



Public Accounts Select Committee

Commissioning and contracting in adult social care.

Date: 26 September 2024

Key decision: No.

Class: Either Part 1

Ward(s) affected: All.

Contributors: Executive Director of Adult Social Care and Health, Executive Director for Corporate Resources, Director of Law & Corporate Governance

Outline and recommendations.

This report asks Public Accounts Select Committee to note Lewisham Council's approach to commissioning and contracting in Adult Social Care, with a particular focus on:

- Main drivers of cost at national, regional and local level
- Systems in place for commissioning and procuring adult social care packages.
- Effectiveness of these internal systems, including:
 - Measures that have been implemented over the last four years and their impact.
 - Measures that have been considered over the last four years and rejected.
 - Additional measures currently being investigated.

1. Summary

- 1.1 The aim of adult social care is to help people with care and support needs to live as independently as possible, exercising choice and control over their lives and having as fulfilling a life as is possible.
- 1.2 Adult social care covers social work, personal care and practical support for adults with a physical disability, a learning disability, or physical or mental illness, as well as support for their Unpaid Carers. In 2023-24, Lewisham Council spent £78.4m on adult social care, supporting 3,587 people with care needs. Many more people pay privately for their own care or, according to the 2021 census, receive care from one or more of Lewisham's 19,957 Unpaid Carers. In 2022-23, around 8,000 people worked in adult social care. Social care can be provided in people's own homes (Maximising Wellbeing at Home), in day centres, in residential homes and in nursing homes (care homes) or through a Direct Payment.

1.3 As people live longer and with more complex conditions, more people are likely to need adult social care to support them to live the lives they want. Along with responding to this increased demand, local authorities, who fund care and support in their areas for people who are eligible, are under financial pressure. The sector faces significant challenges, including long waiting lists and persistent workforce shortages. There have been various proposals over several decades for how to fund and improve adult social care.

1.4 As set out in the Care Act 2014, local authorities are responsible for commissioning care, mostly from independent providers which are autonomous enterprises. Around 14,800 registered organisations across 25,800 locations provide care. The Care Quality Commission regulates care providers for quality and also provides oversight of the financial resilience of the largest and potentially most difficult-to-replace care providers.

1.5 There are currently 70 Maximising Wellbeing at Home providers with a Care Quality Commission registered branch in Lewisham and their quality rating is as follows:

Number of providers	Number rated 'Outstanding' by the Care Quality Commission	Number rated 'Good' by the Care Quality Commission	Number rated 'Requires Improvement' by the Care Quality Commission	Number rated 'Inadequate' by the Care Quality Commission	Number not yet rated by the Care Quality Commission
70	2	32	14	0	22

1.6 There is currently excess capacity in the Maximising Wellbeing at Home market overall. As of 01 August 2024, there were 2000 available, but not utilised weekly hours of care. The sector employs 1600 staff in Lewisham with 0 vacancies. All current Lewisham Council commissioned contracts must be compliant with stages 1, 2 and 3 of the UNISON Ethical Care Charter.

1.7 In Lewisham there are, 50 care homes made up of 15 Older Adults care homes, (9 Residential care, & 6 Nursing homes), 26 Mental Health establishments and 9 Residential Learning Disability homes.

Number of providers	Number rated 'Outstanding' by the Care Quality Commission	Number rated 'Good' by the Care Quality Commission	Number rated 'Requires Improvement' by the Care Quality Commission	Number rated 'Inadequate' by the Care Quality Commission	Number not yet rated by the Care Quality Commission
50	0	44	5	0	1

1.8 Currently there are about two thirds of Older People requiring nursing and residential care who are placed outside the borough, though primarily within the South East London Area. Out of borough placements are mainly influenced by in borough capacity constraints at the point that the placement is needed. Demand for older people's care home placements is projected to increase across the borough in coming years, reflecting growth in the older people's population locally as set out in the introductory section of this document.

1.9 We are seeing rising complexity across a wide range of needs (physical, mental health, learning disability); requiring more skilled Wellbeing Worker staff whilst also ensuring sufficient supply of appropriate placements, which are key priorities for commissioners.

1.10 The ADASS Spring Survey (2024) <https://www.adass.org.uk/documents/adass-spring-survey-2024/> starkly noted that the current approach to adult social care is unsustainable, describing a system under severe strain, with one-year funding settlements creating instability and hindering progress. Key findings in the report included:

- Strained finances: Adult social care budgets are facing unprecedented pressure, with overspending and reliance on short-term solutions.
- Rising needs: People are presenting more complex care needs, requiring more intensive support especially transitions. In Lewisham circa £12m was spent on Transition in 2023-24.
- Workforce challenges: Social care staff are taking on tasks previously handled by the NHS, often without proper resources.
- Care market instability: Care providers are struggling, with closures impacting service availability.
- Unpaid Carers under pressure: The burden on unpaid carers is growing as they fill the gaps in the formal care system.

2. Recommendation

2.1 This report asks Public Accounts Select Committee to note Lewisham Council's approach to commissioning and contracting in Adult Social Care, with a particular focus on:

- Main drivers of cost at national, regional and local level
- Systems in place for commissioning and procuring adult social care packages.
- Effectiveness of these internal systems, including:
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 - Additional measures currently being investigated.

3. Policy Context

3.1 The Care Act 2014 sets out how care and support in England should be provided to adults with care needs, including older people, and how it is paid for. It supports the personalisation of care services, putting the person at the centre of the process. Local Authority key duties under the act include:

- Promoting individual wellbeing
- Preventing needs for care and support
- Promoting integration of care and support with health services
- Providing information and advice
- Promoting diversity and quality in provision of services
- Assessing people's needs and deciding how to meet them.
- Planning care and support and reviewing those plans.
- Safeguarding adults

3.2 Assessing people's needs and deciding how to meet them.

3.2.1 Section 9 of the Care Act (2014) notes local authorities must carry out an assessment of anyone (17+) who appears to have needs for care and support. The assessment must be: Provided to all people who appear to need care and support, regardless of their finances or whether the local authority thinks their needs will be eligible.

- Of the adult's needs and how they impact on their wellbeing, and the outcomes they want to achieve.

- Carried out with involvement from the adult and their carer or someone else they nominate. The adult may need an independent advocate provided by the local authority to help them with the assessment process.

3.2.2 After the assessment, the local authority must determine using the national minimum threshold (which is set out in regulation) whether the Client is eligible for care and support. If deemed eligible, the Local Authority must meet these needs, regardless of resources available. The Local Authority though, does have discretion in relation to how these assessed needs are met e.g., where the cost of meeting the needs of a Client with complex needs in their home is more expensive than offering them a care home placement, which would meet their needs, we would source in consultation with the Client and their family a placement that would meet their need in this more cost effective way.

3.3 Promoting diversity and quality in provision of services.

3.3.1 In order to enable Clients to access high quality services that offer choice, Local Authorities through their market shaping and commissioning activity must:

- Focus on outcomes and wellbeing.
- Promote quality services, including through workforce development and remuneration and ensuring appropriately resourced care and support.
- Support sustainability.
- Ensure choice.
- Co-produce with partners

3.3.2 Local Authorities achieve this through:

- Designing strategies that meet local needs.
- Engaging with providers based locally and local communities.
- Understanding the locally based market regardless of whether those providers are commissioned directly by the Local Authority
- Facilitating the development of the market
- Integrating the approach with local partners
- Securing supply in the market and assuring its quality through contracting

3.4 Setting a Fair Cost of Care

Published in December 2021, the government's vision for social care reform sets out a ten-year plan for how people will experience care and support, to ensure that:

- People have choice, control and support to live independent lives.
- People can access outstanding and tailored quality of care and support.
- People find Adult Social Care fair and accessible.

To help deliver the reform, the government's Market Sustainability and Fair Cost of Care Fund was announced to support Councils to move towards paying providers a fair cost of care, and to prepare their local markets for the adult social care reform, such as the cap on care costs, which has now been delayed for at least a further two years.

As a condition of receiving this additional funding, local authorities were required to complete a fair cost of care exercise to arrive at a shared understanding with providers of the local cost of providing care.

The report of Lewisham's Fair Cost of Care Exercise is accessible by clicking the following link <https://lewisham.gov.uk/my services/socialcare/adult/support-for-care-homes>. It follows the guidance of the Department of Health and Social Care and reflects the key principles of consistency, transparency, and a partnership approach. In

the guidance from the government this report is known as 'Annex B'. Lewisham Council is committed to paying the London Living Wage with all contracted activity. However, this results in an annual of between 7-10% i.e., £3m to £4m per annum.

3.5 The contents of this report are aligned to the Council's Corporate Strategy (2022-2026) as well as wider health and care system transformation, as follows:

- Corporate Strategy, specifically 'Health and Wellbeing.'
- Medium Term Financial Strategy (MTFS) and the requirement to deliver £3.7m savings in 2024-25. Cumulatively over a 5 year period since 2020-21 savings of £17m have been extracted
- 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.

4. Drivers of cost at national, regional and local level

4.1 National drivers

The financial situation facing Directors of Adult Social Care is as bad as it has been in recent history. Adult social care budgets across England in 2023/24 were overspent by £586mn, the highest levels for at least a decade. The £903mn savings required for 2024/25 are at their highest levels since 2016/17 and there is an increasing reliance on one-off reserves to prop up budgets.

This challenging financial situation, coupled with the increasing complexity of need, means that Directors' confidence in delivering on their legal duties is faltering. 90% of Directors indicated that they are either partially confident or have no confidence that their budgets will be sufficient to fully meet their statutory duties in 2024/25. 60% of Directors lack confidence that their budgets will enable them to meet their legal duties relating to care market sustainability.

The complexity of people's adult social care needs means that more people now require more intensive care and support. For those people accessing council-funded care from community-based settings in 2023, 67% of Directors reported increases or significant increases in the size of care packages, for 2024 this has risen to 74%. Council-funded homecare requiring more than one member of staff rose by 7.4% over the last year.

Directors want to invest more in early support and care closer to home. However, the stretched funding available for adult social care means this has to be prioritised towards those people with the most complex needs. Investment in prevention fell from £1,549mn in 2023/24 to £1,428mn in 2024/25. As such it is hardly surprising that just over half of Directors (51%) are less than confident that their budgets are adequate to meet their legal duties relating to prevention and wellbeing. The proportion of councils taking a positive investment strategy for preventative social care services has also dropped significantly from 44% in 2023/24 to 29% in 2024/25.

Funding and service pressures in the NHS are having a knock-on effect in adult social care. The number of Directors reporting a significant increase in the number of new people failing to qualify for NHS funded Continuing Healthcare (CHC) has increased

from 56% last year to 76% this year. This despite an ageing population and increased acuity and complexity of need.¹ There is also an increasing trend of people who previously qualified for CHC being reviewed to find they no longer qualify. This means more people require council-funded social care, with 79% of Directors reporting this was the case in 2023 compared to 94% in 2024.

4.2 Regional drivers

Adult social care in London continues to face a number of challenges arising from a combination of long-term public spending constraint, significant demographic growth and increased complexity of cases. The population of London is different from the rest of the country and is generally much younger than the rest of the country. London has higher numbers of people aged between 25 and 45 and lower than the England average for those aged 45 and above, this is particularly more evident for those aged 65 and above.

The younger profile of London can be primarily attributed to the influx of working age population due to a reasonably buoyant labour market and a considerable proportion of rented houses more likely to be occupied by unmarried young people without children. The implications of this age variance between London and other regions are that the formulas used for funding adult social care are weighted in favour of elderly populations, London's younger population therefore puts London at a disadvantage when it comes to funding.

London Councils estimate that by 2025 London will have a funding gap in the region of over half a billion pounds (£540 million) in adult social care.

4.3 Local drivers

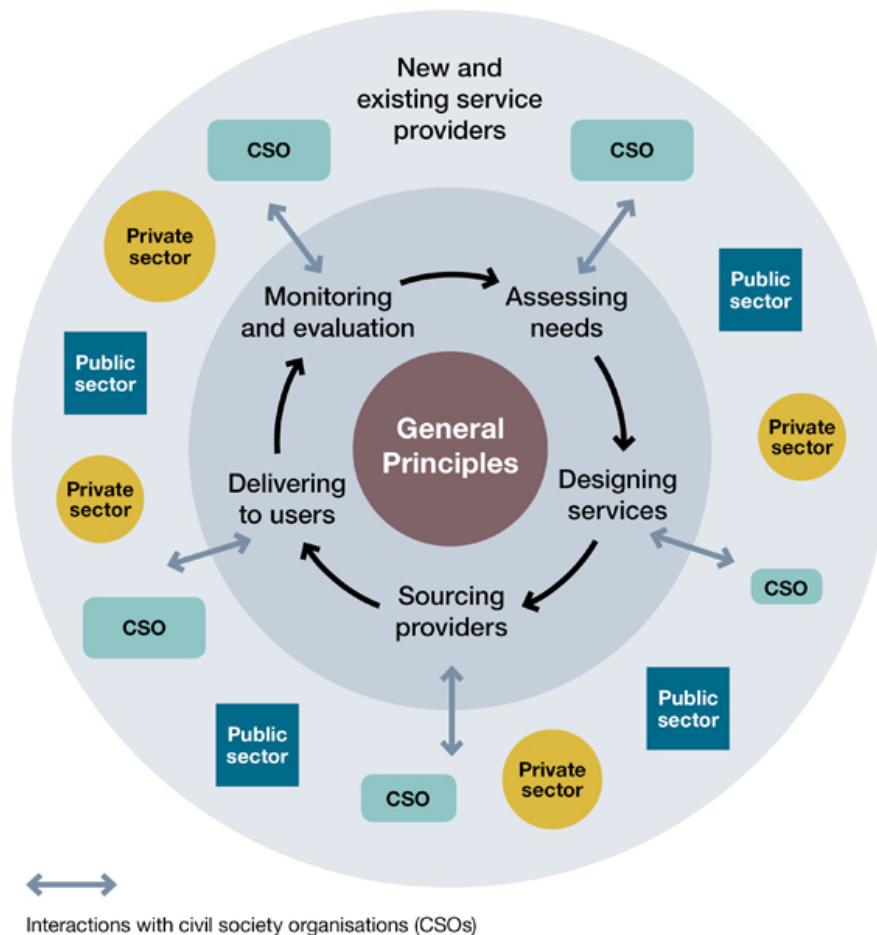
Like much of the country, locally there are areas of pressure. The first is young people who are moving from CYP into ASC and who have complex needs. Finance estimates that this cohort of young people are adding between £1.5m-£2m of costs each year. The second pressure is the increased complexity of mainly older people being discharged from hospital, thus requiring bigger packages to support them to return home or needing additional support in care homes – thus driving up costs. Finally, the costs of care have increased markedly in recent years. LLW increases of c10% have added significantly to fees from most social care providers.

Alongside these pressures, like much of the rest of the country, rates of Continuing Healthcare (CHC) eligibility have reduced (by 26% reduction across South East London). There is work being undertaken locally to determine what impact this is having on Lewisham.

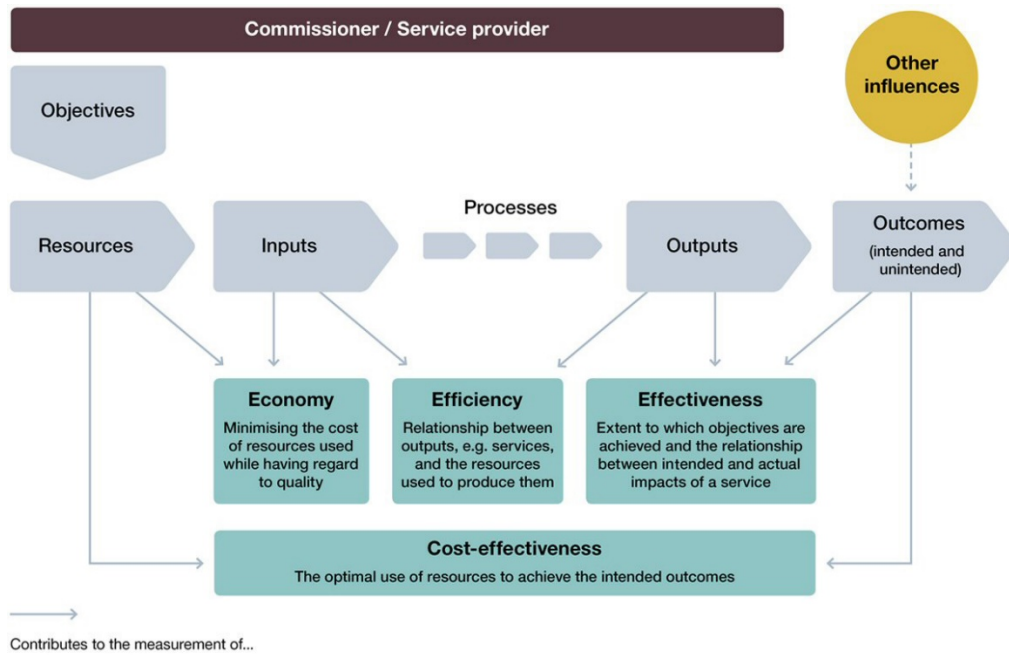
5. Commissioning and value for money

5.1 There are various models of the commissioning cycle. For example, the NHS model uses nine elements within three broader stages – strategic planning, procuring services, and monitoring and evaluation. The Institute for Public Care model is based upon four key performance management elements – analyse, plan, do and review.

5.2 The National Audit Office (NAO) model highlights those elements of the commissioning cycle where it is proposed that there is a good relationship with third sector organisations (TSOs) which therefore has a significant impact on helping commissioners achieve good value for money. The model is as follows:

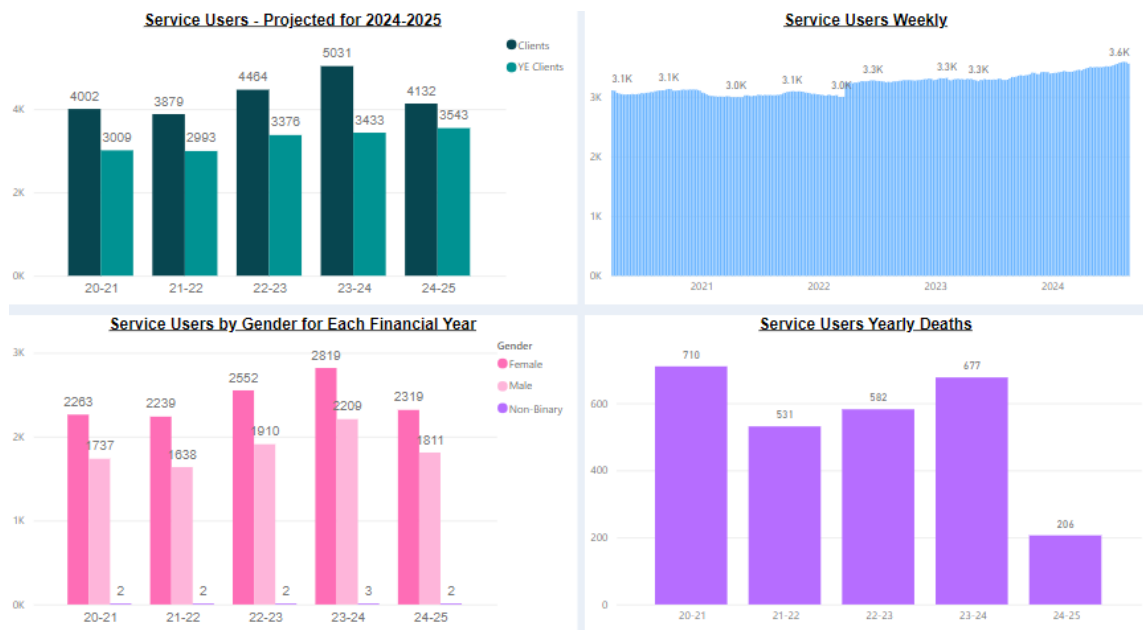


- 5.3 Effective value for money is the optimal use of resources to achieve the intended outcomes. 'Optimal' means 'the most desirable possible given expressed or implied restrictions or constraints'. Value for money is not about achieving the lowest initial price.
- 5.4 The National Audit Office (NAO) uses three criteria to assess the value for money of government spending i.e. the optimal use of resources to achieve the intended outcomes:
- Economy: minimising the cost of resources used or required (inputs) – spending less;
 - Efficiency: the relationship between the output from goods or services and the resources to produce them – spending well; and
 - Effectiveness: the relationship between the intended and actual results of public spending (outcomes) – spending wisely.



6. Cost pressures

6.1 Service Usersⁱ¹

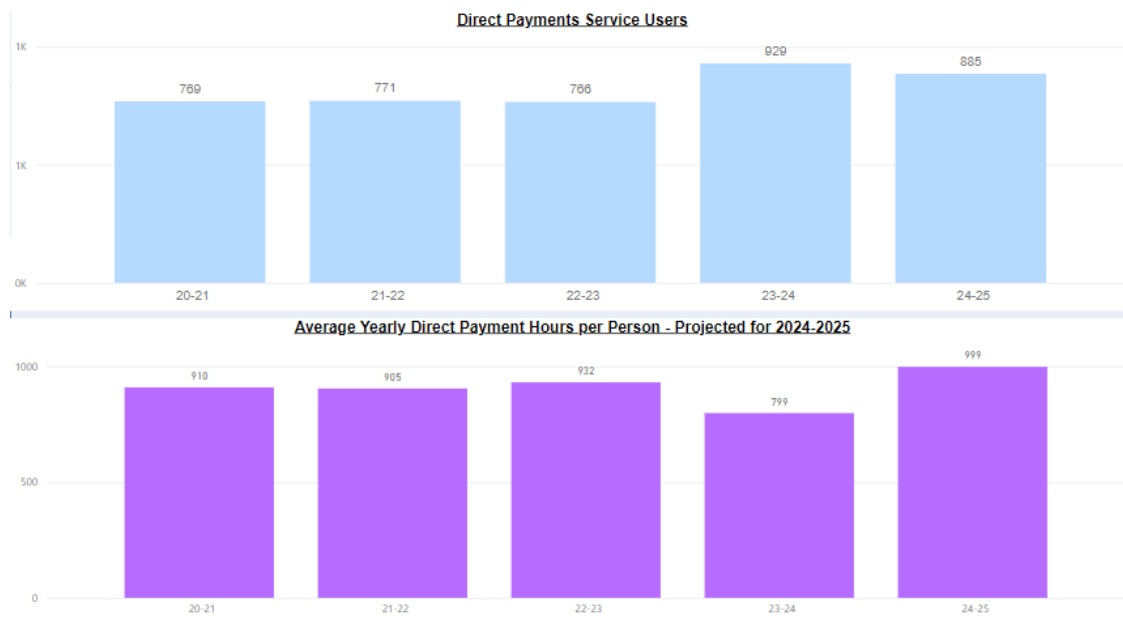


¹ Actual number of Service Users at time report was run (01/09/2024)

6.2 Maximising Wellbeing at Home²

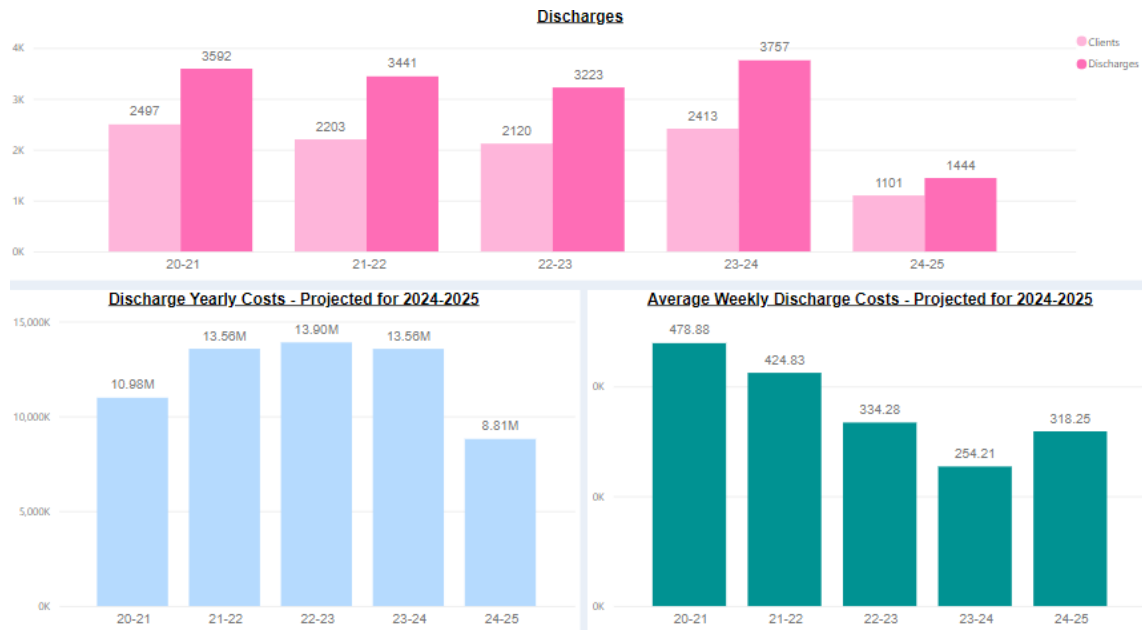


6.3 Direct Payments



² Actual number of Service Users at time report was run (01/09/2024)

6.4 Discharge and Costs³ to date

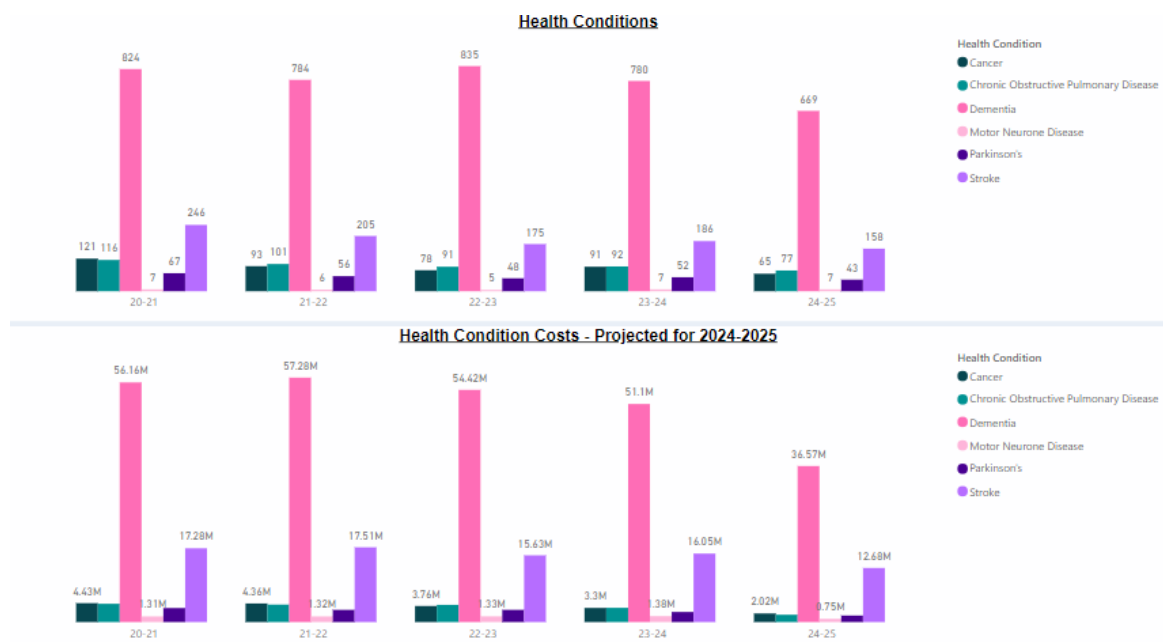


6.5 Length of Stay – residential and nursing homes

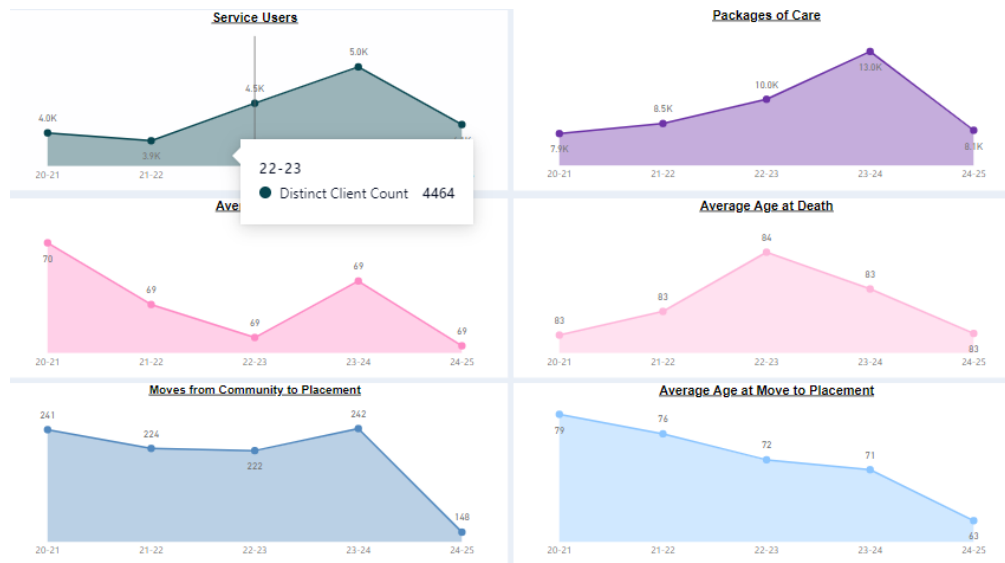


³ Actual number of Service Users at time report was run (01/09/2024).

6.6 Health Conditions



6.7 Year on Year comparison



7. What measures have been taken to control and reduce costs?

7.1 Through a number of innovative approaches, the Adult Social Care and Health directorate has managed to reduce cost and price whilst enhancing quality of services delivered:

- Maximising Wellbeing at Home services where the capitated budget fixes the Fair Cost of Care rate for the five years of the contract. Quality is enhanced through access of staff to Solution Focused coaching which enables Wellbeing Workers to develop innovative solutions to enable Clients to maximise their wellbeing as well as improving their terms and conditions by being fully compliant with the UNISON Ethical Care Charter.
- The Empowering Lewisham programme focused on maximising independence for the over 65s and adults with Learning Disabilities through:

- Expanding and improving the effectiveness of our enablement service to increase the number of people supported and maximise the effectiveness of that support.
- Introducing MDTs in the neighbourhoods and the hospital to ensure independence was considered and staff were supported to manage risks to allow people to be and remain at home.
- Identified opportunities for people with learning Disabilities to step down or progress to less intensive support and to move in borough where appropriate and accommodation available.
- Introduced data driven decision making through dashboards accessible to all staff and weekly performance meetings for heads of service to monitor effectiveness and ensure a focus on costs.

7.2 We also have a number of internal systems and controls in place. These include the following:

- Enablement Service works closely with Health mainly on hospital discharges but does take people from the community and offers up to 6 weeks of support to manage down their care needs.
- Gateway acts as a single point of access that triages referrals and offers signposting and information and advice to reduce the needs for full Care Act assessments; On average we receive around 3600 contacts per month (July 2024) through the Gateway and around 12% of those contacts go on to referrals.
- Occupational Therapists ensure that equipment aids and adaptations are available to support people to remain in their own homes and reduce the levels of care needed. This includes continual reviewing of double handed packages of care.
- Our Care Act assessments are strength based and focus on people using their own assets to support their care planning.
- We have panels in place to consider requests for care and ensure that use of resources is appropriate and that there is equity in the provision we provide.
- We ensure financial assessments are timely and undertaken to charge those people who are eligible under the Care Act under fairer charging.
- We support informal carers through offering respite for their cared for through day centres and sitting services alongside Carers assessments and support planning with our partner Imago.
- We work closely with Childrens Services to manage down expectations around transitions and to support those with learning difficulties to remain at home.
- Our Arranging Care Team negotiate with providers for spot purchasing care; if the cost is beyond our benchmark, we have an escalation process in place to ensure all other options have been considered.
- We share the CHC panel with Health to ensure that those eligible for fully funded health care receive it.
- There is a forum in place for those who are not eligible for fully funded care to consider joint funding of packages with health.
- We use a nationally recognised tool called “Care Cubed” to understand and challenge the cost of placements; this has been used over the last 2 years and averages a saving of £700k per year. We are just about to introduce new modules of this which will allow us to look closer at supported living, transitions and college placements. Training for staff will be undertaken in September/October 2024.
- We have an on-going review programme for everybody who receives care to ensure care continues to match needs. We achieved 87% of reviews in 23/24 and on target for 24/25. Our Placement Review team reviews everybody in placement and they ensure that the cost we are paying is fair and that people are in the right place, and if deteriorating CHC is applied for.
- We monitor people who are on S117 Mental health aftercare to ensure their costs are fairly split between adult social care and health.

7.3 Robust and effective contract management processes

Older Adults' Care Homes

- We have implemented a robust and effective contact management process for Older Adults' Care Homes to ensure financial efficiency and maintain high quality standards of care. At the core of this approach is the spot purchase agreement, which is issued to service providers when citizens are placed within their care. This agreement outlines the terms of service delivery, including quality expectation, cost structure and performance metrics. By consolidating these agreements, the Council achieves consistency in pricing and service provision, helping to control costs.
- A team of 5 Contract and Quality Assurance Officers (CQAs) visit a wide range of commissioned services. The number of visits to building based services depends on the size and complexity of the service. Each visit is followed up with an action plan, which thus increases the overall contact with the service and may necessitate follow up visits to the service.
- Lay Visitors are volunteer members of the public who visit care homes along with the quality assurance officers and give their views on the quality of care and comfort of residents. Their observation and feedback forms part of the quality assurance report.

Residential and Supported Living for Adults with a Learning Disability

- The Learning Disabilities Framework includes 44 supported living services and 6 residential services which provide a range of support options for local people with a learning disability.
- This model provides the flexibility needed to meet any changes in support needs within the agreed framework contract prices.
- Framework providers are subject to robust quarterly contract monitoring.
- Providers not included on the framework receive additional monitoring via the Contracts & Quality Assurance Team.

Maximising Wellbeing at Home – robust contract monitoring approach that includes:

- Real time Electronic Call Monitoring enabling provider and Client to confirm that visits occur at the agreed time and duration as set out in the Care and Support plan.
- Weekly Quality Trigger online return ensuring high quality service is maintained.
- Monthly online return ensuring staff are being supported and developed.
- Quarterly Branch visit where the Branch is reviewed through the Care Quality Commission quality statements.
- Annual satisfaction survey.

8. Financial implications

- 8.1 The Period 4 monitoring position for the directorate shows a pressure of £5.7m as detailed in the earlier budget monitoring item. This includes £0.9m of cost reductions or early savings measures proposed by the service and agreed by the Executive Management team.
- 8.2 The key cause of the pressure is the unusually high inflation requests from providers, largely due to the increase in London Living Wage, which is estimated to be £4m over and above the £2m set aside as part of budget setting.
- 8.3 This pressure is further exacerbated by the complexity of care requirements for discharged clients, which means higher costs of packages per client and increase length of stay in community settings. Additionally, there is a steady increase in both the number of and cost of children transitioning to adulthood. Work is ongoing to ensure early intervention and planning so that their care costs can be better managed.

9. Legal implications

9.1 There are no legal implications arising.

10. Risk Implications

Risk	Mitigation
<p>Financial – Rising cost due to inflation, increased energy costs, the rise in London Living Wage all impact the social care market, whilst the continued reduction of and pressure on Council budgets impact on the Council's ability to effectively support the market financially. Adult Social Care is therefore seeing significant increase in the number of requests from providers for uplifts to fees for packages of care that are beyond the financial envelope available.</p>	<p>Maximising Wellbeing at Home:</p> <ul style="list-style-type: none"> • The capitated budget for the Maximising Wellbeing at Home service caps the budget for the next five years with demographic growth accounted for in the annual review. <p>Annual Fee Increases</p> <ul style="list-style-type: none"> • Structured approach to management of annual fee uplifts developed in partnership with finance colleagues. • All requests for an above standard offer require a detailed cost breakdown. • Internal joint review / analysis to inform counter offer or decision to seek alternative placement.
<p>Rising demand and complexity – the Council is seeing a rise in the complexity of needs of people requiring support from Adult Social Care. This can be challenging for providers to support, requiring a more specialist workforce and increased staffing, again giving rise to significant additional costs.</p>	<p>Ensuring that care is needs led.</p> <p>Maximising Wellbeing at Home: we have developed a career pathway for Wellbeing Workers to enable them to develop specialist skills via undertaking apprenticeship courses (via Council passported levy). Courses currently been undertaken include:</p> <ul style="list-style-type: none"> • Community health and wellbeing worker (level 3) • Quality practitioner (level 4) • Data analyst (level 4) <p>Adults with a learning disability:</p> <ul style="list-style-type: none"> • Joint work between commissioning, social care and arranging care to enhance decision-making to ensure cost-effective delivery of individual outcomes. • Planned introduction of Care Cubed to all funding panel submissions. • Robust void management processes in place with underused services decommissioned or adapted to provide alternative support models that better meet local needs. • Learning Disability Framework supports development of local services with providers who have the skills and infrastructure needed but ensures costs remain within agree framework rates. • Focus on developing local services for those with complex support needs. This reduces the need for

Risk	Mitigation
	<p>high cost out of borough placements.</p> <p>Care homes:</p> <ul style="list-style-type: none"> • Strategic market management approach - working with SEL boroughs to benchmark costs and agree more standardised rates where possible.
<p>Workforce – it can be challenging for providers to recruit and retain skilled staff. This is particularly challenging with inflation running at a high level and the cost of living crisis affecting adult social care workers, who are often paid less favourably than people working at similar levels in other sectors.</p>	<p>Maximising Wellbeing at Home: within Lewisham, we have agreed a shared three step approach to the recruitment of Wellbeing Workers. The Service Provider must fully engage and comply with the Proud to Care Lewisham Family three step approach. This three-step approach which is fully compliant with the UNISON Ethical Care Charter consists of:</p> <ul style="list-style-type: none"> • Step 1 – Recruitment into our Proud to Care Lewisham Family through a values-based approach in collaboration with Lewisham Works • Step 2 – Recruitment of applicants to Maximising Wellbeing at Home organisations. • Step 3 – Supporting the Maximising Wellbeing at Home pool of Wellbeing Workers. If Wellbeing Workers do not feel that the role they are currently employed in is meeting their needs, they can resign from that organisation and re-enter the Proud to Care Lewisham pool where they will be matched to another Maximising Wellbeing at Home provider <p>Adults with a learning disability:</p> <ul style="list-style-type: none"> • Work with providers via the Learning Disabilities Implementation Plan (LDIP) to develop local workforce strategy. • Development of local skills and training programmes in collaboration with local health partners to enhance the skills of the local workforce and improve staff retention. • LDIP supports co-production and collaboration between all local partners to maximise resources.
<p>Quality of provision – as the financial pressure on the market increases this can impact on quality of care due to the lack of investment in infrastructure.</p>	<p>Adults with a learning disability:</p> <ul style="list-style-type: none"> • LDIP focused on co-creation of local core competencies to improve the quality of the support provided. • Shift towards co-production and co-developed services to ensure that resources are focused on the outcomes people want. • Robust and collaborative contract

Risk	Mitigation
	monitoring processes that ensure contractors deliver high quality support in line with their service specifications.

11. Equalities implications

- 11.1 Addressing inequalities within the health and care system, especially those impacting upon our Ethnically Diverse communities, is a key priority for the Council and its partners. This focus has been sharpened in response to the disproportionate impact that COVID-19 has had on these communities. All commissioning and contract monitoring processes continue to embed the equality implications for our most vulnerable residents.

12. Climate change and environmental implications

- 12.1 All commissioning and contract monitoring processes are mindful of the Council's intention of becoming a carbon neutral borough by 2030.

13. Crime and disorder implications

- 13.1 There are no anticipated crime and disorder implications resulting from commissioning and contact monitoring arrangements.

14. Health and wellbeing implications

- 14.1 All commissioning and contract management activity is focused on maximising independence of residents and ensuring they achieve optimal outcomes. This process is enhanced through adopting a coproduction approach.

15. Background papers

Title of Document	Date	File Location	Contact Officer
Adult Social Care update Public Accounts Select Committee	22/09/2022	https://councilmeetings.lewisham.gov.uk/ieLisDocuments.aspx?CId=123&MId=7753&Ver=4	Tom Brown
Award of Contracts Lewisham Disability Framework (Part 1) Mayor and Cabinet	09/03/2023	https://councilmeetings.lewisham.gov.uk/ieLisDocuments.aspx?CId=139&MId=6498&Ver=4	Colette Mehan
Permission to award Maximising Wellbeing of Unpaid Carers contract (Part 1) Mayor and Cabinet	21/06/2023	https://councilmeetings.lewisham.gov.uk/ieLisDocuments.aspx?CId=139&MId=8053&Ver=4	Tristan Brice
Permission to award Maximising Wellbeing at Home contracts (Lots 1-4, 7) Part 1 Mayor and Cabinet	21/06/2023	https://councilmeetings.lewisham.gov.uk/ieLisDocuments.aspx?CId=139&MId=8053&Ver=4	Tristan Brice
Permission to award Maximising Wellbeing at	06/12/2023	https://councilmeetings.lewisham.gov.uk/ieLis	Tristan Bice

Title of Document	Date	File Location	Contact Officer
Home contracts (Lots 5,6,8,9) Mayor and Cabinet		tDocuments.aspx?CId=139&Mid=8057&Ver=4	

16. Report author(s) and contact.

- 16.1 Tristan Brice (Associate Director, Integrated Commissioning Team),
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- 16.2 Finance comments for and on behalf of the Executive Director for Corporate Resources, Yusuf Shaibu (Strategic Finance Business Partner, Community Services)
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- 16.3 Comments for and on behalf of the Director of Law and Corporate Governance, Mia Agnew (Senior Lawyer) mia.agnew@lewisham.gov.uk
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