

# Scrutiny Review on Transformation in Adult Social Care

## REPORT OF THE HEALTH AND CARE SCRUTINY COMMITTEE

**London Borough of Islington**

**5 September 2023**

## **FOREWORD**

Islington Council provides essential Adult Social Care services to a wide range of adults with care and support needs; including older people, adults with disabilities, those with mobility problems, long-term conditions, and physical and mental illnesses. Social Care offers invaluable support to enhance the health and wellbeing of service users, building on their strengths, and supporting, enabling and empowering them to lead independent lives.

However, Adult Social Care faces several challenges that present significant risks. Rising demand and demographic pressures, combined with continued government austerity and limited funding, and the ongoing impact of Covid-19, Brexit and the Cost-of-Living Crisis provide real challenges in delivering essential services to the residents most in need of help.

The Health and Social Care Act 2022 sought to transform care services through greater integration with the NHS. While this presents opportunities for further collaboration and innovation, it is vital that local services transform in a way that is resident-focused and best meets the needs of Islington's diverse communities. Services must be delivered in a way which reduces inequalities, is focused on early intervention and prevention, and committed to co-production.

The Committee wished to review transformation in Adult Social Care in this context. The Committee has made 11 recommendations that consider modernisation of practice, collaboration and cultural change, and smarter travel. These recommendations seek to build on the great work already underway in Adult Social Care to transform our services.

**Cllr Jilani Chowdhury**  
**Chair of the Health and Care Scrutiny Committee**

## **EXECUTIVE SUMMARY**

### **Aim:**

To consider transformation of Adult Social Care services in the context of the Health and Social Care Act 2022, including challenges and opportunities associated with this, new developments in services, and the greater focus on preventative measures.

### **Evidence:**

The Committee commenced the review in October 2022. The Council considered evidence from a number of witnesses, as follows:

- Evidence from Council Officers
  - Summary of the legislative framework and key challenges facing the sector
  - Overview of the reablement service and development of a '7-day model'
- Evidence from Whittington Health on integration of health and care services
- Evidence from Reablement service users
- Evidence from Reablement service staff
- Evidence from Kent County Council
- Evidence from voluntary sector organisations
  - Age UK
  - Help on Your Doorstep
  - Manor Gardens Welfare Trust

### **Summary of Main Findings:**

The Committee heard evidence from officers on the challenges facing Adult Social Care and opportunities for further development. Focusing on the reablement service as a case study, the Committee heard how new developments such as adopting a 7-day recovery model may offer more comprehensive support to those needing additional support following discharge from hospital. The Committee heard positive feedback from service users of the reablement service and considered how this work could be developed further through use of technology.

The Committee also highlighted the value in feedback mechanisms, to allow positive outcomes to be recorded, and for service users to make suggestions on service improvements where needed.

The Committee noted the opportunities for collaboration and integration with the NHS and the voluntary sector and, aside from offering more joined up services, considered how this could be used to overcome persistent issues such as recruitment, workforce development, and the council's work to challenge inequalities in our communities. It was thought that greater collaboration between Adult Social Care and the Access Team may help to facilitate referrals.

The Committee also considered how active travel options and adapting service footprints may help carers with their busy workload by making journeys as efficient as possible.

## **RECOMMENDATIONS:**

### **Modernisation of Practice**

1. To modernise the work of the reablement service, the Committee would support increased use of technology, for example carers being issued with tablets to record information during their visits. Reablement carers have tended to be digitally excluded, so would require appropriate technology and skills training.
2. To ensure that the voices of residents are heard and their views are considered in the developing our Adult Social Care services, the council should consider improving feedback mechanisms, both directly and via third parties.
3. The Committee welcomes the pilot of the new 'seven day recovery' model being used to support the reablement service. The Council should aspire to delivering this service in-house, to enable greater integration with the reablement service.

### **Collaboration and Cultural Change.**

4. Islington Council and local partners should work to develop a shared ethos across integrated health and social care services. This would need to be agreed across partner agencies and would focus on developing a shared Early Intervention / Prevention approach and building upon Strength Based Practice approaches. This would involve developing a shared vision, consistent training and clear development plans for all staff.
5. To fill vacancies in the local health and care system, Islington Council and partner organisations should consider working together on recruitment campaigns that prioritise the employment of local people and champion good quality jobs and career pathways in the health and care sector. This could also involve considering how health and care jobs are advertised and promoted locally.
6. The Committee considered the importance of health and care services being joined up, to enable the most comprehensive service to residents. Adult Social Care should work to identify where further collaborative working might add value for residents using our health and care services. This may include work with Mental Health services, Housing, and the Voluntary/Community sector.
7. As this joined-up work develops, the council should work to collate information across agencies around inequality and use of services by communities we struggle to reach. This will involve support from Voluntary & Community Sector and community-based groups. This could also involve developing a shared 'insight' function to make best use of intelligence.

8. Islington Council should work to strengthen collaborative working between Adult Social Care, key voluntary sector organisations and others to further develop our prevention offer, including use of 'Provider Summits' to encourage partnership working.
9. Islington Council should explore opportunities for greater collaboration between ASC and the Central Point of Access to facilitate more referrals into the service.

### **Smarter Travel**

10. Adult Social Care should consider if reablement carers could make use of electric bikes and other active travel options; this may help carers to avoid traffic, have a positive environmental impact, and potentially reduce costs.
  11. Adult Social Care should review the routing of reablement carers by ensuring that visits are grouped to take account of low traffic neighbourhoods. This will make journeys as efficient as possible, support carers arriving on time, and help to reduce the environmental impact of journeys.
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## **1. Introduction**

1.1 The Committee commenced the review on 4 October 2022, with the overall aim to evaluate to consider transformation of Adult Social Care services in the context of the Health and Social Care Act 2022, including challenges and opportunities associated with this, new developments in services, and the greater focus on preventative measures.

1.2 The Committee also agreed to the following objectives:

- a) To investigate the impacts of the Health and Social Care Act 2022 and the wider legislative framework, and how our response to this will impact on services and service users.
- b) To review the vision for Adult Social Care in Islington, and to assess if the council's current and emerging plans for future development and reform are adequate, with a particular focus on improved outcomes for residents.
- c) To review the access to adult social care services in Islington, demographic pressures, and the most effective operating models to meet those requirements.
- d) Focus in on how we are designing our services in a way that will prevent increased need and enable residents to live their lives as independently as possible.

## **2. Main Findings**

- 2.1 This report summarises the Committee's review of Islington's Adult Social Care services. It also includes information on changes to services within the council, witness evidence sessions from external organisations, recent and ongoing difficulties within the social care sector that has been impacted by legislative changes along with future plans following the pilot of the new 'seven day recovery' model for reablement services, and future aspirations for service delivery. There is also background information on the current adult social care services included in order to put the current status into context.
- 2.2 The Committee agreed the scope of the review through the Scrutiny Initiation Document, attached at Appendix A. The objective of the review was to put adult social care in context and to provide an overview following a number of changes to legislation, particularly in regard to the Health and Social Care Act 2022. The Committee was keen to understand those changes and the resulting impact, including changes to services within the council and with wider partners.
- 2.3 The Committee noted that the vision for adult social care included ensuring strong, inclusive, connected communities where regardless of background people had fair and equal access to adult social care and the support to enable them, where possible, to live healthy, fulfilling and independent lives. The Committee wanted to consider the way people accessed and progressed through services, as well as the Islington context and local demographics, how local services focus on early help and prevention, as well as issues related to service transformation, and working with partner organisations.

### **3. 15<sup>th</sup> November 2023 meeting – Adult Social Care Transformation and Integrated Working**

- 3.1 This session was used to provide an overview of the legislative framework in which Adult Social Care works, and to describe the vision and ambition that we have for service delivery to Islington residents. This includes our co-produced priorities and our new Operating Model designed to focus more on preventing need rather than only responding to more acute need.
- 3.2 The session then heard evidence from both Whittington Health and Adult Social Care officers on the work that is being carried out to integrate services, to provide a more preventative response in a more joined up way. This included evidence on;
- The Integrated Urgent Response & Recovery Service, which is being developed to assist people to regain independence when coming out of hospital, and to prevent the need for hospital admission.
  - The Integrated Front Door that is being implemented between Whittington Health and Adult Social Care, and which will ultimately include colleagues from Camden & Islington Mental Health Trust and LBI Housing colleagues. This will enable a single health and social care front door to effectively triage and ensure that people receive a timely and co-ordinated response. This will be focussed on Strength Based Practice and identifying a preventative solution.
- 3.3 The Committee received a presentation on the Scrutiny Review of Adult Social Care Transformation. It was highlighted that the topic had been chosen within the context of a new legislative framework of risks and opportunities linked in particular to the Health and Care Act 2022, a new operating model based on prevention and early intervention and the changing needs of the population. The experience of service users and how to work with partners to optimise service delivery was also important.
- 3.4 The aim of the Care Act was to give people and their carers more choice and control, and the opportunity to live independent and fulfilled lives, keeping people at the heart of all assessments and support. The focus was on a strength-based approach, what mattered to people, ensuring people were connected to their communities and ensuring the different types of support available were taken into consideration.
- 3.5 Other key legislation included the Mental Capacity Act; Mental Health Act; Human Rights Act and the Equalities Act. There were imminent changes to the Mental Health Act and the Deprivation of Liberty Safeguards within the Mental Capacity Act expected.

- 3.6 Adult social care reform was focused on ensuring people were well looked after; the social care system would work better for people and carers; would meet the increasingly complex needs of an aging population and the needs of younger adults who needed support. The aim was for social care to be more joined up; for there to be a simpler and more consistent approach that linked national and local provision of care and support; a focus on prevention and early intervention; choice, control and support for people to live independent lives; good quality care and support specific to people's needs and circumstances; fair and easy to access adult social care and a limit on how much people should pay for care over their lifetime.
- 3.7 The Health and Care Act 2022 turned the above intentions into law and introduced Integrated Care Systems (ICS's); powers for the Secretary of State to intervene in the healthcare system and changes to public health. It also removed the delayed discharge regime and confirmed 'discharge to assess' and improved the oversight of quality and safety by the introduction of a new assurance/inspection programme.
- 3.8 It was highlighted that adult social care was operating in a challenging environment, with high levels of change, uncertainty, financial pressure, increasing and complex demand and workforce shortages. This made it necessary to reconsider social care services to meet needs differently, problem solve for people earlier, stop needs from escalating and help keep people in their homes for longer. Key to this was working collaboratively and sharing resources.
- 3.9 The Integrated Care Programme would include a single integrated front door to receive and screen urgent health and all social care referrals. There were a number of different referral forms being used that would be replaced by a single form, whilst recognising that there would be other entry points through partners that should remain accessible. An integrated urgent response triage team would be implemented to prevent hospital admissions and manage hospital discharge. The call handling team would be upskilled and there would be a multi-disciplinary team of healthcare professionals helping them make the right decision at the right time. Funding had also been awarded for a housing post within hospital discharge. A new reablement service would include community referrals. Officers explained the work underway and the next steps, including the launch of the revised reablement offer, details of which would be considered at a future meeting.
- 3.10 A member highlighted that Councillors should highlight the views of residents and this could help reshape the service, for example the amount of time social care could take to move an elderly resident between care homes, the lack of clarity around the charging policy and the need for a system to monitor the progress of individual cases.
- 3.11 A member asked whether there were any unintended benefits or learning that had come from recent service changes. Officers emphasized the importance of



building trust with staff when implementing transformation projects. Additionally, it was thought that hybrid working had allowed for more integrated partnership working.

- 3.12 A member asked whether there was a vision within health and social care for more self-service, e.g people getting information for themselves or viewing and tracking records online. Officers advised that this was being considered, particularly though health services.
- 3.13 A member asked whether there would be Key Performance Indicators (KPI's) relating to transformation work. The Committee were informed there would be different KPI's for different projects and they would change depending on the stage of the project.
- 3.14 The Committee considered the recruitment challenges facing the Adult Social Care sector. It was highlighted that there was a recruitment drive underway and twelve agency staff had been transferred to permanent contracts. Although it was a competitive market early indications showed there had been a positive response to this work.
- 3.15 The committee considered loneliness and isolation among older people and the importance of ensuring people remained part of the community. It was explained that adult social care reform sought to ensure people in the community were connected and there would be closer partnership working with the voluntary and health sector to support people to live fulfilling lives and remain in their own homes. Additionally, new Fairer Together and Family hubs would provide new opportunities to bring services together into a single point of access, based in the community.
- 3.16 A member raised the importance of homebuilding for an aging population, so older people could be part of a community. It was noted that this was something the Council was considering further and could be incorporated into new developments.

#### **4. 13<sup>th</sup> December 2022 meeting – Reablement Service**

- 4.1 The Committee received a presentation on the reablement service, outlining the impact that an effective programme of reablement can have, in addition to explaining the basis of a new programme of reablement that will enable delivery to a wider range of residents, provide increased support and establish closer working with the NHS. A key segment of improvement within reablement service is improving face to face contact time.
- 4.2 Work had taken place to rationalise the job descriptions of reablement workers and there had been significant success in recruiting to these posts. Recently, the appropriate number of senior enablers were appointed to – this was achieved both internally and externally through agencies – however, there were efforts to

increase the internal proportion.

- 4.3 The programme of reablement is primarily to assist those who have lost some form of capability to help regain life skills, things that a hospital stay or serious illness can reduce. Studies have shown that a six-week programme of reablement has a proven positive impact in restoring the recovery of a patient's life skills whereas more traditional care models are more centred on replacing those skills altogether.

## **5. 24 January 2023 – Workshop with Reablement Service Users and Staff**

- 5.1 Committee members met with two residents who have used the Reablement Service and their carers, as well as officers working to deliver the reablement service. This was an opportunity for members to discuss the service and find out first-hand about their experiences. Key areas of discussion were:

- The residents interviewed really valued the reablement service. One was currently going through his second round of reablement, the other had finished reablement towards the end of last year.
- There was a perception that people in the wider community did not know this was a service Islington offered, and the council should raise the profile of the service.
- On what could be improved, the service users said it would be better to have more regularity in the carers that attended. One said that they were visited by several different people (up to 13 different carers) and more consistency would help them to feel more familiar with their carers.
- The partner of a service user commented on the lack of physiotherapy support; they recognised that social care is facing staffing and resource issues, but they had been advised that there was only one physio for the whole of the service.
- Service users had experiences of carers arriving late, but recognised that staff had high caseloads.
- One service user had since moved on to domiciliary care, however this was a short-term arrangement, as he did not have a good experience of the service. He commented that the carers were often late, and because of this he had chosen to discontinue the service.
- Another service user commented that they were currently going through the process of having their finances assessed to determine their eligibility for Adult Social Care services and commented that the forms were "unbelievably complicated."
- Members suggested that it may be helpful to check-in with those who recently ended reablement, perhaps a couple of weeks afterwards, to ask if they need any help navigating the care system, and signpost to support if needed.

## **6. 31st January 2023 meeting – Reablement and the '7-day recovery' service**

- 6.1 The Committee received a presentation from Stephen Taylor, Interim Director of Adult Social Care Transformation, and Michel Murphy, Assistant Director of Adult Social Care. The presentation focused on reablement and the proposals to develop a '7-day recovery' or 'Take Home and Settle' service.
- 6.2 The following main points were noted in the discussion:
- In 2021 the council carried out a strategic review of the Reablement Service to ensure it continued to meet the needs of vulnerable residents and respond to the challenges presented by COVID 19.
  - In January 2022 the council undertook work to transform the service and develop an enhanced model of Reablement that supports more people in our community. This involved aligning the response with the integrated offer being developed with colleagues from Whittington Health.
  - The review looked to improve efficiency, value for money and increase the amount of direct support delivered without compromising quality.
  - Officers were looking at how best to support staff to have the skills, capacity & resources they need to do their jobs effectively.
  - In September 2022 the new model of Reablement was implemented, and officers were now exploring how to expand this further with a 7-recovery day model. This will allow better use of staff capacity, resources and more targeted decision making. The service is piloting this initially with independent providers with a view to potentially providing this service in house.
  - Effective reablement is about working intensively with people in a time of short-term crisis, to support them to regain the skills, confidence, and social networks to return to their previous levels of independence. The service is provided free for up to 6 weeks and is delivered by a range of skilled professionals and carers all working with the resident to maximise independence where they can.
  - In terms of the impact of effective reablement, the effective reablement reduces the need for long term homecare by an average of 22% after 1 year and 30% after 2 years. Also, effective reablement can reduce homecare expenditure by 40%.
  - Our Council's new reablement offer will deliver reablement to a wider group of residents, coordinate our responses with community and mental health services, improve efficiency, value for money and increase actual hours delivered, significant reduction in long-term homecare and the overall homecare spends. The offer will also utilise resources in a more flexible way and have better target support to increase people's potential to regain lost skills.
  - It was explained to the committee that the 7-day plan is to be viewed as running alongside the reablement offer, it is not replacing this.
  - The main challenges included the assessment of needs when residents are discharged as well as continuity of care.

- The committee noted suggestions to freeing up capacity in the workforce through possible consideration of reviewing staff rotas considering the low traffic neighbourhood schemes, and the introduction of e-bikes.
- The chair suggested that there should be a focus on rebranding care work to emphasise that this was skilled work. This may assist with attracting applicants to the role, as would improving the transport journeys for carers.
- The committee was informed that in cases where the 7-day recovery service is insufficient it still allows the service to develop capacity and tailor a bespoke approach within that time.
- The 7 Day Recovery Service will be delivered initially as a 6-month pilot and will aim to enable the person time to settle back into their home routine after time in hospital. The recovery service is different to Reablement as it aims to provide basic daily living support, providing up to 22.5hrs support over the 7 days. The 7 Day Recovery Service also allows the professionals time to complete a more detailed assessment of reablement potential in the persons own home rather than on a hospital ward. Other Local Authorities using this approach found that the model reduced the time it took to reach reablement goals from 25 to 18 days, helped managed the demand and flow from the hospital, delivered reductions to the long-term home care budget by targeting the right support at the right time and maximised the capacity and effectiveness of the Reablement Service.
- This service will be initially delivered as a pilot with our local care agencies to ensure this new way of working is effective. At the end of the pilot period, the council could potentially provide this service in house.
- Some councils had a mixture of both in-house and outsourced reablement provision, and this may be a model to look at in future. The Committee would be hearing from Kent and Camden Councils about their services at an evidence session scheduled for early March. The newly developed Reablement Service now has all staff in place and is fully operational and it has increased available capacity by 53% while maintaining high quality care. The service now forms part of an integrated pathway alongside services provided by Whittington Health Care. This ensures a joined up and coordinated experience for residents.
- The proposed 7 Day Recovery Service, if successful, will allow us to further increase this capacity to support more residents to live independently with a view, if successful, to assessing the longer-term viability for delivery, including the option to commission and work with external providers, to deliver an In-house service offer (alongside our new reablement service), or as a mixture of both.
- The Chair highlighted points raised in evidence from service users, including the timeliness of carers' arrival, making the charging policies easier to understand, and having a clear plan of care after the initial 7-day period, if required.

## **7. 27 March 2023 – Evidence from Central Point of Access organisations**

7.1 This was an opportunity for committee members to meet with the three voluntary organisations involved in the Central Point of Access. These services are working with the council to provide residents with low level needs the key services and support required to keep them independent and connected. The three organisations are:

- Age UK
- Help on your Doorstep
- Manor Gardens

7.2 The three organisations described the services they provided and how the work was developing in partnership with Adult Social Care. There were several areas of discussion that emerged over the evening. These included;

- The possibility of more 'Provider Forums' between the voluntary sector and Adult Social Care organisations to support future developments;
- More involvement in the planning of services;
- It was thought that joint working between Adult Social Care and the voluntary/community sector has improved over recent years, but there were opportunities to strengthen links further;
- Members considered the need to strengthen capacity in the voluntary/community sector and the work underway to support this;
- Members commented that they would welcome more information about the role and involvement of the voluntary/community sector;
- Voluntary sector organisations were keen to work in partnership with Adult Social Care to increase the volume of referrals into the Central Point of Access. This could include VCS representation in the LBI Access Service and with Reablement triage.
- The voluntary sector organisation commented on the prevalence of mental health needs in the local community need for more capacity within Mental Health services to support people with high level needs.

## **8. 5 April 2023 – Evidence from Kent County Council**

8.1 The Committee received evidence from Jacquelin West, Service Manager at Kent County Council, on their 'Take Home and Settle' service.

8.2 This is a highly regarded reablement service and members were keen to consider the strengths of their model and how best practice may be applied in Islington. Councillors were interested in finding out the practicalities behind developing tools which monitored the user journey, as this would help to indicate levels of satisfaction in resident experience. The Committee also considered the need for transparent information for residents on the next steps of their care or pathway. Councillors also considered how Kent County Council communicate directly with their service users.

- 8.3 The Committee considered how Kent's services worked and how they were able to monitor delivery and the overall effectiveness of the services. It was noted that Islington was seeking to develop a similar model.

## **9. Conclusions**

- 9.1 The Committee has explored the current reablement services in place in Islington and the challenges to the wider transformation of Adult Social Care services, including changes implemented following the new Health and Social Care Act 2022.
- 9.2 The Committee's recommendations, if adopted by the Executive, should ensure a focus on developing the work of the reablement service and will also contribute to wider collaboration between Islington Council and local partners; including working to develop a shared ethos across integrated health and social care services and working together on issues of resources and staffing. In addition, the Committee felt the need to adopt smarter travelling for carers, and increase use of technology which would lead to increased efficiency.
- 9.3 The Committee would like to thank witnesses that gave evidence in relation to the scrutiny review. The Executive is asked to endorse the Committee's recommendations.

## **MEMBERSHIP OF THE HEALTH AND CARE SCRUTINY COMMITTEE 2022/23**

### **Councillors:**

Councillor Jilani Chowdhury (Chair)  
Councillor Joseph Croft (Vice Chair)  
Councillor Fin Craig  
Councillor Mick Gilgunn  
Councillor Clare Jeapes  
Councillor Claire Zammit  
Councillor Tricia Clarke  
Councillor Caroline Russell

### **Substitutes:**

Councillor Janet Burgess  
Councillor Dave Poyser  
Councillor Nick Wayne  
Councillor Benali Hamdache

### **Acknowledgements:**

The Committee would like to thank all the witnesses who gave evidence to the review.

### **Officer Support:**

John Everson – Director of Adult Social Care  
Stephen Taylor – Interim Director of Adult Social Care Transformation  
Michael Murphy - Assistant Director of Adult Social Care  
Affy Wajid – Adult Social Care Improvement Team  
Boshra Begum & Samineh Richardson – Democratic Services

<b>SCRUTINY INITIATION DOCUMENT (SID)</b>
<b>Title of review: Transformation in Adult Social Care</b>
<b>Scrutiny Committee: Health and Care Scrutiny Committee</b>
<b>Director leading the review: John Everson, Director of Adult Social Care</b>
<b>Lead officers: Various officers from Adult Social Care</b>
<p><b>Overall aim of the review:</b>            To consider transformation of Adult Social Care services in the context of the Health and Social Care Act 2022, including challenges and opportunities associated with this, new developments in services, and the greater focus on preventative measures.</p>
<p><b>Objectives of the review:</b></p> <ul style="list-style-type: none"> <li>• To investigate the impacts of the Health and Social Care Act 2022 and the wider legislative framework, and how our response to this will impact on services and service users.</li> <li>• To review the vision for Adult Social Care in Islington, and to assess if the council’s current and emerging plans for future development and reform are adequate, with a particular focus on improved outcomes for residents.</li> <li>• To review the access to adult social care services in Islington, demographic pressures, and the most effective operating models to meet those requirements.</li> <li>• Focus in on how we are designing our services in a way that will prevent increased need and enable residents to live their lives as independently as possible.</li> </ul>
<p><b>How does this review contribute to the Council’s priorities?</b></p> <p>Adults Social Care’s Vision is to ensure Islington is a place made up of strong, inclusive and connected communities, where regardless of background, people have fair and equal access to adult social care support that enables residents to live healthy, fulfilling and independent lives. The focus in Adult Social Care is very much around early intervention and prevention, maximising people’s independence, and closer collaboration with our partners.</p> <p>This scrutiny review will enable the committee to explore issues related to the changing legislative framework, assess and scrutinise the council’s plans for responding to these changes, consider how those plans will impact on residents, and explore areas for further service improvements.</p>
<p><b>Scope of the review and evidence to be received:</b></p> <p>The review will focus on...</p> <ul style="list-style-type: none"> <li>- The Legislative Framework in which we operate now and into the future, including the risks and opportunities within the 2022 Health &amp; Care Act;</li> <li>- The context we work within and developments necessary to meet changing needs and expectations;</li> </ul>



- An overview of core Adult Social Care services; our Vision, and Prevention and Early Intervention based Operating Model; use of preventative approaches to reduce inequality
- The experiences of service users, what they value in our services, and areas for improvement;
- How we are working with our partners to optimise service delivery.

Evidence was received as set out in the report.

**Additional information:**

In carrying out the review the committee will consider equalities implications and resident impacts identified by witnesses. The Executive is required to have due regard to these, and any other relevant implications, when responding to the review recommendations.