



## Healthier Communities Select Committee

### **“Empowering Lewisham” - Transforming and Modernising Adult Social Care – Final Report on the Sustainability Stage (Phase 3)**

**Date:** 18/07/2024

**Key decision:** No.

**Class:** Part 1

**Ward(s) affected:** All

**Contributors:** Tom Brown, Executive Director of Community Services

### **Outline and recommendations**

The purpose of the attached paper is to provide the Healthier Communities Select Committee with a final report on the Empowering Lewisham Adult Social Care work to transform and modernise the service. This follows the completion of all phases, including sustainability healthchecks.

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>11 January 2023</b>	Updates to HCSC on Phase 2 of ASC Review.
<b>15 September 2023</b>	ASC Sustainability (Phase 3) complete after final 'health check'

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## 1. Summary

- 1.1. This report follows on from previous papers to Healthier Communities Select Committee on the 1st March 2022, 13<sup>th</sup> June 2022, and 11<sup>th</sup> January 2023 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 'Sustainability' phase, commenced during December 2022 and was completed in September 2023. This phase was delivered through four intensive 'health checks' completed with Newton Europe and the project and business as usual teams to review KPI performance and sustainability measures and to inform where further action was required. This phase has been essential 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.
- 1.3. The programme was recognised for its impact for residents and staff at the 2023 MJ awards, with a judges special commendation in the "Workforce Optimisation" category, and shortlisting for the 2023 LGC "Innovation" award.

## 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.
  - **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 – Sustainability

- 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 complemented rather than duplicated, and provided the necessary resource to expedite this essential modernisation process. It comprised two core delivery phases: (1) Diagnostic and (2) Design and Implementation across 5 different workstreams – after which a third sustainability phase ensured the delivery and evolution of continuous benefit.

#	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. Findings from the Diagnostic were reported to Healthier Communities Select Committee in September 2021 - [see report](#).

### LEWISHAM SUMMARY OF FINANCIAL OPPORTUNITIES



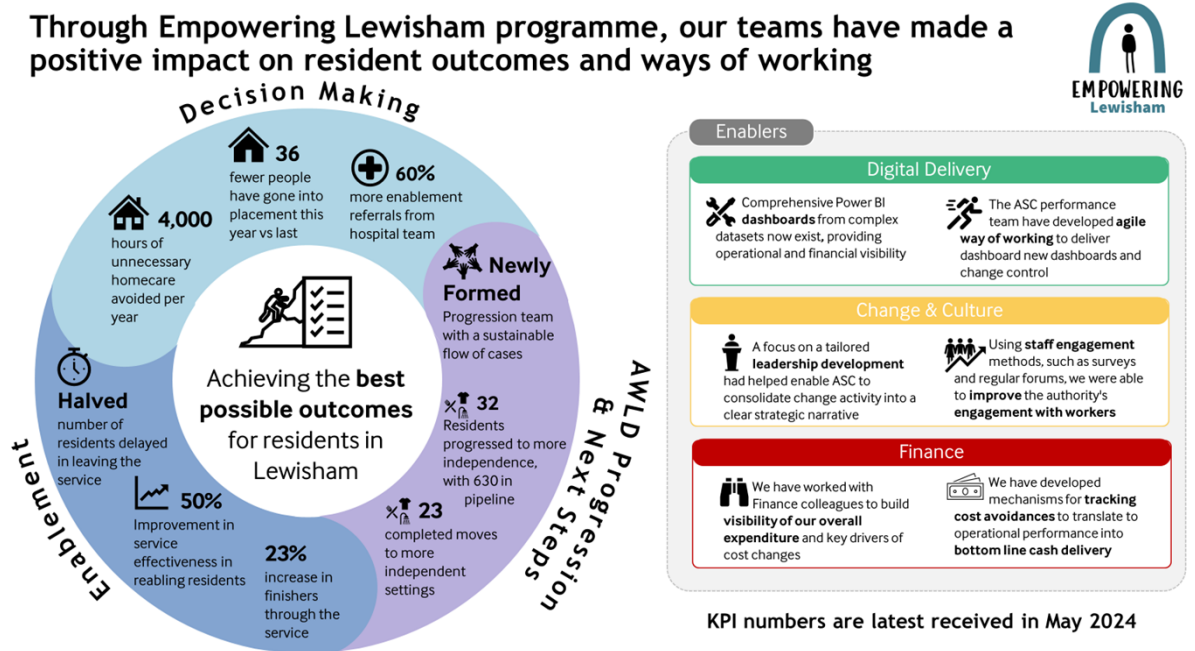
Area	Summary of Opportunity	Lower Bound	Upper Bound
Older Adults- Decision Making & Enablement	<ul style="list-style-type: none"> <li>Better decision making at reviews and assessments to ensure settings and packages of care accurately reflect needs and level of need</li> <li>Goals driven independence support for those in the community and being discharged from acute settings to enable long term independence</li> <li><b>Target reduced areas of spend: OA Residential, Nursing, Home care</b></li> </ul>	£5.5	£6.2m
AWLD- Moving On	<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><b>Target reduced areas of spend: AWLD/Transitions Residential care &amp; Supported Living</b></li> </ul>	£2.5	£3.7m
Progression	<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
		£8.6m	£11.5m

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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 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. The diagram below shows the outturn at the end of Phase 2.



- 4.6. A detailed breakdown of benefits delivered over the past 2 years of the programme by workstream is detailed below:

Financial year		22/23			23/24		
Workstream	Area	Diagnostic	Forecast	Delivered	Diagnostic	Forecast	Delivered
Older Adults	Homecare	£1.02m	£0.58m	£1.15m	£2.37m	£2.62m	£2.73m
(Decision Making & Enablement)	Residential & Nursing	£77k	£313k	£298k	£263k	£656k	£248k
AWLD Progression & Next Steps	Progression / Moves	£132k	£3k	£20k	£617k	£201k	£744k
	<b>Total</b>	<b>£1.23m</b>	<b>£0.90m</b>	<b>£1.47m</b>	<b>£3.24m</b>	<b>£3.48m</b>	<b>£3.72m</b>

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4.7. The forecast for delivery of benefits is as follows:

Financial year		24/25		25/26		26/27		27/28	
Workstream	Area	Diagnostic	Forecast	Diagnostic	Forecast	Diagnostic	Forecast	Diagnostic	Forecast
Older Adults (Decision Making & Enablement)	Homecare	£1.03m	£1.23m	£0.02m	n/a	n/a	n/a	n/a	n/a
	Residential & Nursing	£172k	£136k	£12k	n/a	n/a	n/a	n/a	n/a
AWLD Progression & Next Steps	Progression / Moves	£806k	£545k	£806k	£866k	£561k	£1.17m	£157k	£298k
	<b>Total</b>	<b>£2.01m</b>	<b>£1.91m</b>	<b>£0.84m</b>	<b>£0.87m</b>	<b>£0.56m</b>	<b>£1.17m</b>	<b>£0.16m</b>	<b>£0.30m</b>

4.8. Work on Phase 2 commenced on 4 November 2021 and the changes moved into BAU operations across November and December 2022. Phase 3 monitored the effectiveness of BAU operations with returning Newton support from December 2022 to September 2023.

#### 4.9. Workstream updates

##### 4.9.1. 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.

There is a targeted opportunity of £5.5m-£6.2m across the older adults workstreams (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.

##### 4.9.1.1. **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:

**Ideal Outcomes Meetings** - Collaborative multidisciplinary sessions to identify support options based on strengths of residents. This allows us to find solutions to changes in need, beyond what may have been explored individually.

**Empowering Conversations Training** - Practising meaningful conversations, using case studies and role play to ensure staff feel confident in discussing strength based approaches with service users and their families.

**Information Directory** - Collection of all available services and resources available

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to ASC Service Users. This ensures that time is spent as efficiently as possible finding relevant services for each citizen to maximise independence.

**Improvement Cycle Meetings** – Regular management meetings to review outcomes measures across services and within teams to help identify key trends and areas for continuous improvement.

**Power BI Dashboards** – We have embedded a suite of dashboards to help aid management oversight of decision making, giving better automated oversight of outcomes and various levels of the ASC organisation.

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

Through the last year we have:

- Since the start of the programme benefits tracking we have avoided approximately 4000 hours of unnecessary home care or direct payment equivalent, when compared to our baseline as residents are being supported more independently.
  - In the 12 months prior to May 2024, 36 fewer people supported in residential and nursing placements, instead supported with greater independence at home.
  - 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.
- “I think it is a positive programme to effect positive change for our service users and the social work which keeps evolving as the time changes” – Neighbourhood Social Worker
- The service users that have been part of the new ways of working have also fed back positively:

“Lots of professionals have been involved and they have generally all been good and thorough” – Lewisham Resident

4.9.1.2. **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:

- **Peer Supported Discharge Discussions (PSDD)** – Twice weekly focused discussions where potential new pathway 3 starters are discussed by a team of professional experts to answer ‘Home? If not, why not?’. This has helped ensure that more residents are being discharged home to continue their rehabilitation back to maximum independence.
- **D2A Pathway 1 Re-Design** – We have changed the discharge pathway 1 process to make Enablement the default for residents returning home from hospital with at home support. This has helped to foster an ‘Enablement? If not, why not?’ mindset across the MDT teams helping to give residents better access to specialist rehabilitation post discharge.
- **Social Work Training** – A program of short training sessions to support

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building the social work teams capability across a range of topics, such as Assistive Technology, navigating challenging conversations with residents, families and health partners and strength based practice.

- **Improvement Cycle Meetings** – Regular management meetings to review outcomes measures across discharge pathways, including reviewing any residents who was not referred to Enablement or discharged home to ensure that any non-ideal decision making can quickly be incorporated into reflective practice sessions.
- **Power BI Dashboards** – We have embedded a suite of dashboards to help aid management oversight of decision making, giving better automated oversight of outcomes at hospital discharge and give easily accessible data for the improvement cycle meetings.

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

- At the time of the last enablement health check (September 2023) there remains been a 60% increase in the number of referrals each month to Enablement from the D2A team and equivalent decrease on the numbers going direct to a long term care package.
- The Hospital SW team have also been positively reflecting on the new ways of working:

“Helps us to discuss rationale for change in discharge destination and provides an opportunity to think differently. This allows positive discuss to explore Option for Home first which is always least restrictive option.”  
–Social Worker, Complex Discharge

“Things are getting better and I've seen a change in the way we work.. now we need the rationale why not enablement?” – Lead Operations Manager, Discharge to Assess

- The service users that have been part of the new ways of working have also fed back positively:

“I did not want to go into respite, though my wife wanted me to, and was happy to remain at home. My wishes were respected and we were able to come up with an acceptable alternative” – Lewisham Resident

“Mrs A’s welfare had improved considerably. Baring unexpected emergencies, we expect this situation to continue for the long term.” – Husband of a Lewisham Resident who was discharged home from hospital when initial recommendation from the ward was for placement

#### 4.9.2. 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.

- 4.9.2.1. Having worked through some of the challenges and delays in the last year, the changes to the Enablement service are now embedded across the service. These have included:

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- 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.

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

- At the time of the last enablement health check (September 2023) run rate at 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.
- At the time of the last enablement health check (September 2023) 25% increase in number of finishers through the service, enabled by halving the number of residents delayed in leaving the service after reablement is provided.

#### 4.9.3. 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 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.

4.9.3.1. 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

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- 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

4.9.3.2. 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 691 residents currently in the AWLD cohort to identify any opportunities to increase their independence before beginning to work with them and their families.

4.9.3.3. Currently, the team have:

- Progressed 32 service users within the same setting to a less restrictive package of care helping to maximise their independence, and
- Moved 23 service users to more independent setting through working with them and their families.
- This has unlocked £0.93m worth of savings so far against a target of £0.25m so far.
- The current pipeline of future moves and progressions is detailed in the table below, with more SUs to be reviewed by the team.

Opportunity	SUs	Weekly Costs & Opportunity				Annual Savings Opportunity	
		Av Cost	Av Pot Opportunity	Av Pot Opportunity (Confidence Weighted)	Diagnostic Target	Annual Potential Opportunity	Annual Potential Opportunity (Confidence Weighted)
2 - Move (Setting Change)	9	£2,526	£656	£609	£350	£307k	£285k
3 - Progression (Reduce Care Hours)	29	£870	£614	£546	£80	£926k	£823k
<b>Total</b>						£1.23m	£1.11m

#### 4.9.4. Change & Culture

4.9.4.1. 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.

4.9.4.2. 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.

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- 4.9.4.3. 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
- 4.9.4.4. 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.

#### 4.9.5. Digital Delivery

- 4.9.5.1. 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.
- 4.9.5.2. As an enabler workstream, there is not a targeted opportunity attached to it.
- 4.9.5.3. 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 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
- 4.9.5.4. The workstream has delivered 5 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,

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- 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
  5. **Finance Dashboard** – bringing visibility to financial reporting in LBL, allowing the team to quickly spot any trends and accordingly plan its improvement work.

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

#### 4.9.6. Governance

- 4.9.6.1. 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.
- 4.9.6.2. The Health checks focused 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. The PANS workstream had a series of support evaluations, ensuring that Newton support was available for any troubleshooting required to ensure confidence in the delivery of the overall opportunity in the right timescales. These took place over the course of 2023 as follows:

Week Commencing	Health Check or Support Evaluation	Work Streams on Health Check	Duration
20 <sup>th</sup> February	Health Check	Decision Making, Enablement, Digital	2-3 Days
6 <sup>th</sup> April	Support Evaluation	Progression & Next Steps	1 Week
22 <sup>nd</sup> May	Health Check	Decision Making, Enablement, Progression & Next Steps, Digital	2-3 Days
11 <sup>th</sup> September	Health Check	Decision Making, Enablement, Progression & Next Steps, Digital	2-3 Days

## 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.
- 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. Latest reporting estimates operational run rate at £9.95m (July 2024), which remains strong despite some challenges to KPI performance in recent months. The PANS workstream in particular is now delivering ahead of target, and is on a trajectory to deliver further significant savings.
- 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:

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- 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. As the agreed recurring financial benefit delivered by the programme has exceeded £4.551m (£255,790k for Phase 1 plus £4.295m for Phase 2) then the guarantee clause (para 6.5) will apply.
- 5.6. 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.
- 5.7. Benefits to the council will continue following the skills and knowledge transfer to council officers.
- 5.8. 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.

## **8. Equalities implications**

- 8.1. We completed a EIA in November 2022. The EAA document is available on request. Please email [nidhi.patil@lewisham.gov.uk](mailto:nidhi.patil@lewisham.gov.uk) to request a copy.

## **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:

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- 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 temas 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 worked 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 help sAdults with Learning Disabilities to access opportunities for work, education or volunteering.

## 13. Background papers

- 13.1. ASC Phase 1 Award Report Part 1- This document is available on request. Please email [nidhi.patil@lewisham.gov.uk](mailto:nidhi.patil@lewisham.gov.uk) to request a copy.
- 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- This document is available on request. Please email [nidhi.patil@lewisham.gov.uk](mailto:nidhi.patil@lewisham.gov.uk) to request a copy.

## 14. Report author(s) and contact

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