How Adult Social Care is performing in Luton

Adult Social Care Local account 2012-13
Introduction

We are delighted to present Luton Borough Council’s local account of our adult social care services which reports on how well we have performed during 2012-13 and highlights services we are targeting for improvement.

These are difficult times for all councils, particularly in adult social care services where demand continues to increase while funding from central government reduces. However, we are ambitious and have set out a future programme to work far better with our key health partners and a broad range of organisations to offer residents the best support in maintaining their health and wellbeing.

Better integrated services

Our priorities have led to the development of an integrated programme called ‘Better Together’, which brings together a number of agencies to work towards a service that is designed around the person, unlocks barriers and produces a more holistic approach to health, care and support.

Better information

Over the next year we want to develop a far more effective approach to ensure people can access high quality information.

Better Quality

We are committed to delivering the highest quality services to Luton residents with care and support needs so that they can have healthy, happy and fulfilling lives in the community. However, we acknowledge there is still more to be done. Over the next year we will continue to build on our work to drive up the quality of services. We want to ensure we work in partnership to ensure people are properly safeguarded when they are most vulnerable and are assured that the services they receive are of good quality.

Better together

Finally we know there are many challenges for our residents as well as the Council with many changes in welfare benefits and the funding of social care.

We understand what we need to do with our partners to deliver services better together, but we also want to listen to users of our services. If you want to tell us what you think and get involved, please get in touch (contact details on the back of this document).
Contents

Introduction 2
2013 Peer review 4
Financial Spend 5
Population Growth 6
Welfare Impact 7
Adult Social Care Performance Summary 8
Learning Disability 10
Safeguarding 11
Think Local, Act Personal 13
Quality of the Local Market – Quality Monitoring 14
Complaints and Compliments 15
Scrutiny Review – Delayed Transfer of Care (DTC) 17
Improvement Priorities 18
Health and Wellbeing Boards 20
Day Care 21
Reablement 26
Carers 28
The peer review provided a very positive insight into how the Council is being run and managed from the top down. It was identified that the Council has a strong leadership core that are all ready and prepared for the tough challenges which lie ahead.

It was also identified that the Council has been very effective in responding to the financial challenge facing local government, and the public sector generally. The Luton Borough Council ‘Prospectus 2013 – 2016’ outlines the scale of the challenge and also reflects the very good understanding the Council and partners have of the context within which they are operating. Central to the Prospectus are clear priorities and a set of propositions around how the next phase of the financial challenge can be addressed.

2013 Peer Review

In June 2013 Luton Borough Council took up the offer of a corporate peer challenges as part of the Local Government Association’s (LGA) offer of sector-led improvement. The peer review was delivered by the LGA and carried out by experienced elected members and officers.

The peer review provided a very positive insight into how the Council is being run and managed from the top down. It was identified that the Council has a strong leadership core that are all ready and prepared for the tough challenges which lie ahead.

It was also identified that the Council has been very effective in responding to the financial challenge facing local government, and the public sector generally. The Luton Borough Council ‘Prospectus 2013 – 2016’ outlines the scale of the challenge and also reflects the very good understanding the Council and partners have of the context within which they are operating. Central to the Prospectus are clear priorities and a set of propositions around how the next phase of the financial challenge can be addressed.

Future challenges

- Addressing the housing challenge for Luton will require a solution beyond the Council’s boundaries – vitally important to move forward on a shared agenda with Central Bedfordshire and sub-regionally
- Improving on Information Technology
- Risks are posed by the Council not yet having a Core Strategy in place
- The impact of welfare reforms is now clearly starting to be seen – there is careful monitoring and the Council and partners are responding
- The cohesion between communities is likely to be tested further in the future – communities and agencies need to maintain their engagement and resolve
- Fulfilling the ambitions around economic growth and ensuring local people benefit from employment opportunities will require an increased
Financial Spend

Ongoing reductions in government funding for local authorities have meant that significant savings have had to be found from the Adult Social Care budget (over £10 million during the last three years). The department continues to go through extensive remodelling to deliver services against an ever reducing operating budget. Adult Social Care is being transformed through investing in improving existing community facilities and providing more cost-effective new ones. Work is underway to build a new day care and respite facility for people with learning disabilities. Changing the way we provide services is enabling the Council to continue to support the most vulnerable and ensure that future users’ needs are taken into account.

### 2013-14 Budget

<table>
<thead>
<tr>
<th>Service</th>
<th>2012-13 Outturn</th>
<th>2013-14 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older Persons Services</td>
<td>25,739,571</td>
<td>24,523,325</td>
</tr>
<tr>
<td>Adults with Physical/Sensory Impairment</td>
<td>4,609,294</td>
<td>5,860,440</td>
</tr>
<tr>
<td>Adults with Learning Disabilities</td>
<td>13,098,798</td>
<td>21,057,979</td>
</tr>
<tr>
<td>Adults with Mental Health Needs</td>
<td>3,516,328</td>
<td>3,966,497</td>
</tr>
<tr>
<td>Other Adult Services</td>
<td>615,611</td>
<td>831,998</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>47,579,602</strong></td>
<td><strong>56,240,239</strong></td>
</tr>
</tbody>
</table>
Luton’s Research and Geospatial Information team has produced population forecasts by ethnicity for Luton for the time period 2010 to 2030. This below information outlines the projected movement of population in Luton by age and ethnicity.

The projections are based on existing trends and demographics. This data is based on current trends and numerous factors influence the future size of population and many of these are themselves difficult to predict.

### Total Population Projections for Luton 2010-2030 (Estimated)

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>204,750</td>
</tr>
<tr>
<td>2011</td>
<td>205,000</td>
</tr>
<tr>
<td>2012</td>
<td>205,250</td>
</tr>
<tr>
<td>2013</td>
<td>205,500</td>
</tr>
<tr>
<td>2014</td>
<td>205,750</td>
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<tr>
<td>2015</td>
<td>206,000</td>
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<tr>
<td>2016</td>
<td>206,250</td>
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<td>2017</td>
<td>206,500</td>
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<td>2018</td>
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<td>2019</td>
<td>207,000</td>
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<tr>
<td>2020</td>
<td>207,250</td>
</tr>
<tr>
<td>2021</td>
<td>207,500</td>
</tr>
<tr>
<td>2022</td>
<td>207,750</td>
</tr>
<tr>
<td>2023</td>
<td>208,000</td>
</tr>
<tr>
<td>2024</td>
<td>208,250</td>
</tr>
<tr>
<td>2025</td>
<td>208,500</td>
</tr>
<tr>
<td>2026</td>
<td>208,750</td>
</tr>
<tr>
<td>2027</td>
<td>209,000</td>
</tr>
<tr>
<td>2028</td>
<td>209,250</td>
</tr>
<tr>
<td>2029</td>
<td>209,500</td>
</tr>
<tr>
<td>2030</td>
<td>210,000</td>
</tr>
</tbody>
</table>

### Key findings

- The population of Luton is projected to rise from 204,750 in 2010 to 220,350 in 2030, a rise of 8 per cent.
- The amount of older people (65+) is projected to rise from 28,050 in 2010 to 35,550 in 2030, a rise of 27 per cent.
- The Pakistani and Bangladeshi populations are projected to rise by approximately one third between 2010 and 2030.
- The amount of 5-15 year olds is projected to rise from 31,700 in 2010 to 36,700 in 2020, a rise of 16 per cent in a decade.
Welfare Impact

The Welfare reform Bill provides for the introduction of a ‘Universal Credit’ to replace a range of existing means-tested benefits and tax credits for people of working age. The Bill follows the November 2010 White Paper, ‘Universal Credit: welfare that works’, which set out the Coalition Government’s proposals for reforming welfare to improve work incentives, simplify the benefits system and tackle administrative complexity.

Besides introducing Universal Credit and related measures, the Bill makes other significant changes to the benefits system.

Key areas

• introduces Personal Independence Payments to replace the current Disability Living Allowance
• restricts Housing Benefit entitlement for social housing tenants whose accommodation is larger than they need
• up-rates Local Housing Allowance rates by the Consumer Price Index
• amends the forthcoming statutory child maintenance scheme
• limits the payment of contributory Employment and Support Allowance to a 12-month period
• Caps the total amount of benefit that can be claimed.

Changes were introduced in three main phases in 2013:

• April - Crisis support and new bedroom rules
• July - benefit cap pilot
• October - Personal Independence Payments.

Training on the changes proposed, of all persons working with people affected and potentially affected by the changes has been delivered since December 2012. Briefings for Councillors, public and community are ongoing and disseminated through partnership boards, local press/media, support staff, customer services and advice and information providers such as the Luton Advice Network.

Further details of the Welfare Reform Bill can be found on the council’s website (www.luton.gov.uk and search ‘Welfare Reform’
How do we monitor performance?

In 2011 the Department of Health announced an ‘Adult Social Care Outcomes Framework’ (ASCOF) in which we can measure our performance against set criteria. The ASCOF supports the Government’s role in reporting to the public and influence national policy development. It also helps local authorities to understand trends and highlight risks and compare themselves to other areas.

ASCOF comprises of four outcome domains

1. Enhancing quality of life for people with care and support needs: Delaying and reducing the need for care and support:

2. Ensuring that people have a positive experience of care and support:

3. Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm: Source: Knowledge Street

Here is how Luton has performed in each of these domains; along with how it compares to previous years and the national average:

**DOMAIN 1 - Enhancing quality of life for people with care and support needs.**

<table>
<thead>
<tr>
<th>Description</th>
<th>2010-11 Results</th>
<th>2011-12 Results</th>
<th>2012-13 Results</th>
<th>2012-13 Comparator group average</th>
<th>2012-13 National average</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCOF 1A - Social Care related quality of life</td>
<td>N/A</td>
<td>18.5%</td>
<td>18.4%</td>
<td>18.8%</td>
<td>18.8%</td>
</tr>
<tr>
<td>ASCOF 1B - The proportion of people who use services who have control over their daily life</td>
<td>68.4%</td>
<td>72.6%</td>
<td>72.4%</td>
<td>75.3%</td>
<td>75.7%</td>
</tr>
<tr>
<td>ASCOF 1C - Proportion of people using social care who receive self-directed support, and those receiving direct payments</td>
<td>32.7%</td>
<td>55.1%</td>
<td>73.0%</td>
<td>59.2%</td>
<td>58.1%</td>
</tr>
<tr>
<td>ASCOF 1E - Proportion of adults with learning disabilities in paid employment daily life</td>
<td>9.1%</td>
<td>11.0%</td>
<td>14.7%</td>
<td>6.9%</td>
<td>7.7%</td>
</tr>
<tr>
<td>ASCOF 1F - Proportion of adults in contact with secondary mental health services in paid employment</td>
<td>8.6%</td>
<td>10.3%</td>
<td>6.0%</td>
<td>6.7%</td>
<td>7.3%</td>
</tr>
<tr>
<td>ASCOF 1G - Proportion of adults with learning disabilities who live in their own home or with their family</td>
<td>63.6%</td>
<td>74.4%</td>
<td>67.9%</td>
<td>78.4%</td>
<td>73.4%</td>
</tr>
<tr>
<td>ASCOF 1H - Proportion of adults in contact with secondary mental health services living independently, with or without support</td>
<td>85.6%</td>
<td>88.0%</td>
<td>94.0%</td>
<td>62.6%</td>
<td>61.7%</td>
</tr>
</tbody>
</table>
## DOMAIN 2 - Delaying and reducing the need for care and support.

<table>
<thead>
<tr>
<th>Description</th>
<th>2010-11 Results</th>
<th>2011-12 Results</th>
<th>2012-13 Results</th>
<th>2012-13 Comparator group average</th>
<th>2012-13 National average</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCOF 2A Part 1 - Permanent admissions to residential and nursing care homes, per 100,000 population (18+ population)</td>
<td>N/A</td>
<td>22.2</td>
<td>7.2</td>
<td>13.9</td>
<td>15.1</td>
</tr>
<tr>
<td>ASCOF 2B Part 2 - Permanent admissions to residential and nursing care homes, per 100,000 population (65+ population)</td>
<td>N/A</td>
<td>461.6</td>
<td>440.7</td>
<td>717.2</td>
<td>709.0</td>
</tr>
<tr>
<td>ASCOF 2B Part 1 - Proportion of people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</td>
<td>80.0%</td>
<td>57.7%</td>
<td>74.0%</td>
<td>79.3%</td>
<td>81.7%</td>
</tr>
<tr>
<td>ASCOF 2B Part 2 - The proportion of older people aged 65 and over offered Reablement services following discharge from hospital</td>
<td>N/A</td>
<td>7.1%</td>
<td>4.3%</td>
<td>4.6%</td>
<td>2.4%</td>
</tr>
<tr>
<td>ASCOF 2C - Delayed transfers of care from hospital, and those which are attributable to adult social care per 100 population - delays due to Hospital and Adlt social care</td>
<td>6.2</td>
<td>11.5</td>
<td>11.1</td>
<td>8.5</td>
<td>10.6</td>
</tr>
<tr>
<td>ASCOF 2C - Delayed transfers of care attributable to adult social care per 100,000 population - ADULT SOCIAL CARE ONLY</td>
<td>N/A</td>
<td>N/A</td>
<td>6.1%</td>
<td>2.1%</td>
<td>3.4%</td>
</tr>
</tbody>
</table>

## DOMAIN 3 - Ensuring people have a positive experience of care and support.

<table>
<thead>
<tr>
<th>Description</th>
<th>2010-11 Results</th>
<th>2011-12 Results</th>
<th>2012-13 Results</th>
<th>2012-13 Comparator group average</th>
<th>2012-13 National average</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCOF 3A - Overall satisfaction of people who use service with their care and support</td>
<td>55.9%</td>
<td>57.4%</td>
<td>60.1%</td>
<td>62.9%</td>
<td>63.2%</td>
</tr>
<tr>
<td>ASCOF 3B - Overall satisfaction of carers with social services</td>
<td>N/A</td>
<td>N/A</td>
<td>37.0%</td>
<td>41.3%</td>
<td>42.6%</td>
</tr>
<tr>
<td>ASCOF 3C - The proportion of carers who report that they have been included or consulted in discussion about the person they care for</td>
<td>N/A</td>
<td>N/A</td>
<td>71.0%</td>
<td>70.9%</td>
<td>72.6%</td>
</tr>
<tr>
<td>ASCOF 3D - The proportion of people who use services and carers who find it easy to find information about services life</td>
<td>54.8%</td>
<td>54.1%</td>
<td>70.5%</td>
<td>69.6%</td>
<td>71.6%</td>
</tr>
</tbody>
</table>
In response to national and local initiatives and guidance to transform services for adults and young people with a learning disability, the Council has undertaken a number of reviews and is working to reshape existing services and commission new ones. The aim is to provide local, high quality services which give people with a learning disability, and their carers, more choice and control in the way they receive support. Young people coming in to Adult Social Care will also benefit from new opportunities.

Future developments over the next two years include:

- The development of the market place in Luton to offer a range of services that customers can access through their personal budget/direct payment including support with personal care, day opportunities, support accessing the community and support for carers.
- Changes in the way we currently provide day care directly through the Council by moving to a community-based model of day services for people with a learning disability where they can share local community resources and have more opportunities to participate in community based-activities. The Council will also provide specialist building-based provision for those who need this.
- The development of a new building-based short breaks service to help manage increased and changing demands for respite care.
- To extend the delivery of Shared Lives (a service which provides short breaks and long term placements in a paid carers’ homes).
- To look at opportunities to develop our New Horizons Supported Employment Service so that more people with a learning disability can access vocational and training opportunities and achieve paid employment. This may lead to working with charitable organisations that have experience in this area.
- To increase the provision of supported living so that people with a learning disability do not have to go into residential care but can have their own tenancy and live within their local community and receive the appropriate level of support they need to help them live more independently.

**DOMAIN 4 - Ensuring people have a positive experience of care and support.**

<table>
<thead>
<tr>
<th>Description</th>
<th>2010-11 Results</th>
<th>2011-12 Results</th>
<th>2012-13 Results</th>
<th>2012-13 Comparator group average</th>
<th>2012-13 National average</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASCOF 4A - The proportion of people who use services who feel safe</td>
<td>62.1%</td>
<td>62.8%</td>
<td>62.0%</td>
<td>64.0%</td>
<td>65.1%</td>
</tr>
<tr>
<td>ASCOF 4B - The proportion of people who use services who say that those services have made them feel safe and secure</td>
<td>N/A</td>
<td>59.8%</td>
<td>63.4%</td>
<td>75.3%</td>
<td>78.3%</td>
</tr>
</tbody>
</table>

**Learning Disability**

In response to national and local initiatives and guidance to transform services for adults and young people with a learning disability, the Council has undertaken a number of reviews and is working to reshape existing services and commission new ones. The aim is to provide local, high quality services which give people with a learning disability, and their carers, more choice and control in the way they receive support. Young people coming in to Adult Social Care will also benefit from new opportunities.
Figures on referrals against previous years

Luton continues to receive a high proportion of safeguarding alerts and referrals in comparison to other authorities (referrals are alerts that progress to further investigation under safeguarding procedures). In 2012-13, 545 referrals were investigated compared to 589 in 2011-12, however 49% of the 1,113 alerts received were dealt with at the alert stage compared to 41% of the 1,421 received in 2011-12.

Comparator data (CIPFA Statistical Nearest Neighbours and all England) shows that Luton has a higher proportion of alerts and referrals than other authorities; although this is beginning to change as clearer thresholds are being introduced.

In line with figures for all English authorities and previous years, the most common forms of abuse fall under the categories of ‘neglect’ and ‘physical’ and the majority of victims, reflecting the adult social care client group, are older people who are over 75 years old. Similar with the majority of other authorities, the most common location for abuse to occur is in the person’s own home.

Improvements made in the past year

The new Central Safeguarding Adults Team, which also has responsibility for Mental Capacity Act and Deprivation of Liberty Safeguards, began operating as a team managing alerts in summer 2012 (although it was not fully staffed). The Strategic Safeguarding Manager took up her post in October 2012. The team receives all safeguarding alerts and makes the decision on which cases should proceed to referral /further investigation. The team handles about 70% of all safeguarding investigations.

The team works closely with safeguarding colleagues in neighbouring authorities to achieve a consistent approach to safeguarding adults. This is important for many of our colleagues such as the Police and the Luton and Dunstable Hospital as well as care providers who provide services across the wider Bedfordshire area. A ‘pan Bedfordshire Alert’ form has been developed and implemented in 2012/13 which means that partner agencies now use just one alert form across three local authority areas.

A Safeguarding Adult Alert Screening Tool and a Referral Risk Assessment Tool have been developed and implemented to enable a consistent approach to decision making and risk assessment.
The Safeguarding Team works closely with the Quality and Purchasing Team who monitor the majority of care services purchased from independent sector care providers in Luton. The Quality and Purchasing Team reports quarterly to the Safeguarding Board on the quality of care services and the number of providers being monitored for improvements.

A regular multi-agency Safeguarding and Prevention meeting is held at which intelligence and information is shared about provider services and where improvement actions agreed.

Safeguarding Managers have been identified as link managers for key partnership areas including the Hospital Trust; SEPT, CCS, Domestic Violence and Children’s Social Care.

The Safeguarding Adults Team has a role in training future social workers and had one student during 2012/13 and plans to continue this work.

The Luton Safeguarding Adults Board has recognised the need to raise public awareness about Safeguarding Adults and a series of posters and leaflets have been developed which show that abuse can happen to anyone, not just older people.

The Safeguarding Adults Team continues to work closely with Community Safety Partners and a link Safeguarding manager has been identified to work closely with the MARAC and attends the Domestic Violence Operations Group. The Safeguarding Manager was involved in the multi-agency response to recent gang crime activities.

**Areas for improvement going forward 13-14**

**Achieving a consistent process for managing safeguarding alerts and referrals across Luton and Bedfordshire**

- From 1 April the Central Safeguarding Adults Team has started to receive and manage alerts and referrals for Mental Health Services (SEPT), thereby ensuring that the process for managing mental health alerts is the same across Luton and Bedfordshire.
- The Independent Inquiry into sexual abuse at the L&D hospital recommended that the ADASS protocol is followed which means greater involvement for Luton’s Safeguarding Team in all safeguarding cases where the hospital is the alleged perpetrator.
- The shared Pan Beds Safeguarding Sub group continues to meet four times a year to develop a shared approach to safeguarding work.
- Bedfordshire Police has set up a Safeguarding Committee and the three Local Authority Safeguarding Adults Leads are members. The Committee recently agreed the format that police should use when there are concerns about an adult which is not a safeguarding matter.

**Improving Outcomes for Service Users**

In Luton there is a focus on the Government’s six principles for safeguarding:

- Empowerment - Presumption of person-led decisions and informed consent.
- Prevention - It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- Protection - Support and representation for those in greatest need.
- Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability - Accountability and transparency in delivering safeguarding.
Think Local, Act personal

The table below illustrates the continuing progress the Council has made in increasing the percentage of people receiving a personal budget, with an above national average of 16.4% of personal budget users now opting to take this as a direct payment.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage of service users with a Personal Budget</th>
<th>Percentage of service users with a Direct Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>32.7%</td>
<td>10.4%</td>
</tr>
<tr>
<td>2011-12</td>
<td>55.1%</td>
<td>25.5%</td>
</tr>
<tr>
<td>2012-13</td>
<td>73.7%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Regional Average 2012-13</td>
<td>54.4%</td>
<td>16.4%</td>
</tr>
<tr>
<td>National Average 2012-13</td>
<td>55.6%</td>
<td></td>
</tr>
</tbody>
</table>

With the Government making it clear in the Care Bill that personal budgets will become a legal requirement for all eligible people, we are using this as an opportunity to reflect and build upon our success. Going forward, we will therefore combine increasing uptake with a move to a more outcomes focused approach to social care, looking at performance measured by the experiences of personal budget users and their carers.

In order to do this, we will engage directly with personal budget users and carers by introducing ‘outcomes monitoring’ within existing assessments and reformatting our customer satisfaction survey. This will allow us to:

- focus on the local population and the outcomes they are and/or want to achieve
- understand local needs and impacts
- understand what is working well and what needs to be improved
- Use this knowledge and understanding to inform commissioning to develop and improve local services.

As part of this process, the Council will be declaring its support for the ‘Making It Real’ initiative. ‘Making It Real’ sets out what people who use services, and their carers, expect to see and experience if support services are truly ‘personalised’. They are a set of ‘progress markers’ – written by real people and families – that can help an organisation check how they are going towards transforming adult social care. The aim of ‘Making It Real’ is for people to have more choice and control so they can live full and independent lives.
With a fully operational team since November 2011 which continues to ensure the delivery of good quality, safe and value-for-money services for the adults at risk in Luton. We do this through the establishment of clear service specifications and sound contracts with clear outcomes for local people, alongside a continuous programme of monitoring and quality assurance.

Since its inception, the team has undertaken more than 120 service reviews across statutory and non-statutory services in the borough. These include learning disability, home care, residential/nursing, supported living services and housing related support schemes.

Earlier this year the team adopted the pre risk assessment model for ADASS (The Association of Directors for Adult Social Care) which enables us to prioritise reviews based on indicative risk. In the last quarter there were 10 services rated as a high risk and 4 medium risks all of which have been reviewed against the CQC standards using the ADASS toolkit. This toolkit is almost universally used across the East of England and it was very reassuring to receive feedback from Guy Pettengell the Regional Strategic Procurement Manager that the quality and thoroughness of our recording was the best in the region.

In the last report we mentioned that we were leading on a Homecare tender exercise. This is now concluded and the Council has moved from 17 providers to 6 Strategic Partners. This has enabled us to influence the quality of service delivery in a more efficient and effective way, and although the partnership is in its infancy, we are confident that this will yield quality and value for money to the residents of Luton.

The team continues to work closely with the care management team and provides support to assess the value for money on care packages. Negotiations since Oct 2011 have yielded cashable savings to the Council of more than £600k and future activity at the point of placement will be pivotal to supporting our colleagues to achieve their budget line objectives.

The team continues to work closely with the safeguarding team to ensure that we use local intelligence to direct and coordinate activity. In circumstances where we have evidence that a provider is underperforming, we invoke the Council’s ‘Escalation Policy’ which is the formal framework to address underperformance.

The team also regularly chairs the ‘provider forum’ which has proven very successful in maintaining good relationships with adult social care service providers and the opportunity to hear first hand about any concerns. Voluntary sector services in the town are also monitored.
Complaints and Compliments

We welcome compliments as well as complaints and regularly receive feedback about the services we provide. In the year 2012-13 we had 62 compliments from families and clients who received a service from us.

Below are some of the compliments we have received over the last year:

“Thank you for all the hard work that has been put into safeguarding my sister and moving her into an appropriate placement. After the death of my father, it brought my mother and I such joy to see her happy and well placed.”

“Thank you for all the wonderful work and help you have given me to solve quite a few problems I have. Your team is to be commended for its efficiency and personal service it has offered me. Very much appreciated and needed.”

“With your help and dedication, A has learnt to walk using the cane confidently inside and outside Keech premises without sight guided. Words cannot describe as to how impressed and proud we are of the vast progress.”

“Thank you all for everything. Two carers were just wonderful and I will not forget those two people for a long time.”

“Learning Disabilities client – He was quiet and difficult to engage with, however, he came back from football very animated and enthusiastic. Even remembers names. He has completely changed his outlook.”
We also welcome complaints as an opportunity to change and shape our services to meet the needs of residents. In 2012 – 13 we received 64 complaints. This is an increase from 2011-12 when we received 55 complaints. We believe that the reason for the rise is the cut in services and the changes to our eligibility criteria.

As part of the statutory Adult Social Care guidelines we also work proactively with our clients to deal with concerns informally and quickly because they escalate into formal complaints. We received 41 concerns which were resolved quickly without the need to put them through the formal complaints process.

**Complaint trends and themes**

Several complaints were received from families around the confusion about our charges for care provision where they felt it should be free, as well as self-funders who were coming into our system late when they thought they were below the threshold because of lack of awareness of the process.

Learning: Work has been undertaken with our social workers and the finance team to discuss and agree a simple process. A new leaflet has been produced to better inform service users and their families about our charging process.

Several complaints received regarding the NHS Continuing Healthcare Funding and CHC funding process. Delays and concerns with assessment process and timescales.

Learning: We have worked with our health partners to look at a simple and clear process for staff to follow. Further training provided to all staff concerned and a clearer protocol agreed.

The information from complaints is used for learning and shared with all staff in Adult Social Care at team meetings and through staff training. Where trends are identified our service improvement team are involved to help develop policies and procedures to ensure we have clear process in place for staff to use. The Complaints Manager networks with other authorities locally and regionally to discuss learning, trends and to discuss how learning can be shared.
Luton Borough Council welcomes the views of its residents on its Adult Social Care Annual Report 2012/2013.

Please give your feedback on this report by completing this short survey and returning it to - FREEPOST LOL188, LUTON BOROUGH COUNCIL, TOWN HALL, GEORGE STREET, LUTON, LU1 2BR.

Alternatively, if you prefer you can complete this online at https://secure.luton.gov.uk/surveys/ASCreport13

If you have any queries or would like further information, please contact Usman Iftikhar on (01582) 547768 or email usman.iftikhar@luton.gov.uk

Q1 Have you . . . ?
- please tick one box only
  - read all of the Adult Social Care Annual Report 2012/2013
  - read the chapters most relevant to you only
  - read the facts and figures only
  - read the case studies only
  - skimmed the ASC Annual Report
  - NOT read the ASC Annual Report at all

Q2 How easy or difficult was the ASC Annual Report 2012/2013 to -
- please tick one box per row
  - read
    - very easy
    - fairly easy
    - neither easy nor difficult
    - fairly difficult
    - very difficult
  - understand

Q3 Having read / looked at the ASC Annual Report, how would you rate Adult Social Care Service's performance?
- please tick one box only
  - very good
  - good
  - neither good nor poor
  - poor
  - very poor
  - don't know/not sure

If poor/very poor, please tell us why

Removable section
Luton Borough Council welcomes the views of its residents on its Adult Social Care Annual Report 2012/2013.

Please give your feedback on this report by completing this short survey and returning it to - FREEPOST LOL188, LUTON BOROUGH COUNCIL, TOWN HALL, GEORGE STREET, LUTON, LU1 2BR.

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Q1 Have you . . . ? please tick one box only
- read all of the Adult Social Care Annual Report 2012/2013
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- read the case studies only
- skimmed the ASC Annual Report
- NOT read the ASC Annual Report at all

Q2 How easy or difficult was the ASC Annual Report 2012/2013 to - please tick one box per row

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Q3 Having read / looked at the ASC Annual Report, how would you rate Adult Social Care Service's performance? please tick one box only
- very good
- good
- neither good nor poor
- poor
- very poor
- don't know/not sure

If poor/very poor, please tell us why
The Adult Social Care Annual report aims to provide a meaningful overview if the differences made to peoples lives in Luton.

Q4  Please indicate how strongly you agree or disagree with the report achieving this? please tick one box only

- strongly agree
- agree
- neither agree nor disagree
- disagree
- strongly disagree

Q5  Is there anything else that you feel should be included in the report?

Q6  Do you have any other comments or suggestions for future ASC Annual Reports?

About You

Public Bodies have a duty to ensure we are getting the views of all members of the community to ensure we are reaching all our communities or that citizens felt able to respond.

The following questions are voluntary, and you do not have to respond if you do not wish to.

Q7  Which of the following best describes you - please tick one box only

- a person who uses adult social care services
- a carer to someone that uses adult social care services
- a person that works in adult social care setting
- a member of a voluntary / community group
- a care provider
- a health care professional
- other

Other, please specify

Q8  Are you? please tick one box only

- male
- female
Q9 Which age group do you belong to? please tick one box only
- under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 and over

Q10 At present, are you? please tick all that apply
- in full-time employment
- in part-time employment
- self-employed
- unemployed
- full-time student
- part-time student
- looking after home/family
- long term sick/disabled
- retired
- other
- Other, please specify

Q11 Which of the following groups best describes you? please tick one box only
- White - British
- White - Irish
- Other White
- Mixed - White and Black Caribbean
- Mixed - White and Black African
- Mixed - White and Asian
- Other Mixed
- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian/Asian British - Kashmiri
- Asian/Asian British - Bangladeshi
- Other Asian
- Black/Black British - Caribbean
- Black/Black British - African
- Black Other
- Chinese
- East European
- Other
- Other, please specify

Q12 Do you consider yourself to have a disability? please tick one box only
- yes
- no

Q13 Please state which of the following best describes your disability. please tick all that apply
- hearing impaired/deaf
- visually impaired/blind
- physical
- emotional/mental health
- learning
- other
- Other, please specify

Thank you for taking part in this survey.

Please return your completed form to - FREEPOST LOL188, LUTON BOROUGH COUNCIL, TOWN HALL, GEORGE STREET, LUTON, LU1 2BR
Scrutiny Review – Delayed Transfer of Care (DTCs)

Summary and action of the DTC scrutiny review

Scrutiny undertook a Review of discharges from hospital. The review looked at the needs of Luton patients and their experiences of being discharged in terms of preventing admissions and readmissions, ensuring a smooth discharge process and the quality of care afterwards.

The findings of the review identified that services are generally performing well, but where they are not, there is an acceptance of the fact and steps are being taken to ensure improvements and a good experience for patients. The review found that the various agencies involved in providing services are already aware of the key issues and are taking steps to make improvements.

Councillor Keir Gale who chaired the Review Group said: “This review provides an excellent example of Health Scrutiny and Health and Social Care Partners working together to examine and identify ways to improve services and patients’ experience. Although services were under scrutiny, I was gratified to see partners’ willingness to engage and provide information on areas of concerns and actions being taken to address them. In a way, the review was ‘pushing at an open door’, with little or no dispute about areas for development.”

The review report and its recommendations for all agencies can be viewed on the Council’s website www.luton.gov.uk and search ‘Discharge from hospital’
Improvement priorities

Extra Care Services Review

Extra Care sheltered housing gives older and vulnerable people the security and support they need to continue to live an independent life in their own home, with access to 24-hour onsite care if they need it. Currently there are five Extra Care sites across the town, accommodating just over 250 residents.

In three of the Extra Care schemes – Abigail Court, Applegrove and Colwell Court – onsite care is delivered by Luton Borough Council staff, and in the other two of the sites – Jill Jenkins Court and Betty Dodd Court – care is currently provided by Westminster Care, one of the Council’s Strategic Homecare Partners.

During the past year, the Council has been reviewing the Extra Care Service to ensure that it is running as efficiently as possible whilst also delivering high quality care and support to residents. The Council consulted with residents and staff during late 2012 and early 2013 to understand how best to deliver value for money and high quality within the service.
As a result of this review, the Council has been working to achieve the following in 2013/14:

- Budget savings of up to 10% are forecast within the Council-staffed service through improved rostering arrangements, with no change to service provision
- Budget savings of up to 20% are forecast for 2014/15 within the commissioned service, through more efficient contracting arrangements
- A planned enhancement of the service at Jill Jenkins and Betty Dodd Court, as the Council seeks to commission the housing provider to provide additional support to residents to promote wellbeing and prevent isolation

**Learning Disability services**

During 2012/13 we recognised that the contracts for the provision of care in five different supported living services for people with learning disabilities and mental health issues were coming to an end. We also wanted to shape the market for future supported living services by identifying key, high quality providers for new schemes. We have therefore begun the process of tendering for new providers for the existing schemes and creating a preferred provider list for future provision, both to drive up quality and to ensure the services were providing good value for money.

**Better Together - areas the Council needs to improve on**

The Health and Social Care Act 2012 puts a responsibility on health and wellbeing boards to promote integration.

We know that service users, patients, their families and carers sometimes find that the different systems they have to navigate across health and social care can sometimes work against them, rather than for them

The ‘Better Together’ programme, which reports to the health and wellbeing board, brings together the NHS in Luton, which comprises Luton CCG, Luton and Dunstable hospital, Cambridgeshire Community Services and South Essex Partnership Trust, with the Council, Luton’s voluntary and community sector and Luton residents represented by Healthwatch.

The programme proposition is that services designed and delivered around the person enable them and their family to stay independent for longer and that this not only improves their immediate and longer term health outlook, it also cost the public purse less money because it delays or avoids the need for expensive residential or hospital in-patient care. Services should therefore be coordinated and tailored to the needs and preferences of the individual, their carer and family. It means moving away from periodic care to a more holistic approach to health, care and support.
Health and Wellbeing boards

The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system could work together to improve the health and wellbeing of their local population and reduce health inequalities.

The Health and Wellbeing Board brings together the organisations with key responsibilities for commissioning services with representatives of the local community to tackle the key health issues facing Luton. Organisations currently represented on the Board are:

- Healthwatch Luton
- Luton Borough Council
- Luton Clinical Commissioning Group (CCG)
- Luton Community Safety Executive

The Health and Wellbeing Board was formally established as a committee of Luton Borough Council in April 2013 after having met in ‘shadow’ form since 2011. It is chaired by Cllr Hazel Simmons, the Leader of the Council.

The Board has a work programme to ensure that it tackles the key health and social care issues, including:

- Better Together – the programme to improve integration of services
- Development of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment
- Development of local services including the Clinical Commissioning Group’s Operating Plan and Public Health’s Wellness Service.

The Board also has a specific responsibility to ensure broad community engagement in the health and social care agenda. Healthwatch Luton, which launched in April 2013, has a key role in ensuring that the views of patients and the general public, as well as those of voluntary and community sector organisations are heard by the Health and Wellbeing Board. Healthwatch Luton is an independent local consumer champion bringing together people’s views and experiences to improve health and social care and will report key issues to the Board on a regular basis.
Older People’s Day Services - Progress and Future Developments

The Care and Support Bill focuses on prevention and early intervention; highlighting the importance of greater integration between Social Care, Health and Housing.

Luton Borough Council’s Day Services provides a service that supports older people and adults with physical disabilities, to live in the community, by providing respite to carers, whilst making available a variety of activities that promotes the health and wellbeing of its clients. The service works diligently to deliver prevention and early intervention outcome.

In 2012 - 2013, Older People’s Day Service in partnership with Luton Cultural Trust, supported by Luton Passenger Transport Service (PTU), ran a pilot programme that enabled day service clients to access a variety of activities in a number of community-based venues around the borough. This was a very successful programme.
Here are some of the comments from clients about activities they got involved in during the community-based activities programme:

**Read Aloud:**
- ‘It is good when you read – you exchange ideas. I enjoy meeting other people and going around the venues to see what’s going on. I would like to continue attending. It’s good, nothing can beat it, nice to chat and meet others’
- ‘I enjoy the different conversations we have after reading the poems and talking about my hobbies and collections when I was a child’

**Music and Movement:**
- ‘I really enjoyed the session. It’s better than sitting at home on your own. I want to continue coming out to the activities’
- ‘I really enjoyed it and like the fact that I could move my legs. I was worried that my shoes would fly off’

**Arts and Crafts:**
- ‘I enjoy making things in arts & crafts and using skills from my working experience’
- ‘I can’t wait until I’ve finished my cushion so that I can take it home’

**Tea and Talk:**
- ‘I liked listening to the music and singing along to the old songs. It brought back memories of when I was a young girl going to dances. I like coming here because it’s very welcoming’
- ‘I enjoyed looking at the slides. It was the first time I came to Tea and Talk and I thoroughly enjoyed it especially the photographs of Luton and Bedford’
- ‘I remember making some corn dollies when I was a child. I came to London for the English Festival in 1951. Everyone had a lot to drink. I was only 16, but I can remember it clearly’
Going forward, the cross service support team has continued to support these activities (and more) in the day centres. Going out and being part of the local community was a big part of this programme that clients found rewarding; this will be weaved in to future plans for Older People’s Day Service.

The service also has two specialist dementia units; these are at Farley Day Centre and St Monica’s Day Centre. Clients who attend these services have a diagnosis of dementia. Services are delivered in a person-centred way to ensure that clients are supported to maximise their abilities and achieve their identified outcomes. Staff are trained and knowledgeable and work to make sure that each individual client experience is engaging and meets their need.

**Case Study:**

Mrs LB is a 79 year old Lady from Barbados, diagnosed with Alzheimer’s disease. She was referred for day services and initially placed in a culturally-specific day centre. This specialised in meeting the physical emotional & cultural needs of its clients.

Mrs LB was very unsettled here and made many attempts to leave the premises. This day centre was unable to meet her specific needs. She was therefore reassessed & referred to St. Monica’s Day Centre.

Initially she was still very restless, wandering and trying to get out of the building. She was given one-to-one care and support, was introduced to other clients and staff took her around so that she got to know the layout of the building. On accessing the new sensory garden, she seemed to blossom and staff found that she was very knowledgeable about plants. She especially loves the herb garden which is planted with a variety of herbs including mint, parsley, basil, chives and thyme. She loves to spend time in the garden and does flower arrangements with fresh flowers from the garden, which she takes home with her. Staff also discovered that Mrs LB enjoyed knitting, and after discussing with her daughter, she confirmed that her mum used to knit, but was thought to have lost the skill to do this.

Mrs LB no longer exhibits any form of restlessness, she now recognises other clients and staff, has made new friends and usually doesn’t want to leave at the end of the day. She has been heard telling her family that they have come to collect her too early from the Day Centre. She has recently requested an additional day at the day centre.

Mrs LB’s daughter is her main carer and requires some respite as a full time carer. Mrs LB attends St Monica’s Day centre twice a week, which gives her daughter to have a much needed break and enables her to continue to look after her mother at home.

Our goal is to:

- Put the service on a financially sustainable footing by redesigning the service and opening up to self funders, who currently have a limited choice of day activities available to them

- Redesign and modernise day services, whilst working with the voluntary sector where possible, to ensure that there are a variety of services available that gives people real choice about what support they want.
• Develop specialist services for people with dementia to meet the projected increase in the number of people with dementia in the borough.

• To provide a platform for the further development of older persons day care centres into wider community facilities with a focus on the promotion of long term health and wellbeing, providing prevention and early intervention outcomes.

**Day Service for Adults with Physical and Sensory Disabilities**

The Physical Disabilities day centres support adults with physical or sensory disabilities, providing rehabilitative activities. This is done by working jointly with a number of other organisations including ARNI, Stroke Association and Active Luton to re-able and actively engage clients.

The team also support access to work and prepare clients for Independent Living.

The vision is to ensure that clients with their personal budgets can choose where and who provides the service they need.

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**Case Study:**

BB is a 65 year old gentleman who had suffered a stroke.

When he started at Chaul End Day Centre, BB walked with the aid of a walking stick. BB attended the ARNIE programme with support from the Day Centre and is now able to walk without a stick. This includes going up and down stairs.

BB now feels a great sense of achievement as he no longer relies on any aids to assist him. This has increased his independence and his self esteem. Chaul End Day Centre compliments the Council’s overall transformation strategy by putting people first. Giving them choice and more control over what happens at the Centre, for example what activities, when and how. This helps to promote their independence, health and wellbeing, gives them choice and variety, respects their dignity and empowers them.

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**Prevention and Wellbeing**

The Council aims to promote the wellbeing of residents, by supporting services that meet the needs of people who are at risk of social isolation and deteriorating physical and mental health.

Wellbeing clubs are supported by Public Health to deliver some aspects of the Wellness Service, to meet the health and wellbeing needs of adults, taking into account their dietary needs in terms of promotion of healthy living, information on nutrition and impact of this on medical conditions such as diabetes.

They provide an environment that promotes social inclusion and support and access to mainstream services. They provide appropriate information, advice and advocacy services, as well as promoting social cohesion by organising and participating in cultural events.

Activities offered promote independence of older people and improves their mental and physical health. They also facilitate the provision of community resources to assist and improve the service user’s access to services which in turn supports their wellbeing.
Case Study:

DH is an 89-year-old lady that is partially sighted and hypertensive:

“I have been attending the Wellbeing clubs for the past five years; I attend three days per week, two days at the St Vincent and Grenadines Association and one day at the Lewsey Farm Social United.

“The exercise for life sessions helps me to keep fit and active, which means I can continue to carry out all my daily living activities.

“I receive a healthy Caribbean meal, I live alone and would not bother to cook rice and peas, I would rather buy ready cook meal. I am able to control my weight. It also saves on my shopping trips and cost.

“Attending the clubs gives me the opportunity to socialise with other people from my own culture, which gives me a sense of belonging; I feel that I am able to communicate more freely and feel comfortable when having a conversation..

“I enjoy learning new things and gaining new skills. I also enjoy having a game of dominoes and playing bingo.

“I go on trips with the clubs and on holidays with members of the club .We look after each other, have a laugh and enjoy ourselves. We are there for one another in times of crisis. I also enjoy the days that we go out for lunches and I could have a little tipple.

“The club gives out lots of information on how to look after our health and on current affairs. It makes me feel knowledgeable and ‘in the know’. I get assistance in finding out about social services such as Sight Concern and Age Concern.

“I sometimes ask to have my blood pressure checked which they are always happy to do.

“The co-coordinators from the clubs always phone me when I don’t attend the club to find out if I’m ok and if there is anything that I need.

“Recently my daughter passed away and I had tremendous support from the club and the friends from the club. I felt good to be in a place where I felt loved and cared for.

“I really value the service and I would to give it a rating of ten out of ten.”
Reablement

Development within Luton Borough Council Reablement Team:
The appointment of Occupational Therapy (OT) within Luton Borough Council’s Reablement Team in July 2013 has shown a marked improvement in service delivery and key to the overall development of the service.

The role OT has in the Reablement service since July 2013 can be broken into the following five tasks:

1. Screening and assessing cases before they are accepted
2. Advising and ordering equipment, especially in complex or unusual cases.
3. OT visits, including guiding staff to what is required in terms of practice and procedure.
4. Overseeing complex cases involving OT.
5. Up skilling and training staff in promoting independence.

So far, the majority of the OT time has been spent on tasks 1 to 4.

Task 1 has resulted in
- A reduction of cases that have been wrongly referred/accepted into Reablement.
- Better planning for high risk cases, or cases which have been in hospital for a considerable time, lowering the risk of readmission or discharge failure.

Task 2 has resulted in
- Quicker response for ordering and obtaining complex/unusual pieces of equipment which enables Reablement to progress in timely manner, reduces risk.

Task 3 has resulted in
- Customers benefitting from quick response gives service users and carers giving improved response and support to customers to reable them as quickly as possible.

Task 4 has resulted in
- Improved and targeted response to complex cases, use of specialist equipment and techniques.
- Improved safety, decreases risk and improves opportunities for Reablement.

Task 5 has resulted in
- Plans being put in place for up skilling of staff and working towards having ‘team champions’.
- Draft revision of forms used for assessing and planning care and measuring achievement of goals.
- There is also a planned training programme with Public Health to enhance staff skills on prevention and well being.
Case Study 1:

Service User T lived alone in Council accommodation. He had been known previously to the Reablement Team and there were safeguarding concerns raised regarding T being financially abused by a younger woman who was also known to the safeguarding team and the police for suspected financial abuse of another (previous) customer. In both cases the safeguarding team and police could not take any further action due to both alleged victims having capacity and refusing to agree to a safeguarding alert being pursued. T also used to fall a lot and seemed to neglect himself, not eating properly and not always taking his medication as prescribed.

T was readmitted to hospital and before his second discharge the Reablement team contacted the social worker to alert them of safeguarding concerns. The Reablement suggested that using the ‘step down flat’ may be a way of giving T a positive experience of living independently without the risk of potential abuse, giving him a new network of support and new friends. The Reablement team and a social worker worked together with T, showing him what was available and supporting him to make a decision to go to a ‘Rehab step down flat’. T agreed to try extra care housing and moved in to one of the rehab step down flats with the Reablement team support whilst his social worker helped him to make an application for permanent extra care accommodation. The Reablement team introduced him to other tenants within the Extra Care Scheme, and encouraged him to join in social activities. He was very happy with his move so a request was made to the housing panel who worked to get him a flat in within the Extra Care Scheme so that he could stay in the new surroundings with other tenants he had met and made friends with. T was very happy to be allocated a permanent flat in within the Extra Care Scheme and now leads a very settled and secure life as a permanent resident. He is well supported and safeguarding concerns have ceased.

Case Study 2:

Service User B (B) was referred to the Reablement Team as an emergency case via SPOA. Service User B had osteoporosis, COPD, Paget’s disease, Emphysema, recurring chest infections and hip pain under investigation. B was mobilising slowly and in a lot of pain using two sticks and was sleeping on the settee because her bed was too high. The Reablement team worked with CART therapist to improve and practice mobility, demonstrate and practice with her the best way of doing tasks such as getting into and out bed - although B refused to change her bed herself. Within two weeks B was managing independently and cancelled all care. B started with 10.5 hours home care per week Home Care was reduced to 0. B is now independent of Care services.
A range of services have been agreed and commissioning is taking place to support carers in the town. This will ensure that support is available to carers from all communities and covers a wide number of conditions and support needs.

We have worked with Luton CCG to audit Carer Support in GP Surgeries and over the next six months all surgeries will have a carer friendly notice board in their waiting room and carers will be encouraged to register with their GP. We will be providing information for displays and to support surgeries to provide support to carers. Carers support services and surgeries will be forging closer links to ensure carers receive health and social care support.

Carers have been involved in the Learning Disability Services Review and are assisting with the reshaping of services. As part of this a new directory for adults with a learning disability has been developed to give information and advice about services that they may wish to engage in. This directory can be found at www.luton.gov.uk/healthandsocialcare/ihavealearningdisability

Updated Carers Handbook can be found at www.luton.gov.uk/carers

We still have the challenge of encouraging local voluntary/charity sector to recognise ways in which they are able to support carers and build up the market of providers.
GLOSSARY of terms

**ISF** - Individual Service Fund is a sum of money managed by a service provider on behalf of an individual. The money is restricted for use on providing care and support services for that individual which meet the criteria set out in their support plan. It can include services purchased from other providers.

**Pooled budgets** – Joined up approach to budgets across adult social care and health in relation to personalisation

**ACE** - ACE Enterprises provides a flexible and person centred employment and day service for people with mental health problems.
Telephone: 01582 70 82 00

**Assistive technology** - Assistive technology is technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. Assistive technology can include mobility devices such as walkers and wheelchairs, as well as hardware, software, and peripherals that assist people with disabilities in accessing computers or other information technologies.

**Memory assessment carer’s support service** - Memory assessment services support the early identification and care of people with dementia. They offer a comprehensive assessment of an individual’s current memory abilities and attempts to determine whether they have experienced greater memory impairment than would be expected for their age.

**Telecare** - is characterised by continuous, automatic and remote monitoring to manage the risks associated with independent living. Examples include sensors that can detect movement, falls, and bed occupancy.

**Telehealth** - is the remote exchange of data between an individual and a healthcare professional, and aims to assist in the diagnosis and management of health care conditions. Examples include monitoring blood pressure and blood glucose levels for clinical review by a health professional using phone lines or wireless technology.

**SEPT** - South Essex Partnership University NHS Foundation Trust (SEPT) operate from over 200 locations across Bedfordshire, Essex, Luton and Suffolk. SEPT provides a comprehensive range of services including:

- Mental health services for adults and older people
- Essex wide forensic services
- low and medium secure services
- specialist children’s services
- inpatient adolescent mental health services
- learning disability services
- drug and alcohol services
- other specialist services.
**COPD** - Chronic Obstructive Pulmonary Disease

**MCA DOLS** - The Mental Capacity Act Deprivation of Liberty Safeguards (MCA DOLS) (formerly known as the Bournewood safeguards) were introduced into the Mental Capacity Act 2005 through the Mental Health Act 2007.

**CES** - Millbrook Healthcare was formed in 1998, when Millbrook was awarded its first wheelchair service contract. Millbrooks first Community Equipment Service (CES) contract was awarded by Plymouth Health Authority in 2000.
We would like your feedback

Tell us what you think about this annual report. Is there anything else you would like to see? If so, please complete the attached questionnaire which will help us make improvements in future reports.

To view this document, please go to www.luton.gov.uk and search ‘Adult Social Care Local Account’.

For advice on adult social care please contact Luton Borough Council’s Referral Management Team on 01582 54 76 59 or write to them at this address:

Referral management team, Town Hall, Luton LU1 2BQ
or email: usman.iftikhar@luton.gov.uk

A wide range of information leaflets is available from the Customer Service Centre at Luton Town Hall or visit www.luton.gov.uk/leafletsonline