



## Healthier Communities Select Committee

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

**Date:** 12<sup>th</sup> 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

<b>26 February 2020</b>	Budget report to Council
<b>11 November 2020</b>	Round 1 Cuts proposals report to HCSC
<b>3 December 2020</b>	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.
<b>9 December 2020</b>	Round 1 Cuts proposals report to M&C
<b>13 January 2021</b>	Round 2 Cuts proposals report to HCSC
<b>18 January 2021</b>	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.
<b>2 February 2021</b>	Round 2 Cuts proposals report to PAC
<b>3 February 2021</b>	Round 2 Cuts proposals report to M&C
<b>25 February 2021</b>	Report to HCSC on proposed approach to ASC Review.
<b>8 April 2021</b>	Contract awarded to Newton Europe to provide additional transformation resource capacity and capability for Diagnostic phase of ASC Review.
<b>April-June 2021</b>	Diagnostic phase of ASC Review.
<b>3 September 2021</b>	CCS framework agreement MCF2 RM3745 Lot 5 expires and is replaced by MCF3 RM6187 Lot 7.
<b>6 September 2021</b>	All Member Briefing on the ASC Review.
<b>8 September 2021</b>	Pre-decision scrutiny report to HCSC on ASC Review and referral from HCSC to M&C.
<b>14 September 2021</b>	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.
<b>23 September 2021</b>	Report to PAC on the ASC Review.
<b>28 September 2021</b>	Report to OSBP on the ASC Review.
<b>2 November 2021</b>	Response from M&C to HCSC on their referral (8 September 2021) on the ASC Review.
<b>4 November 2021</b>	Design and Implementation (Phase 2) of ASC Review commences.
<b>1 March 2022</b>	Updates to HCSC on the ASC Review (Phase 2) and delivery of budget savings.
<b>13<sup>th</sup> June 2022</b>	Updates to HCSC on the ASC Review (Phase 2)
<b>11<sup>th</sup> February 2023</b>	Updates to HCSC on the ASC Review

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## 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.

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

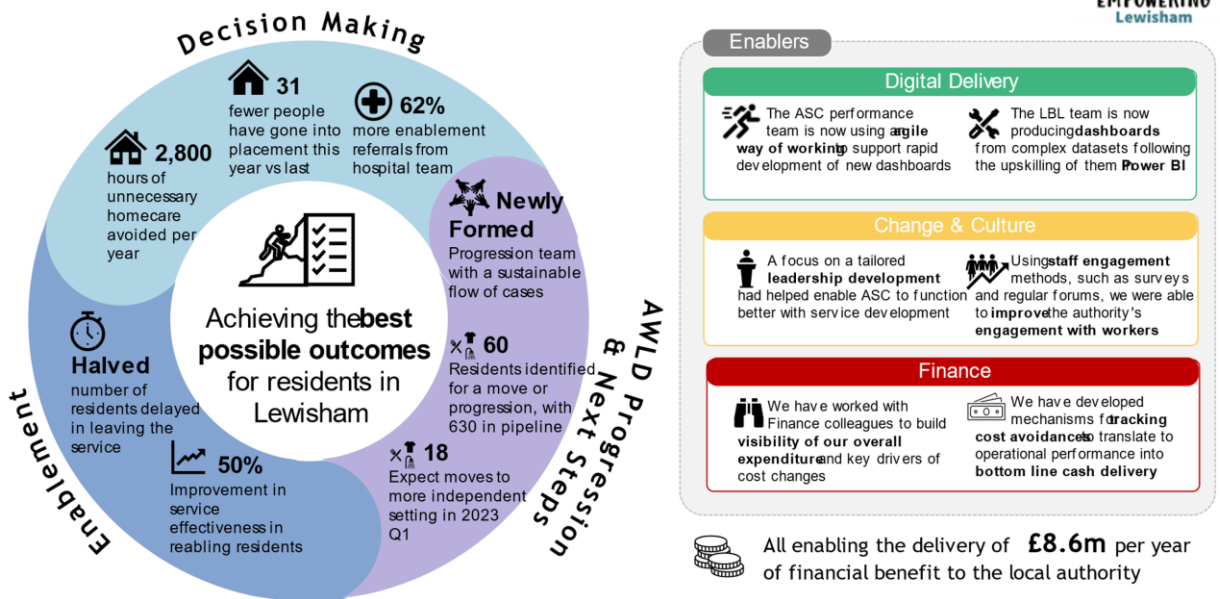
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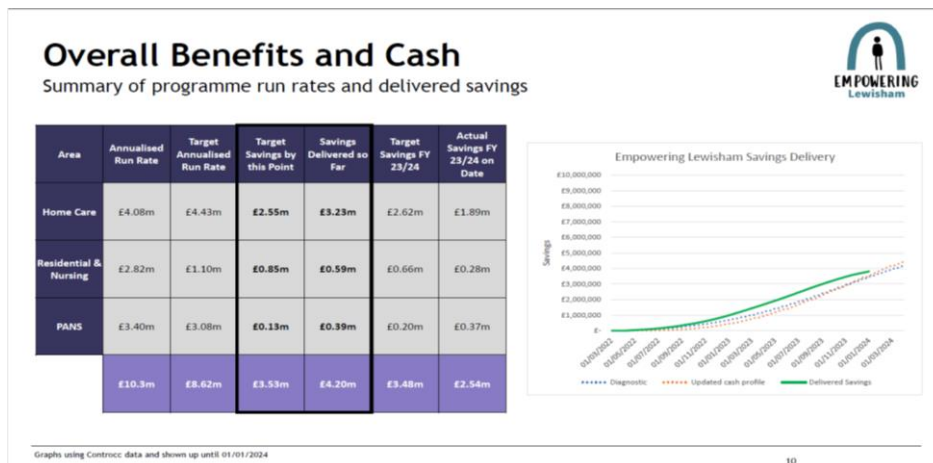
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- 4.4. These savings are being realised incrementally as new ways of working are embedded, staff are upskilled, service changes implemented and individual cases are reviewed or reassessed with less restrictive care and support is put in place. The 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.

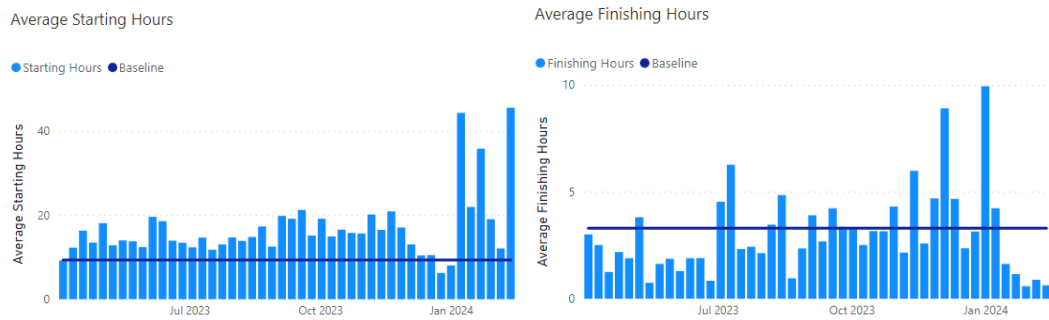
4.8.2.2. The key impacts of this workstream have been as follows:

- 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.

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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:



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## 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



## 14. Report author(s) and contact

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