

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 50th 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:

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.

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

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.



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.

What difference will it make?

- 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.



4. Housing with care



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.

Who is going to do this?

This work will be led by the Commissioning Programme Board.



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



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?

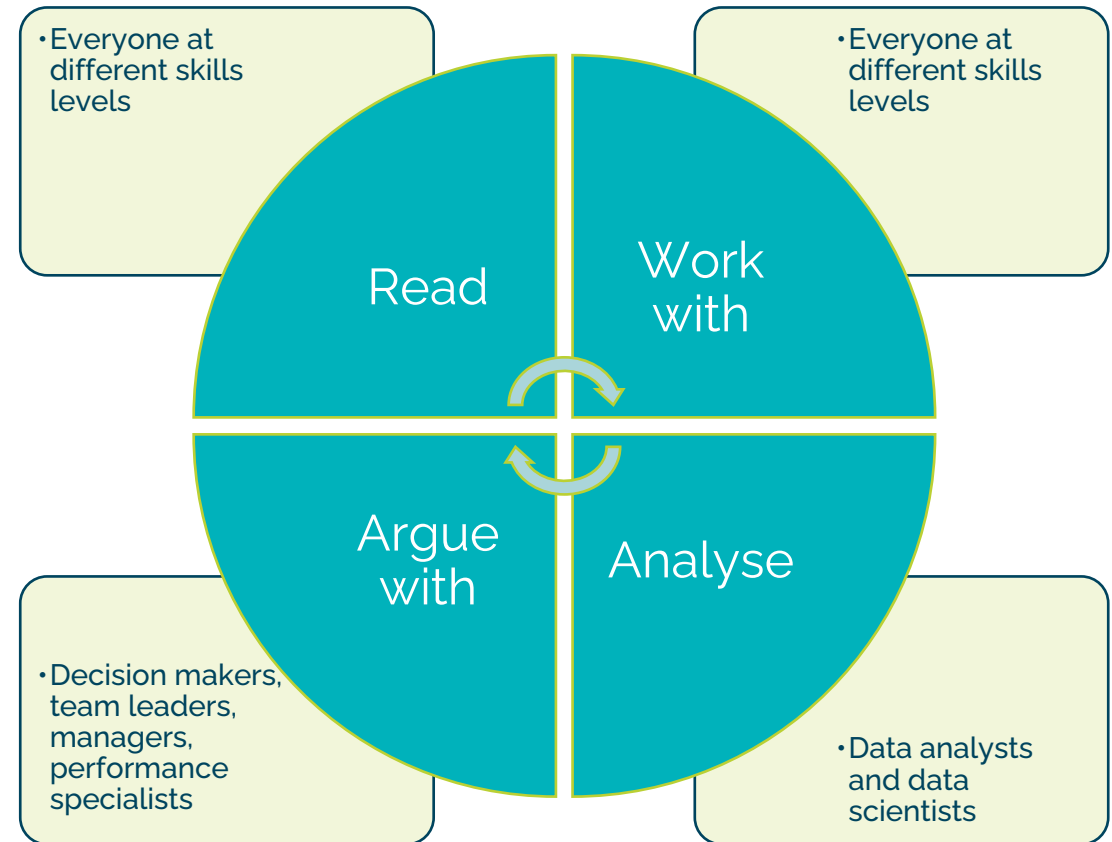
This work will be led by adult social care, supported by IT and the Intelligence and Performance team.



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?

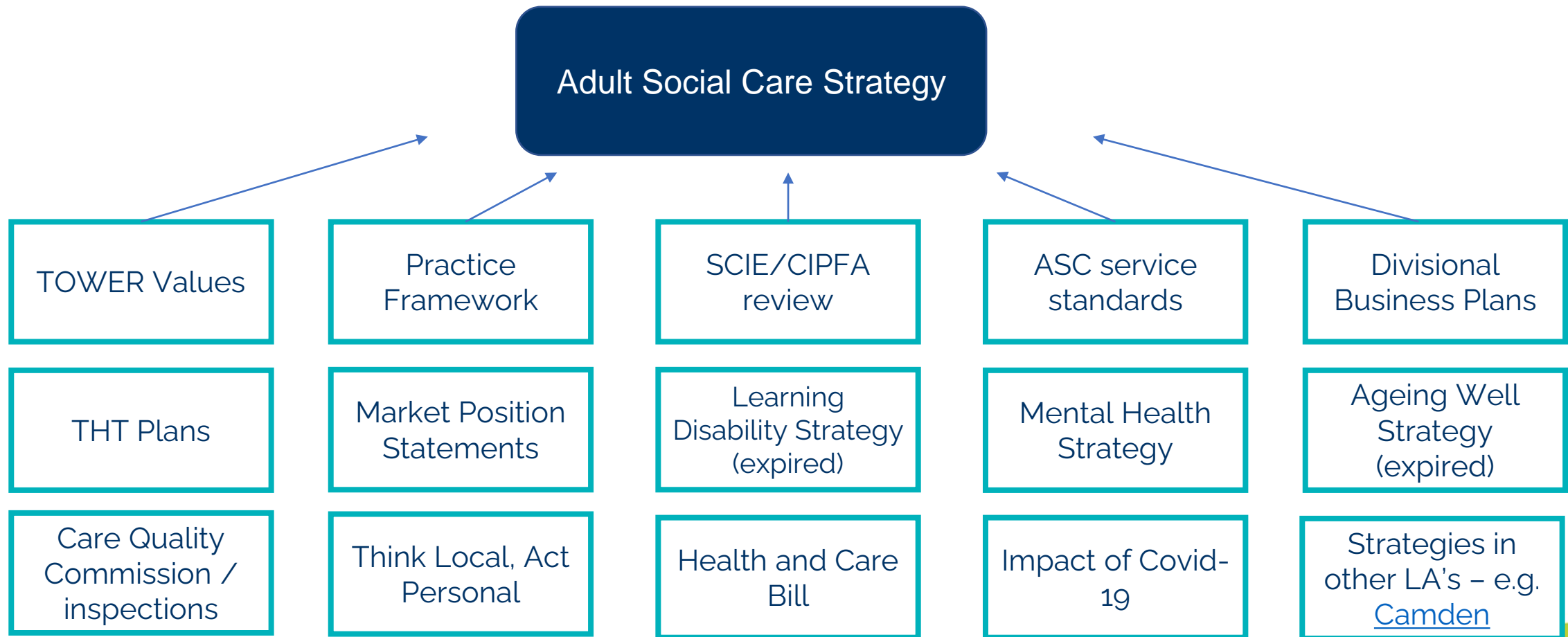


- There are **historic, entrenched challenges** in LBTH related to deprivation and difficulties navigating services, but we are not exceptional
- Residents, health colleagues and others can have unrealistic and more traditional perceptions of social care. We need to **raise their understanding and knowledge 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:



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:

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

