



## **Healthier Communities Select Committee**

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

**Date:** 21 June 2022

**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 an 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 the start of the Design and Implementation phase in November 2021.

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)

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## 1. Summary

- 1.1. This report follows on from previous papers to Healthier Communities Select Committee on the 25th February 2021, 8th September 2021 and 1st March 2022, regarding the programme to transform and modernise Adult Social Care, with the support of Newton Europe. This review was initially requested by the Public Accounts Committee on 3 December 2020 in response to the budget cuts proposals.
- 1.2. Phase 2 of the ASC Review, known as the 'Design and Implementation' phase, commenced on 4 November 2021 and will continue until Autumn 2022. Phase 2 comprises a series of workstreams identified during the Diagnostic (April-June 2021) that will transform services, empower our residents and develop the capabilities of our staff. This ambitious programme, Empowering Lewisham, will deliver between £8.6m to £11.5m of recurrent savings over a 5-6 year period.

## 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 Priority 5 'Delivering and defending: health, social care and support - Ensuring everyone receives the health, mental health, social care and support services they need.'
  - **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.

## 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

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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 is 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 provides the necessary resource to expedite the essential modernisation process. It comprises 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	Moving On and Progression
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 is in the range of £8.6m-£11. Findings from the Diagnostic were reported to Healthier Communities Select Committee in September 2021 - [see report](#).

Area	Summary of Opportunity	Lower Bound	Upper Bound
<b>Decision Making OA</b>	<ul style="list-style-type: none"> <li>Better decision making at reviews and assessments to ensure settings and packages of care accurately reflect tierings and level of need</li> <li>Target reduced areas of spend: OA Residential, Nursing, Home Care</li> </ul>	£1.6	£1.9m
<b>Decision Making AWLD</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 and supporting people to move settings</li> <li>Target reduced areas of spend: AWLD/Transitions Residential Care &amp; Supported Living</li> </ul>	£2.5	£3.7m
<b>Enablement (Volume &amp; Effectiveness)</b>	<ul style="list-style-type: none"> <li>Goals driven independence support for those in the community and being discharged from acute settings to enable long term independence</li> <li>Target reduced areas of spend: OA Home Care</li> </ul>	£3.9	£4.3m
<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>Target reduced areas of spend: AWLD/Transitions Home Care &amp; Supported Living</li> </ul>	£0.6	£1.5m
		<b>£8.6m</b>	<b>£11.5m</b>

- 4.4. These savings will be realised incrementally as new ways of working are embedded, staff are upskilled, service changes implemented and individual cases are reviewed or reassessed and 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. The revised forecasts are detailed below:

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Financial Year	Diagnostic Forecast	Target – Lower Bound <i>This is our most conservative forecast based on achieving our target saving at a lower-bound rate of delivery</i>	Target – Upper Bound <i>This forecast is based on achieving our target saving at an accelerated rate of delivery</i>	Stretch <i>This forecast is based on achieving our stretch saving at an accelerated rate of delivery</i>
21/22	£ 96,000.0	£ 13,000.0	£ 66,000.0	£ 92,000.0
22/23	£ 2,032,000.0	£ 1,415,000.0	£ 3,783,000.0	£ 4,364,000.0
23/24	£ 5,617,000.0	£ 5,011,000.0	£ 7,316,000.0	£ 8,831,000.0
24/25	£ 7,319,000.0	£ 7,128,000.0	£ 8,397,000.0	£ 10,645,000.0
25/26	£ 8,092,000.0	£ 7,968,000.0	£ 8,636,000.0	£ 11,452,000.0
26/27	£ 8,548,000.0	£ 8,494,000.0	£ 8,642,000.0	£ 11,503,000.0
27/28	£ 8,635,000.0	£ 8,627,000.0	£ 8,642,000.0	£ 11,503,000.0

4.5 A detailed breakdown of cash release and the number of service users impacted over the first two years of the programme by workstream is detailed below:

Financial year	22/23		23/24	
Workstream	Cash released	Service users impacted	Cash released	Service users impacted
Enablement	£975,221	196	£2,102,185	244
MO&P	£142,675	17	£629,187	33
Decision Making	£254,151	217	£834,377	286
<b>Total</b>	<b>£1,372,047</b>	<b>430</b>	<b>£3,565,750</b>	<b>563</b>

4.6 Work on Phase 2 commenced on 4 November 2021 and will continue through to Autumn 2022.

4.7 Phase 2 includes all necessary activity to design, test, implement and sustain new ways of working and solutions to deliver the benefits identified during the Diagnostic (Phase 1). This will require substantial transformation, including extensive change in our culture and practice, new operational processes and ways of working and developing our digital infrastructure and toolkit to support practitioners.

4.8 The delivery of Phase 2 of the programme comprises the following three stages:

1	2	3
<b>Setup and Mobilisation</b>	<b>Design and Iterate</b>	<b>Adoption and Sustainability</b>
<i>Ensuring our people, data, systems and internal structures are best set up for Design – so we can hit the ground running.</i>	<i>Designing, trialling and iterating our product to ensure our designs work – before we adopt them across the organisation.</i>	<i>Adopting new ways of working across our organisation delivering measurably improved results for residents</i>
By the end of Set Up, we'll	By the end of Design,	By the end of Adoption,

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<p>have:</p> <ul style="list-style-type: none"> <li>✓ Completed a stock take of current activity</li> <li>✓ Established KPIs and baselines</li> <li>✓ Allocated and recruited Design Leads</li> <li>✓ Confirmed programme plans</li> <li>✓ Initiated programme communication</li> </ul>	<p>we'll have:</p> <ul style="list-style-type: none"> <li>✓ Trialled and iterated a new way of working with our trial team</li> <li>✓ Documented our final product</li> <li>✓ Designed digital products and dashboards to support our new ways of working</li> <li>✓ Have seen evidence in our operational KPIs that the new way of working is improving outcomes for our residents</li> <li>✓ Delivered regular comms and engagement capturing staff and resident feedback</li> </ul>	<p>we'll have:</p> <ul style="list-style-type: none"> <li>✓ Delivered training to teams and managers</li> <li>✓ Adopted our new ways of working across the relevant teams</li> <li>✓ Delivered measurably improved outcomes for our residents – achieving the targeted improvements we identified during the diagnostic</li> <li>✓ Engaged staff throughout the journey, ensuring managers have the information they need to address staff concerns as and when they arise</li> <li>✓ Engaged residents throughout the journey, ensuring their feedback is captured going forward to enable us to continue to improve our offer</li> </ul>
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4.9

4.9 Each workstream is supported by a Senior Sponsor, Delivery Lead, Working Group and Trial Teams:

<b>Senior Sponsor</b>	This person is a member of the senior leadership team accountable for the successful delivery of the workstream.
<b>Delivery Lead</b>	This person is a member of the operational/ frontline teams responsible for leading on the practical design and implementation of the changes.
<b>Working Group</b>	This is a group of Subject Matter Experts whose role is to support the Delivery lead in an advisory capacity representing a range of skills and experience.
<b>Trial Team</b>	This is a group of frontline staff and service users (as appropriate), collaborating in the design process and feeding back, supporting the iteration of design.

4.10 Workstream activities provide opportunities for our staff to develop their skills and knowledge in a supportive environment. They will work alongside and in collaboration with Newton professionals, receiving training and hands-on experience. The intention

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is that over time, Newton resource will taper off, leaving our staff to assume greater leadership responsibilities.

- 4.11 A 3-day training course, facilitated by the Newton team took place with all the workstream Delivery Leads in January 2022. This focused on the development of skills to improve processes, undertake people-centred change, and deliver projects. A condensed version of this training was also offered to all Senior Sponsors.

## **Workstream updates**

### Decision-Making

- 4.12 The scope of this workstream is 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.
- 4.13 There is a targeted opportunity of £1.6m-£1.9m in this workstream and progress is measured against the number of residential/nursing starts per week and the number of homecare hours commissioned per week.
- 4.14 In the Community part of our trials, we have successfully introduced Ideal Outcomes Meetings across 2 of our neighbourhoods and the Gateway, alongside a new training programme focused on Empowering Conversations to ensure staff feel confident in discussing strength based approaches with service users and their families. These trials have shown that a multidisciplinary team approach to reviewing the best support to achieve independence outcomes results in fewer residential and nursing starts and a reduction in total homecare hours needed. Staff have feedback positively about the time for reflection and learning and service user case studies have shown positive impacts on building independence and using support networks.
- 4.15 Our Acute Trials focus in 2 areas:
- Peer Supported Discharge Discussions (PSDD) - working across teams at the hospital to better challenge the strength-based approach for all Pathway 2 and 3 patients through Peer Supported Discharge Meetings. The aim of these discussions is to explore all community options and what would support a safe and lower pathway discharge route. This is accomplished by problem solving as a group to overcome barriers to returning home, and by receiving support and confidence from peers to take positive risks with all Pathway 2 and 3 patients. Whilst progress has been made on agreeing positive outcomes, these are not yet always being realised at discharge and further work is ongoing to be involved earlier in the decision making process and ensuring discharge decisions follow the PSDD recommendations.
  - D2A MDTs - For Pathway 1 Service Users we are trialling Discharge to Assess (D2A) Multi Disciplinary Team (MDT) meetings focusing on decreasing cases going directly on to a long term package of care and increasing Enablement referrals. Positive progress has been made by almost all cases in the Neighbourhood 1 trial. We are now expanding to a larger cohort to build confidence in the trial impact.

### Enablement

- 4.16 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.
- 4.17 There is a targeted opportunity of £3.9m-£4.2m in this workstream and progress 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.

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- 4.18 Trials have focused in three key areas:
- 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 so 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) **Increasing the demand** for Enablement through:
    - Discharge to Assess Pathway 1 redesign to ensure that all service users must be referred onto Enablement before receiving a long-term package of care.
    - Embedding double-hander work within the service and providing data grip and visibility.
    - Community referrals service users must be referred onto Enablement before receiving a long-term package of care.
  - c) **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 to help best address a service user's needs.
    - SMART goals ensuring that these are most suited to a service user's needs and are reviewed regularly.
    - Smoother Care Act Assessments, ensuring these are undertaken in a way that best suits a service user's ongoing needs.
- 4.19 The trials have seen capacity increase through more effective scheduling and referrals have increased. However the length of stay has consequently increased with the increased caseloads and therefore focus is now being placed on more effective step-downs and finishers to ensure the benefits are fully realised in a timely way.

#### Moving On and Progression

- 4.20 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.
- 4.21 There is a targeted opportunity of £3.1m-£4.2m 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.
- 4.22 There are three key elements to this trial:

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- 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

4.23 The trial team went live in mid-May, with 29 service users identified for Progression or Moving On. The team have now started to work with service users to develop their plans with them. We have also held the first of a number of provider forums to ensure providers in and out of borough are informed and have the opportunity to be further involved in future co-design workshops.

#### Change and Culture

- 4.24 The scope of this workstream is to ensure that the Empowering Lewisham programme identity and changes to ways of working are effectively communicated to and engaged with by all stakeholder groups. The adoption of change will be supported and tracked, alongside ensuring organisational culture is best prepared for change.
- 4.25 This enabler workstream has managed a number of programme-wide communications for staff and the scheduling of a drop-in session to directly address staff questions or concerns about Empowering Lewisham. Three key themes have emerged for our design workshops around engagement with data, creating a feedback culture and collaborating. We are currently working on how to embed these into a longer-term sustainable plan as we roll out the new ways of working.
- 4.26 We have run a number of workshops on service user engagement. The ethos of the Empowering Lewisham programme is to empower service users through strength based practice and building their own independence; to support this we are focusing on service user communication and feedback. We will be creating recommendations on how process and service co-design or co-production could be done successfully in future in the areas we have been working with. We are not specifically co-designing with service users around the ways of working changes; as this would require service users to give feedback on internal council processes and practice outside of their own lived experience or individual cases.
- 4.27 Where we are communicating with Service Users we are aligning with a whole-system message around strengths-based practice. We are therefore:
- Putting together a simple description of the aims of strengths-based practice, using accessible language.
  - Ensuring staff feel confident explaining or answering questions around strengths-based practice with service users.

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- Communicating the aims of strengths-based practice directly with service users, using accessible language and formats, and also ensuring a coherent message for those around them (e.g. providers).
- Feeding into the Resident Experience programme, whose scope includes looking at the accessibility of the website.

4.28 In each area where we are setting up new ways of working, we are also setting up feedback from service users around their experience and outcome by:

- Guided conversations rather than a survey, led by someone slightly separated from the service user.
- Ensuring feedback is fed into the appropriate team meetings and improvement cycles, so that action can be taken.
- Use of “I” statements from the ‘Making it Real’ framework. These describe what good looks like from an individual’s perspective and what organisations should be doing to live up to those expectations. It has been co-produced by Think Local, Act Personal and the Coalition for Collaborative Care, with input from partners, organisations and individuals, including the National Co-production Advisory Group (NCAG).

#### Digital Delivery

4.29 The scope of this workstream is to ensure that the Empowering Lewisham programme has 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.

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

4.31 To date we have:

- Agreed the first tranche of Power BI (Business Intelligence) licenses, which are critical to the design and implementation of dashboards underpinning the programme.
- Identified and trained key champions within Adult Social Care on Power BI.
- Started designing appropriate dashboards that support the new ways of working but also feed in to the wider ASC service plans to ensure long term sustainability.

#### Finance Working Group

4.32 A separate Finance Working Group has also been meeting regularly to ensure each delivery workstream has:

- Any data accuracy issues mitigated for trials;
- KPI equations and how to track them agreed;
- Owners for each KPI, and:
- Tracking and governance agreed for sustainable measurement

4.33 A Project Initiation Document (“PID”) has now been produced and signed-off that defines these KPIs, conversion equations, assumptions and baselines necessary to measure the financial benefits of the “Empowering Lewisham” programme and this is reported to the Programme Steering Group to ensure benefits are being realised.

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## Governance

- 4.34 In terms of governance, the workstreams report into the ASC Review Steering Group which convenes weekly and includes the Executive Director for Community Services, as well as relevant Service Directors. The Steering Group reports up into the Strategic Change Board (Executive Management Team) on a 6-weekly basis and there are scheduled Contract Monitoring meetings between the Chief Executive, Executive Director of Corporate Resources and the Newton Programme Director.

## 5. Financial implications

- 5.1. Newton Europe concluded the diagnostic phase of ASC Review work at a cost of £255,790. This fee is contingent on delivery of savings from Phase 2.
- 5.2. The diagnostic has 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. There will be some overlap with the current savings programme the service is in the process of delivering. However there is a benefits realisation model in place that will tease out any duplication and subsequently avoid double counting of savings.
- 5.3. The c£220k costs 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. Newton will jointly deliver these opportunities for a fixed fee, on a fully contingent basis. This means that, if the actual recurring, agreed benefit delivered is not greater than the combined one-off fee (for Phase 1 Diagnostic and Phase 2 Design and Implementation), then Newton will either:
- Continue to work, without any additional cost, until this achieved, or;
  - Reduce the one-off fee, pro-rata, until the actual, recurring agreed benefit is greater than the fee.
- 5.5. This commercial model has the benefits of:
- Guaranteeing that Lewisham will be better off as a result of working with Newton
  - Ensuring that Lewisham and Newton are fully aligned around a common set of objectives

### **Limiting and fixing Lewisham's investment**

- 5.6. Based on the work required, the one-off, fixed fee for Newton support will be £4.295m (plus VAT and expenses). 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.
- 5.7. 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.
- 5.8. Costs for Newton Europe will be 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. There are no plans to reduce staff as part of the ASC Review.
- 5.9. Benefits to the council will continue following the skills and knowledge transfer to council officers.

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- 5.10. Finance and Performance officers – utilising existing resource – will reconcile 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.
- 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.

## 8. Equalities implications

- 8.1. 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.
- 8.2. 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.
- 8.3. The appointed supplier will be required to comply with the Council’s equality and diversity policies.
- 8.4. Addressing inequalities within the health and care system, especially those impacting upon our Black, Asian and Minority Ethnic (BAME) 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. Any changes to ASC services originating from this review will need to be mindful of this, with a thorough consideration of the equality implications for our most vulnerable residents alongside appropriate mitigation to reduce any negative impacts.

## 9. Climate change and environmental implications

- 9.1. There are no anticipated climate change and environmental implications arising from this review of ASC. However, any proposed service changes or recommendations

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must be mindful of the Council's intention of becoming a carbon neutral borough by 2030 and observe our commitments in the Climate Emergency Action Plan that was agreed by Mayor and Cabinet in March 2020.

## 10. Crime and disorder implications

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

## 11. Health and wellbeing implications

- 11.1. The successful supplier will design and implement the findings and opportunities evidenced in the Phase 1 Diagnostic. These changes are likely to have implications for how current services are delivered with an aim to improve outcomes for our residents.

## 12. Social Value

- 12.1. The services procured from Newton Europe in Phase 2 (Design and Implementation) are 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 aims to maximise skills and knowledge transfer. This will build the capability of staff and allow future improvements to be taken on without the support of external partners. This is also beneficial for the personal development of the individuals involved.
- 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



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



Diagnostic  
Summary Report.pdf

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