



Covid-19 THT Partnership success stories and case studies

At our most recent THT Board meeting on the 7th May, partners discussed numerous examples of how strong partnership working, innovation and commitment across the borough have contributed strongly to our local Covid-19 response. This has been 'THT in action' through our pandemic arrangements. Across the partnership, services have responded flexibly, collaboratively and at pace to ensure adjustments have been made to respond to the pandemic.

Highlights raised are detailed below with more specific examples provided within the rest of this presentation:

- Staff at the Royal London Hospital and Barts Trust have really impressed with their flexibility, commitment and ability to get things done, e.g. hundreds of staff relearned critical care skills, the discharge hub created across partners, and the extra bed space created for covid patients for the system and London
- There has been really strong partnership on the Mile End hospital site
- We have seen a huge and well integrated community and voluntary sector response including mutual aid groups and volunteering
- There has been great innovation by teams on the frontline at ELFT, e.g. IAPT going digital within 24hrs, and commissioners and providers working together at borough and WEL to overcome contractual barriers
- Within primary care there has been a very fast shift to on day triage with no forward booking of appointments, fantastic partnership around E-consult and other digital resources for general practice
- GPCG's innovative home monitoring service has provided covid symptomatic patients with kit to monitor them, delivered through voluntary sector and GPs. It has received very positive patient feedback and has discharged 200 patients (with 60 still active)



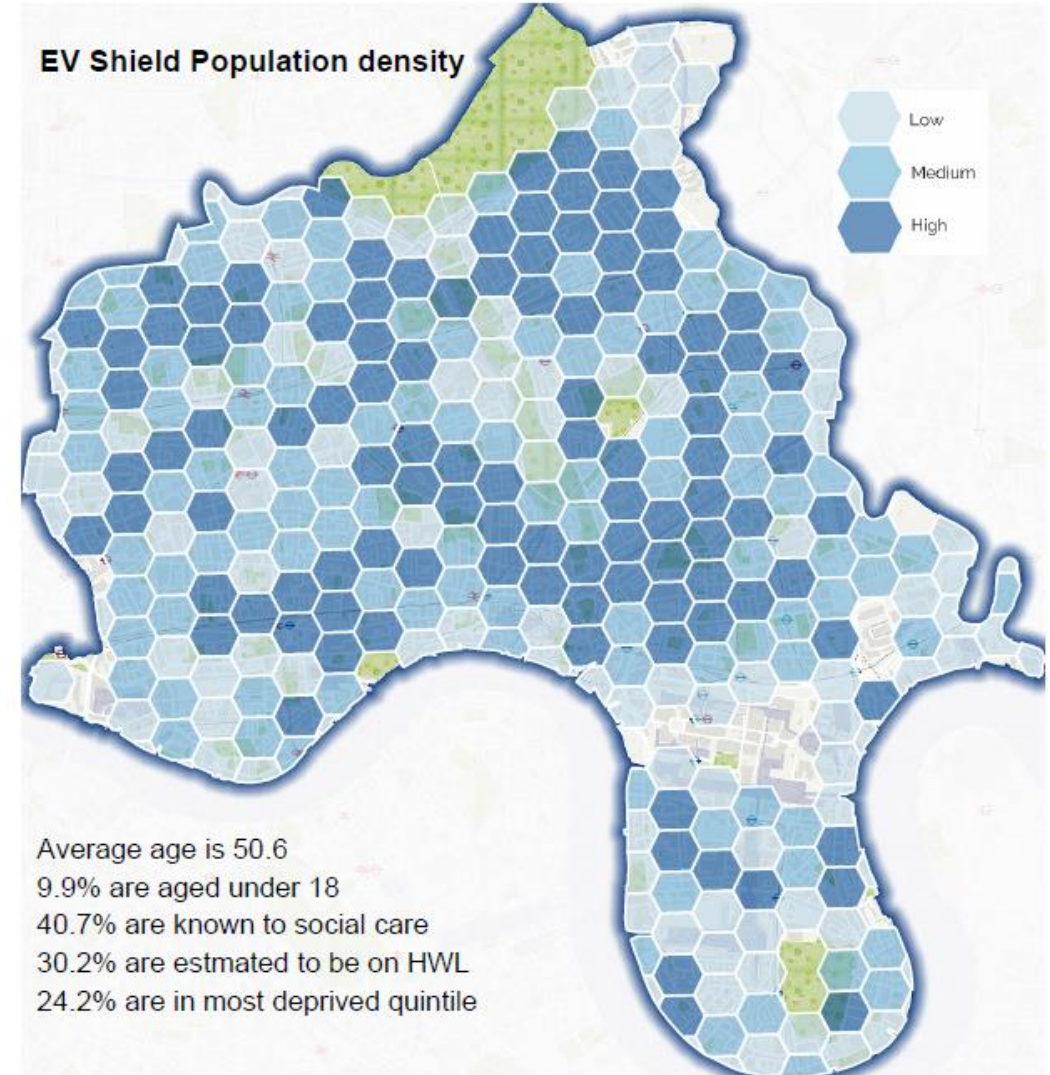
Shielding the extremely clinically vulnerable

There are around 7,000 residents in our Borough who are extremely clinically vulnerable to coronavirus and have been asked to ‘Shield’ – stay at home and stringently isolate – for at least twelve weeks. As a Council, we have a duty to identify needs among this group and where necessary to support with the provision of food, medicines, or social support.

We have worked closely with central government, NHSE, GP Care Group to identify the extremely vulnerable individuals and to ensure all are contacted. We have flagged those individuals in Framework-I so that social care staff are aware of which people should be Shielding and can prepare accordingly when providing direct care. We have communicated with local care homes about Shielding individuals in their care.

We have stood up, at pace, a substantial call-out operation to contact these individuals and assess their needs. This multi-organisation operation has involved over 150 staff from across LBTH (Day Centres, Community Safety, Children’s Centres, Public Health, Drug and Alcohol teams, Adult Social Care) as well as staff from ELFT, GP Care Group and the CCG. We have worked across all of these agencies to put in place support pathways to meet everything from urgent food needs to ongoing care navigation support.

So far we have contacted over 3,000 residents, which represents an amazing effort. This has resulted in over 750 individuals being delivered urgent food parcels, 180 provided with immediate financial advice, as well as over 500 referrals for ongoing social and practical support from LBTH’s community navigators, social prescribers in primary care, and ELFT’s care navigators. This will have a tangible impact on the health and wellbeing of our most vulnerable residents during the pandemic.





Integrated Hospital Discharge

- The Integrated Discharge Hub (IDH) was established on Monday 30th March, following the publication of the [national service requirements](#) on hospital discharge
- The requirements set out that all hospitals must have a 8-8/7 day a week discharge service, which is able to facilitate the timely discharge of all medically optimised patients
- In Tower Hamlets the service pulled together in just over a week as a multi-disciplinary team established from ELFT's Admissions Avoidance Discharge Service, the London Borough of Tower Hamlets Hospital Social Work Team, ELFT Continuing Healthcare Team, as well as LBTH Reablement and Brokerage.
- The team are responsible for all hospital discharges from the Royal London Hospital, including non-Tower Hamlets patients. They also work closely with other discharge teams across London to safely return Tower Hamlets residents home.
- Over 300 patients have been referred through the service since the service commenced, with just over 50% of these Tower Hamlets residents
- 90% of patients have been successfully discharged home with care and support. The remaining 10% have been discharged to nursing and residential homes, supported accommodation, and newly commissioned step-down facilities.
- 25% of patients have been discharged the same day, and over 50% within 1 day, a big improvement on historical discharge times
- New relationships have been established across historical boundaries (ELFT, LBTH, Barts) and regular team meetings and learning sessions ensure discharge processes are continuing to improve.



Guidance, training, use and supply of Personal Protective Equipment

- Reporting into the integrated Health and Social Care silver Operational Group, a multi-agency Bronze PPE group has responded to concerns and queries around PPE as well as ensuring that providers have a steady supply of PPE through our mutual aid scheme. This has achieved the following:
 - Guidance and training on use of PPE has been developed by public health and disseminated across health and social care partners
 - A virtual training session for carers and those with personal budgets and direct payments has been held by GPCG
 - Consistent guidance on PPE usage has been agreed amongst partners and communicated to teams and providers – for both health and social care staff and non-health and social care staff
 - An LBTH run mutual aid scheme has been set up and is operating well with all requests met - as of the 7th May, over 150,000 items of PPE have been distributed
 - The mutual aid scheme has also been extended to external teams and providers
 - PPE packs have been made available for those with Direct Payments and Personal Budgets and those shielding to ensure they can continue to safely receive their care.



Homelessness & Rough Sleeping

- The Council have procured additional hotel accommodation for homeless people and have worked in partnership with GP Care Group, ELFT and our local substance misuse teams to ensure that we have appropriate levels of physical and mental health support services going into these new sites.
- As of 29th April:
 - 144 units of accommodation have been secured for rough sleepers and 350 rough sleepers are being accommodated in LBTH hotels/hostels funded by the GLA
- It has been agreed that the usual restrictions on placing homeless people are lifted i.e. no recourse to public funds and no connection to the borough.
- Alongside this, in conjunction with Public Health colleagues, we have developed a protocol for managing any potential outbreaks in hostels and the newly procured hotels accommodation and this is currently being implemented.
- A homelessness pathway has been successfully built into the integrated discharge pathway with one hotel in-borough identified as our main site for hospital discharges which provides en-suite provision and onsite provision of meals.



Care Homes and Homecare

Care Homes

- The Council has worked in partnership with the CCG and with the GP Care Group, Barts Health NHS Trust and ELFT to ensure that our care homes have a “wrap around” offer of support from all relevant primary and community healthcare professionals.
- Guidance and training on PPE is in place, with access to the mutual aid scheme.
- Guidance on preventing and managing outbreaks has also been developed and there is a weekly virtual forum, where issues around this are routinely discussed and explored.
- We are currently setting up a local testing pathway, so that residents and staff have regular and systematic access to this going forward.
- An operational plan for care homes summarising how care homes are responding to Covid19, what supported is in place, and arrangements across the system has been drawn up.

Homecare

- The Council has worked innovatively and closely with providers and our Adult Social Care team to create additional homecare capacity, totalling approximately 3800 extra care hours per week, to help manage increasing demand.
- We have also responded to concerns and queries around PPE, through delivering a number of formal and informal training sessions, led by ELFT, as well as ensuring that providers have a steady supply of PPE through our mutual aid scheme
- Guidance and training in place to create a ‘wrap around’ offer as with care homes.



Support for those using Direct Payments

- The Council and the CCG along with People Plus and Real have worked together to put in place additional support for people with a direct payment or Personal Health Budget in response to the Covid-19 pandemic.
- This includes producing a wide range of information and advice materials on the Real and People Plus websites and organising for people with a DP/PHB to get access to appropriate PPE.
- People with a DP have been given a 10% contingency to enable them to manage unforeseen issues resulting from Covid-19 and put in place any support that is needed.
- The GP Care Group and the Council also ran a webinar for front line care workers, personal assistants, informal carers and people with a DP/PHB on PPE.



Care Worker Recruitment

- Although the care sector in Tower Hamlets has remained resilient throughout the Covid-19 outbreak and has not faced significant capacity issues, at the start of the pandemic the council and Tower Hamlets Together (THT) acted swiftly to support local providers by developing a multi-channel recruitment campaign to attract new and returning recruits to care work.
- A dedicated phone line and inbox has been created in Adult Social Care to triage enquiries and refer expressions of interest onto local homecare agencies and bed-based settings. WorkPath has closely supported this effort, proactively identifying and referring its own service users who have previously expressed an interest in care work. At the London level, Tower Hamlets has also joined the 'Proud to Care' recruitment campaign which is a pan-London effort to raise the profile of care work and encourage people to apply or return to care roles.
- To date the council has received some 200 enquiries and made over 60 onwards referrals to providers. The campaign will continue for the time being as the council and THT recognise the medium- and long-term benefits of securing additional capacity for the sector.



GP Care Group and RLH/Barts partnership working to transform services

1. Communications - our two teams have established excellent links and are sharing information which has made a real difference to how general practice and the hospital work - messaging is much faster, goes to the right people, is trusted and helped everyone's understanding of what's going on at our respective coal faces. It has taken down barriers and contributed to everyone's collective feeling of working together rather than being two tribes.
2. Specialist advice - we have organised webinars for general practice where experts from Barts Health have given presentations then been available to answer questions, including cancer, end of life care, diabetes and chronic kidney disease. We have invited Neil Ashman and Alistair Chesser to open this up to other specialists and intend to run these regularly. This has been hugely appreciated in general practice and we have had up to 150 clinicians on the calls, and others have watched the recordings. It has changed the way specialists and GPs can connect.
3. The Outpatient Department made Clinic 3 available to GPCG to set up a larger primary and urgent care hub at the Royal London. This enabled an increase in primary care capacity and we have a fall back in the event that general practices were overwhelmed by a surge (which thankfully has not materialised).



THCHS Services Working in Partnership

- There has been great working in partnership between the Foot Health service and the District Nurses to ensure that patients with high risk foot wounds are being kept safe. Patients who are seen by Foot Health monthly and having regular dressings undertaken by the District Nurses, have been handed back to Foot Health to undertake all the home visits. This has freed up the District Nursing service to concentrate on the increased end of life patients.
- The Accelerate service in Tower Hamlets has also taken on the highly complex lymphedema home visits from the District Nurses showing great team work and prioritising our resources to help the most vulnerable patients.
- Integrated discharge hub: we have deployed all therapists into one team. We have an integrated discharge hub with social care, nursing, therapists and CHC team to facilitate discharges from the hospital and prevent admissions from the community.
- Our tracheostomy practitioner is 'virtually' training nursing and therapies on tracheostomy care and basic respiratory skills to ensure we can answer the demand of post Covid19 patients discharged into the community.
- The CHT Clinical Psychologist has developed a guide on remote working and how to cope with it
- The Lead Nurse held a teleconference with Care Home Lead Nurses re use of PPE, which clarified their expectations of District Nurses and other visitors.



THCHS Triage & Assessment

- The nurses in the Triage and Assessment team have been working really hard to assess and encourage self management for patients in these times of self isolation.
- There was a patient who was discharged with chemotherapy infusion who was referred for district nursing to put up and take down the infusion.
- The nurse in the triage team had a video call with the patient and was able to show her how do this and gave the teaching session using videos and talking the patient through the process over two sessions until the patient felt confident to under take this alone.
- The patient thanked the service and felt able to ring in for advice.
- This is a new way of working that can assist future community nursing work.