

Overview and Scrutiny



Healthier Communities Select Committee Supplementary Agenda

Tuesday, 12 March 2024

7.00 pm

Civic Suite

Lewisham Town Hall

London SE6 4RU

For more information contact: Nidhi Patil (nidhi.patil@lewisham.gov.uk)

This meeting is an open meeting and all items on the agenda may be audio recorded and/or filmed.

Reasons for lateness- These reports are being published late due to the pre-election publicity rules that were in place until the 7th of March 2024.

Reasons for urgency- These reports need to be considered at this Committee meeting as this is the last meeting of the Committee in this municipal year (2023-24) and consideration of these reports will allow the annual work programme to be completed.

Part 1

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Healthier Communities Select Committee

University Hospital Lewisham Update

Date: 12th March 2024

Key decision: No

Class: Part 1

Ward(s) affected: all

Contributors: Nidhi Patil (Scrutiny Manager)

Outline and recommendations

This report will be followed by a presentation that will provide the Committee with an update from the University Hospital Lewisham.

The Committee is asked to:

- note and comment on the content of the update.

1. Summary

- 1.1. The Healthier Communities Select Committee has invited University Hospital Lewisham to provide an update on their work. This update will be delivered by means of a PowerPoint presentation, following which members of the Committee will have an opportunity to ask questions.

2. Recommendations

- 2.1. Members of the Healthier Communities Select Committee are asked to note and comment on the content of the update.

3. Policy Context

- 3.1. Receiving this update from the hospital supports the aims and objectives of the Council's Corporate Strategy, namely:
 - *Health and Wellbeing* - working with the local NHS to deliver the services Lewisham residents need.

4. Background

- 4.1. The Healthier Communities Select Committee's terms of reference state that the Committee is responsible for fulfilling all of the Overview and Scrutiny functions in relation to the provision of service by and performance of health bodies providing services for local people.
- 4.2. The Committee has invited University Hospital Lewisham to provide an update on their work and performance. This update will be provided via a PowerPoint

presentation.

5. Financial implications

5.1. There are no direct financial implications arising from the content of this report.

6. Legal implications

6.1. There are no direct legal implications arising from the content of this report.

7. Equalities implications

7.1. Equality Act 2010 brought together all previous equality legislation in England, Scotland and Wales. The Act included a new public sector equality duty, replacing the separate duties relating to race, disability and gender equality. The duty came into force on 6 April 2011. It covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

7.2. The Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

7.3. There are no direct equalities implications arising from the content of this report.

8. Climate change and environmental implications

8.1. There are no direct climate change and environmental implications arising from the content of this report.

9. Crime and disorder implications

9.1. There are no direct crime and disorder implications arising from the content of this report.

10. Health and wellbeing implications

10.1. There are no direct health and wellbeing implications arising from the content of this report. However, the Committee is receiving an update from the University Hospital Lewisham which plays a big role in supporting the health and wellbeing of Lewisham's residents.

11. Appendix

11.1. Appendix A- University Hospital Lewisham Update Presentation

12. Report author and contact

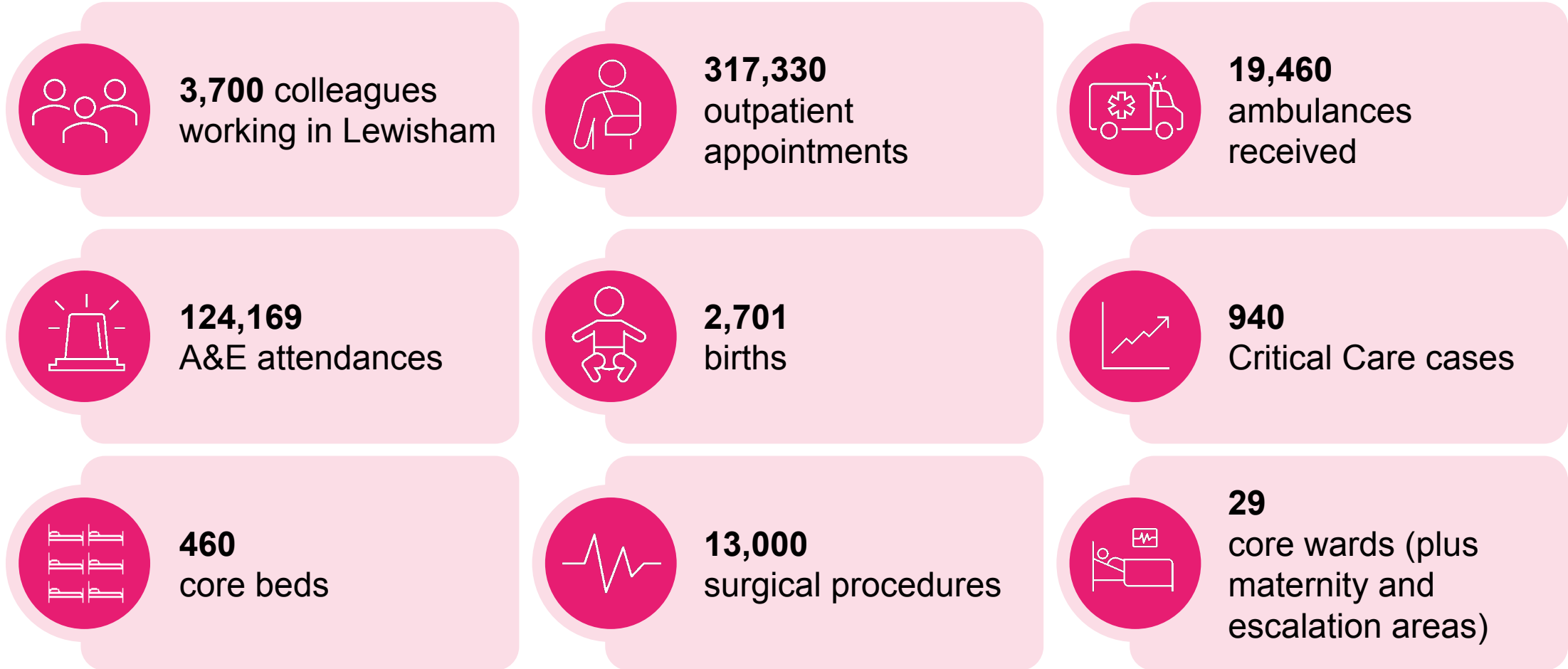
12.1. If you have any questions about this report please contact the scrutiny manager: Nidhi Patil, 020 8314 7620, Nidhi.Patil@lewisham.gov.uk

University Hospital Lewisham update

Tuesday 12 March 2024

Ben Travis, Chief Executive

Lewisham in numbers: 2023/24





Patients

Put patients at the heart of everything we do

- New Patient Portal
- New Patient Experience model
- Re-design of UHL front door
- Focus on reducing long waits
 - ENT





Quality

Continually improve safety and quality

Challenge: Consistent operational pressure is having an impact on quality and patient care

- In the middle of Super March
- Weekend operating list
- Positive CQC feedback
- Funding for hyper-acute sickle cell unit



People

Support and develop our workforce to live our values every day

- Refreshed our vision and values
- Vacancy rate stable at just below 10%
- Positive 2023 National Staff survey results
- Continued commitment to London Living Wage
- Diversity of senior team



Partnership

Work effectively with partner organisations

- 2x New Theatres on site – construction commencing in March
- Continued discussion with SLAM about Mental Health services
- Close working with partners in the Lewisham system including the council
 - Medically Fit for Discharge



Money

Ensure we spend every penny wisely

- On track to meet financial targets for 2023/24
- 2024/25 will be very challenging
- Capital availability challenged

Your questions



Healthier Communities Select Committee

Health & Wellbeing Charter

Date: 12th March 2024

Key decision: No

Class: Part 1/ Part 2 (Delete as appropriate)

Ward(s) affected: all

Contributors: Charles Malcolm-Smith (People & Provider Development Lead, South East London ICS), Dr Catherine Mbema (Director of Public Health), Ceri Jacob (Lewisham Place Executive Lead, South East London ICS)

Outline and recommendations

The purpose of this paper is to provide members of the Committee with an update on the Lewisham Health and Wellbeing Charter

Timeline of engagement and decision-making

The committee agreed the approach to the key elements and development of the proposed Health and Wellbeing charter at its June 2022 and February 2023 meetings, and was updated on its development at its June 2023 meeting. A first draft was received in September 2023.

1. Summary

- 1.1. The committee received the previous draft of the Health and Wellbeing Charter in September. It has been developed further to include more detail on signposting to services and resources, and on what citizens can do to support services and for their own health and wellbeing. A draft of the Charter is attached for comment (Appendix 1).

2. Recommendations

- 2.1. Members of the Healthier Communities Select Committee are asked to comment on the draft of the Health and Wellbeing Charter.

3. Policy Context

- 3.1. The contents of this report are consistent with the Council's policy framework. It supports the achievements of the Corporate Strategy objective:

- We will work with the local NHS to deliver the services Lewisham residents need

and create the Lewisham Health Care and Wellbeing Charter.

4. Background

- 4.1. The previous draft of the Health and Wellbeing Charter was reviewed by the committee in September. Follow-up discussions have been held with the chair of the committee and a subsequent draft has also been shared with Healthwatch Lewisham for their input and feedback.
- 4.2. The latest draft includes the expectations that citizens have for the planning and provision of health and care services, based on discussions with the LHCP People's Partnership. Incorporating feedback from the committee chair and Healthwatch Lewisham, it has also been developed to include further detail on signposting to services and resources, as well as opportunities that citizens can take to support those services and for their own health and wellbeing.
- 4.3. Suggested next steps, subject to the committee's approval of the content of the Charter, would be for additional consideration of the layout and presentation of the document, sharing with partners and for further public communication and engagement.

5. Financial implications

- 5.1. There are no direct financial implications arising from the implementation of the recommendations in this report.

6. Legal implications

- 6.1. There are no direct legal financial implications arising from the implementation of the recommendations in this report.

7. Equalities implications

- 7.1. Reducing inequalities and health inequalities through improving inclusion and access to services are integral to the Charter.

8. Climate change and environmental implications

- 8.1. There are no direct climate change and environmental implications arising from the implementation of the recommendations in this report.

9. Crime and disorder implications

- 9.1. There are no direct crime and disorder implications arising from the implementation of the recommendations in this report.

10. Health and wellbeing implications

- 10.1. The development work and improvement plans outlined in this report will contribute to improved access to health and care services

11. Report author and contact

Charles Malcolm-Smith, People & Provider Development Lead, South East London ICS,
charles.malcolm-smith@selondonics.nhs.uk

Lewisham Health & Wellbeing Charter

Introduction

Welcome to the **Lewisham Health and Wellbeing Charter**.

The Charter has been developed with the support and advice of many local people and communities, community and voluntary sector organisations, Lewisham Health and Care Partnership and Lewisham Healthier Communities Select Committee, with the aim to improve the health and wellbeing of people living in Lewisham.

We know that the last few years have been very difficult for everyone who lives in Lewisham as well as everyone who has worked so hard to provide our health and care services.

Lewisham's response to the pandemic highlighted the importance of local relationships and showed the strengths of Lewisham's people and communities, including significant levels of civic energy and a willingness to get involved in supporting better health and wellbeing for all. However, it also highlighted the ongoing health inequalities across Lewisham.

Health inequalities are not inevitable and are unfair. We know that the wider determinants of health – employment, housing, racism, discrimination, poverty, environment – impact on the lives of people and communities and contribute towards health inequalities and poorer health outcomes. Many people from different backgrounds across Lewisham suffer health inequalities which have a negative impact on our entire community.

Over the past year we have all worked together to find out what is important to you and what your expectations are of Lewisham's health and care services. We have also looked at what we, as individuals and communities, can do to support local health and care services as well as what we can do to support ourselves and others in living healthier lives.

We know that we need to continue to work together to make sure that the Charter is meaningful and relevant. We need to continue to build trust, and trusted voices, throughout our communities. We need to support open debate about what can be provided within the resources and capacity that is available to us.

Most importantly, we need to listen and, together, develop shared, inclusive and longer-term approaches to improve our health and wellbeing and to reduce health inequalities.

Draft

There are some expectations that underpin all aspects of service planning and delivery

- Everyone must be treated with **dignity and respect**, this includes people who use services, carers and people who work in the NHS and health and care services
- All information that is provided to people must be **easily understood**, including on appointments, services or treatments. Information or access to services should **not depend on people having digital technology**
- **Privacy and confidentiality** must be respected; personal information should not be shared inappropriately with other people, services or agencies.
- **Service planners and providers must be open** about what can be provided with the resources and capacity that is available.

Services should be planned and delivered to take into account all of the diverse communities in Lewisham, to ensure equity and to reduce health inequalities

Addressing Health Inequalities is at the heart of the priorities for Lewisham's health and care partnership.

Lewisham council is leading the implementation of the **Lewisham Health Inequalities and Health Equity Programme 2022-24** to strengthen local health & wellbeing partnerships across the system and communities, to enable equitable access, experience and outcomes for Lewisham residents, particularly those from Black and other racially minoritised communities.

Working with Partners the Council will also be implementing the recommendations of Lewisham Disabled People's Commission's Report 'if not now, when?'

The Health Inequalities and Health Equity Programme is delivering the opportunities for action identified in the **Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR)** report. This was a two-year partnership between Lewisham Council and Birmingham City Council, to gather insights on health inequalities within Black African and Caribbean communities in Birmingham and Lewisham.

Seven key themes were outlined in the BLACHIR report for action alongside 39 opportunities for action. The seven key themes included the following:

- Fairness, inclusion and respect
- Trust and transparency
- Better data
- Early interventions
- Health checks and campaigns
- Healthier behaviours
- Health literacy

Air pollution can have a detrimental effect on people's health, especially our most vulnerable residents, such as children, elderly people and people with existing health conditions, and the council's **air quality action plan** sets out how building on progress already achieved, it will reduce health inequalities and work with partners to ensure that neighbourhoods are greener, better for mental and physical health and less congested by motor traffic.

What you can do

Become a Community Champion - Help share the latest trustworthy information around your community. Lewisham Health and Wellbeing Community champions are local people who support their communities to improve health and wellbeing.

The Health and Wellbeing Community Champions help provide accurate information. This helps our community avoid misinformation by receiving health promotion messages from trusted sources.

[Lewisham Council - Lewisham Health and Wellbeing Community Champions](#)

Tell us your views and your lived experiences so they can influence service planning and delivery by either joining your GP's Patient Participation Group (information on GP web sites) or by attending the meetings of **Lewisham Health & Care Partners People's Partnership** group [Lewisham People's Partnership - South East London ICS \(selondonics.org\)](#)

Get involved and volunteer with **Healthwatch Lewisham** (www.healthwatchlewisham.co.uk) the independent champion for people who use health and social care services and help make sure that those running services, and the government, put your views at the heart of care.

Services should be delivered to clear and specific quality standards. **Access is paramount.** Services should be located so that people are able to easily get to them taking into account travel and transport. To minimise anxiety from waiting, **appointments should be provided promptly.** Services should consider the **whole person** and give them the opportunity to contribute to their own treatment plans.

We are taking action with our GP practices to improve how they deliver their services

- **Tackling the 8am rush** and reducing the number of people struggling to contact their practice and for patients to know on the day they contact their practice how their request will be managed
- Making it easier for people to contact a GP practice, to get an appointment within 2 weeks and for urgent contacts to be assessed the same or next day
- Improving telephone systems in GP practices
- Providing more appointments in general practice

All of our GP practices are now part of Primary Care Networks (PCNs), working together to improve the health of their local community. The networks have expanded neighbourhood teams working together which are made up of a range of staff such as GPs, pharmacists, district nurses, social prescribers, health & wellbeing coaches, care navigators and more.

We have established a programme called '**Pharmacy First**' that provides professional health care advice, treatments, and medicines for common illnesses from your local pharmacy, without the need for an appointment.

We are also **improving Urgent & Emergency Care**

- Maintaining an effective 2-hour urgent community response service
- Managing integrated urgent care and delivering same day care
- Working closely with all system partners to ensure that appropriate attendances are quickly managed

For people who have been in hospital, we are embedding the **Home First** approach so that a high proportion of patients are discharged home, with excellent follow up support and improving long-term outcomes

What you can do

Make best use of resources by **attending appointments** that have been made or, if you are able to, giving notice if you are unable to attend.

Follow guidance to **use the right service**



Social connections can help with good health, care and wellbeing and should be supported. The role of paid and unpaid carers should be recognised

Social Prescribers support people in a non-medical way with practical emotional and social issues. They are not doctors or social workers, but they can connect you to resources and activities in your community that can improve your overall well-being. Think of them as a bridge between your medical needs and your social and emotional needs. They might recommend things like **support groups, exercise classes, art workshops, or volunteering** opportunities based on your interests and needs.

You can access social prescribing through your GP practice and the [Community Connections Lewisham](#) service run by Age UK for anyone 18+ in the borough.

If you're an **unpaid carer**, you can get free support to maintain your health, independence and wellbeing, and care safely and confidently. You can call 0300 373 5769 or email ucwellbeing@imago.community or via their website: [Lewisham \(imago.community\)](#)

We are establishing five **Family Hub Sites** across Lewisham that will be trusted places where families can connect, grow and thrive.

Family Hubs offer support to families with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities. There are 'Start for Life' programme on parenting, infant feeding, early language and parent-infant relationships, other activities and services include health visiting, activities form 0-5s, baby massage, children and young people's mental health, family information services, debt, benefits and employment advice and domestic abuse support.

Concerns about money and bills, employment, benefits, housing and childcare can all impact on our physical and mental wellbeing. We are working with local voluntary organisations to provide advice and support, while our libraries and other organisations also provide warm welcomes. Our website has more information here [Lewisham Council - Cost of living crisis](#)

What you can do

You can **use opportunities in your local community** to support the health and wellbeing of you, your family and your community by **volunteering with local health and care voluntary organisations**.

Get basic first aid skills so that if the need arises you are in a position to provide immediate temporary care for someone who may be ill or injured.

Consider jobs/career in health or care. The **Good Works SE London** is a jobs hub for health and care that provides access to jobs listings, careers information and skills and experience development. You can sign up here: [Home \(goodworkselondon.co.uk\)](http://goodworkselondon.co.uk)

Proud to Care Lewisham jobs listings provides access to health and social care opportunities. You can get more information from their website [Lewisham Council - Proud to Care Lewisham](#), by calling 020 8314 7102 or emailing proudtocare@lewisham.gov.uk

There must be opportunities and support so **people can help themselves and others in their communities**, by promoting ways of achieving better health, prevent ill-health if possible, providing information and developing the assets we have in our community.

There are many resources available, here are some of them

Health Checks

The NHS Health Check programme is offered to adults aged 40–74 every five years provided they do not have a pre-existing cardiovascular condition. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes, dementia. Eligible people are invited for a Health Check via letter every five years; Health Checks are offered in GP surgeries and directly by One Health Lewisham.

Physical Activity

Free Healthy Walks across the borough are delivered by Enable. Details available at Lewisham Healthy Walks ([Lewisham Healthy Walks \(mailchi.mp\)](http://Lewisham Healthy Walks (mailchi.mp)))

Universal Weight Management

Group weight management programmes for people with BMI 30+ (27.5+ BAME) through Slimming World – attend 12 weeks of meetings and access online support. GP or self-referral is currently available: Slimming World - please contact 01773546088.

Targeted Weight Management

Group weight management programmes for people with BMI 30+ (27.5+ BAME) through Up, Up! Residents can be referred via their GP or Self-Referral. Please contact: 020 7188 2010 and gst-tr.up.up@nhs.net

Stop Smoking Services

The Smokefree Lewisham website can be found on the stop smoking services website which is packed with information including where people can access support to help them become smokefree. To book into a clinic you can contact 0800 0820 388 or email quit@smokefreelewisham.co.uk

Alternatively, people can self-refer via phone on 0800 0820 388

Stop smoking support is also available online through the digital self-help service which is suitable for low to moderate dependency smokers.

What you can do

Follow advice and guidance to support good health and wellbeing for yourself and your family

Participate in **screening programmes**. The NHS provides a range of screening tests to different sections of the population as a way of identifying whether apparently healthy people may have an increased risk of a particular condition. For example, some screening tests are offered in pregnancy, some for newborn babies, while others such as breast screening and abdominal aortic aneurysm screening are only offered to older people. When you are invited for screening, you will receive an information leaflet about the screening test. You can discuss any aspect of the screening test with your health professional and decide whether or not it's right for you.

Vaccines are the most effective way to prevent many infectious diseases. The NHS vaccine schedule ensures that babies, children and adults at higher risk have protection from many serious and potentially deadly diseases, and if enough people are vaccinated, it's harder for the disease to spread to those people who cannot have vaccines, for example, people who are ill or have a weakened immune system.

Support for Young People

Insight Lewisham offer a free, friendly and confidential young people's support service for people under the age of 26.

They provide information, advice and help for young people who are impacted by or living with drug and alcohol issues, as well as guidance and support with sexual health and relationships. For Advice & Consultations, please call Insight on **020 8690 3020**

Professional referrals can be made via email, forms and information are all available @ Insight Young People

Website: www.insightyoungpeople.org.uk/lewisham

Email: insightlewisham@humankindcharity.org.uk

Reproductive & Sexual Health

Screening for sexually transmitted infections and testing for STIs can be performed using a free home test kit, ordered online via: <https://www.shl.uk/>

Free Condoms for under 24 year olds through C-Card Scheme at Pharmacies, Insight, and Youth Clubs

<https://www.comecorrect.org.uk/>

Integrated Sexual and Reproductive Health Services

Including contraception, STIs testing and treatment, Specialist genito-urinary medicine (GUM) service, Emergency Hormonal Contraception, Pregnancy testing, advice and referral.

Local Services are provided by Lewisham and Greenwich Trust, based at:

- Waldron Health Centre, Second Floor, Suite 8, Amersham Vale, New Cross, London SE14
- Rushey Green Clinic, 1st Floor, The Primary Care Centre, Hawstead Rd, London SE6 4JH

More info at: <https://www.lewishamandgreenwich.nhs.uk/sexual-health/>

17 pharmacies in Lewisham provide Sexual and Reproductive Health Services (Emergency Hormonal Contraception and Quick Start Oral Contraception)

Alcohol & Substance Misuse

'Change Grow Live' (CGL) run the main complex needs service in the borough which assesses and triages all those presenting with a substance misuse or alcohol need, including a range of specialist elements within the service designed to meet specific needs. To make a referral: <https://www.changegrowlive.org/lewisham/referrals>

You can also call CGL 0208 314 5566 or email info.lewisham@cgl.org.uk

The DrinkCoach Alcohol Test is a 10 question screening tool which provides individual feedback on how risky their drinking is and signposts to additional online or face to face support which is free to Lewisham residents. It takes 2 mins:

<https://drinkcoach.org.uk/lewisham-alcohol-test>

To make a referral please contact Humankind:

<https://humankindcharity.org.uk/service/primary-care-recovery-service-pcrs/>

Tel: 020 8699 5263 (Mon-Friday 9.30-5pm)

Email: lewishampcrs@humankindcharity.org.uk

Mental Health and Wellbeing

If you're feeling low, anxious or stressed, Lewisham Talking Therapies is a free and confidential NHS service that is part of the Improving Access to Psychological Therapies (IAPT) program. You can refer yourself by calling **0203 228 1350** or online: [Refer yourself – Lewisham Talking Therapies](#) or through your GP.

[Kooth is a free and anonymous online mental health service](#) for children and young people where they can speak to a counsellor for advice and support.

If you are concerned about somebody's mental health, follow NHS advice for non-urgent or urgent support, such as calling NHS 111, their GP or in the case of someone's life or safety is at risk call 999. Further information is [Where to get urgent help for mental health - NHS \(www.nhs.uk\)](#) or [Lewisham Council - Get help with mental health](#)

Draft



Healthier Communities Select Committee

“Empowering Lewisham” - Transforming and Modernising Adult Social Care: Update on the Design and Implementation Stage (Phase 2)

Date: 12th March 2024

Key decision: No.

Class: Part 1

Ward(s) affected: All

Outline and recommendations

The purpose of the attached paper is to provide the Healthier Communities Select Committee with a further update on the Empowering Lewisham Adult Social Care work to transform and modernise the service. This follows the completion of the service-wide Diagnostic by Newton Europe in June 2021 and completion of the Design and Implementation phase which started in November 2021 and completed in 2022. We are now in the sustainability phase, which will last until Dec 2024.

Members of the Healthier Communities Select Committee are recommended to note the report.

Timeline of engagement and decision-making

26 February 2020	Budget report to Council
11 November 2020	Round 1 Cuts proposals report to HCSC
3 December 2020	Round 1 Cuts proposals report to PAC and request from PAC for a review of expenditure in ASC as part of the 2021/22 budget setting process.
9 December 2020	Round 1 Cuts proposals report to M&C
13 January 2021	Round 2 Cuts proposals report to HCSC
18 January 2021	Approval to procure for Diagnostic phase of ASC Review through a mini-competition using the Crown Commercial Services (CCS) framework agreement MCF2 RM3745 Lot 5.
2 February 2021	Round 2 Cuts proposals report to PAC
3 February 2021	Round 2 Cuts proposals report to M&C
25 February 2021	Report to HCSC on proposed approach to ASC Review.
8 April 2021	Contract awarded to Newton Europe to provide additional transformation resource capacity and capability for Diagnostic phase of ASC Review.
April-June 2021	Diagnostic phase of ASC Review.
3 September 2021	CCS framework agreement MCF2 RM3745 Lot 5 expires and is replaced by MCF3 RM6187 Lot 7.
6 September 2021	All Member Briefing on the ASC Review.
8 September 2021	Pre-decision scrutiny report to HCSC on ASC Review and referral from HCSC to M&C.
14 September 2021	Report to M&C with recommendation that the Design and Implementation (Phase 2) of the ASC Review be supported through the award of contract to Newton Europe Limited.
23 September 2021	Report to PAC on the ASC Review.
28 September 2021	Report to OSBP on the ASC Review.
2 November 2021	Response from M&C to HCSC on their referral (8 September 2021) on the ASC Review.
4 November 2021	Design and Implementation (Phase 2) of ASC Review commences.
1 March 2022	Updates to HCSC on the ASC Review (Phase 2) and delivery of budget savings.
13th June 2022	Updates to HCSC on the ASC Review (Phase 2)
11th February 2023	Updates to HCSC on the ASC Review

Is this report easy to understand?

Please give us feedback so we can improve.

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

1. Summary

- 1.1. This report follows on from previous papers to Healthier Communities Select Committee updating progress on the 'Design and Implementation'; phase of the programme to transform and modernise Adult Social Care, with the support of Newton Europe – The Empowering Lewisham Programme This review was initially requested by the Public Accounts Committee on 3 December 2020 in response to the budget cuts proposals.
- 1.2. The 'Design and Implementation' phase, commenced on 4 November 2021 and was completed in December 2022. Phase 2 comprised a series of workstreams identified during the Diagnostic (April-June 2021) that transformed services, empowered our residents and developed the capabilities of our staff. Phase 3 is a continuation of our plans to ensure the changes we have made are sustainable and to continue to deliver between £8.6m to £11.5m of recurrent savings over a 5-6 year period. We are now coming towards the end of year 2 of delivery.

2. Recommendations

- 2.1. Members of the Healthier Communities Select Committee are recommended to note the report.

3. Policy Context

- 3.1. The financial position of Adult Social Care demonstrates the impact of the very severe financial constraints which have been imposed on Council services with the cuts made year on year, despite the increasing demand to deliver services to residents.
- 3.2. The Council's strategy and priorities drive the Budget with changes in resource allocation determined in accordance with policies and strategy. The contents of this report are aligned to the Council's policy framework as well as wider health and care system transformation, as follows:
 - **Corporate Strategy**, specifically **the priorities around Health and Wellbeing'**
 - **Medium Term Financial Strategy (MTFS)** and the requirement to deliver £40m of budget savings across the council up to 2023/24.
 - **Joint Health and Wellbeing Strategy** and the key focus on quality of life, quality of health care and support, and sustainability.
 - **Future Lewisham** and the strategic COVID recovery theme of 'A healthy and well future', including the wider determinants of health and reducing health inequalities.
 - **Future Working** and the active role staff are playing in our borough's COVID recovery, in a workplace where staff are empowered to succeed and the best ideas and innovations thrive.
 - **Lewisham System Recovery Plan** and the 'build back better' priorities identified by the Lewisham Health and Care Partnership.
 - **Our Healthier South East London** (Integrated Care System) priority of 'Improving health and care together' across the partnership.

Is this report easy to understand?

Please give us feedback so we can improve.

Go to <https://lewisham.gov.uk/contact-us/send-us-feedback-on-our-reports>

4. Empowering Lewisham – Design and Implementation

- 4.1. The aim of Adult Social Care is to help ensure that some of the most vulnerable residents in the borough are empowered to live as independently as possible. This needs to happen in the context both of personalisation and choice and also limited resources. Thus we need to ensure that we use our resources effectively to help achieve this aim of promoting independence.
- 4.2. The Empowering Lewisham Programme was built upon a solid foundation of service improvement activity already underway in Adult Social Care to improve these outcomes for residents, as well as reducing cost pressures. The Empowering Lewisham programme complements rather than duplicates, and provided the necessary resource to expedite the essential modernisation process. It comprised two phases: (1) Diagnostic and (2) Design and Implementation across 5 different workstreams:

#	Workstream type	Workstream name
1	Core	Decision Making
2	Core	Enablement
3	Core	Progression & Next Steps
4	Enabling	Change and Culture
5	Enabling	Digital Delivery

- 4.3. The Diagnostic phase of the review was completed between April and June 2021. The savings opportunity identified by the Diagnostic was in the range of £8.6m-£11.1m. Findings from the Diagnostic were reported to Healthier Communities Select Committee in September 2021 - [see report](#).

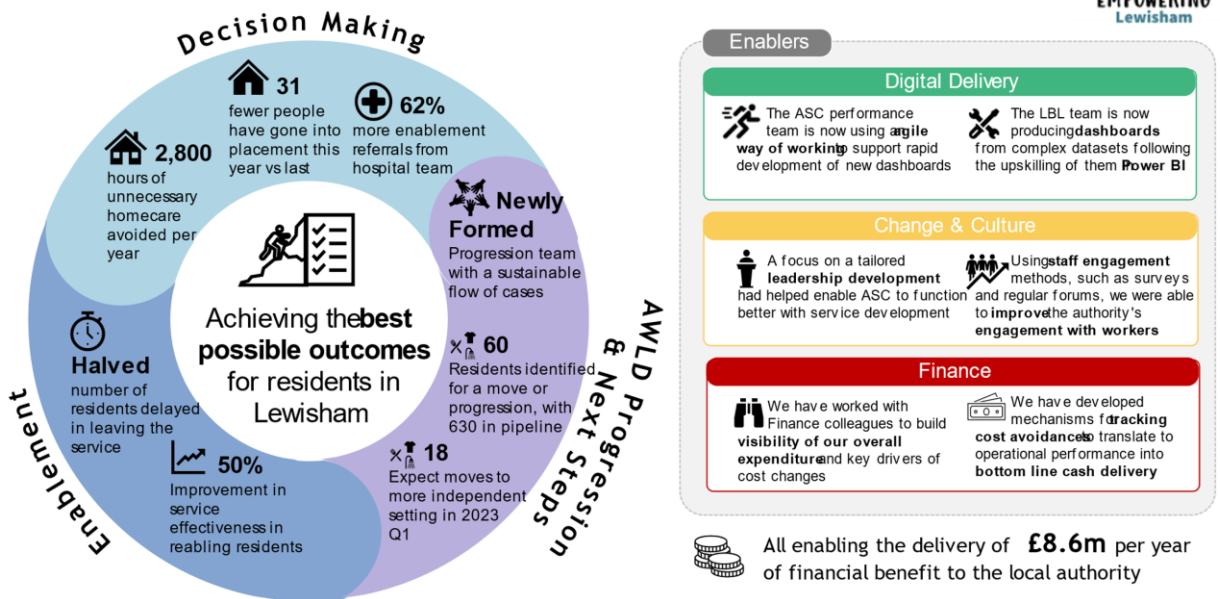
LEWISHAM SUMMARY OF FINANCIAL OPPORTUNITIES



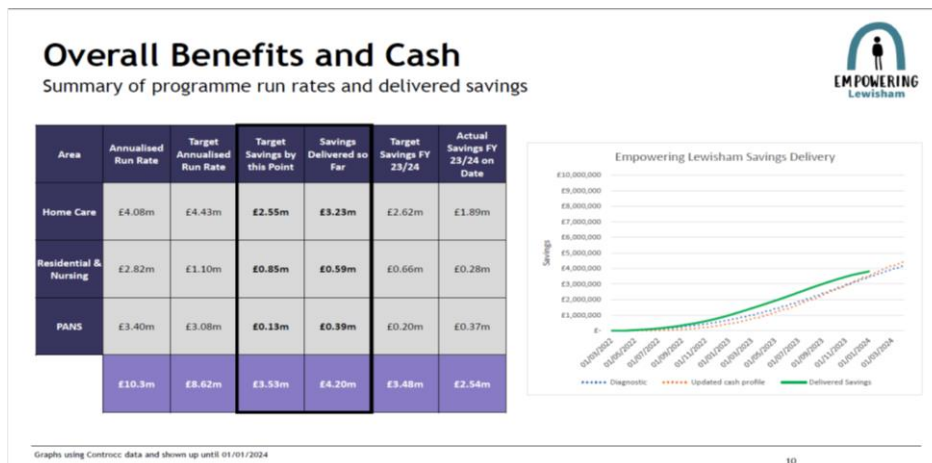
Area	Summary of Opportunity	Lower Bound	Upper Bound
Older Adults- Decision Making & Enablement	<ul style="list-style-type: none"> Better decision making at reviews and assessments to ensure settings and packages of care accurately reflect level of need Goals driven independence support for those in the community and being discharged from acute settings to enable independence Target reduced areas of spend: OA Residential, Nursing, Home care 	£5.5	£6.2m
AWLD- Moving On	<ul style="list-style-type: none"> Supporting more young adults in a more independent setting outside of Residential care and supported living by identifying supporting people to move settings Target reduced areas of spend: AWLD/Transitions Residential care & Supported Living 	£2.5	£3.7m
Progression	<ul style="list-style-type: none"> Better matching support to needs using a strength based approach focusing on independence and by reducing the need for formal support over time Target reduced areas of spend: AWLD/Transitions Home Care & Supported Living 	£0.6	£1.5m
		£8.6m	£11.5m

- 4.4. These savings are being realised incrementally as new ways of working are embedded, staff are upskilled, service changes implemented and individual cases are reviewed or reassessed with less restrictive care and support is put in place. The cash profile of the programme has been adjusted due to the flexibility around the delivery dates of different workstreams within Phase 2 of the programme.
- 4.5. The programme has shown strong delivery against financial targets, outcome measure targets and positive impact to staff ways of working:

Through Empowering Lewisham programme, our teams have made a positive impact on resident outcomes and ways of working



- 4.6. A detailed breakdown of cash released to from the programme by workstream is detailed below:



- 4.7. The Newton team return for agreed health checks (most recent February 2024) – to check in on sustainability of changes, how the services are operating and how the operational and financial performance is trending against targets and forecasts.

4.8. Workstream updates

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4.8.1. Decision-Making

The scope of this workstream was to improve the quality of our practice, promote independence, make better use of community and informal networks and as a result rely less on formal ongoing care and support. (Decision Making & Enablement). Progress in the Decision Making workstream is measured against the number of residential/nursing starts per week and the number of new or increased homecare hours/direct payments commissioned per week.

The decision making workstream is split into two separate sub-workstreams:

Community Decision Making – working with the Neighbourhood and Gateway Services to improve decision making done through annual reviews and requests made at the front door to ASC.

Acute Decision Making – working with the Hospital SW teams (Complex Discharge & Discharge to Assess (D2A)) to improve the quality of practice at hospital discharge.

4.8.1.1. **Community Decision Making**

In the Community, we have successfully trialled, implemented and embedded the new ways of working to help promoting better outcomes for our services users. These have included:

4.8.1.1.1. The key impacts of this workstream have been as follows:

At the current 6 week moving average run rate, we are:

- Commissioning 44% less hours of home care and direct payments (against a target reduction of 35%). This is the equivalent of 2,586 less hours of home care being commissioned each year.
- 842 residents have been discussed at the Ideal Outcomes Meetings, with 76% of them having a more independent outcome after it.
- been good and thorough” – Lewisham Resident

4.8.1.2. **Acute Decision Making**

In the hospital, we have been working with the Complex Discharge SW team to focus on helping complex patients return home rather than going to placement and with the D2A team to improve the number of referrals they are making into the Enablement service. We have successfully embedded the new ways of working within the Hospital SW teams, enabling better outcomes for residents and hugely improving the culture in the hospital SW teams. The core changes have included:

4.8.1.2.1. The key impacts of this workstream have been as follows:

- There has been a 62% increase in the number of referrals to Enablement from the D2A team and equivalent decrease on the numbers going direct to a long term care package.
- Current performance shows that we have reduced the number of residents going into a long term placement post hospital discharge by 25% to approximately 1 per week. This is the equivalent of 17 fewer residents going into placement per year from hospital.
- The Hospital SW team have also been positively reflecting on the new ways of working:

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4.8.2. Enablement

The scope of this workstream is to support residents to live as independently as possible by improving the throughput and effectiveness of the Enablement service.

There is a targeted opportunity of £5.5m-£6.2m across the older adults workstreams (Decision Making & Enablement). Progress in the Enablement workstream is measured against the number of successful finishers per week and the reduction in the number of hours per week in Packages of Care for clients post-Enablement.

The Enablement Care Team (ECT) who run the in house Enablement Service has had to work through some big challenges over the past few months with their IT platform being down since August, due to a national level incident, main agency provider closure and staffing shortages causing a downturn in performance and progress which was initially showing strong performance against targets,.

4.8.2.1. Changes to the Enablement service are now embedded across the service. These have included:

a) **Increasing our capacity** so we can accept a higher volume of service users through:

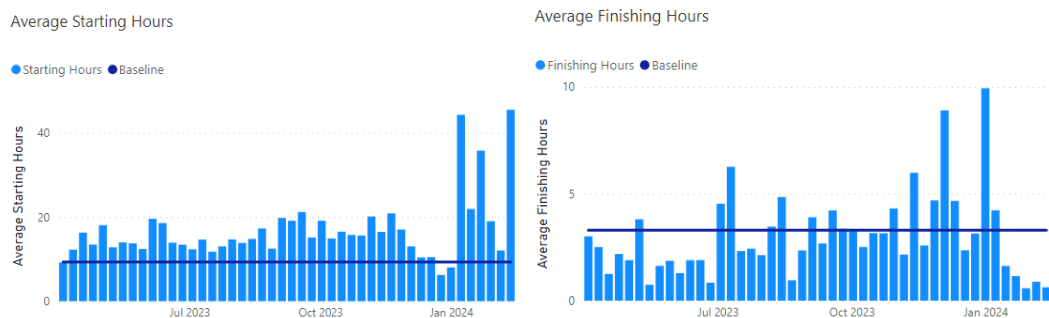
- **Effective Scheduling** - to ensure we are utilising as much of our time as possible for visits to service users, especially on weekends.
- **Timely Stepdowns** – Ensuring service users are stepped down as soon as is safe and possible to do so to free up capacity.
- **Increasing external provider weekend-only capacity** - making the most of our weekday capacity by brokering as little as possible.

b) **Effectiveness** - enabling the most effective outcomes demonstrated through a reduction in the packages of care required post Enablement by taking on more complex cases such as double-handers or more from the acute pathway and reducing the finishing hours as quickly as possible through:

- **Multi-Disciplinary Teams Discussions** - targeted meetings to help best address a service user's needs in a forum with a variety of expertise across health & social care.
- **SMART Goals** - ensuring that these are most suited to a service user's needs and are reviewed regularly.
- **Care Act Approval Panel** - ensuring decisions on care are most suited to a SU's long-term needs.

4.8.2.2. The key impacts of this workstream have been as follows:

- There has been a 50% improvement in the enablement effectiveness, with the average increase in independence per resident finishing through ECT achieving a 9.5 hours reduction in hours of support needed against a target of 7.7 hours.



The graphs illustrate the average starting and finishing hours during enablement programmes April 2023 until 12 February 2024. The spikes account for double handed clients who are included within the data.

4.8.3. Progression and Next Steps (PANS)

The scope of this workstream is to develop a better service for Adults With Learning Disabilities by improving support for them to access more independent settings and community environments, and to build independent living skills through dedicated progression support.

There is a targeted opportunity of £3.1m-£4.2m (by 2026/27) in this workstream and progress will be measured by the number of adults moving from Residential into Supported Living each month and the number of adults completing Progression Plans each month.

4.8.3.1. There are three key elements to this work:

- a) **Progression** - Identifying our service users' potential for Progression/Moving On and creating SMART targets to help them achieve their goals through:
 - Outcomes-focused practice
 - Progression plan
 - Improved ways of working (including provider engagement)
- b) **Moving On** - Creating a logistics-focused plan to support service users to move to their future settings as smoothly as possible through:
 - Streamlined matching process
 - Improved tracking of barriers to progress
- c) **Commissioning** - Supporting Commissioning to understand projected cohort shift and moves between settings through:
 - Forecasting demand vs. capacity for settings
 - Identifying opportunities within the Commissioning landscape
 - Improved flow of information from operations to Commissioning

4.8.3.2. Following some delays in starting this workstream due to time taken to recruit into the team, the PANS team have been working through the AWLD cohort since August 2022. Given the complexity of care needs in this cohort, the time taken to move or progress these residents is on average 7-9 months long.

The team have been making fantastic progress of late as they work through the 682 residents currently in the AWLD cohort to identify any opportunities to increase their independence before beginning to work with them and their families.

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4.8.3.3. Currently, the team have:

- moved/progressed 68 people to more independent packages with a further 45 in the pipeline.
- Delivered annualised savings of £0.5m

4.8.4. Change & Culture

4.8.4.1. The scope of this workstream was to ensure that the Empowering Lewisham programme identity and changes to ways of working were effectively communicated to and engaged with by all stakeholder groups. The adoption of change is continuing to be tracked.

4.8.4.2. This enabler workstream managed a number of programme-wide communications for all stakeholders and for staff we created a monthly newsletter, attended team meetings in person to offer an opportunity to update and feedback and scheduled biweekly drop-in sessions to directly address staff questions or concerns about Empowering Lewisham. Three key themes emerged around engagement with data, creating a feedback culture and collaborating. We have embedded these themes into the programme and checked engagement through the development of sustainability plans.

4.8.4.3. We ran several workshops on service user engagement. The ethos of the Empowering Lewisham programme is to co-design independence goals, empowering power service users through strength-based practice; to support this we focused on service user communication and feedback, specifically looking at the language we use

4.8.4.4. More formal service user engagement took place throughout the summer period of the programme, focusing on evaluating if the changes made as part of the programme had any impact on resident experience across our Decision Making & Enablement workstreams. The results found that the positive outcomes of the new ways of working are not at the expense of the SU experience:

- The SU satisfaction for those who had been through some of the new ways of working in the Decision Making Workstream (the Ideal Outcomes Meetings) had a satisfaction that was almost identical to those who had not. (78% satisfaction for residents that had been part of the changes and 77% for those who had not)
- In Enablement, the SU satisfaction results showed similar impact, with 72% satisfaction for those who had been part of the new ways of working and 74% for those who had.

4.8.4.5. Feedback from the Adult Social Care Survey highlights that 84% of people who use services are satisfied with the care and support that they receive. Only 2.7% were dissatisfied.

4.8.5. Digital Delivery

4.8.5.1. The scope of this workstream was to ensure that the Empowering Lewisham programme had a strong digital thread – to drive and embed changes to ways of working in frontline teams, through the design, build and rollout of effective and sustainable digital tools.

4.8.5.2. As an enabler workstream, there is not a targeted opportunity attached to it.

4.8.5.3. The digital workstream has been focused around delivering digital solutions to enable the ASC teams. To do this, there has been a focus on ensuring we had the

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right data governance and protection structures in place and transferring data and system skills from the Newton digital team in the following areas:

1. **Upskilling the ASC Performance Business Intelligence (BI) Team in Power BI** – The workstream has focused on building the BI teams capability in using Power BI to make the team far more advanced with their data analytical capability
2. **Improving the Ways of Working of the BI Team** – The team have worked extensively with managers across ASC to help improve their appetite and use of data, as well as specific training in using the new Power BI dashboards
3. **Improving Data Usage & Confidence** – We identified that we need a more systematic approach to data reporting and requests for change. This has led us to create a balanced scorecard approach to measuring ASC results and have set up a single Systems Prioritisation Group which will allow a more strategic approach to data and system change requests including further dashboard developments

4.8.5.4. The workstream has delivered 4 new Power BI dashboards, all built by the LBL ASC BITeam. These include:

1. **Decision Making Dashboard** - Visualising outcomes across ASC services to promote data-driven decision to help promote independence and identify areas for improvement
2. **D2A Dashboard** - Details up to date information on outcomes of our residents post discharge through D2A from hospital
3. **Enablement Dashboard** - Provides management information on capacity, throughput and effectiveness of our enablement service
4. **PANS Dashboard** - A case management tool that shows managers and workers case progression through the Progression & Next Steps Team

The skills transfer of the new business intelligence capability delivered through the Programme is now being used further to develop additional visualisations and dashboards to support future improvement initiatives

4.8.6. Governance

4.8.6.1. In terms of governance, the workstreams reported into the ASC Review Steering Group which convened weekly and included the Executive Director for Community Services, as well as relevant Service Directors. The Steering Group reported up into the Strategic Change Board (Executive Management Team) on a 6-weekly basis and there continue to be scheduled Contract Monitoring meetings between the Chief Executive, Executive Director of Corporate Resources and the Newton Programme Director.

4.8.6.2. The programme is now in phase 3, which involves the Newton Team returning for a series of scheduled “Health Checks” and “Support Evaluations”. The Health checks focus on checking on sustainability and adherence to the new ways of working, as well as how the operational and financial performance is trending against targets and forecasts.

5. Financial implications

5.1. Newton Europe concluded the diagnostic phase of ASC Review work at a cost of £255,790. This fee was contingent on delivery of savings from Phase 2.

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- 5.2. The diagnostic identified the opportunity to deliver recurring financial benefit of £8.6m - £11.5m per annum to Lewisham, along with unquantifiable transformative benefit to Adult Social Care.
- 5.3. £220k of costs were associated with setting up a new Progression Service for Adults with Learning Disabilities have been factored into the calculation of these financial benefits.
- 5.4. This commercial model had the benefits of:
 - Guaranteeing that Lewisham was better off as a result of working with Newton
 - Ensuring that Lewisham and Newton were fully aligned around a common set of objectives

Limiting and fixing Lewisham's investment

- 5.5. Based on the work required, the one-off, fixed fee for Newton support was £4.295m. However if the agreed recurring financial benefit delivered by the programme does not exceed £4.551m (£255,790k for Phase 1 plus £4.295m for Phase 2) then the guarantee clause (para 6.5) will apply.
- 5.6. The profiling of payments to Newton will be based on a monthly schedule and this will be made in advance of the benefits being fully realised. As the benefit realisation is based on projected future benefits there will be a cash flow difference which will need to be managed.
- 5.7. Costs for Newton Europe were met from ASC budgets in year, netted off against savings being delivered as part of Phase 2. While there is a one-off cost, the savings are recurrent.
- 5.8. Benefits to the council will continue following the skills and knowledge transfer to council officers.
- 5.9. Finance and Performance officers – utilising existing resource – have been reconciling the movements in operational measures to movements in outturn to support reliable monitoring of savings delivery.

6. Staffing Implications

- 6.1. There is no intention to reduce the council workforce as a result of the implementation of the Diagnostic recommendations and part of the plan is to explore investing in a new "Progression Service" to better support people with Learning Disabilities to be more independent. This has involved moving staff from other services areas to support the team due to recruitment constraints and reliance on agency staff.
- 6.2. The approach adopted has been discussed with representatives from Unison and Unite, the proposal explained and there will be opportunities for staff in ASC to extend their skills and be more effective in their roles.

7. Legal implications

- 7.1. There are no legal implications arising from the consideration of this report by Healthier Communities Select Committee.

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8. Equalities implications

8.1. We completed a EIA in November 2022 – report can be found here:



221208

EAA_Empoweing Lewi:

9. Climate change and environmental implications

9.1. There were no climate change or environmental implications arising from this review of ASC.

10. Crime and disorder implications

10.1. There were no direct crime and disorder implications arising from the implementation of the recommendations in this report.

11. Health and wellbeing implications

11.1. Whilst the programme has focused on improving outcomes for residents through Adult Social Care, it has maintained links into the wider health & social care system in the following ways:

- Working collaboratively with partnership change programmes across LGT & LBL to establish a joint set of KPIs, ensuring alignment in approach to better delivery services of residents.
- Reporting key findings from the programme and any significant changes into the Integrated Care System teams and also ensuring that representatives from the ICS and LGT were regular members of the programme Steering Group.

12. Social Value

12.1. The services procured from Newton Europe in Phase 2 (Design and Implementation) were designed to create ownership within the Lewisham team from the leadership to front line staff, essential for delivering sustainable change. Direct partnership between Lewisham and Newton colleagues on each workstream aimed to maximise skills and knowledge transfer. The capability of staff has been increased to allow future improvements to be taken on without the support of external partners.

12.2. Phase 2 will also work to improve the opportunities for residents to live more independently, through targeted support (e.g. access to reablement, progression support, use of assistive technology etc) or stronger links with community-based services that provide support aligned to the Care Act domains. For example, progression support will help Adults with Learning Disabilities to access opportunities for work, education or volunteering.

13. Background papers

13.1. ASC Phase 1 Award Report Part 1

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Item 6a - Decision by ED of Cty Services - ASC Award Report - Part 1.pdf

- 13.2. Public Accounts Select Committee, 3 December 2020, Agenda Item 5 'Budget Cuts'
<https://councilmeetings.lewisham.gov.uk/ieListDocuments.aspx?CId=123&MID=6317#AI26474>

- 13.3. Phase 1 Diagnostic Summary Report



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