of our population. Tincudes:

- Prevent and control COVID infection, providing a safe environment to care for our population and giving them confidence to present to use when they have a need.
- Recommence the delivery of services that have been suppressed over the initial COVID peak, to prevent the build up of unmet need in the population.
- Meet new or changing needs of our population as a result of COVII
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- Ensure services are capable of responding to surging demand a local outbreaks, based on agreed system indicators which point to rising tide in the local system and which would trigger a range of responses, including expanded community provision and care model
- Continue to operate within capacity and resources across the system and ensure everyone who needs care is able to receive it.

