

Adult Social Care Strategy

Our vision for social care in Luton – a five year journey



2022 - 2027

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Luton

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1. Foreword

Mark Fowler, Corporate Director for Population Wellbeing

We are delighted to present our five year strategy for adult social care, designed to ensure we are preparing and adapting for the opportunities and challenges that lie ahead. Over the following pages we will show you how Adult Social Care will deliver on its responsibilities and priorities. This will be in a strength based way, focusing on what people can do rather than what they cannot.



Behind our purposefully ambitious vision for the future will sit an implementation plan that will be regularly reviewed to ensure successful delivery. Our aspiration is to continue to deliver a quality service that puts people, communities and assets at the centre, while keeping ahead of the challenges of a rapidly changing landscape. The Population Wellbeing department now comprises of Adult Social Care, Housing and Public Health functions and I am confident the knowledge, skills and networks within these teams will see us achieve improved health and wellbeing outcomes for the people of Luton.

In developing this strategy we have talked and listened to various partners, communities and users of adult social care services. I would like to thank everyone who has played a role in bringing this vision to life and look forward to our strategy turning into reality over the coming weeks, months and years for the benefit of all.

Councillor Javed Hussain, Executive Member for Adult Social Care

As the elected portfolio holder for Adult Social Care in Luton, I am committed to ensuring that Luton residents with health and social care needs will lead a good everyday life with the maximum possible independence. Our plans for achieving this are set out in this strategy.



The pandemic created a need to transform the way we work and this is something we will build upon over the coming years. We will increasingly focus on what people are able to do for themselves and support individuals and communities to identify strengths and assets as part of a more preventative approach. We will also continue to recognise that some people will continue to need direct support from the council and here too we will be placing greater emphasis on choice and control and maintaining independence.

I look forward to the next five years confident that together, we will continue to adapt the way Adult Social Care is delivered to meet the ongoing challenges we are faced with. I commend this strategy to you and welcome your support and collaboration in our work to achieve its objectives.

2. Introduction

Maud O’Leary, Director of Adult Social Services (DASS)



This strategy has been developed in the midst of a pandemic. While this has meant accelerating change and realigning immediate priorities, it has also publicly highlighted the challenges that the health and social care system has been faced with and the impact we will continue to experience for years to come. The pandemic has shown that we can respond, adapt and integrate while maintaining the identity of social care. This changing dynamic towards greater collaboration and integration is something that I and my peers are eager to see as an opportunity.

Our strategy builds on the work and initiatives we have successfully implemented since the introduction of the Care Act 2014, including our broader responsibilities to promote the wellbeing of adults living in Luton and to prevent the need for care and support. You will continue to see these embedded within our vision and priorities, in addition to how we will prepare for upcoming changes to different laws and reforms that will affect or have an impact on social care. Throughout this we will keep the [Luton 2040 vision](#) (including [Population Wellbeing](#)) and BLMK ICS priorities at the heart of what we do.

As the DASS for Luton, I have made a commitment with other councils to sign up to Think Local Act Personal – Making It Real I/We Statements. Making It Real is built around the six themes identified below, describing care and support from two different points of view. ‘I Statements’ say what good care and support looks like if you are someone who accesses services, while ‘We Statements’ say what we should be doing as a provider to achieve good person-centred care and support. We will be working to make sure we can make these statements a reality for you.



Working with the people we support, our staff and people from across the social care and health system, we have identified 7 areas of focus for the next 5 years where opportunity and resource to make an impact is the greatest. People using our services make an important contribution to our work and this is something that we want to build on in the future. We will do this by establishing quarterly focus groups where this strategy and the implementation plan that sits behind it are reviewed and kept updated in line with changes to policy and legislation.

3. Executive summary

This strategy outlines a five year vision for Adult Social Care in Luton. It sets out clear priorities about how we will support people to stay connected, maximise their independence and have a greater say in how services are designed and delivered.

To inform this strategy we have sought the views of people who use our services, communities and key partners as we know we will only achieve our vision with this type of collaborative approach in place. The message back from this work was that people felt it was important for engagement to be a regular occurrence so we will be establishing a coproduction group where this strategy can be regularly reviewed.

The need for regular review has been emphasised during the development of this strategy following the government's policy announcement for health and social care called **Build Back Better**. This outlined requirements for changes to both our practice and the finance systems we use. It also informed us that a White Paper on adult social care reform would be published, which would:

- **offer choice, control and independence to care users** – so that individuals are empowered to make informed decisions and live happier, healthier and more independent lives for longer;
- **provide an outstanding quality of care** – where individuals have a seamless experience of integrated health, care and community system that works together and is delivered by a skilled and valued workforce; and
- **be fair and accessible to all who need it, when they need it** – ensuring that fees are more transparent, information and advice is user-friendly and easily accessible, and no one is subject to unpredictable and unlimited care costs

As we finalise this strategy, the White Paper, now known as **People at the Heart of Care** has just been published. From our initial review of this document, we are confident that the priorities we have set within this strategy put us in a strong position to prepare and be ready for the reforms we are required to make. In addition, we will outline our plans for implementing a variety of other new or updated legislation, including:

- Health and Care Act 2022
- Draft Mental Health Bill 2022
- Mental Capacity (Amendment) Act 2019
- Domestic Abuse Act 2021

Throughout this, our core purpose will not be changing but we will change and develop how we work to be compliant with changing policy and legislation. There will be a shift towards greater collaboration and integration of services, with an emphasis on prevention and designing joined up care. We hope that as these changes materialise over the coming years, you will find support and services provided by health and social care easier to navigate.

4. Who we are and what we do

Adult social care covers a wide range of activities and support to help people who are older or living with a disability, physical or mental illness to live independently and stay safe and well. It can include 'informal' support such as information and advice and signposting to help people stay active in their communities. It can also mean more 'formal' support such as washing and dressing.

We operate to various pieces of legislation but our main responsibilities are set out in the Care Act 2014, including:

- promoting individual wellbeing
- preventing the need for care and support
- promoting integration of care and support with health services
- providing information and advice
- promoting diversity and quality in providing services
- protecting adults at risk of abuse or neglect
- Social care is often broken down into two broad categories:
 - short-term care is a time limited package of care. It is intended that the individual receiving the service will reduce their need for ongoing support and maximise their independence such as reablement and day opportunities
 - long term care is when support services are provided on an ongoing basis. This can range from community support or support within the home to accommodation based services such as extra care, residential or nursing care

We provide long term support to 2184 residents and short term support to 1207 residents¹

- Learning disability support – 18%
- Mental health support – 12%
- Physical support – 52%
- Sensory and social support - 17%

What we do



5. Context, challenges and change

In a time of so much uncertainty, trying to anticipate what will happen in the next 5 to 10 years is difficult. This strategy nonetheless aims to understand the current challenges ahead and the building blocks we need to put in place to start to overcome these.

Less money available to pay for social care

The funding issues faced by social care have been well documented for a number of years. While we have received additional government funding through the ability to increase council tax via the precept and the Social Care Support Grant, this has been offset by reductions in the council’s social care budget and pressures created by demographic changes and increases to the National Living Wage. In real terms we have seen a near 15% decrease in the Adult Social Care budget over the last few years.



The recent announcement of Build Back Better has highlighted the significant costs that people who pay for their own social care are faced with. The changes created by this policy decision will be supported by the new White Paper, People at the Heart of Care. We will work with stakeholders to implement all the required changes at the appropriate time but acknowledge that no reform will deliver everything that everyone wants.

Complexity and acuity of care and support needs increasing

The older person’s population in Luton continues to grow. It is estimated that the 90+ age range will increase by 14% by 2025 and 36% by 2030. This will inevitably have an impact on care services, with the number of people aged 65+ living in a care homes estimated to increase by 11% by 2025 and 16% by 2030.

While data shows us the increase in the number of people requiring care and support, it does not reflect the complexity of need. A complex need is when an individual has high level support needs with many aspects of their daily life, relying on a range of health and social care services. This may be because of illness, disability, life circumstances or a combination of these. The pandemic has accelerated the need for improved and consolidated data collection.

While we continually work to extend our prevention and personalisation agendas, we know that some of our models of commissioned care services will need to be reviewed. Our [Market Position Statement](#) reflects market intelligence and current social care needs. We need a Market Development Strategy to sit alongside this to ensure we develop a diverse market that can meet the needs of a post-pandemic population with increasingly aging and complex co-morbidity characteristics.

COVID-19 and market resilience

It has been well documented that adult social care was a sector under pressure before the pandemic. COVID-19 has amplified this in a number of ways, including:

- the health and wellbeing of people accessing social care services
- the strain felt by informal carers
- the emotional toll on staff working in health and social care
- the widening of social inequalities
- the length of time individuals have to wait for a social care assessment or review
- the financial viability of some providers and services

While the pandemic has reinforced how vital adult social care is for those who need it, any delays in assessments, reviews or care would result in longer term issues because of needs not being met promptly or in the most appropriate way. We are continuing to see growing pressure in this area due to a number of ongoing factors including the overall health and wellbeing of the local population, long COVID-19 and a general backlog in health and social care due to how services had to be reprioritised or delays in individuals coming forward. We know that this backlog will not disappear quickly and will only increase without urgent action.

Our assessment and review processes also provide an important safeguard for individuals. The pandemic also led to a lack of external oversight on provider services. This was due to restrictions being introduced within care settings that prevented professionals, such as social workers, in addition to friends and family from visiting. While we have not yet seen any obvious concerns or trends around quality and safeguarding, we will continue to foster a culture of professional curiosity. This means social work staff will observe, listen, challenge, corroborate and reflect on information received. We will also continue to share information with other professionals and keep [Making Safeguarding Personal](#).

Services themselves have not only faced huge challenges in keeping people safe during the pandemic but also ongoing operational challenges in a number of areas. This includes capacity, difficulties recruiting and retaining staff with the right experience and skillset and increased costs, which will in turn impact on profitability and investment in quality improvements. It is likely that services have been protected by short term funding during the pandemic. While extra funding from the new health and social care levy is welcomed, questions remain about the potential cliff-edge position we are seeing for the sustainability of some services.

Care markets have been fragile for some time and there is a recognised need to invest in transformation, reshaping and implementing new models of care to respond to changing needs and preferences. COVID-19 and the policy decisions it has brought about has made this need more urgent. We aim to operate to a 'home first' principle with the right amount of capacity in reablement and domiciliary care to deliver this. The potential of technology will be looked at in conjunction with this.

Recruiting, developing and retaining appropriately skilled staff to meet increasing demand

As with many of the other challenges we face, the local and national challenges around the social care workforce are not new but have, once again, become more acute as a result of COVID-19. The workforce has worked tirelessly over the course of this pandemic to keep people safe while continuing to deliver person centred care but they are now exhausted. Workforce data from [Skills for Care](#) shows that vacancy rates are increasing and as a sector we are prepared that the loss of staff will continue for some

time to come, as providers struggle to attract and retain staff. This will have a subsequent implications in regard to capacity, choice and the quality of care.

We knew from Build Back Better that there would be an investment of £500 million to support the workforce. People at the Heart of Care has outlined how this funding will transform the way we support and develop the workforce, including new measures to:

- provide support in professionalising and developing the workforce
- fund mental health wellbeing resources and provide access to occupational health
- improve recruitment and support for the social care workforce

As part of our strategy to maintain, increase and ensure the workforce have appropriate skills to meet local population needs, we will fully engage with regional and national campaigns and initiatives. Locally, we will work with the market to provide strategic leadership and support with key challenges such as recruitment and retention and have already established a Recruitment and Retention Board. We will also work with providers, health partners and other key stakeholders to help develop a workforce with the capability to meet future care and support needs. This will address the increasing complexity of need and allow greater choice in local services.

Our commitment extends to our own workforce, across a range of in house services and social work teams. We will continue to improve our business processes through the introduction of a Social Work Improvement Plan and Quality Assurance Framework, fostering a continuous learning environment and sharing of best practice. This will be with a view of implementing clearly defined career pathways.

Providers and partners facing similar challenges

The challenges we face are unfortunately not confined to us a council or to a local level. This is clear from the Care Quality Commission (CQC) [annual assessment](#) of the quality of health and social care in England over the last year. Pressures in regard to budgets, workforce, demand management and quality continue to have an impact across health and social care leaving the system at 'tipping point' without action. In turn, this can place rising demands on informal carers.

It is important that we provide transparency around our budgets and commissioning practices, particularly with upcoming changes in regard to the cap on care costs. We will move to outcomes focused commissioning, establishing closer working relationships with stakeholders to implement strengths based approaches and work jointly to shape the market to respond to local needs. We will also take an evidenced based approach to understanding care costs and setting fees, as this will be vital in developing new models of care.

We will continue to engage in sector-led improvement work at a regional level, which will support us in our journey of continuous improvement. Alongside this will we seek to innovate, introducing more preventative based approaches and exploring the implementation of new technology as a potential route to improving quality and efficiency. We will set out our plans for carers in a separate Carers Strategy.

Integration with health to achieve objectives

Demand on the NHS will remain extremely high for the foreseeable future and this will have a huge impact on demand for adult social care. Our relationship with health involves acute, community and primary care. However, our focus is most often on our interface with acute services, particularly in regard to discharging people from Bedfordshire Hospitals NHS Foundation Trust. Again this is

something that COVID-19 has intensified, although this has not been without opportunity. Discharging people from hospital in a timely way requires well-resourced intermediate, community and domiciliary care to support people but commissioning and market conditions have not always allowed this.

While we explore future focus on discharge arrangements and operating to a 'home first' principle below, longer-term we recognise that it will be important to tackle all parts of the health and care system. Effective primary care and social care are vital to enabling people to live well, healthily and independently as possible within their own homes and communities. In turn this will reduce the need for hospital and long term residential care. We will therefore be focusing more widely on preventative measures to make this a reality.

While we have a duty to promote the integration of care and support with health services under the Care Act 2014, the creation of Integrated Care Partnerships (ICPs) will provide an opportunity for place based, whole-system planning. ICPs are formal partnerships of organisations, including commissioners and providers, working together to improve the health and care of the population they serve. They are a critical part of Integrated Care Systems and the journey towards better health and care outcomes. We will ensure the voice of adult social care is sufficiently strong to achieve this.

It must be recognised that legal duties and structures are only part of the foundation for effective integration. To be truly successful, we need to implement the characteristics outlined by the Local Government Association in their [position paper](#) on integration.

The changes ahead

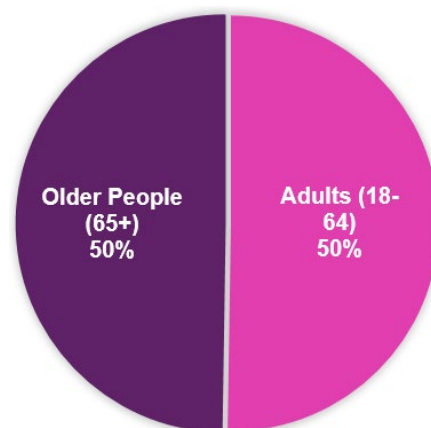
Despite these challenges, our vision will continue to promote the positive stance we retain in seeing social care as a solution, supporting you to live the life you want and being actively involved in your communities. This means we will also, amongst other operating pressures, have to understand and be proactive in responding and adapting to changes in government policy and legislation, some in the not too distant future.

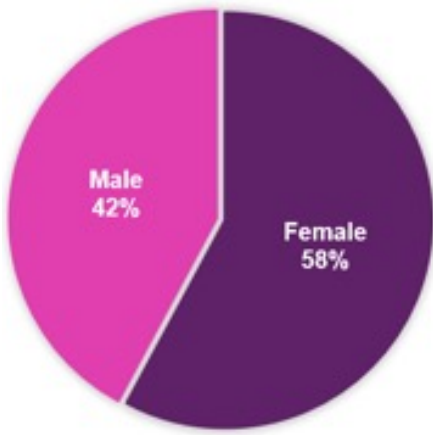
Demographics

While we publish a lot of information on our demographics in documents such as the [Joint Strategic Needs Assessment](#), Market Position Statement and Local Account, we will start to look at this area in regard to future requirements. We have set out how we will come under the oversight of the CQC as a local authority and as part of the Integrated Care System below. We are anticipating that part of their remit will be to review how we are shaping the local social care market to allow for equality of access and how we are working as a system to continuously improve and manage risks. In addition, we anticipate reforms under the draft Mental Health Bill 2022 to introduce greater range of community based services for people with a learning disability or autism. The information presented is based on 3391 unique individuals receiving services.

Age:

We find that anecdotally, people think that Adult Social Care is about supporting and delivering services for older people. However, this is not the case in Luton where we currently have a 50 / 50 split between working age adults, between 18-64 years of age and older persons aged 65+ accessing services.



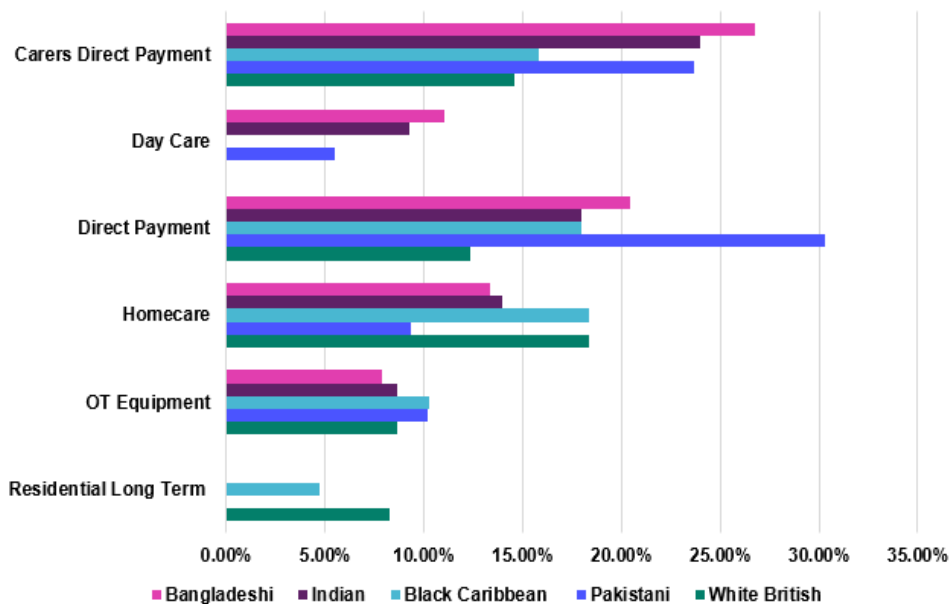
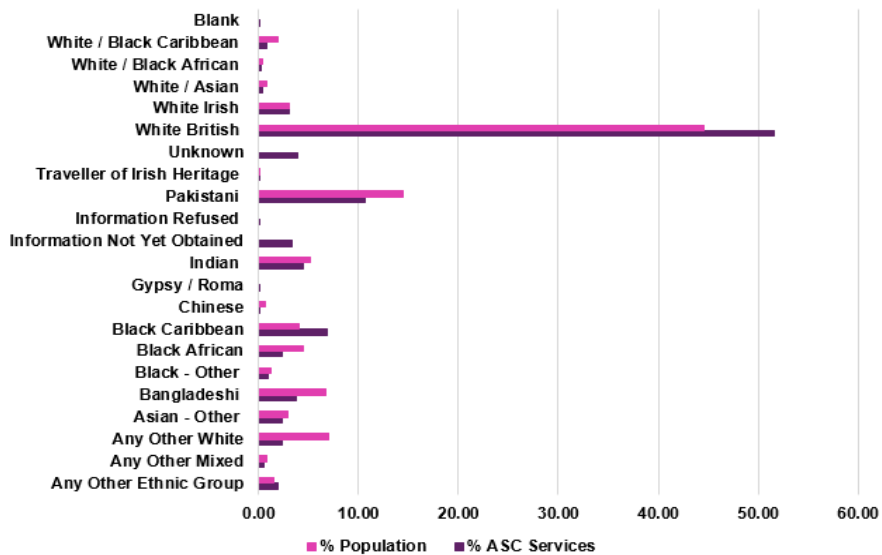


Gender:

The Luton population shows a fairly even split of 49% female and 51% male. However, when looked at in regard to those accessing social care services, we find a higher proportion of females accessing services. This may in part be attributed to the disparity in life expectancy of over 4 years between females (80.2 years) and males (78.1 years).

Ethnicity:

Out of the 18 categories we currently record relating to ethnicity, we generally find that the proportion of people accessing social care services is in keeping with the local population. The greatest discrepancy is White British, where there is 7% more people accessing social care services than the local population breakdown, followed by Black Caribbean, where there is a 3% difference. We have used the total population data for Luton due to the 50 / 50 age split we have.



As we have a duty to develop a vibrant and responsive market for all of the local population, we will start to look at the type of services people are accessing or may want to access in future as part of our Market Development Strategy. Our current access to services for our top ethnicity groups shows a lot of similarities, with a focus on community based services.

Digitisation

Part of the vision of People at the Heart of Care is that people will be provided with the right care, in the right place at the right time. This means using the full potential of technology to support people's lives and aspirations. Luton and BLMK CCG currently have a project manager in place who is leading and developing the implementation of the Care Home Digitalisation Programme across all CQC registered care homes in the borough. The post is increasing provider engagement and leading on the delivery of projects in line with the [Enhanced Health in Care Homes Framework](#) and providing specialist advice in relation to implementing the [Data Security and Protection Toolkit](#).

In our next local account we will look at pilots and research that are being developed in this area including Whzan, Acoustic Monitoring and the Yellow Bracelet Scheme. However, we also need to prepare for the government's commitment to implement digital social care records over the next 3 years in order to reduce administrative burden and freeing up more capacity for care. Our Quality and Safeguarding Teams will be central to ensuring this change is implemented effectively by sharing learning in regard to successful implementation planning and business continuity. More widely we need to work with providers to ensure the workforce is confident and has the skills to embed this change.

Discharge to Assess

Luton traditionally has an exemplar record in regard to hospital discharges. However this has not been the case nationally, with some individuals experiencing delayed hospital discharge as they waited for a long term health and care needs assessment to be completed in accordance with the Care Act 2014. This means that appropriate transfers would not have taken place when the person was ready to leave hospital, potentially leading to poorer outcomes for the individual.

The Health and Care Act 2022 repeals the procedural requirements in the Care Act 2014 relating to hospital discharge, including the requirement to undertake a social care needs assessment while someone remains a hospital inpatient. It is intended that this will create flexibility for local areas to adopt the discharge model that best meets local need, including an approach known in England as 'discharge to assess' or 'D2A'.

D2A is a model that aims to discharge individuals from hospital as soon as they no longer need acute care but who may still require care services, by providing them with short-term, funded support in their own home or another community setting during a period of recovery and reablement. Assessments for longer term care and support needs are then carried out in the most appropriate setting and at the right time for the person. It will also promote integration by enabling better joint working and decision making between health, social care and service providers as we focus on individual needs after discharge to support recovery.

There are a number of pathways under D2A that can be summarised as follows:

- Pathway 0: The patient no longer has any care needs that require additional support
- Pathway 1: The patient has additional care needs that can be safely met at home
- Pathway 2: The patient is unable to return home for a short period of time as they require further rehabilitation
- Pathway 3: The patient has complex needs and is unable to return home

As a system we will have expectations around the number of people discharged under each pathway but this will be focused on a 'home first' approach. The success and effectiveness of our model will be dependent on the timeliness of assessment and having the right intermediate care solutions in place that can be rapidly accessed. This means we need to implement a collaborative commissioning approach so that we can understand the pressure points on each of the pathways, community assets available and demand on services. A gap analysis and identification of requirements for specialist services, including recovery based activity in care homes, will be central to this.

While we are currently being supported by short term funding we need to agree a funding commitment to the design and outcomes that the discharge arrangements require to be sustainable longer term. The vision and commissioning priorities that this will be based on will draw on the overarching principles set out by BLMK ICS, Luton 2040 and the Population Wellbeing Strategy. Prevention, early intervention and admission avoidance will be the enablers to allowing people to live independently at home for longer.

These themes will start to become more apparent within our market position statement and our wider market development work. However, we have recognised early that recovery is very much part of the discharge planning process and have introduced a concept known as Recover to Reablement. This looks at whether individuals who are not ready to participate in reablement at the point of hospital discharge would benefit at a later time following input from the hospital intake homecare service for a period of up to 4 weeks. The hospital intake service during this time works with individuals to build their confidence and improve their daily living skills, allowing time to assess if they would benefit from reablement. We are currently looking at learning from this work and how it will form our commissioning intentions moving forward.

Integrated Care Systems (ICS)

Integrated care Systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live in their area. They exist to achieve four aims:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

The government brought forward proposals in the Health and Care Act 2022 to implement statutory arrangements for ICSs. However Bedfordshire, Luton and Milton Keynes have already evolved to this way of working being one of the first ten ICSs formed and are collectively known as **BLMK ICS**. The ICS has five priorities that it will work to:

- start well – every child has a strong, healthy start in life, from maternal health, through the first thousand days to reaching adulthood
- live well – people are supported to engage with and manage their health and wellbeing
- age well – people age well, with proactive interventions to stay healthy, independent and active as long as possible
- growth – we work together to build the economy and support sustainable growth
- reducing inequalities – in everything we do we promote equalities in the health and wellbeing of our population

The first component of an ICS is the Integrated Care Partnership (ICP), a broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. The second component is a statutory body, the Integrated Care Board. This Board will be responsible for the commissioning of healthcare services in our ICS area.

The ICP, which was established by April 2022, is a critical part of the ICS and the journey we are now on towards better health and care outcomes and experiences for the people of Luton. Working together, the ICP will generate an integrated care strategy for the whole population using best available evidence and data, covering health and social care (both children's and adult's social care) and addressing the wider determinants of health and wellbeing. We will be accountable for delivering on this strategy alongside our partners. The strategy will be ambitious, challenging and enable all partners to integrate, innovate and deliver ever improving skills and experiences of the people and communities we serve. We believe that strong partnerships are already in place and functioning, with COVID-19 acting as a catalyst for advancement in collaboration.

With the recent publication of People at the Heart of Care we know that there will be investment from 2022-3 to 2025-6 to allow local authorities to deliver the vision set out in the white paper to integrate housing into local health and care strategies. The ICP is seen as critical in driving the necessary integration both through the development of local strategies and in the delivery of services. A forthcoming integration white paper will focus on driving joined up decision making across health and care systems. In keeping with our vision, prevention will be at the heart of this.

During its passage through Parliament, the Health and Care Act 2022 was amended to insert a new clause that gives the CQC oversight of ICSs in addition to oversight of local authorities in their own right. While we do not have the final detail on what this may look like, we know that it will be based on the core purpose of ICSs and the things they are accountable for. We therefore anticipate that this will be based on:

- how people move between services in the local area
- ability to find care that meets individual needs
- integrated pathways of care for people using health and social care services
- assessment of how effectively leaders work together to plan and develop partnerships with local people and deal with quality and safety issues

Legislation

Health and Care Act 2022

The Health and Care Act 2022 received royal assent in April 2022 and sets out key legislative proposals to reform the delivery and organisation of health services in England. While we have explored the impact the Act will have in regard to hospital discharge and the introduction of Integrated Care Systems above, we must also prepare for change in regard to adult social care assurance.

Part 1 of the Care Act 2014 sets out a wide range of care and support responsibilities and functions that we must adhere to. The Act will introduce a new legal duty for the CQC to review and make an assessment of our performance in relation to this, commencing no sooner than April 2023. The exact Care Act 2014 functions in scope for review by the CQC are not yet known, as they will be set out in secondary legislation. However, initial thoughts from the Department of Health and Social Care have been shared in People at the Heart of Care, which states that assessments may look at some, or all of, the following:

- maintaining oversight of the social care workforce in their local area, supporting staff retention and professional development
- managing transitions between services, for example between health and social care, and the transition from children's to adults' services
- preventing people from requiring social care in the first instance, for example by supporting and developing community organisations working on prevention and reablement
- carrying out safeguarding duties
- ensuring good outcomes for people through effective leadership
- managing commissioning and contracting responsibilities
- shaping the care market to meet people's needs with diverse and quality provision, enabling choice and independence
- meeting the needs of unpaid carers
- assessing the needs of people who may be eligible for care and support them to access what they need, whether or not they receive local authority support or fund their own care

The reviews undertaken by the CQC will be by reference to the objectives and priorities set out for them by the Secretary of State. The intention is that this will help focus reviews of regulated care functions on areas of particular concern or in alignment with future key priorities for adult social care policy. The CQC will publish the findings of their reviews, allowing you to see how we are performing in the delivery of our adult social care duties.

The government has also stated that these proposals will form part of a wider single assessment framework being developed. By doing so they aim to increase transparency and accountability across the adult social care sector and help people to achieve outcomes that matter to them in their life. This new level of insight will support us to understand our strengths and what we are doing well and support us in looking at what we could do differently or better. We will embed the ethos of transparency by including and using key elements of any CQC assessments in our commissioning strategies and reporting in our annual local account and demonstrate our continuous learning approach.

Other changes the Act seeks to make is the establishment of a new body, the Health Service Safety Investigation Body, which will conduct investigations into incidents that occur during the provision of health care services. The purpose of the investigation is to identify risks to the safety of patients and allow improvements of systems and practices. The Act also includes various data provisions, intended to enable increased sharing and more effective use of data across the health and social care system. Both changes need to be considered in view of a more integrated system between health and social care.

During its passage through Parliament, the Health and Care Act 2022 was amended in order to be able to make changes to the Care Act 2014 relating to the cap on care costs. Guidance and regulations are currently being revised by the [Department of Health and Social Care](#) and we will respond to all consultations relating to reforms as and when they are published. Our planning and implementation for reforms commences in Spring 2022. We are mindful from previous learning that reforms are subject to amendment in terms of requirements and implementation timeframes. We will amend and adapt to this in our implementation planning, if and when required.

Mental Health Act 1983 (changes following consultation)

At the start of 2021, the Government held a 14-week public consultation on the White Paper, [Reforming the Mental Health Act](#). The proposed reforms set out within this received broad support, so work will continue to develop and refine the detail. These changes will be set out in new legislation that will be fit for the 21st century and be based on 4 principles:

- choice and autonomy – ensuring service users’ views and choices are respected
- least restriction – ensuring the Act’s powers are used in the least restrictive way
- therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the Act
- the person as an individual – ensuring patients are viewed and treated as individuals

As we publish our strategy, the [Draft Mental Health Bill 2022](#) is just being published. While we await the final Act to take these reforms forward, we can look at some of the key changes that may happen in regard to commissioning in more detail.

The Adults’ Commissioning Team commission independent advocacy services on behalf of Adult Social Care. This service includes the provision of Independent Mental Health Advocates (IMHAs). They are specialist advocates who are trained specifically to work within the framework of the Act and independent of mental health services. As set out in the White Paper, the Government will take forward legislative changes to extend eligibility of IMHA services to all mental health inpatients, including informal patients, and to add the proposed additional rights and powers relating to supporting service users with advance choice and care planning, and applying to the tribunal on behalf of the service user. The Government will further explore with stakeholders the best way to improve the quality of IMHA services, whether through enhanced standards, accreditation, regulation, or increased training requirements.

The White Paper also looked at a number of reforms relating to people with a learning disability or autism, as it recognised concerns about inappropriate admission and long lengths of stay to mental health hospitals under the Mental Health Act. Under proposed reforms, neither a learning disability nor autism will be considered to be mental disorders warranting compulsory treatment under Section 3 of the Act.

Care Treatment Reviews (CTRs) are proposed to be put on a statutory footing to support people detained under Section 3 of the Act due to a co-occurring mental health condition. This is because they are proven to reduce hospital admissions when they are undertaken correctly and acted upon. Instrumental to this will be the proposed creation of a new commissioning duty to ensure adequacy of supply of community services for people with a learning disability or autism. This is to prevent unnecessary admissions into hospital and to speed up discharges. Our wider work in this area will encompass the government’s [national strategy](#) for autistic children, young people and adults.

Mental Capacity (Amendment) Act 2019

Deprivation of Liberty Safeguards (DoLS) are in force to protect people who cannot consent to their care arrangements in a care home or hospital if those arrangements deprive them of their liberty. They will be replaced by Liberty Protection Safeguards (LPS) in accordance with the Mental Capacity (Amendment) Act 2019 with a target implementation date yet to be announced. This is due to delays as a result of the COVID-19 pandemic, with the consultation only going live in March 2022 for a 16 week period. The aim of LPS is to deliver improved outcomes for people being deprived of their liberty by putting their rights and wishes at the centre of all decision making and to address current and future demands in this area.

LPS will extend the scheme to 16 and 17 year olds and to domestic settings such as a person's own home or a supported living service. These changes are designed to deliver more proportionate decision making, minimise potential distress and offer protection without the need to go to court. However, the most significant shift in focus is that authorisation should be granted prior to the deprivation and not after it has occurred.

We are working actively with partners across health and social care on an implementation plan for LPS. This is based on current information available from the consultation, which we will actively respond and update our plans in line with this. We trust it will bring clarity to some outstanding questions we have about how LPS will work in practice and the training and implementation required. As LPS will run alongside that of DoLS for a year for existing cases, our planning will also include transitional arrangements, ensuring our systems are able to support this without impact on individuals.

While the process relating to authorising deprivations of liberty will change, we believe that the skills, knowledge and expertise we have will provide a solid foundation for expected practice under LPS. However, we must acknowledge that understanding of legislation and the quality of training can vary from time to time and within provider services. This extends to the quality of mental capacity assessments and best interest decision making, themes that would be highlighted by the CQC. We will therefore ensure we raise awareness of the impending changes and provide local guidance of elements that should be included in workforce development plans for providers alongside Quality colleagues. We will also look at setting up peer-support networks within and between agencies and providers for problem solving, information, advice and guidance during the transitional phase.

Domestic Abuse Act 2021

We are undertaking more adult safeguarding enquiries involving domestic abuse, with the number of completed statutory investigations under Section 42 of the Care Act 2014 rising by 170% in 2020-21. Although this accounted for 5% of total enquiries undertaken we anticipate that this will continue to increase as a result of the introduction of the Domestic Abuse Act, which became law in April 2021. This will transform the way domestic abuse is responded to and we will provide all social work professionals with up to date training on the Act and its impact.

The Act sets out the first definition in law of what constitutes domestic abuse, recognising that it can be emotional, coercive, controlling or economic. The victim and the perpetrator must be 'personally connected' meaning that different types of relationships are captured. The definition is gender neutral and does not extend to paid or unpaid carers, unless they are also personally connected. For the first time, a child who sees or hears, or experiences the effects of, domestic abuse and is related to the person being abused or the perpetrator, is also to be regarded as a victim of domestic abuse in their own right.

In line with the council's [Domestic Abuse Strategy](#), we will collaborate with our partners in order to break the cycle of all forms of domestic abuse within our families and communities in Luton. The voice of victims of domestic abuse will be central to this.

Safeguarding Adult Reviews

A Safeguarding Adults Review (SAR) is a multi-agency process that considers whether or not serious harm experienced by an adult or group of adults at risk of abuse or neglect, could have been predicted or prevented. The outcome of the review enables the Luton Safeguarding Adults Board (LSAB) to develop learning, improve service delivery and prevent abuse and neglect in the future. The process for notification and assessing whether it meets the criteria for a SAR means it can take 6 months or longer from an incident to a decision being made.

During the pandemic it became much harder to assess how much the quality of services had been affected, the extent to which safeguarding concerns could have escalated and any surges in safeguarding concerns once these restrictions eased. This was due to services effectively closing to professionals and private individuals who would ordinarily visit, creating a new urgency to identify and share learning from certain cases. The council has therefore used the flexibility afforded within the Care Act to collaborate with the Social Care Institute for Excellence to test a new process to enable learning to be turned around more quickly than usual through a SAR. This new process is referred to as a SAR In Rapid Time.

A SAR In Rapid Time aims to turn around learning in a short timeframe, usually 15 days from the set-up meeting, held after the decision has been made to progress with a review. The learning produced concerns 'systems findings', exploring and identifying social and organisational factors that have led to unwanted outcomes. This will encompass professional practice and may generate new ideas on how practice can be improved.

As this is a relatively new way of working, as part of the LSAB, we will review and plan for a more formal implementation of undertaking SARs in Rapid Time. This will include the process, development of reviewers, implementation trackers to ensure lessons learned from cases are embedded and development of the website where reviews will be published. As a council, we will work to and promote a professional curiosity ethos, with Safeguarding and Quality teams working in conjunction to share information and explore concerns.

While SARs start to signal a new way of working, this in turn will lead to a general review of safeguarding processes and pathways, as we continue to navigate the impact and challenges presented by the pandemic and emerging trends. This will include safeguarding alerts that are submitted for information only and exploring how the introduction and expansion of our supported self-assessment portal can be utilised. A pathway will also be introduced and reviewed for hoarding, with policies being looked at from a pan Bedfordshire perspective to ensure consistency for providers working across the locality.

6. Our strategic vision, priorities and outcomes

While we have looked at the changes we need to make in order to respond to government policy and legislation, below we set out our vision for what we want the lives of people in Luton accessing social care services to be like by 2026 across 7 priority areas. Alongside this document, we have released our implementation plan which outlines the steps we will take. As this is very much a period of uncertainty and transition, we will refresh the implementation plan for subsequent years of the strategy to enable us to move closer towards our vision and that of Luton 2040 and BLMK ICS. As part of this we will set measures of success for each of the actions to make sure we effectively monitor our progress.

Vision

People in Luton with health and social care needs will lead a 'good' everyday life with the people they value in the community they call home; with an equal voice in planning their own care and support.

Priorities

Ensuring people at risk of harm and abuse are safe

- We will work with people to ensure they feel safe in their homes and communities. Where people experience abuse and neglect, we will provide support that is responsive to their needs and personalised
- We will work with people to manage risks by thinking creatively about options for safe solutions that enable people to do things that matter to them
- We will ensure participation in safeguarding processes is outcomes focused

Creating resilient caring places and communities that support people to stay well connected

- We will work with people to connect them to their community and local networks in order to remain as independent as possible
- We will aim to ensure that everyone accessing social care services feels valued for the contribution they make to their community and that they feel supported to achieve their goals
- We will work to ensure that the opportunity to receive help as a direct payment is understood, encouraging and supporting individuals to use this in a way that will best suit their needs and achieve their outcomes

Co-producing with individuals the early support they need to stabilise and maximise their independence to improve their wellbeing

- We will have conversations with people to discover what they want from life and the care, support and housing that will enable this, without restricting solutions to formal services
- We will work with people to make sure that their personal care and support plans promote wellbeing and enable them to be as independent as possible
- We will provide effective short term interventions for people with care and support needs to return home from hospital as quickly as possible

Enabling people to live independently through strength based practice, digital solutions and community based options

- We will promote the use of technology, equipment and adaptations that support people to stay in their own homes and in their community
- We will ensure our commissioning practices remove barriers and provide solutions to independence for all
- We will understand what current and future need will look like across different markets, mapping and building on existing community assets

Developing a highly skilled, fluid and resilient workforce to meet the needs of the community

- We will work to ensure that care and support is co-ordinated and everyone works well together with individuals to plan their care, bringing together services to achieve individual outcomes
- We will work with partners to ensure the workforce have the right training, qualifications and values, with appropriate career pathways in place
- We will work with providers to understand and address recruitment and retention issues within the market, to ensure continuity of care for individuals

Working with people to create greater personal choice and control over how people achieve their long term care and support options

- We will work to ensure that people can access a range of personalised support that reflects their own choices and circumstances, including finding new approaches to improve on the ways we have traditionally delivered care and support
- We want people accessing social care to feel they have control over their care and support, with access to information and advice that will help them make decisions and plan for the future
- We will work with partners to develop a diverse range of care and accommodation services that will meet the changing needs of the local population

Strengthening our partnerships and connections with internal and external partners to embed an all age disability service

- We will keep up to date with local activities, events, groups and learning opportunities, sharing this knowledge so that people have the chance to be part of the local community
- We will work with our partners and stakeholders to champion early health and wellbeing interventions through community support to delay and prevent care needs
- We will work with our partners and stakeholders to ensure smooth transitions between health and social care and from children's to adults' services

Outcomes

The overall aim of Adult Social Care is to help people meet their needs to achieve the outcomes that matter to them in their lives and which in turn promotes their wellbeing. While these will be different and specific to all individuals, there are a number of high level outcomes that we will actively promote when carrying out a care and support function:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
- suitability of living accommodation
- the individual's contribution to society
- quality person centred care that is safe, effective, caring and responsive

The first 9 outcomes are also known as the Care Act 2014 'wellbeing principle' and were well received when we consulted with stakeholders, as they felt it provided consistency between us and neighbouring local authorities. However, the consensus was that quality needed to be reflected both in our direct delivery and in that of the services we commission. An outcome has therefore been added in regard to this. There is no hierarchy to these outcomes and we will consider all as equally important.

7. How we will deliver our strategy

Over the next 5 years the fundamental role of Adult Social Care will not change. However, we will need to transform elements of our culture, structure and how we work if we are to successfully deliver on our strategic vision and priorities. We will build on the positive progress that is being made to tackle shared problems during the pandemic by continuing to support system recovery and by **strengthening our integration**, including commissioning practices and our wider **Care Act responsibilities**. Working collaboratively as a local system is essential to improving the quality of care. This includes a requirement to understand the diverse needs of our population and **identifying where there may be inequalities** in how people access and experience care and their outcomes.

Most of the budgets for social care are spent on externally provided support and services to meet people's assessed needs. We will work closely with providers to ensure they are providing **good quality and appropriate support** to meet the identified outcomes of the people using them and good value for money for Luton. This will require us to **change the way we shape, commission and contract manage the market** so that care and support **services intervene early and prevent needs from developing** rather than focusing on approached that intervene at a time of crisis.

By investing in preventative services, **increasing the choice of care and support options available** and providing the right **accessible information and advice** to allow people to plan for the future, we can enable people to remain in their own homes and communities for longer and achieve the outcomes that matter to them. However this will be a phased approach, as we know that services are better developed through the eyes of people who use them. We will therefore work closely with people who use services and their advocates to understand their needs and **co-design models of care**. This will include **planning for changing needs** and ensuring appropriate **data and evidence** is available for this.

We will identify more and **better ways to gather experiences and feedback** from a wide range of people, particularly **reaching out to people whose voices and experiences we don't often hear** in order to foster a **strong feedback culture**. We will analyse and be clear about how we've used what you have told us, both good and bad, and what action we have or will take as a result. We will also learn from compliments, complaints and partner feedback and initiatives. For example, while we want to **expand and embrace digital and assistive technology**, we will balance this against learning and research from bodies such as Healthwatch to understand and address how and why certain groups are more likely to experience **digital exclusion**.

Technology will therefore be a tool that is guided by **personalised support** with appropriate strategies in place to ensure people are not disadvantaged by digital exclusion. Improvements in the provision, scale and quality of digital technology in social care will also lead to improvements in how the social care system collaborates with key partners such as the NHS, ensuring **smooth and seamless transitions** between services for the local population.

More widely, Healthwatch Luton can help us to understand some of the key focuses and learning from the work they undertake at a national and local level. For example, their recent project on unmet needs is something we need to mirror within Luton. We need to **understand unmet and under met need at a population level** and embed an evidence base on the drivers behind this. We will not be able to tackle and address issues around access to care and support without this evidence and recognising that overcoming these issues will be a shared endeavour as an Integrated Care System.

We will embed **strength based and preventative approaches** in all our work and in order for **positive assessment outcomes** to be achieved, we will seek to increase capacity in specialist community services and services that promote independence. However, we also need to recognise what works well and so we will also **maintain our effective approach to hospital discharge** and review and embed hospital avoidance concepts within our work.

Notwithstanding financial challenges, we will move towards paying a **fair cost of care** to providers, reflective of self-funders accessing and using our care placement function. Alongside this we will ensure that commissioners operate to a robust **social value policy** in order to deliver as much as possible within the funding available. Commissioners will also ensure that **markets remain sustainable**, including when the cap on care costs are introduced.

By implementing our vision for carers and individuals regardless of funding source, we believe we will be in a strong position for the local authority **CQC assessment** that will commence from April 2023. We will continue on our programme of **sector led improvement** and use the **Making It Real** statements as a baseline for our preparedness, as we continue to embed this throughout all of our work.

8. Summary and next steps

We have used the first iteration of this strategy not only to outline our vision and priorities for the years ahead but to start to demonstrate the pressures and uncertainty we will be faced with. The initial impact of COVID-19 meant that Adult Social Care needed to find savings of £4.5 million but the pandemic is not over and it will continue to cast a long shadow over the health and care system. We need to use and extend the opportunities that the pandemic response provided and work collaboratively as an Integrated Care System.

The resilience of the social care system means that we have navigated years of postponed reforms with flexibility but this has not been without consequence. Our ability to invest in preventative and community based services has been more limited than we would have liked and this in turn creates an increased level of unmet need or having to make placements out of borough. We therefore share the disappointment expressed by the Local Government Association that no additional funding was provided in the 2021 Spending Review to address existing pressures on care and support but acknowledge this may potentially change as a result of reforms.

While welcome, we also have some concerns that the funding for reforms will not be adequate to fully implement and meet all requirements, including:

- a cap on care costs that people are required to pay themselves, effective from October 2023 (delayed to October 2025) and set at £86,000
- an increase in the financial means test thresholds
- funding to enable councils to pay providers a 'fair cost of care' (with new guidance to be developed) and to also help tackle the problems of self-funders paying more for their care than people funded by the council
- investment of £500 million for new measures to support the care workforce
- action to ensure unpaid carers have the support, advice and respite they need
- investment in the Disabled Facilities Grant and supported housing and exploration of other innovative housing solutions
- improved information for people who draw on social care and support


The initiatives to be funded have started to become clearer following the recent publication of People at the Heart of Care but we need to see more of the detail that sits behind this, how funding will be distributed, over what timeframe and what will happen at the end of the three year initial funding period.

Initially, we are pleased to see that our vision is in keeping with the vision and objectives set as the basis of reforms:

- people have choice, control and support to live independent lives
- people can access outstanding quality and tailored care and support
- people find social care fair and accessible

We will work to implement the changes this and other legislation will bring about in the coming years, in addition to strategies that will stem from this such as a standalone dementia strategy. This may mean that some of our operating models will need to change in the future. We anticipate that further detail will become available from late 2022. We hope that this will be backed by sustainable funding to make our vision a reality.

Despite the challenges and changes ahead, we are clear what social work should look like in Luton in 5 years and the commitments we need to make:

	<p>We will put the local population at the centre of everything we do</p> <p>Care will draw on community based support and be shaped at a local level with the involvement of people through co-production. This means commissioning will move to an asset based outcomes approach, focusing on prevention and early intervention in line with our social work practice operating model</p>
	<p>We will enable independence</p> <p>More people will be enabled to organise their own support and have the tools they need to do this. This means we will provide information and advice that the local population can take value from, offer supported self-assessments and continue to explore digital and assistive technologies that will allow people to maintain their independence</p>
	<p>We will focus on integration to improve care and support outcomes</p> <p>We will work collaboratively not only with health but with housing, public health and voluntary, community and social enterprises. We are committed to ‘Making It Real’ and addressing inequalities for all individuals. This means while we continue to work effectively in regard to areas such as hospital discharge, we will expand this to have more of a community focus</p>
	<p>We will address the issues and needs of the workforce</p> <p>We need a consistent and joined up approach to workforce planning, promoting and ensuring the skills of the social care workforce are respected and understood. We will explore how the Integrated Care System can develop integrated local strategies for the benefit of the local population and recognise the role of unpaid carers as part of our workforce</p>
	<p>We will be innovative</p> <p>We will seek to be innovative in our commissioning practices, developing new models of care in terms of technology, housing options and community based services to empower people to stay as independent as possible for as long as possible. This will mean a strengths based approach is taken to all of our work</p>
	<p>We will be sustainable</p> <p>We know that any changes that we make must aim to be sustainable. Although we have concerns about adequate funding being available to address the pressures we face, we recognise that we have to work in the best way to meet the highest needs of the local population to avoid any potential remedial action. We will bring a renewed focus to social value within our commissioning practices to secure wider social, economic and environmental benefit, achieving the best value for every pound spent.</p>
	<p>We will embed Luton 2040 & Population Wellbeing Strategy priorities in our work</p> <p>Luton 2040 is a shared vision for the future of our town, which will enable us to make Luton a fairer, healthier and more sustainable place where everyone can thrive and no-one has to live in poverty. While we navigate national reforms and changes to legislation, we will work as a department and a sector to achieve these priorities, including embedding these in our commissioning practices.</p>

When we started this journey with our stakeholders, some policy announcements and legislative requirements were unknown. While some of this is still unclear, we have listened to our stakeholders who wanted us to demonstrate the building blocks we would put in place to achieve our strategy. This strategy is therefore accompanied by an implementation plan for the first two years (2022-24), which sets out our actions for the year ahead. We will publish updates and implementation plans, including measures of success, for the subsequent years of the strategy in line with co-production principles.

Adult Social Care Strategy

Appendix A – Implementation Plan



2022 to 2024

Luton

About the implementation plan

This document is Adult Social Care's implementation plan for 2022 to 2024. It sets out the actions we will take to implement our vision that people in Luton with health and social care needs will lead a 'good' everyday life with the people they value in the community they call home; with an equal voice in planning their own care and support by 2027.

The purpose of the implementation plan for Year 1 is to start putting the building blocks for change in place. It will be kept as a live document and reviewed on a quarterly basis in a co-produced way. We will publish implementation plans for subsequent years of the strategy in line with government policy and legislation coming into effect.

Monitoring progress

To ensure the actions set out in subsequent implementation plans are delivered on time and make a real difference to the people of Luton, we will introduce and monitor progress against measures of success, as follows:

May 2023:

Year 1 implementation plan published with progress to date

September 2023:

Strategy and implementation plan review and update. Integrated Impact Assessment (IIA) requirements reviewed

July 2024:

Strategy and implementation review and update published in Local Account

Measures of success added to implementation plan

IIA requirements reviewed

September 2024:

Strategy and implementation plan review and update. IIA requirements reviewed

December 2024:

Implementation plan completion signed off and new implementation plan published.

The Senior Leadership Team (SLT) for Adult Social Care will monitor the timely delivery of actions and receive regular updates. SLT will hold action owners to account and will set up underpinning projects and working groups to oversee delivery of specific strands of work. They will also be consulted on the development of IIAs.

Action		Start Date	Target Finish Date	Owner	Updates (Measures of Success TBC)
1.	Initial Build Back Better & People at the Heart of Care requirements scoped and distinct work streams agreed and set up	May 2022	June 2022	Strategy, Engagement Implementation Team	ASC Reforms Programme Board and key work streams established and reshaped as further guidance is published
2.	Scoping exercise undertaken on self-funding market in Luton. Ongoing data and evidence collection identified	May 2022	Jul 2022	Service Manager, Adults' Commissioning	Initial modelling undertaken as part of Reforms Programme using data from Commissioning and ONS. Full modelling scheduled May 23 - Jul 23
		May 2023	Jul 2023		
3.	Communication Plan for strategy drafted and implemented	June 2023	Ongoing	Business Manager	To be implemented upon publication
4.	Continue consultation activity for strategy to reflect community voice	June 2023	Ongoing	Business Manager	To be presented to Customer Experience workstream on publication and agree actions and activity for embedding community voice
5.	Establish co-production group for quarterly review and update of strategy and implementation plan	July 2023	Ongoing	Service Manager, Strategy, Engagement & Implementation	Customer Experience workstream established.
6.	Social Work Improvement Plan delivered against	Jul 2022	Ongoing	Senior Leadership Team	Review of pathways and structure to understand customer journey and potential improvements. Mobilisation Plan developed with clear timelines
7.	Voice of Adult Social Care fully established in BLMK ICS / ICB	July 2023	Ongoing	Director of Adult Social Services	
8.	Work stream established and delivery against bespoke action plan for LPS implementation, including communication and peer support requirements	TBC	TBC*	HoS Safeguarding, Professional Standards & Performance	Timeframe for implementation not yet confirmed. Project plan in place. Implementation through ADASS PSW Network.
9.	Carers Strategy drafted and implemented	Jul 2022	Jul 2023	Service Manager, Adults' Commissioning	Co-produced draft in place. Executive process to be followed for final version

Action		Start Date	Target Finish Date	Owner	Updates (Measures of Success TBC)
10.	Undertake a critical analysis of Making It Real implementation and benchmarking our priorities and report to SLT	Jul 2022	Aug 2023	Business Manager & HoS Operations & Health Integration	Paused to allow reforms workstreams to be established and embedded. Co-production strategy to be put in place (anticipated timeframe Aug 2023)
11.	Undertake a self-audit on Care Act 2014 compliance	Jul 2022	Aug 2023	Business Manager & HoS Operations & Health Integration	Local authority assurance self-assessment currently in progress, which will confirm future actions and requirements
12.	Recover to Reablement pilot reviewed and future requirements and commissioning intentions agreed	Jul 2022	Aug 2022	Head of Provider Services	Paper due to be presented and agreed by SLT to confirm next steps
13.	Year-end self-assessment review of compliments and complaints received by the department with assurance on lessons learnt	Jun 2023	Aug 2023	Strategy, Engagement & Implementation Team	Complaints figures being looked at within Local Account. Ongoing feedback from the council, providers and voluntary sector will be looked at within Customer Experience workstream
14.	Scoping exercise undertaken on unmet and under met need at population level	Jul 2022	Ongoing	Service Manager, Adults' Commissioning	Currently presented by Care Placement Team Manager at Quality, Governance & Improvement Group. Revisions planned for this to link to wider commissioning intentions, strategies and tenders
15.	Scoping exercise undertaken of people's experience of transition and any learning we can implement	Aug 2022	Oct 2022	Head of Provider Services	Links to Preparing for Adulthood. Need to consider transitions outside of learning disabilities

Action		Start Date	Target Finish Date	Owner	Updates (Measures of Success TBC)
16	'Home first' principle embedded in commissioning activity including capacity, intermediate care and technology	Nov 2022	Ongoing	Service Manager, Adults' Commissioning	
17	Formal implementation of SARs in Rapid Time	Nov 2022	Mar 2023	HoS Safeguarding, Professional Standards & Performance	SARs in Rapid Time implemented and reported on within LSAB Annual Report
18.	Quality Assurance Framework for all service areas in place and reflective of new guidance	Nov 2022	Dec 2022	HoS Safeguarding, Professional Standards and Performance HoS Provider Services	
19.	Social value policy, including innovation, drafted and agreed for future commissioning activity, with a focus on community and prevention	Nov 2022	Dec 2022	Service Manager, Adults' Commissioning	
20.	Safeguarding pathways for domestic abuse and hoarding introduced	Nov 2022	Aug 2023	HoS Safeguarding, Professional Standards & Performance	Draft policy in place but resource requirements to be reviewed
21.	Digitisation scoping exercise undertaken	Jan 2023	Jul 2023	Service Manager, Adults' Commissioning	
22.	Commissioning review of changes that may be required as a result of the consultation outcome on the Draft Mental Health Bill	TBC	TBC	Service Manager, Adults' Commissioning	
23.	Market Position Statement (MPS) updated	Feb 2023	Jul 2023	Service Manager, Adults' Commissioning	
24.	Market Development Strategy drafting commenced to reflect and meet population need and equality of access to services. Move to preventative, outcomes focused and strengths based commissioning	Jul 2023	Nov 2023	Service Manager, Adults' Commissioning	

Action		Start Date	Target Finish Date	Owner	Updates (Measures of Success TBC)
25.	Benchmark preparedness for CQC assessment on issuing of further guidance	TBC	TBC	Adult Social Care SLT	Linked to action 11. Awaiting publication of confirmed guidance
26.	Scoping exercise commences on fair cost of care across market areas	TBC	TBC	Service Manager, Adults' Commissioning	Outcome of fair cost of care submitted to DHSC October 2023. Currently under review
27.	Funding commitment for D2A agreed	TBC	TBC	Director of Adult Social Services	
28.	Formal review of LPS implementation	TBC*		HoS Safeguarding, Professional Standards & Performance	

* Delayed from April 2022 – new implementation date to be announced

Our Vision:

People in Luton with health and social care needs will lead a 'good' everyday life with the people they value in the community they call home; with an equal voice in planning their own care and support

Appendix B - Adult Social Care Plan on a Page: 2021 to 2026

Our priorities	The benefits	What we will do
Ensure people at risk of harm and abuse are safe	Safeguarding and quality standards are enforced and a continuous learning environment is in place	<ul style="list-style-type: none"> • Provide support that is responsive to their needs and personalised • Think creatively about options for safe solutions that enable people to do things that matter to them • Ensure participation in safeguarding processes is outcomes focused
Create resilient caring places and communities that support people to stay well connected	People live in communities supported by good infrastructure and have the opportunity to be an active participant	<ul style="list-style-type: none"> • Connect people with their community and local networks in order to remain as independent as possible • Aim to ensure that everyone feels valued for the contribution and that they feel supported to achieve their goals • Encourage and supporting individuals to access a direct payment
Co-produce with individuals the early support they need to stabilise and maximise their independence to improve their wellbeing	Wellbeing interventions delay and / or prevent or reduce care needs due to positive impacts	<ul style="list-style-type: none"> • Have conversations with people and not restrict solutions to formal services • Care and support plans will promote wellbeing and independence • Provide effective short term interventions for people to return home from hospital as quickly as possible
Enable people to live independently through strength based practice, digital solutions and community based options	People will have the opportunity to live independently in their local community with care and support that suits them	<ul style="list-style-type: none"> • Promote the use of technology, equipment and adaptations that support people to stay independent • Ensure commissioning practices remove barriers and provide solutions to independence for all • Understand what current and future need will look like across different markets, mapping and building on existing community assets
Develop a highly skilled, fluid and resilient workforce to meet the needs of the community	Increased quality and continuity of care for individuals accessing care and support services	<ul style="list-style-type: none"> • Care and support is co-ordinated and everyone works well together with individuals to plan their care • Work with partners to ensure the workforce have the right training, qualifications, value and career pathways • Understand and address recruitment and retention issues within the market, to ensure continuity of care for individuals
Work with people to create greater personal choice and control over how people achieve their long term care and support outcomes	Individual outcomes improve as a result of better access and decision making around services and support to meet needs	<ul style="list-style-type: none"> • People can access a range of personalised support that reflects their own choices and circumstances • Provide access to information and advice that will help them make decisions and plan for the future • Work with partners to develop a diverse range of care and accommodation services that will meet the changing needs of the local population
Strengthening our partnerships and connections with internal and external partners to embed an all age disability service	Services and outcomes improve as a result of better data and integration between health and adult and children's social care	<ul style="list-style-type: none"> • Keep up to date with local assets and share knowledge with partners and individuals • Champion early health and wellbeing interventions through community support to delay and prevent care needs • Ensure smooth transitions between health and social care and from children's to adults' services

Thank you for reading

