

Committee	Dated: 6 Nov 2020
Community and Children's Services	
Subject: Lessons learnt from the departmental response to the COVID-19 pandemic	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	
Does this proposal require extra revenue and/or capital spending?	N
If so, how much?	
What is the source of Funding?	
Has this Funding Source been agreed with the Chamberlain's Department?	
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Summary

This report reflects on the experience and lessons learnt for the department in its response to the COVID-19 pandemic. The department has been required to deliver its statutory functions and services, while at the same time respond to the unprecedented additional demands of the pandemic. This has driven agile and creative new ways of working, many of which have secured efficiencies and will be retained. The department will have to continue to deliver to new and increasing demands as the pandemic continues, but has learnt valuable lessons from the period to date to inform that.

Recommendation

Members are asked to:

- Note the report

Main Report

Background

1. Local authorities have been tasked with a range of responsibilities in response to the Coronavirus pandemic. The primary responsibility since the onset of the virus has been to work with government, health and care providers to make the public safe and prevent deaths.
2. By 17 October, 47 cases of COVID-19 had been recorded among residents of the City of London. There were four deaths among residents - all of which

occurred between 1 April and 15 May. The neighbouring authorities of Hackney and Tower Hamlets have reported 230 and 189 deaths respectively.

3. In terms of access and uptake of testing, residents of the Square Mile have consistently had above national and London averages for 7-day testing uptake - with lower than average positivity of testing.
4. The incidence of COVID-19 is calculated and published per 100,000 of the population. In the week 7 to 13 October (the last available at time of writing) the incidence rate for the City of London equated to 41 cases per 100,000 population. The incidence rate for the London Borough of Hackney for the same week was 138 cases per 100,000 population.

Supporting clinically vulnerable people

Shielding people

5. On 21 March the government announced that those described as “clinically extremely vulnerable” would be asked to shield. To enable this the government set out priorities to support shielding individuals with food, medicine and social care, of which local authorities would be responsible for the social care element.
6. At the point shielding was paused by government, the City had been informed of 157 shielding individuals. Direct contact was made with 149 of which 14 individuals identified a need for help: 11 wanted food shopping, three requested social welfare support and six wanted medicine collection (some had more than one need). No-one in the shielding group wanted emergency food support. Twenty-four households were not living in the City at the time. The eight uncontacted were all accounted for or identified as an erroneous record.
7. The initial period was very challenging for the department. Urgent and immediate actions were required with no indication of the scale of shielding in the Square Mile. For instance, the creation of food depot was required by government to receive emergency food for onward distribution by 27 March. This would meet needs while the government’s food distribution service was established.
8. The City established a depot at the Guildhall, weekend staffing cover was put in place and help from community volunteer networks was secured for onward distribution. The list of shielded residents was received on Saturday 28 March – and contained a single person, who had not requested help with food (officers contacted them that day to verify). Food supplies were subsequently donated to a neighbouring authority.
9. The government’s digital service provided local authorities with shielding data at the outset of the lockdown. This was never to a given timetable, and came in three different lists, each of which would be re-issued in their entirety with any additions and numerous duplicate records. Establishing and maintaining an accurate, single source was resource intensive. This was further complicated

by a period of parallel data supply when NHS shielding lists were generated and provided in addition to those from the government.

10. Until the end of May, data was distributed to the department every two to three days. We crossed checked every shielded household to identify those known to social care or in receipt of Telecare in order to prioritise contact.
11. Despite clearly defined criteria from the outset, it was not until the end of May 2020 that the number of shielded individuals the department had been notified about reached 145, after which monthly additions were less than ten.
12. Reporting requirements were onerous at the outset. Daily reporting was initially required, in addition to weekly situation reporting and numerous supplementary requests for data (national, regional, sub-regional and Corporation level). The scope of reporting changed frequently requiring changes to recording templates and systems, and definitions were often ambiguous.
13. Shielding households who requested support with food received doorstep deliveries from the government service. Some recipients subsequently wanted to cancel these deliveries, and others wanted them directed to homes where they were shielding outside of the City. There was no mechanism on the government portal, or through direct contact with government, to cancel or change.
14. The government initiated a process of centrally driven telephone contact with shielded households who had not used the online portal to identify needs. Some GP services also began contacting patients. By this stage, the City had contacted (more than 90%) or accounted for every household on the shielded list and was undertaking a second round of follow up contact. The volume of contact caused some confusion and while predominantly well received, some households felt it was unnecessary.
15. Within the department there was initially some duplication of roles, responsibilities and resourcing which risked confusion. There was also an enormous willingness to help that was at times frustrated: a call out for volunteers to provide welfare telephone calls attracted over 30 staff but ultimately required only four. Enquiries relating to service responses that were received from some staff also indicated a lack of knowledge about some services and the scope of the department's delivery.
16. The initial scripts, processes and recording systems developed by the department to support this work were not enabling and were too complex and had to be replaced.
17. The response to shielding was delivered by the department at a time when it was transferring most of its operation online and continuing to deliver essential frontline services.
18. The City's community organised very quickly to offer support to shielding and other vulnerable households. This provided an immediate resource to which the

department could refer, and undoubtedly meant many needs were already being met.

19. The co-ordination and monitoring of the department's shielding response was quickly rationalised to provide clear accountabilities and responsibilities. Systems were developed and amended quickly to be fit for purpose and fit for reporting requirements.
20. The redeployment of library staff to deliver social and wellbeing support was very successful. The staff proved skilled at dealing with customers and identifying any on-going needs. This role was successfully transferred to the department's commissioned befriending service when library services resumed.
21. A COVID-19 email address and phone line were rapidly established and promoted. This was monitored daily.
22. Officers sought to contact every shielded person the City was notified of – going beyond the expectation and guidance of government. Officers worked closely with their housing colleagues, duty social workers, GPs and the police to secure contact with individuals where telephone calls had been unsuccessful. Shielded people open to adult social care were contacted (where appropriate) and monitored by their social worker.
23. Repeat contact was made with those shielding who were over 70, those known to adult social care and those who had requested help through the phonenumber, email or third party.

Non-shielding vulnerable

24. A proactive plan was put in place to identify individuals who may be vulnerable and in need of support but were not listed as shielding. Officers contacted 199 individuals who were known to social care services or to housing management teams, or who receive Telecare support. Nineteen requested help: 10 wanted food shopping, eight wanted support with social contact and three wanted medicine collection (some had more than one need).
25. Individuals in receipt of domiciliary care were not contacted directly given the attendance of care staff in their home. The department extended the contracts of its domiciliary care providers to allow for additional demand or additional tasks such as shopping.
26. The department engaged with the Guinness Housing Trust who acted to contact vulnerable households on the Mansell Street estate.
27. The City does not have an established Voluntary Sector Service (a body providing co-ordination and capacity building to local voluntary sector organisations) as some other local authorities do. Many support groups in the Square Mile are informal and some were newly formed – including the Square Mile Foodbank. The department was unable to designate a lead or co-

ordinating group, and so encouraged a hyper local approach rather than City wide or Corporation led.

28. Widespread volunteering across the City's communities provided a range of support opportunities – to which many needing help were able to access quickly and directly. Family, friends, neighbours and local volunteer groups were essential in providing support to vulnerable and isolated households across the City.
29. Officers consider that we creatively balanced safeguarding concerns (risk of fraud, abuse or misuse) with pragmatism in encouraging hyper-local initiatives and good neighbourliness. The idea was to promote support at levels where people were already known to each other (lived in close proximity) or could enhance already established (trusted) groups.
30. Taking a problem-solving approach, funds where need were passported via existing providers. City assets were used to facilitate the delivery of food products where this could be done in line with health and safety (proper food handling).
31. Officers are aware of concerns re: not supporting the provision of IDs but this was done to reduce the unintended risk from scams, frauds and safeguarding concerns.
32. The reliance on volunteers for some support – particularly the delivery of the Square Mile Foodbank – risked burn out as the pandemic continued. It became apparent that a more resilient foodbank model was needed. The duration of the pandemic is also requiring support for needs that are not just about vulnerability, but the economic impact. As a result, the department is moving to a foodbank model that delivers advice, support and casework to tackle wider issues and responses to poverty.
33. The regularisation of the arrangement means that effective safeguarding policies can apply.
34. The rapidly changing nature of guidance and services led to a reliance on digital communication channels. Not all those in need of support are online, and information was mainly available in English. The use of poster, letters and information in City Matters provided some mitigation. The department updated information on pages on the Corporate Website, but some Members, local groups and individuals have often found this difficult to find.
35. Government advice on shielding has changed to reflect lessons learned and COVID secure environments:
<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-COVID-19>. The department has put in place systems to respond and adapt under Tier 1, Tier 2 and Tier 3.

36. Following feedback, the department is specifically reviewing its support to carers (unpaid carers) in relation to shielding and non-shielding groups. With partners and commissioned providers, the department is looking to improve targeted emotional and wellbeing support alongside the generic offers. The department are looking into the feasibility of piloting a Carers Academy with Adult Education and Skills, and providing letters to access priority shopping hours should these be required.

Personal Protective Equipment (PPE)

37. Ensuring a timely and adequate supply of PPE to the departments' frontline officers and commissioned providers was an immediate priority and immediate challenge.
38. During the early stages of the pandemic, national and international supply routes of PPE were severely disrupted and unable to respond to demand. As was widely reported in the media, the procurement and distribution of PPE supplies was often chaotic. This caused intense pressure on the amount of PPE the City of London Corporation was able to obtain from its usual PPE supplier.
39. The department faced challenges in ensuring frontline staff and commissioned providers – particularly domiciliary care workers – had sufficient supplies of appropriate PPE. The City of London's commissioned domiciliary care providers also experienced severe delays to their PPE supply chains during March, April and May.
40. The scarcity of supply and subsequent rationing resulted in constant requests from national and regional government and the London Local Resilience Group for stock and demand estimates.
41. Additional requests for PPE came from a range of internal and external partners. Some of these sought supplies inappropriate or unnecessary for their roles, others simply could not be met because of the priority given to care providers and other front-line roles at high risk of infection or transmission.
42. The department allocated a single point of contact to develop a system of distribution, priority and control of PPE supplies, allowing internal departments and commissioned providers to request emergency supplies of PPE, which was distributed based on priority need and in line with Public Health England guidance.
43. The single point of contact also procured additional items to ensure supplies remained available for distribution, based on demand, through pursuing donations and purchasing PPE from additional suppliers.
44. In the period to the end of September 2020, the department has distributed 14,000 individual items of PPE to internal front-line staff and commissioned providers, and has at least a three months' supply of PPE in reserve.

45. The department has now developed a greater level of supply line resilience to ensure future disruption to supplies is kept to a minimum. This includes signing up to the West London Commissioning Alliance Pan-London PPE procurement programme, which is providing PPE to local authorities whilst the government PPE procurement channels for local authorities are established.
46. The department also has access to PPE supplies from the London Local Resilience Forum, and the North East London PPE Mutual Aid Scheme, and regularly contributes to PPE monitoring reports to ensure supplies remain resilient.
47. Commissioned domiciliary care providers and other settings now have access to the Department of Health and Social Care PPE Portal, where supplies can be ordered and delivered directly.
48. The department would like to thank schools and organisations that donated PPE during the initial lockdown and first wave.

Adult Social Care

49. The pandemic has provided the services with an opportunity to review and redesign discharge home arrangements including the delivery of reablement. The commissioning of additional capacity to deliver the discharge requirements, has identified clear benefits that will potentially serve and support a longer-term redesign of the Adult Social Care system. It is anticipated that this will support better outcomes for service users whilst generating better value for money principles. The department's Adult Social Care Service has received compliments from UCLH on the effectiveness and efficiency of its discharge model.
50. Adult Social Care delivery and a duty social care system have been maintained throughout and has included face to face contact where that is necessary.
51. The government has announced - in October - financial support to registered care providers to improve COVID prevention measures. The department has been given just ten days to identify providers (including those self-funded), make payment and set up monitoring arrangements to report to government.
52. Acute and street triage (s136) mental health services have not seen an increase in demand during the pandemic to date. We continue to monitor service needs in this area with partners.
53. Sufficiency within the care market continues to be monitored through the Association of Directors of Adult Social Care.
54. Care and nursing home visiting restrictions have understandably caused distress for residents and their families. Government initiatives promoting access to IT to enable virtual contact have been promoted to our providers by the department.

55. The Adult Social Care service has recently written to all carers (unpaid carers) known to them, highlighting the support that is available for carers and asking for their feedback.
56. The independent Chair of the Adult Safeguarding Board has advised that:
- *The regular meetings of the City sub-group (quarterly) and the City and Hackney Safeguarding Adult Board Executive (monthly) have been and continue to provide effective mechanisms for reporting by partners, monitoring the impact and obtaining assurances regarding responsiveness, since March 2020.*
 - *In terms of specific issues for safeguarding adults in the City, there are the ongoing challenges of safeguarding homeless people and learning from practice over the past months to inform work over the next phase. I am reassured by the appointment of a dedicated social worker to work in this area as I believe this will improve safeguarding practice, prevention of abuse and protection for this client group.*
 - *There are regional and national concerns about increases in domestic abuse (including intergenerational abuse), COVID-19 related scams, and mental health impact which relates to increasing levels of self-neglect and potentially suicide. There are also infection control and quality issues regarding care provision (not only in Care Homes) that interface with safeguarding. These areas have been, and continue to be, discussed and addressed at the meetings described above. We have continued to review the data and augmented this with a 'deep dive' into a sample of casework from a range of partners to understand better the impact of COVID-19 on risks in peoples' lives, and will continue to seek appropriate responses from partner agencies.*
57. No current concerns have arisen in relation to end of life care within the City, but we have had access to the learning from other areas to inform our planning.
58. The welfare, mental health and wellbeing of Adult Social Care staff in providing services to people in distress or acute need remains a central area of concerns and ongoing review and development.

Children social care, early help, early years and education

59. Multi agency engagement in strategic and operational delivery of children's social care has improved significantly due to the whole system implementation of virtual working.
60. Whilst this new way of working will not fully replace some key meetings benefiting from face to face engagement (such as child protection conferences and supervision meetings), the ability to maintain a line of sight and grip on areas of casework has been enhanced through the use of virtual working arrangements. The service has found that some young people prefer this way of communicating.

61. Throughout the pandemic the service has been able to ensure that all children and young people known to Children Social Care have been contacted, either virtually or face to face, at greater levels of frequency than prior to the pandemic.
62. Delivery has benefitted – and the service learnt – from better triangulation of data across services areas to identify vulnerable children across Education, Early Years, Early Help and Children Social Care. This has helped the department to retain line of sight on the most vulnerable children in the City and ensure they are engaging in learning opportunities both in school and where applicable, virtually.
63. The approach ensured that all the identified vulnerable children in the City were confirmed to have access to learning both during the first wave and remains in place to address issues in the situation ahead. This system will be retained as a key information sharing tool to support improved partnership working with vulnerable children and families in the City.
64. The department has written to all care leavers offering advice and guidance re: COVID 19 and sees ongoing communication and engagement with vulnerable children and young people as key to understanding their lived experience of COVID and how we can best support them.
65. The department is cautious that the full impact of COVID on children and their families is not yet known and vigilance is needed to ensure that the right environments are maintained to allow families to seek support and potential victims to disclose.
66. A shift to digital may have worked for a number of children and families, but potential disproportionalities, impacts and unforeseen consequences are not yet fully understood and are only likely to emerge and crystallise over time. Early indicators from other parts of London are that BAME and disadvantaged children may not have benefited from a reliance on digital.
67. The department continues to work with children looked after and care leavers via the City of London Children in Care Council and the London Children in Care Council. The department has raised with the DfE concerns about the impact of COVID on the employment opportunities for care leavers. The department is looking internally within the Corporation and externally to see how we might offset any economic pressures and increase opportunities for vulnerable children and young.
68. A survey has been issued by the City and Hackney Safeguarding Partnership to assist in capturing learning and understanding during the pandemic and provide further reassurance with regard to effective safeguarding.
69. In discussion with the City and Hackney Safeguarding Partnership, Independent Scrutineer, the Director highlighted:

- *The City have not seen an increase in non-accidental injuries amongst infants, but we are alert to the patterns across London.*
 - *Thanked the Scrutineer for highlighting issues re: window falls and accidental strangulation in other boroughs and agreed to arrange for home safety advice to be shared across the City's Housing estates.*
 - *Acknowledge that the mental health and wellbeing of children and young people during lockdown / tiers remains a central concern for us and how we effectively target support. Online provision as we know is helpful but does not work for everyone and particularly the more disadvantaged (lack of private space and digital exclusion).*
 - *Advised that overall, I think the schools did really well re: pupils emotional and mental health re: the additional alertness and signposting for teachers, students and parents given the additional pressures and uncertainties re: exams this year.*
 - *Reported that crime data across the City including DV remains low and agencies have not reported an increase in DV/DA. We continue to push and challenge ourselves re: how we enable and support victims to disclose.*
 - *Stated that, I think the amount of time children and young people have had to spend online certainly has raised the potential risk of online exploitation and we will reach out to the City schools after the half term to see what more can be done to raise awareness and promote online safety. Community Safety now sits under DCCS so we should be able to join up more effectively re: radicalisation and the risks of radicalisation for teenagers. The potential for pornography based extortion is not an area I think we have a consistent handle on and would welcome your advice.*
70. The City of London Safer Schools App was launched in May 2020 to promote increased safety online and will be reviewed after the October half-term to capture and learning and future developments.
71. It is of note that Ofsted identified Aldgate School as a pilot site for an assurance visit in early September due to the positive feedback they had received regarding the work of the school during the pandemic. The school has been open throughout.
72. Our Education and Early Years Team commissioned the statutory Childcare Sufficiency Assessment (CSA) during the first wave of the pandemic. They consulted with the six Early Years Providers, the Children Centre and the schools in the City. This involved a desk top exercise; structured interviews with providers; quantitative and qualitative consultation including virtual meetings with interested stakeholder groups such as children, young people and parents with Special Educational Needs and Disabilities. This exercise resulted in over 80 responses from individuals and interested groups.

73. The team explored in detail their experiences of Covid 19 and sought provider's views about their expectations for the future, the return to their settings and the support they needed as the pandemic continues. The headline feedback was very positive about the support and communications providers had from the City early years' service.
74. The team now has more regular provider updates with the sector and reports weekly to the Department for Education on the take up of childcare in the City.
75. As a result of this exercise, the team is providing additional resources to ensure there is regular monitoring of the childcare sector, with an annual CSA, to ensure the Early Year sector is supported through post pandemic period.
76. The City of London Corporation has provided October half-term vouchers to city resident children who are eligible for free school meals and officers and members continue to explore the viability and effectiveness of ongoing support. This builds on extensive support provided during lockdown (wave 1) and impressive work by Aldgate School. The department is reviewing the impact of current approaches to child poverty to see how these could be improved.

Housing options and advice

77. Approaches from households seeking advice and support because they are at risk of homelessness has increased significantly during the pandemic period – already double in the year to date than in 2019/20.
78. The service has had to meet this demand but has been unable to operate face to face interviews from Guildhall. Officers consider the move to digital and telephone delivery has enhanced their approach and allowed them to meet the increased demand for support.
79. The service aims to add virtual conferring capacity to the team's digital offer as this will enable additional benefits.
80. The additional challenges posed by lockdown have made securing solutions such as access to private rented sector tenancies very difficult. Despite this the department has increased by a third the level of successful "relief of homelessness" outcomes in which moves into permanent and suitable accommodation have been secured. This early intervention has also meant a reduction in the use of long-term temporary accommodation placements for families and vulnerable individuals.

Rough sleeping services

81. The department's rough sleeping service acted urgently to secure the government's commitment to "everyone in". Direction and considerable pressure came from the relevant government department and Greater London Authority.

82. In the period to the end of September 2020, the service has accommodated double the number of people that in the same period last year. Average rough sleeping counts have fallen by 70 per cent, to 14 people.
83. The department has leased the Youth Hostel Association building on Carter Lane to provide emergency accommodation. Securing this accommodation and agreeing the lease was complex. Mobilising and co-ordinating the inputs of several departments was challenging in the face of competing priorities faced by those colleagues and led to delays. There is very little capacity in the department to secure and mobilise unplanned services, and staff worked excessive hours to achieve this.
84. Documentation requiring completion by partner departments in relation to this service has been huge, and often required professional expertise to complete. The corporate approach to risk management was also hampering when the focus needed to be on delivering the required outcome.
85. The department also mobilised additional health and support services, and has acted as the lead commissioned for a pan-London Homeless Drug and Alcohol Service.
86. The flexibility and responsiveness of the service has secured additional resources and delivery during an unprecedented time. In doing so it has saved lives among some of the most vulnerable in the City's community.
87. Members have shown pro-active leadership in for pushing for expanded and better pathways to sustainable accommodation and supporting officers at this unprecedented time.

Mental health and wellbeing

88. The department has worked with partners to mitigate and prevent impacts of the pandemic on mental health and wellbeing, and ensure essential services continue for those who have a mental health diagnosis.
89. A range of initiatives have been put in place by the department directly, or through its work with partners – notably City and Hackney Clinical Commissioning Group (CCG) – to deliver support for those experience mental ill health during the pandemic.
90. Kooth – a specialist mental health service for young people – was commissioned by the CCG. GP services promoted this to their young patients and the service promoted across a range of local channels, including social media.
91. Mental health services and support targeting frontline workers during the pandemic – such as Frontline19 – have been promoted in a joint approach involving the department, LB Hackney, Bart's Health, East London Foundation trust, Homerton University Hospital Trust and the CCG. Similar initiatives exist in the neighbouring local authority and CCG areas.

92. The Children and Adolescent Mental Health Service (CAMHS) and community mental health services for adults have continued to operate throughout.
93. There have been ongoing promotion of Improving Access to Psychological Therapies (IAPT) to patients including texts and letters from GPs targeting those known to suffer severe mental illness - signposting them to IAPT and a Crisis Line.
94. The department has supported communications through a range of channels to residents promoting support services for mental wellbeing. A dedicated webpage was created on the City's website listing health and wellbeing services. The department also worked with commissioned providers to promote such services.
95. The library service has continued an online Dragon Café to support wellbeing during the pandemic. We have also launched the City Wellbeing Centre, and prior to that worked with the provider - Tavistock Relationships - to deliver a virtual offer of psychological therapies. The department is currently working with Tavistock Relationships to develop a specialist offer to support the mental wellbeing of carers.
96. Addressing the mental health impact of the pandemic is a vital element of the department's – and wider partners' - response, but there is no capacity to monitor the delivery of these initiatives, and it has not been possible to prioritise that within finite resources.
97. As a specific strand within Business Healthy, COVID has caused a focus on the health and wellbeing of all levels of employees. With businesses and partners the department is trying to drive provision of mental health support to cleaners, security guards and contract workers. These sections of the 'hidden' workforce are potentially disproportionately impacted by COVID, but do not necessarily have access to support that other grades of works do.
98. A lead officer was identified within the Public Health Team to assist with the co-ordination of bereavement counselling and signposting to bereavement counselling for children and adults. Advice on accessing bereavement counselling and support was included on the COVID 19 pages on our website, hard copy comms to residents and call-centred staff were briefed on how to refer calls to the lead officer.
99. Signposting to bereavement counselling and the scope of people who might need counselling (multi-generational loss) was further embedded within the Registration Service. Registration processes where possible were streamlined to be as flexible and supportive of families / the bereaved as possible, taking into account religious customs and practices.
100. The Assistant Director for Barbican and Housing acted as a single point of contact for community deaths with the Coroner. The Assistant Director, the Head of Registration Service and a Public Health Consultant formed part of the Corporation's Mortality Management group.

101. Covid 19 deaths within the City have remained low and we continue to plan appropriately and learn from other areas who have experienced higher death rates.
102. Supporting staff who are having to deal with the emotional impacts of managing death and dying within their home working and office environments is challenging. Managers are engaged in supportive conversations with staff and guiding staff to counselling and other support via the Employee Assistance Scheme.
103. The department has continued to work with faith groups in terms of the support they offer the unwell, dying and bereaved. We have also sought to engage more widely with faith groups and provide faith specific guidance for significant religious celebrations such as Ramadan and the Jewish New Year. We continue to seek feedback from faith groups in terms of their knowledge and intelligence re: communities and how we can improve our services.

Carers (unpaid)

104. Support for carers, including the service commissioned by the department (City Connections), had to migrate to online and telephone delivery at the outset of the lockdown.
105. Information for carers – whether through the Corporation website or others – was largely online. Achieving and maintaining comprehensive lists of activities and resources has been difficult (in the context of constant change and updates across all areas of the website).
106. There are also some conflicting expectations and requests (internal and external) in terms of the department's intention that the City Connections' website serves as the main resource for carers (and a range of other needs groups) and the City's website focussed on the adult social care duty to carers.
107. Support was offered by the City Connections to all known carers. Not all took up that offer – as is the case in non-lockdown times. Support included weekly welfare telephone contact (for those wanting that) and twice monthly online carers group.
108. City Connections had to transfer its support to online delivery and telephone calls. It offered fortnightly carers session and a quarterly carers forum. It has also organised creative arts, an online tea party and a carers prize nomination.
109. There has also been a local volunteer led offer of activities for carers that City Connections has promoted.
110. The demands and circumstances of the pandemic have prevented City Connections delivering to the objective set by the department of addressing the under representation of carers from the east of the City, and delivering support to carers in the working population.

111. Clearly the reliance on digital delivery is limiting, but the restrictions of the pandemic mean in person groups are unlikely to resume in the short term.
112. Further work and service development will focus on supporting carers in accessing and feeling confident using digital technology. Delivery of this will continue to draw on the library service offer and support through a digital befriending scheme.
113. There is a need to develop other communication methods to promote services and support, and this is being looked at by the department and City Connections.
114. The department's adult social care team has written to all carers known to their service to understand their experience of the pandemic and identify needs and service gaps.
115. City Connections will continue to host sessions online and raise awareness of other support services in order to address some of the significant isolation that carers experience.

Housing

116. Service delivery from the Barbican Estate Office had to be prioritised, with the focus on enhancing the safety of the Barbican Estate in terms of cleaning and sanitising common areas and reducing personal contact with and between residents.
117. Although technology has generally worked well for managers and supervisory staff in the Estate Office, many frontline staff could not work from home. Robust procedures were implemented very early on in the lockdown to ensure that frontline staff were properly managed and supervised and, given the support they required.
118. Housing Management on the City's other estates has been delivered despite the closure of all Estate Offices, Community Centres and similar buildings and communal housing related facilities. All staff, except for frontline cleaning staff, were instructed to work from home. Services were prioritised, with the focus on enhancing the safety of residents on our estates.
119. Increased cleaning was focused on areas of high hand / touch contact. Concerns re: standards of cleaning have been and continue to be followed up and remedial action taken as required. It should be acknowledged that the vast majority of our cleaning staff take immense pride in their work and need to be praised for their standard of work.
120. Going forward we are keen to work with residents and commercial tenants to reduce litter and foster a sense of collective responsibility for keeping our estates tidy.
121. Technology has supported the delivery of many services as normal without estate offices being open to residents. The pandemic response has seen

greater urgency to secure changes to modernise service delivery. Many changes are eliminating paperwork where possible – such as online void inspection system and electronic tenancy sign-ups – and will improve efficiency.

122. There are plans to enhance ways of making payments - including a 24 hour payments phone line for rent payment to reduce the burden on the Rents Team. Other payments, such as fobs and parking, are under review too. The aim is to reduce our reliance on 'in-person' customer service for routine transactions.
123. Lockdown had a significant impact on the repairs and maintenance service as contractors 'furloughed' many of their staff. However, in the case of statutory repairs such as gas servicing, asbestos management, fire safety, water testing and electrical testing and the service has worked with these specialist providers to ensure compliance throughout the lockdown period.
124. Concerns arose about continued construction of the COLPAI site. Government allowed construction to continue with COVID security measures in place. The continued construction raised concerns about noise and failure of construction workers to properly socially distance. These were addressed with the contractor.
125. The department has struggled to balance the challenge of the need to build new social housing, the needs of the homeless and those in temporary or unsuitable accommodation, with the impact of construction on our residents. The department sympathises with residents who have and continue to be affected by noise and is keen to find workable measures that meet the complex matrix of needs.
126. The department has worked closely with local authorities where we have estates outside of the City and sought to provide useful information to all our tenants / housing residents via @Home Magazine, estate notices, emails, message boards and noticeboards. A number of our estates outside of the City are in areas where COVID rates and deaths have been high.
127. The department continues to deal with the serious financial implications for all major works contracts resulting from extended contract periods and associated costs. It must also balance the impact of delayed delivery on those acute housing need awaiting homes.
128. A key focus for the department is learning, developing and reviewing how best we support our residential and commercial tenants given the financial impact of COVID on them and the financial pressures on the HRA. A range of comms have been used to inform residents of the financial support that is available to them and we look to continue to refine and improve these.
129. We are aware that for some of our HRA commercial tenants the communication and requirements re: accessing support may have been confusing and we

welcome the engagement of local ward members in trying to address and improve this.

130. Based on our learning the department is keen to provide more information to residents on the impact on services – what we can do and, what we can't do within current or future Tiers, and encourage more feedback from residents on the reduced level of services we are providing to see how it is impacting on them.
131. We are grateful to residents associations such as GLERA, Barbican Talk and Portsoken WhatsApp groups who have used their websites and communication channels to share Covid information from the department.

Libraries

132. The library service responded quickly and creatively to create an online offer to support as many of its community of users that it could at least reach virtually. A timetable of virtual events for adults and children was created. The service delivered remote IT training to help people use platforms such as Zoom, download e-Books, e-Audiobooks, e-Magazines and e-Comics.
133. Events include Digital Rhymetimes, craft activities for families, online reading groups, online talks and the online Dragon Café to provide an inclusive offer across the range of library users.
134. Outreach by phone to housebound users was also delivered and continues.
135. Barbican and Community Libraries Business Continuity Plan and COVID-19 continuity plans worked well in supporting continued delivery and resumption of library-based services.
136. The opening of physical library spaces has allowed access to the internet for those without facilities at home.
137. The libraries offer has formed a significant part of the department's support to the City's communities.
138. Our libraries have been the embodiment of flexibility, creativity, ingenuity and public service. The overwhelmingly positive feedback from user across the age ranges has been treasured by our staff. Staff continue to support learning across the sector, share models of delivery and look to provide new areas of provision if it is safe (Covid Secure) to do so.
139. The model of delivery has been transformed and a mixture of physical library provision and digital provision – 'libraries without walls' will remain.
140. Loss of income and budget pressures (2021/22) are ongoing challenges while living and working with the pandemic. Staff are facing all of this with stoicism, altruism and professionalism.

Adult Education and Skills (ASES)

141. ASES are operating a successful hybrid model with those courses which can be offered successfully in a virtual mode, being offered that way and courses with a stronger need for face-to-face interactions are occurring in that mode.
142. The pivot to virtual occurred very rapidly and success was due to the training tutors received and a range of resources provided for online delivery. Improved online systems have developed including Moodle and Google classroom in addition to other systems.
143. Loan computers with internet capacity were purchased to enable any learner without computer access to virtually attend courses. The tutors provided one-to-one support and phone support for any learners needing assistance with accessing the learning.
144. A better and clearer web marketing and booking system is needed to support the service.

Apprenticeships

145. Apprenticeships continued to be delivered flexibly (including through e-learning and remote learning) to those apprentices working from home. In the City, apprentices remained in employment and were not furloughed and have not to date been made redundant. The City's HR decisions have served to protect and support the City's apprentices.
146. There have been delays to End Point Assessments (EPA), but tutors ensured apprentices were updated. The City also automatically extended apprentices' contracts of employment in response to this and 'rolled over' Level 2 apprentices into Level 3 schemes.

Family of schools

147. All schools in the family of schools have reopened and are reporting current attendance in line with normal rates of attendance except for where pupils or staff have been required to isolate. Throughout the pandemic, schools received regular updated COVID guidance and resources that can be distributed to parents, staff, and pupils to provide general guidance. These resources were in different languages, for SEND pupils and available in many forms included printed material, videos, animations, and phone messages.
148. Advanced training for leadership occurred in risk assessment and assurance and in equalities analysis. Schools worked closely in partnership including working collectively to ensure all pupil premium children and others without online access were quickly able to access computers with data and a range of high-quality online lesson material.
149. The schools are well-prepared to function safely under these circumstances but need to remain vigilant as a second COVID-19 wave is expected.

150. The volume of information sent to the schools was extraordinary and impossible for schools to adequately implement. In one month alone, over 300 separate documents, many more than 60 pages in length were issued as guidance.
151. The number of COVID home testing kits sent to schools is not keeping pace with demand and re-ordering of additional test is occurring. Continued awareness of the importance of effective test, trace, isolating strategies is important. All schools have prepared isolation and rapid closure plans. Certain local authorities where are schools operate have quite high R rates.
152. In the City of London, the department was able to quickly secure provision of education hubs for both primary and secondary pupils if they were needed. Most schools across the family of schools remained open throughout the crisis and provided high quality education to vulnerable pupils and those of key workers. Attendance was generally low, but the pupils who did attend have benefitted from the provision in terms of both social and academic development. All schools offered virtual provision, and this was most successful when it was a timetabled provision with very clear and consequential expectations around attendance.
153. Additional mental health support services are available to both pupils and teachers. All school have access to mental health training and have designed post-trauma recovery curricula. Additional training and support have also been provided to manage any behavioural challenges as pupils returned to school.

Public Health

154. The Local Outbreak Control Plan secured good engagement from partners and colleagues in the public health response, particularly through participation in the health protection board (and its forerunner).
155. Weekly meetings with the education team and meetings with head teachers to answer questions directly were felt by officers to be effective and positive.
156. The NHS worked to its own national and regional command and control system, which either did not include local authorities, as local partners, or seemed to assume that the local authorities worked to that system of governance, too. This has meant doubling up on governance structures and has, again, led to confusion about where some decisions are made.
157. There remained some internal disjunction between the public health emergency response and the wider emergency response.
158. Testing capacity has been increased with the establishment of a local walk-in test centre.
159. The impact of COVID has driven a renewed focus within the department on equality and a focus on health inequalities via the Health and Wellbeing Board.

160. Departmentally and Corporately the department is keen to engage members in embedding / re-embedding a Health in All Policies (HiAP) approach.
161. As part of the wider determinates of health the department is keen to work across the corporation and communities to learn from best practice in developing a 'green' / environmentally friendly recovery.

Digital Inclusion

162. The reliance on digital platforms for most communication and service delivery has been significant during the pandemic period.
163. The department acted ahead of government support to ensure children and young people at risk of missing education and learning due to digital exclusion were supported. Over 50 children and young people were identified and supported with devices and data to ensure they could access their education. Those targeted include children in care, those with special education needs and disabilities, children and young people engaged with Early Help services, and those identified by the Aldgate School.
164. Some children and young people in receipt of this help required additional support with technical issues and skills, for which the department had no dedicated capacity.
165. Access to free internet services was hampered by the closure of libraries and community centres.
166. For households required to shield, internet access could provide a means to shop and have social contact. At the suggestion of Members as scheme was mobilised to provide free data to low income shielding households.
167. The challenge of digital inclusion has been widely reported and recognised locally, regionally and nationally. The department is reviewing initiatives and best practice to identify how it can overcome device, skills and data poverty, and how such approaches may support wider objectives to tackle financial exclusion and social isolation.

Communication

168. Finding channels to communicate effectively with all parts of our community (residential and business), in ways that accord with the Corporation's usual rules and regulations has been challenging.
169. There remains a significant reliance on digital tools and channels that do not reach all sections of the community.
170. However, the corporate communications team have also used letters to residents and City Matters to deliver key messages and information.

171. The department are additionally focusing on specific service user / client groups in order to target information and elicit their feedback.

Staff Welfare

172. The pandemic has also been challenging for the department's staff. The initial focus was on supporting staff to deliver their roles during a period of rapid change, and deploying staff resources to meet the additional demands placed on the department.

173. In line with Central Government and PHE guidance / directives we continue to act to ensure staff are safe, and where their role could not / cannot be delivered from home, their delivery minimised the risk of infection and transmission.

174. Staff across the department, Corporation and schools have continued to attend their places of work and manage the risks of COVID to deliver frontline services.

175. The majority of staff have had to work from home. All home working staff have assessed their working environment and the department has provided equipment to support safe and effective delivery.

176. Many staff live in households with several home working adults or home-schooling children. Others may live alone and face the challenge of isolation from colleagues. The department also has staff required to shield, and those who care for shielding family members. Despite such challenges, the response from staff has demonstrated an outstanding level of professionalism, public service and commitment to protect the most vulnerable.

177. The priorities of the pandemic meant some staff – particularly in the initial period – were required to work long hours and had limited opportunity to take leave. Managers have been asked to ensure staff plan and take leave, and that they continue the range of initiatives to support wellbeing, team building and staff development.

178. Employment insecurity is affecting and concerning staff directly and indirectly due to budget pressures (savings proposals) and the impact of COVID on the economy for their families, friends and communities.

179. Recently the department has used a questionnaire and its network of managers to assess staff needs and seek feedback on opportunities to improve support.

180. Staff morale is understandably volatile, particularly as the pandemic continues and there is wider uncertainty. However, there continues to be a strong commitment to sustain delivery of all the department's functions and services.

181. The Director has emphasized the importance of embedding a culture of learning across the department and avoiding elements of toxicity. All leaders within a learning culture need to consider the language used, the impact and timing of their actions and have a pedagogy that values respect. During a prolonged pandemic that is affecting all our lives it is essential that elected

members, senior officers and community leaders demonstrate respectful challenge and civility (avoiding or calling out incivility).

182. Coproduction needs to underpin our recovery and engagement with our communities and service users.
183. The Director wishes to take the opportunity of this report to record his sincere thanks and gratitude for the hard work of all staff within the department.
184. He would also like to thank all residents, partners, members, volunteers and Corporation staff who have supported communities during these unprecedented times, contributed to ongoing learning and mutual respect.

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