

# Local Account



**2021-22**

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**Luton**

# Introduction and welcome

Welcome to our local account for the year 2021-22. As we pass another year end, this report remains an important part of our work as it provides us with an opportunity to be open and transparent with you about our performance, achievements and challenges and our plans for 2022-23. It is also a way of explaining what adult social care is, how it works and why it matters. This is so people understand our role and how we can make positive changes in the wider health and social care system.

In our last local account we spoke about the impact of the pandemic and how we adapted quickly and effectively to deliver our statutory responsibilities. This impact has been ongoing during 2021-22, a year which also saw a large amount of social care reforms announced. These reforms are outlined in a social care white paper called [People at the Heart of Care](#). While we acknowledge that the impact of the pandemic and upcoming reforms leave a congested and challenging landscape for social care in the years ahead, we also welcome the changes and the opportunities it will bring for us and the local population.

One of the key reforms that we will start to prepare for this year is our inspection as a local authority by the Care Quality Commission (CQC), the regulatory body for health and social care. This will provide a consistent and independent means for evaluating what we are doing well and what we may need to improve. Driving continuous improvements in outcomes and experiences for people who use social care services and their families is one of our core objectives and supports our overall 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.

This vision is from our Adult Social Care Strategy, which we will formally implement this year alongside our new Quality Assurance Framework (QAF). You will notice references to the Strategy throughout the report, showing how we have met or plan to meet our priorities going forward. This will be enhanced by the QAF, which will allow stronger involvement and feedback from the people we support. We look forward to being able to share what you have told us and the actions we have taken in our next report.

We hope that you find this account informative. As always, we remain open to any feedback that you have and encourage you to become involved in the development of our feedback and co-production initiatives that will be progressing throughout the next year, including our new Customer Experience (**Making It Real**) forum.



**Mark Fowler**

Corporate Director for Population Wellbeing



**Maud O'Leary**

Director of Adult Social Services (DASS)



**Cllr Javed Hussain**

Executive Portfolio Holder for Adult Social Care

## Healthwatch Luton (HWL) continues to work with various teams across Adult Social Care and we are happy to contribute our involvement for this 2021-22 Local Account.

As you may be aware, we are an independent organisation, gathering views from local residents on health and social care services on a wide range of topics. We use these experiences to help shape service delivery, planning and commissioning across Luton by ensuring these views are heard and included in work undertaken by the council.

The majority of feedback we received on general social care experiences over this period were fairly low in comparison to some health services. We acknowledge that we tend to hear from people when their experience is mainly negative and / or when they have exhausted other routes of access to support. This representation of feedback therefore can only be used in triangulation with council feedback. In 2021/22 we did not undertake any targeted programmes of work within social care, which may also have contributed to the low and more negative feedback experiences.

Feedback was received from 17 people with 53% providing negative feedback, 12% providing positive feedback and the remaining providing neutral feedback. Negative feedback themes were identified as:



While positive feedback themes were:



Some of the feedback received did not relate directly to the council but to services such as care homes. However, as the council make placements to these services they have a responsibility to work with and hold providers to account when this is negative to ensure continuous learning. The positive feedback on staffing related directly to the council and responsiveness of social care.

Our interaction with the council is not just with teams but also as a member of the Health & Social Care Scrutiny Review Group. Here we work alongside the Director of Adult Social Services (DASS) and Members on reviewing Luton feedback, developing and shaping work programmes across the health and social care system. In this and other forums we also see the successes for Adult Social Care. We acknowledge in particular the success of the Discharge to Assess programme, working with other Healthwatch across the country to [outline discharge experiences](#) to the Department of Health & Social Care in 2021.

Nationally, Health Watch England completed a larger programme called Unmet Social Care Needs, where carers and service users fed into the experience gathering, which outlined some great successes and experiences in Luton. This fed into wider work around equality of access and reforms, with Healthwatch outlining some of this in [Social Care: What is the new plan?](#)

We have had a good relationship with the DASS over the past few years, with a responsive meeting plan where HWL can outline ongoing feedback and understand pressures within the system to support residents in understanding this. Our work with other teams includes the development of strategies such as the Adult Social Care Strategy, the Carers Strategy and the Menopause Strategy.

While we understand the Adult Social Care Strategy was paused to account for upcoming reforms we hope to revisit and support the service user engagement on this on an ongoing basis. We acknowledge the drive that is being made on co-production and using the service user voice in the approach by Adult Social Care has been developed more this year. HWL feel a sustainable approach is being taken on building on collaborating and partnering with service users, which we hope will be formalised to maintain this approach within a confirmed Co-production Strategy.

HWL will also have a focus on wider social care support over the next few years and we are already actively involved in many work programmes. This includes the Customer Experience workstream that the council are implementing for social care reforms. We hope to develop this further, partnering our feedback to provide evidence for the Care Quality Commission inspection programme that is due to commence in 2023. Next year (2022/23) will provide the foundation for preparing for this.

There have been many pressures with Adult Social Care which have contributed to difficult successes in programmes of work. Despite COVID-19 and workforce pressures, HWL do feel the progress in embedding resident voice in strategic planning and delivery should be heralded and commended.

**Lucy Nicholson**

Chief Executive, Healthwatch Luton



**“It has been hard for me to approach people for support, but when we have, the team were great. I am really grateful they were so experienced and knowledgeable on informing me on how and when to get support.”**

# An overview of Adult Social Care

In our last local account (2020-21) we talked about our main responsibilities, the legislation that we must comply with and the workforce. While challenges in this area remain in regard to recruitment, retention and increasing demand, we are taking the opportunity in this account to look at what our valued social care workforce do on a day to day basis.

As Covid-19 restrictions lifted we were able to undertake much more face to face work than the previous year. Having direct conversations with people, understanding their strengths and finding ways to support them is at the heart of what we do. This cannot be done as effectively remotely, which can be seen in some of the performance data we present later in this report.

At the end of 2021-22 we were providing long term support to **2906** residents and short term support to **1654** residents. Short term support is where a service or package of care is in place for a time limited period. In line with our key priorities, it is intended that people receiving a short term service will reduce their need for ongoing support and maximise their independence.



**7,056** contacts responded to



**918** initial assessments completed



**4,602** reassessments or reviews completed



**690** carer's assessments or reviews completed



**4,578** safeguarding alerts responded to



**3,486** people discharged safely from hospital



**777** people had a period of reablement



**144** people provided with information, advice and guidance



**457** adaptations or items of support equipment delivered



**4,340** people attending community based services



**11,772** hours of homecare provided



**494** people cared for in residential and nursing homes

In delivering this activity we work with a wide range of other teams and partners including children's services, health, public health and housing, in addition to the voluntary community and social enterprise (VCSE) sector. It is widely recognised that people can achieve better outcomes when services work together rather than in isolation.

This is why the recent Health & Care Act 2022 has made Integrated Care Systems (ICSs) a statutory requirement. An ICS is a partnership that brings providers and commissioners of NHS services together with local authorities and partners to collectively plan health and care services to meet the needs of their population. You can find out more about the ICS that Luton is part of [here](#).

## A day in the life of Operational Teams

There are various operational teams working across Adult Social Care, including Early Intervention and Prevention, Long Term Planning, Therapies and Technology (including Sensory), Learning Disabilities and Autism and Discharge Assessment and Rehabilitation Team. They work with a range of other Adult Social Care teams such as Safeguarding and Care Placement and corporate teams such as Customer Services, Finance and Legal.

In 2022-23 we will work collectively to prepare for a new local authority assurance programme that CQC will implement from 1 April 2023.

### Morning

Our Customer Service Centre is the first point of contact for most people contacting Adult Social Care. They provide information, advice and signposting relevant to your situation. During 2022-23 we will introduce [online self-assessments](#) which you will be able to complete at any time of the day.



### Afternoon

Our operational teams (including social workers and occupational therapists) will be actively working through their caseloads, undertaking home visits or attending professional meetings. They will assess your needs in a strengths based way and help you develop individual outcomes. They will also collaborate with health professionals and other organisations. Our Prevention and Enablement Team have a key role to play.



### Evening

During the day we will have actively been working on safeguarding investigations. In limited circumstances we will have concerns that require unannounced visits out of hours. This is one area where we work with our Quality & Commissioning colleagues to make sure improvements are being made when needed.



### Night

From 5pm our Emergency Duty Team help people who might require urgent support during the evening and night. They aim to assess the needs of vulnerable individuals, adults, children and their families and, where necessary, offer temporary services to support those who may be at immediate and serious risk. This work is followed up by our operational teams for ongoing support, when required.



## A day in the life of Provider Services

The council also provides a number of adult social care services. These are known as **day opportunities**, **support to age well** and **support to live well**. We are pleased that all our services continue to be rated '**Good**' by the CQC.

Provider services operate 24/7 and their hard work was recently recognised at the Luton Excellence Awards, where they were winners of the '**Outstanding Achievement**' and '**Empowering Excellence**' awards.

### Morning

The Shared Lives service enables people to have a family life and equip them with the necessary skills to be independent. They support people to get ready for day opportunities, college or work. Our Reablement carers will be supporting people in the community to maintain their independence throughout the day.



### Afternoon

Day Opportunities support people during the day to be involved in activities that are meaningful to them and meet friends, while setting and achieving personal goals to enable people to take control of their lives.



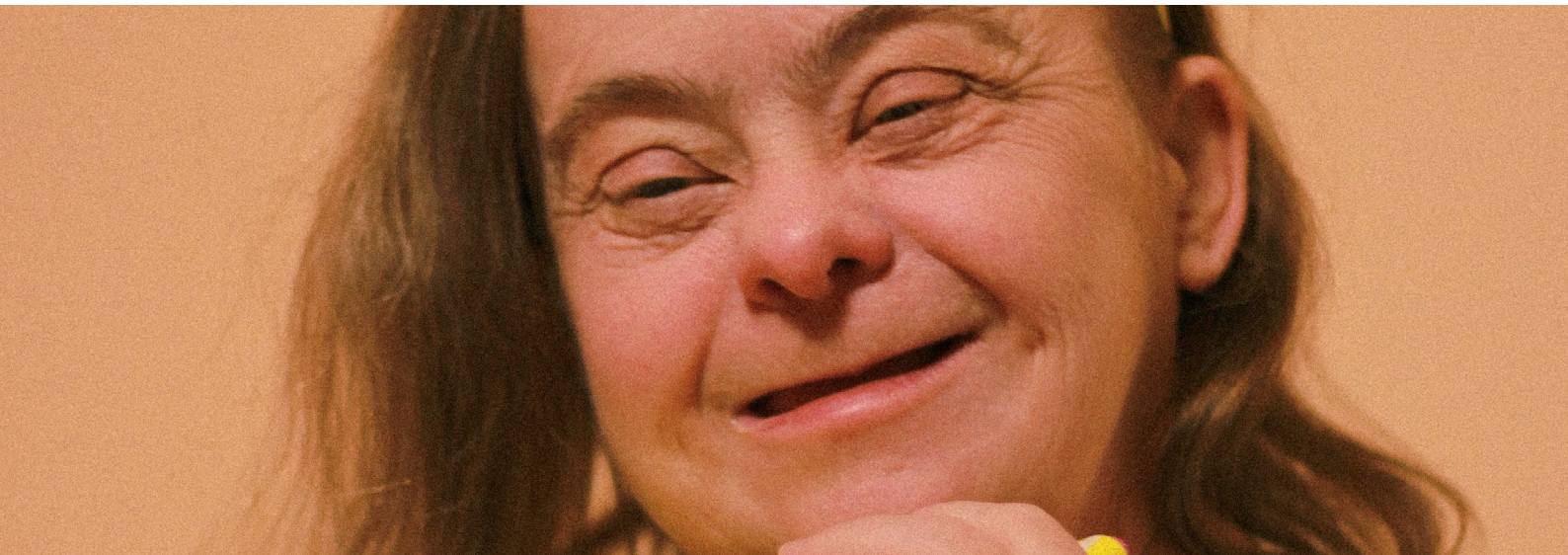
### Evening

The Respite service will give essential breaks to carers by supporting people with cooking, gardening or playing games. If people would prefer to spend some time relaxing in front of the TV, watching a movie, exercising or just meeting up with friends – that's exactly what we'll support them to do! They will also help people to get ready and unwind for bed when they choose to do so.



### Night

After 10pm our night carers will support people who need help and assistance during the night. Our on call support is in place to deal with any emergencies and provide carers with any additional support required.





# What is changing in Adult Social Care?

In our last local account we touched on upcoming changes to legislation and the intention of central government to reform social care. We found out more about the context of these reforms during the year. We therefore wanted to use this opportunity to start to communicate what the reforms mean for the council and for people who use services, including carers. While this may not apply to you, it may to someone you know and we hope you will find this information useful to share and signpost them to.

In September 2021 the government set out its new plan for health and social care in a policy paper called ‘Build Back Better.’ This made a commitment to develop and publish a White Paper for reforming adult social care that 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 an integrated health, care and community system that works together and is delivered by a skilled and valued workforce
- **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

It outlined that a new Health & Social Care Levy would be introduced based on an increase in National Insurance Contributions from April 2022 that would be ring-fenced to fund the investment in health and social care set out in the paper.

The Adult Social Care Reform White Paper (People at the Heart of Care) was published in December 2021. This set out a 10 year vision for adult social care and provided information on proposals funded by the Health & Social Care Levy<sup>1</sup> that would be implemented over the next three years.

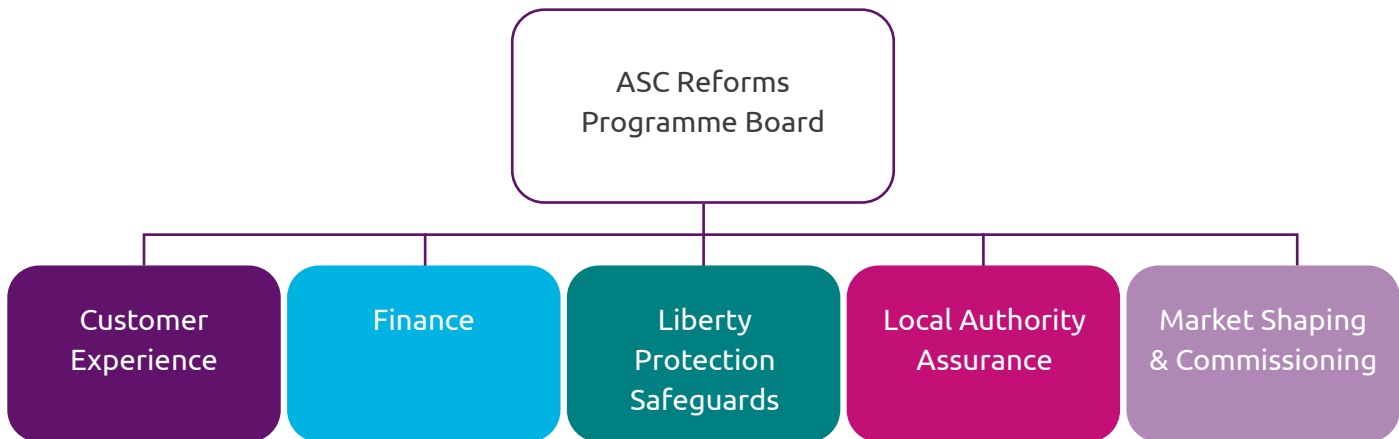
Adult social care reforms (£5.4bn)	
Charging reform (£3.6bn)	System reform (£1.7bn)
<ul style="list-style-type: none"> <li>• the introduction of an £86,000 cap on personal care costs</li> <li>• increases in the means test limits to provide greater support to people with the least wealth</li> <li>• enabling self-funders to access care and support at local authority commissioned rates</li> <li>• increasing funding to local authorities to enable them to move towards paying providers a fair cost of care</li> </ul>	<ul style="list-style-type: none"> <li>• workforce</li> <li>• housing</li> <li>• technology and digitisation</li> <li>• data, assurance and improvement</li> <li>• innovation and scaling (models of care, unpaid carers, info and advice)</li> </ul>

1. In 2022-23 the increase in National Insurance Contributions was reversed from November 2022. In the same month, reforms relating to extended means testing and the cap and care costs were also delayed until 2025

However, this was not the full extent of the reforms, as other changes were brought about by amended or new legislation. This includes a change from Deprivation of Liberty Safeguards (DoLS) to Liberty Protection Safeguards (LPS) and a duty for the CQC, who are the regulatory body for health and social care to independently review and assess local authority performance in delivering their adult social care duties from April 2023. The four key themes for assessment are:



Before the end of 2021-22 we established an ASC Reforms Programme Board with 5 delivery workstreams. During 2022-23 these workstreams will be developed to ensure we are ready for national implementation timeframes and we will provide an overview of this work in our next local account. In the meantime, if you would like to find out more about reforms, you can find the next steps outlined by the government [here](#).



# Adult Social Care Vision

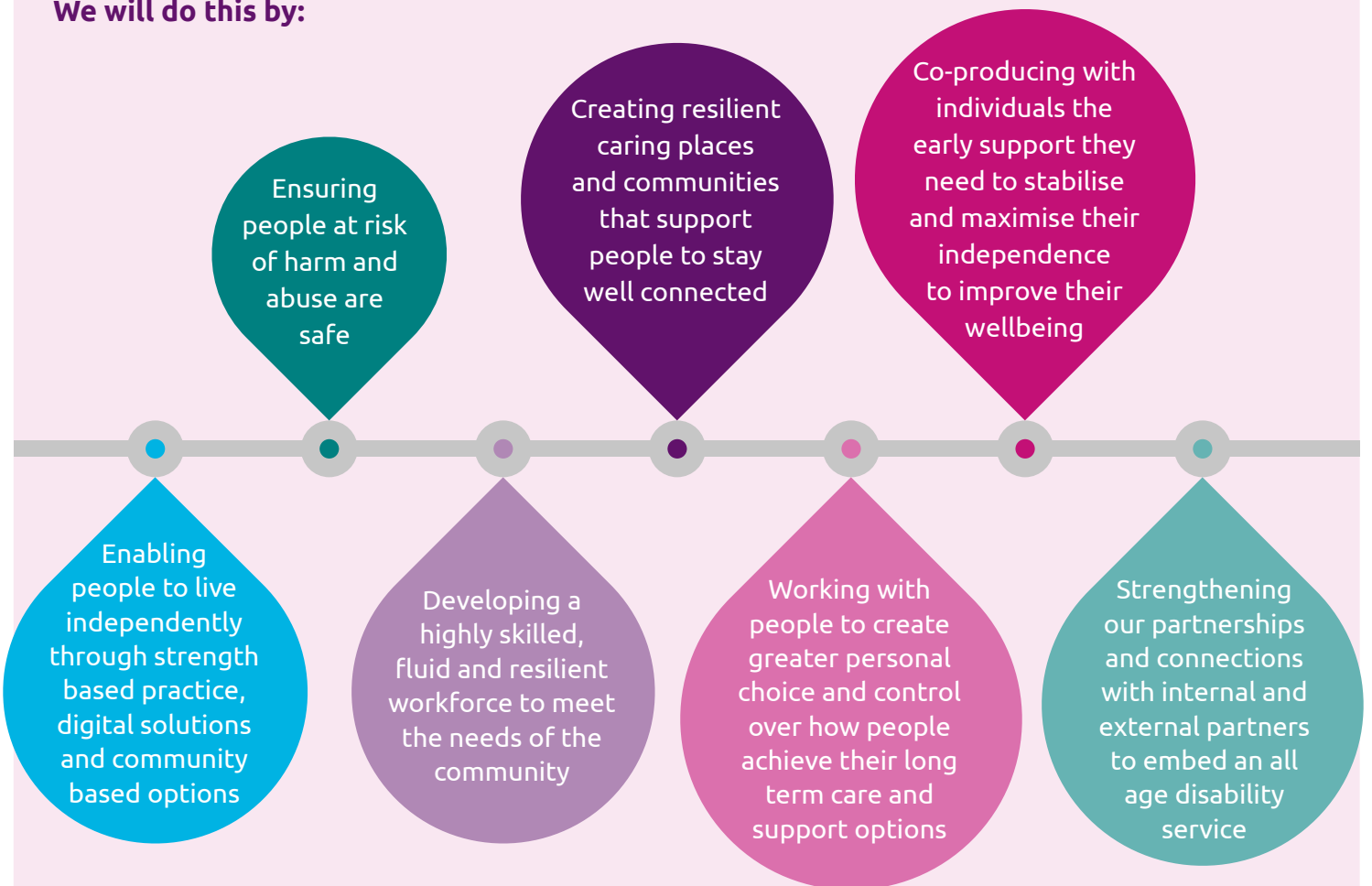
Although Adult Social Care has a distinct identity, our work and priorities align to [Luton 2040](#). This is the council's shared vision for the future of our town. It will enable us to make Luton a fairer, healthier and more sustainable place where everyone can thrive and no one has to live in poverty. The vision is delivered through our two strategic partnership boards:



## 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.

## We will do this by:



In our next local account we will look at the work initiatives that we implemented to achieve this and how you think we are delivering in this area.

# An Overview of 2021-22

Each year Adult Social Care completes a regional self assurance return, which provides a detailed summary of our performance as part of a sector led programme of improvement. This looks at our top risks and areas we are most proud of. At the start of any financial year risks may be unknown and therefore our work has to adapt and respond to this at the earliest opportunity. Unfortunately this means we sometimes have to pause or delay elements of our work programme to create the capacity needed, including some of the key elements we outlined in our last local account.

## Our top 3 risks:

- the financial environment – the rising cost of living, inflation and increasing demand on our services creates financial challenges for adult social care and Luton Council that we are not adequately funded for. This may mean that further savings are needed in the next two years that could have an impact on local social care providers
- delivering on quality assurance – due to previous savings and finite staffing this may not be able to be rolled out and delivered against robustly so may require a phased approach
- workforce – recruitment and retention of appropriately skilled staff to meet increasing demand is a local, regional and national issue. This creates risk around meeting our statutory duties due to staffing shortages. For the first time ever we have had to manage a waiting list and although we have managed to successfully reduce this, the risk is ongoing

## Our top 3 most proud of areas:

- delayed transfers of care – this is in regard to how we discharge people from hospital. During the year policy and national guidance continued to change at speed, which required a whole system approach with our health partners. Throughout this we did not compromise our individuality or quality of delivery and have been asked to share some of our learning with others
- developing an adult social care strategy – this outlines our vision and priorities and provides a clear direction of travel over the next few year. It also starts to set the scene and introduce upcoming reforms
- deprivation of liberty waiting lists – the management of this has been a real success for us. Unlike many other authorities we have managed to maintain either a very small waiting list or none at all, even during Covid-19.

## Key Achievements 2021-22

In our 2020-21 local account we identified four themes which we would focus on during the year ahead.



## Workforce

In our last local account we said that we would continue to embed a 'strengths based approach' and work on a number of initiatives such as Passport to Care. While we have continued to work in a strengths based way, we learnt that this is not always evidenced in a way that can be reported on and could be impacted by staff turnover. During 2022-23 our Customer Experience workstream will look at how we can benchmark and start to evidence 'Making It Real' from 2023-24 onwards, so we can clearly demonstrate our achievements in this area.

Passport to Care was a short term collaborative initiative delivered as a 6 week programme to introduce job seekers to roles in the care sector. While this did have some success, it became evident that we needed to respond to workforce issues more robustly at a local level due to the risks this was and continues to pose. This risk is not unique to Luton, it is a national problem spanning the breadth of health and social care with local authorities and providers struggling to recruit and retain staff with the right skills and in the right numbers to meet the increasing needs of the people we support. We therefore started working on a bespoke Adult Social Care Recruitment Strategy that we are excited to launch during 2022-23. This will clearly set out the challenges we face and the actions and new initiatives that we will be implementing to overcome them.

## Strategies

While we have continued to work to the vision and priorities of our Adult Social Care Strategy, the formal go live and publication was paused due to the ongoing development of social care reforms and what this would mean for us as an authority. We anticipate that this picture will be clearer in 2022-23 when we will move forward with a formal launch and communication plan. This will include how we engage at a population level on an ongoing basis.

During the year research and co-production initiatives sessions were set up to scope and develop our Carers Strategy. This will be completed during 2022-23 when it will be formally signed off by our Executive. An implementation group will also be established to deliver our priorities, working alongside [Carers Central](#) as our key partner.

Our Dementia Strategy is following a similar pattern with our preparation in terms of co-production happening during the year. Our Dementia Conference will be back in October 2022, which will allow large scale engagement from a wide variety of people, including those living with dementia and their carers. The Alzheimer's Society will be our key partner supporting with implementation once the action plan has been devised.

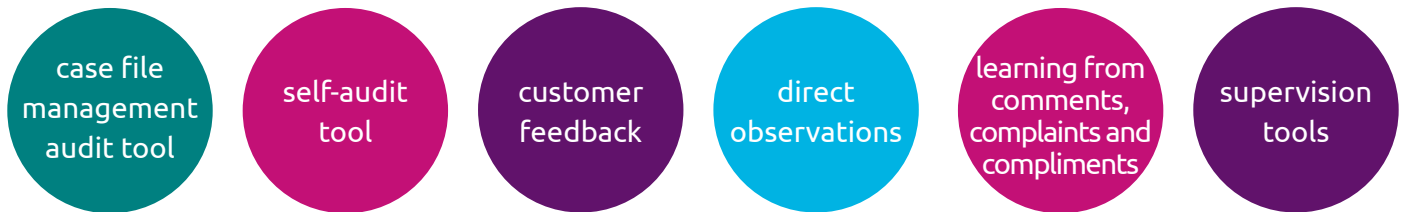
A Preparing for Adulthood Strategic Board was also developed during the year. The Board works in a collaborative way to manage, forecast needs and budgets, identify unmet needs and strengthen transition pathways into adult social care for young people with ongoing care and support needs. The Board will develop a strategy that will oversee the implementation in line with the work plan agreed.

## Preparing for Change

One of the reforms we anticipated to go live in 2021-22 was the change from Deprivation of Liberty Safeguards (DoLS) to Liberty Protection Safeguards (LPS). This relates to when someone is deprived of their liberty in order to enable the care and treatment of a person who lacks the mental capacity to consent to the arrangements. Following implementation delays as a result of Covid-19, LPS was planned to come into force in April 2022. However, this was again delayed and a revised implementation timeframe has not yet been announced by the government. We are confident on the preparatory work we have undertaken to date and believe we will be in a strong position when further clarity is provided in this area. In the meantime, we continue to operate DoLS successfully.

Discharge to Assess or '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 in their own home or another community setting during a period of recovery and reablement. D2A practice guidance is in place for our staff and we remain proud of our continued performance in this area during a time of unprecedented pressures.

During the year we also developed and started the roll out of our new Quality Assurance Framework (QAF) for operational teams. This will enable consistency of approach, including how we monitor and evaluate quality and to identify our areas of strength as well as our areas of development. It will also put us in a strong position when local authority assurance processes are undertaken by the CQC. The QAF is made up of:



During 2022-23 the QAF will continue to be embedded within our work. We will also start the development of a Practitioner Toolkit that will be a repository of policies, procedures and practice guidance.



## Prevention, Choice and Control

Local Area Co-ordination is a strengths based approach that encourages people to recognise their own capabilities, gifts, community networks and the practical resources they already have around them before considering more formal support and services. We recruited our first Local Area Coordinator during the year. Based in Leagrave area, they are supporting people to:



In 2022-23 we will recruit our next Local Area Co-ordinator who will be based in High Town area and introduce a monitoring and evaluation framework to show the difference that these roles make.

During the year pre-payment cards were introduced and the majority of people who receive a direct payment are now using these. The cards provide people with greater control as to how their allocated budget is spent to meet their needs. The use of these cards can also assist with developing life skills, promoting independence and self-sufficiency for those who may not have a bank account.

For those unable to access the use of pre-payment cards, we started our journey of implementing Individual Service Funds (ISFs). This is where a managed account is held by a third party with care and support provided in line with the persons wishes. The introduction of ISFs was paused during the year to allow and enhance learning from other authorities on their implementation journey. We anticipate market engagement and implementation to recommence from September 2022.

Our last targeted work area in this theme was Reablement. During the year, a new pilot called 'Recover to Re-able' was introduced which built connectivity and joint working between the Reablement service and our hospital intake homecare provider. This was to ensure reciprocal arrangements are in place during periods of pressure or complexity of care. This means that Reablement will support the Intake Team when they are unable to accept a discharged patient and vice-versa. In turn this means people are not unnecessarily staying longer in hospital than they need to. In 2022-23 we will review and evaluate the impact of the pilot.

# Performance Information

The Adult Social Care User Survey (ASCS) and Survey of Adult Carers in England (SACE) are two statutory surveys that we completed during the year. We are expected to undertake the surveys on an annual basis to understand the views and satisfaction levels of the people we support. Every authority is expected to carry out the survey using the same questionnaire, which provides an opportunity for regional and national benchmarking. We can use the survey results to help identify areas of improvement and any actions we need to take.

The ASCS was completed by 405 people in November 2021, representing 16% of people in receipt of long term services. The SACE was completed by 320 carers from December 2021 to February 2022, representing 17% of the known eligible carer population.

Measure (ASCS)	Luton Score	Region Score	England Score
Social care related quality of life	18.3	18.9	18.9
The proportion of people who use services who have control over their daily life	71.6	77.3	76.9
The proportion of people who use services who reported that they have as much social contact as they would like	35.6	39.6	40.6
Overall satisfaction of people who user services with their care and support	57.8	65.4	63.9
The proportion of people who user services who find it easy to find information about services	61.4	63.2	64.6
The proportion of people who use services who feel safe	66.1	69.9	69.2
The proportion of people who use services who say that those services have made them feel safe and secure	77.6	84.3	85.6
Measure (SACE)	Luton Score	Region Score	England Score
Carer related quality of life	7.2	7.3	7.3
The proportion of carers who reported that they had as much social contact as they would like	30.1	27.3	28
Overall satisfaction of carers with social care support services	30.0	35.4	36.3
The proportion of carers who report that they have been included or consulted in discussions about the person they care for	61.2	67.3	64.7
The proportion of carers who find it easy to find information about services	43.5	58.2	57.7

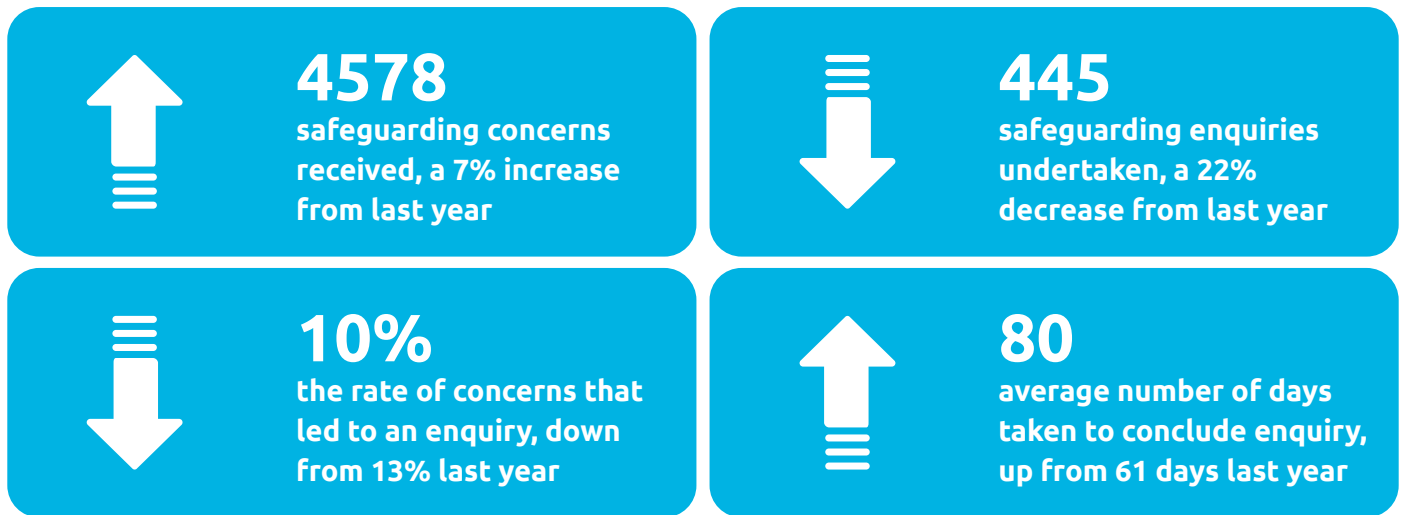
NB: A higher figure is better under all measures



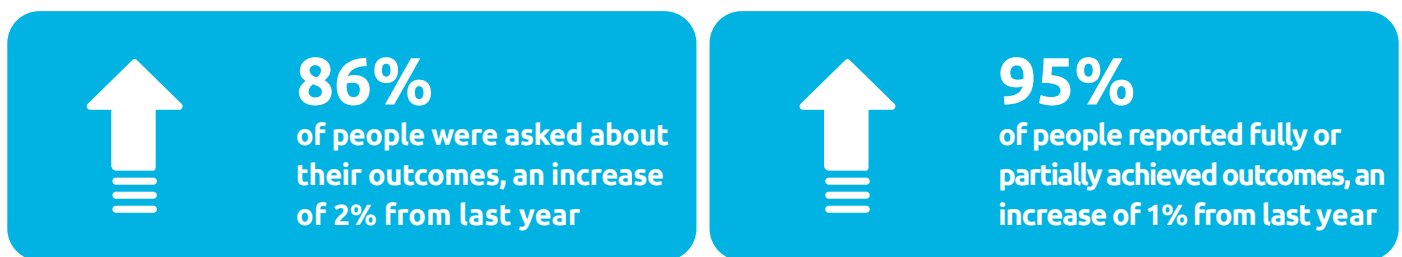
# Safeguarding

One of the key priorities in our Adult Social Care Strategy is ensuring people at risk of harm and abuse are safe. The number of concerns received demonstrates that people are aware and confident in reporting suspected abuse to us.

You will see that there has been a reduction in the number of concerns raised leading to a formal enquiry or investigation being undertaken. This is, in part, due to the significant support and work undertaken by our Multi Agency Safeguarding Hub (also known as MASH). Some concerns are also shared with us 'for information only'.

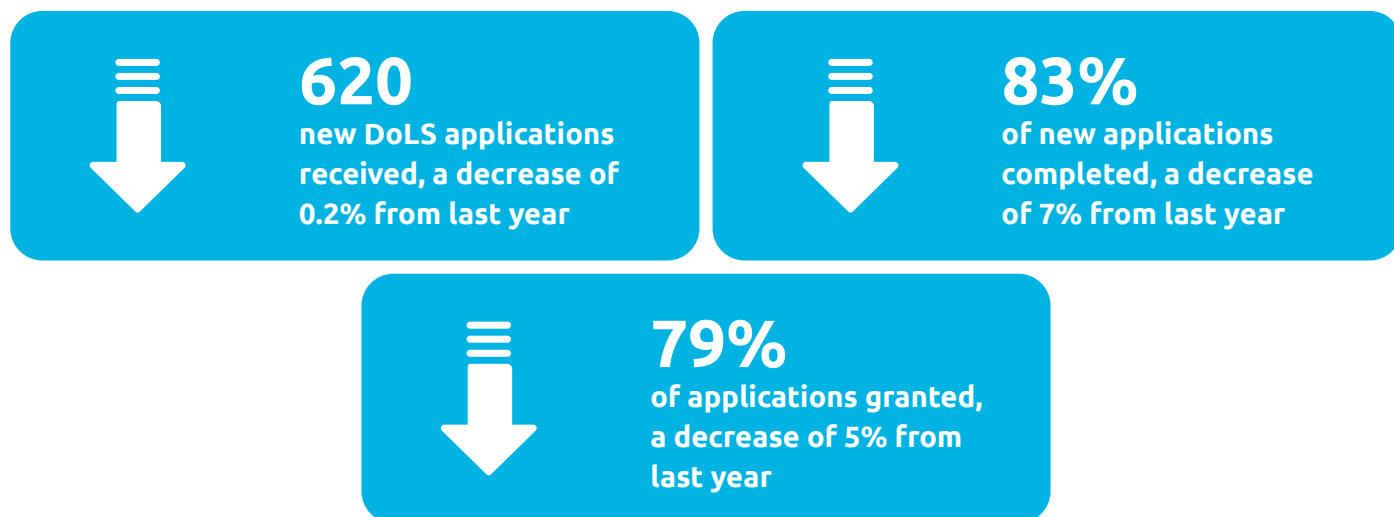


One of the ways that we aim to achieve our priority is by ensuring participation in safeguarding processes is outcomes focused. This is part of an initiative known as Making Safeguarding Personal. We are pleased that we are nearing 100% of people reporting fully or partially achieved outcomes, something that we will strive to achieve and maintain over the coming years.



# Deprivation of Liberty Safeguards (DoLS)

In our last local account we stated that DoLS would be replaced by Liberty Protection Safeguards (LPS) in April 2022. This was delayed by central government due to the pandemic. A 16 week consultation period was launched in March 2022 without a confirmed implementation date. However, this is something that we are actively continuing to prepare for as part of our wider reform work within the department.



## Our budget

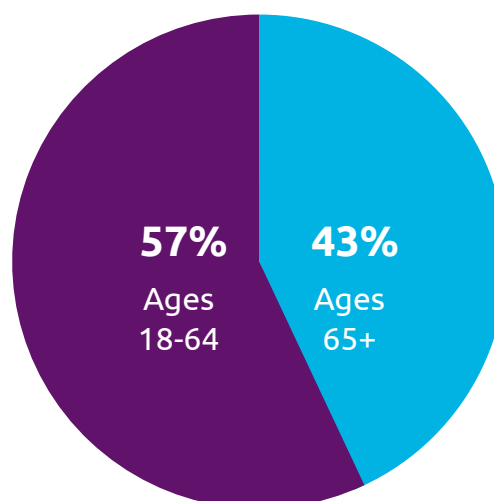
Adult Social Care has one of the biggest impacts on the council’s overall budget. This is because demand for adult social care rises each year and there are more people living longer with more complex needs. In 2021-22 our approved budget was £51.7m, compared to an approved budget of £53.1m in 2020-21 (a 2.6% decrease). During the year, we also received £15.2m in government grants, which was consistent with the previous year.

In our last local account we showed the types of services we commission to meet people’s needs such as homecare or residential care. In this account, we have provided the breakdown of our spend based on the primary support reason of the people we support and what this spend looks like between working age adults (18-64) and older persons (65+).

Gross expenditure by primary support reason (£000’s)

Physical support	£21,331 (37.5%)
Sensory support	£292 (0.5%)
Support with memory and cognition	£8,196 (14.5%)
Learning disability support	£19,060 (34%)
Mental health support	£7,736 (13.5%)
<b>TOTAL EXPENDITURE</b>	<b>£56,615</b>

Breakdown by age



# Demographics

The census happens every 10 years and gives us a picture of all the people and households in Luton. Your answers to census questions help us to make decisions on planning and funding. Initial findings from the data show that since 2011:

- the population of Luton has grown by 11% to **225,300 people**
- the age group of 55 to 59 year olds and 90 and above both had growth of over 30%

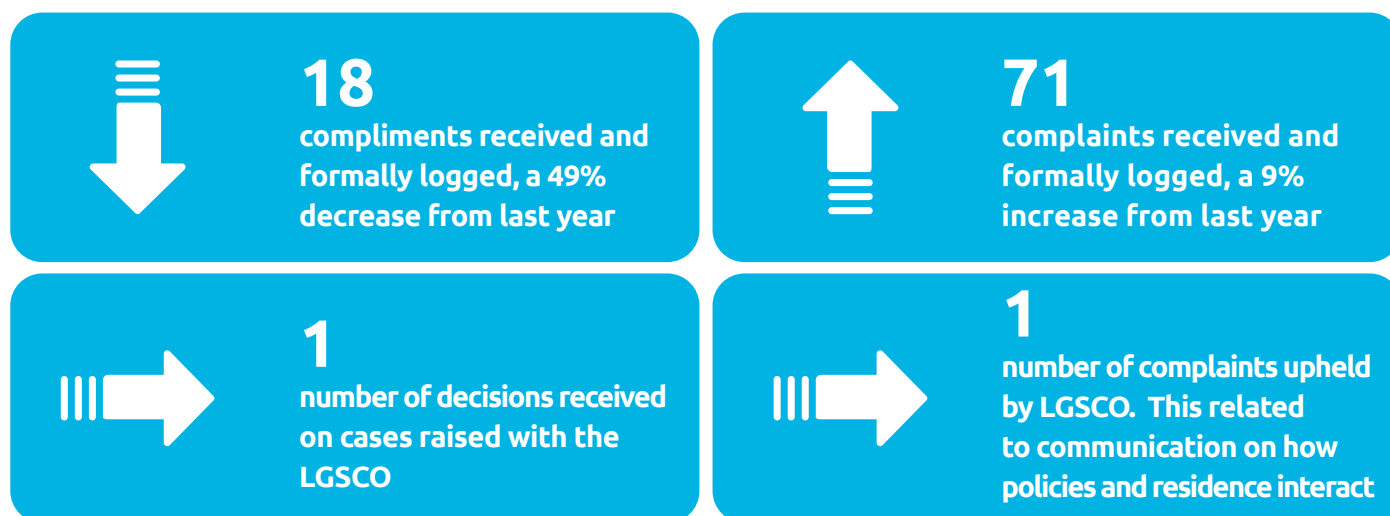
From 2022-23 we will start to see further information published on census data by the Office for National Statistics, which will allow us to update various strategies and commissioning intentions. You can find information as it's published on our website [here](#) and we will talk more about how this impacts on the landscape of adult social care in our next local account.

# Comments, compliments & complaints

We always welcome and encourage your feedback about your experience of care, as this can help us to maintain good practice as well as supporting us to continually improve the service we offer. We believe you should receive the best possible service that is responsive and appropriate to your needs and have the opportunity to take part in making them better.

In 2021-22 our headline data shows that we received nearly 4 times as many complaints than compliments. This tells us that people are confident in accessing and using the complaints procedure but there is work to do on increasing comments and compliments. People are also aware of how to escalate a complaint to the Local Government and Social Care Ombudsman (LGSCO). Their annual review for 2021-22 on how all local authorities performed can be accessed [here](#).

During 2021-22 we changed from a system called Flare to one called Caseworker, meaning that there was potential underreporting of compliments. We have also recognised, particularly within provider services, that compliments have been held informally. In 2022-23 we will start to formally log these on our Caseworker system to ensure our reporting of compliments is a true reflection of how we perform in this area. We will also be working with our partners for them to share their knowledge and feedback in regard to complaints and compliments to capture information at a wider population level.



**“Have recently received two visits from [redacted], initially to assess my situation and then to provide certain equipment to assist with my severe visual impairment. On both occasions. He was on time and his interviewing and observational skills were very clear and helpful enabling me to relax and answer with ease.”**

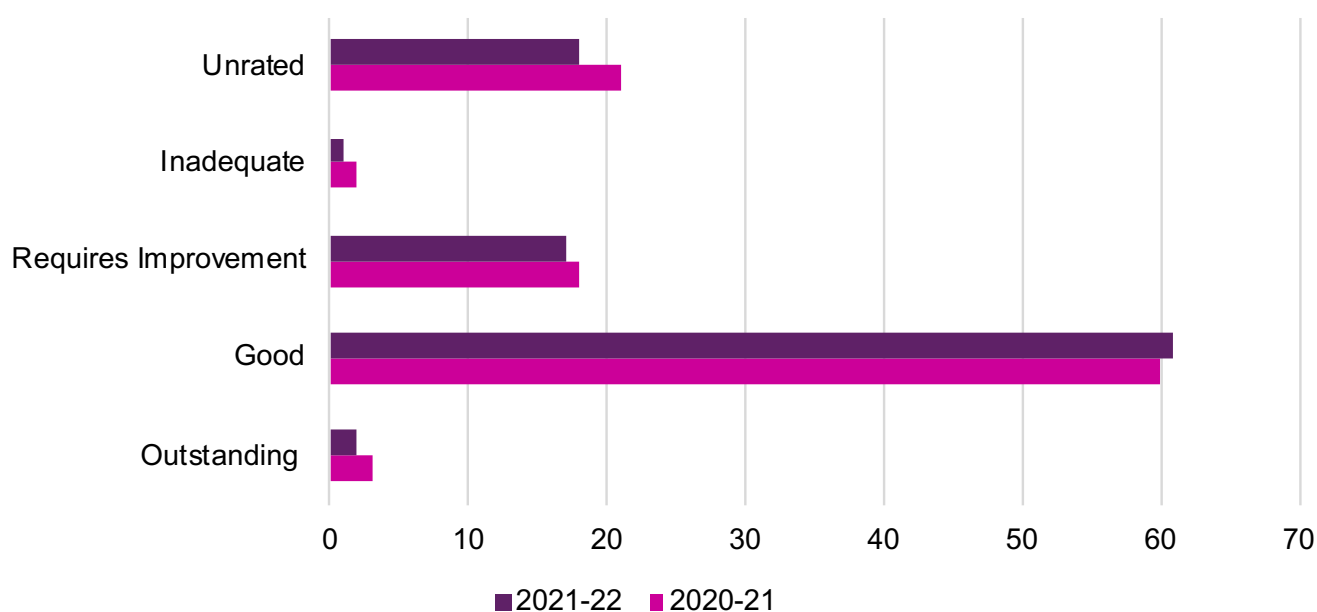
**“I am writing to put on record my sincere thanks and to provide feedback to you for [redacted] for the excellent service she has provided in putting in place an emergency reablement package for my mother following my very distressed phone call to your department.”**



# Quality of the market

During the last year the care provider market in Luton reduced by 5%, with no significant changes showing to overall CQC ratings. The majority of providers (64%) are rated as 'good' or 'outstanding' with 18% currently showing as 'unrated'. Where a service shows as unrated, this generally means they have registered with CQC but have not yet been inspected. These tend to be new businesses to the area. When a service is rated as 'requires improvement' or 'inadequate' (18%) our Quality Assurance Team will implement a multi-agency response to ensure the safety of people supported by the provider concerned.

### Care Provider Ratings



The Covid-19 pandemic impacted on our ability to conduct visits to care providers and although these continued to take place, where essential, the Quality Assurance Team has been able to return to business as usual during the year. This means the team were able to recommence their East of England Service Reviews, while continuing to focus some of their core activity on compliance with ongoing government guidance around Covid-19. Continual monitoring of outbreaks was in place and contingency plans were developed to address workforce issues and vaccine deployment to mitigate against the risks of transmission while focusing on the next stage of recovery from the pandemic.

As a way of continuing to support care providers in their recovery journey, a new 'Rebuilding Together Programme' facilitated by the council's Commissioning and Quality Assurance teams and led by My Home Life England will commence in autumn 2022. This supports one of the eight priorities we have outlined in our Market Position Statement, 'Supporting quality through strengthened quality assurance processes and developing the social care workforce'.

Our Commissioning and Quality Assurance teams will also be working more closely together by sharing intelligence around any market pressures to enable effective decision making in future planning of our care provision.

# Covid-19

We could not write a local account reflecting back on 2021-22 without mentioning the continued impact Coronavirus (Covid-19) has had on the work of Adult Social Care. This included how we responded to national restrictions, vaccination requirements and the way in which we assessed people. Speaking to people directly, understanding their strengths and networks and finding ways to meet their outcomes is at the core of what we do and cannot be done as effectively over the telephone or through a screen.

While we are proud of what we have achieved with all the challenges and pressures we have been faced with, we have to acknowledge that the impact of the pandemic can be seen in our performance. This is both in our ability to fully deliver on some of our targeted work due to capacity for business as usual work activity and in some of our performance data such as people having as much social contact as they would like and the overall satisfaction of carers with social care support services. This is more than likely a result of the way we and the services we commission have had to operate during periods of the pandemic.

Due to a number of factors including suppressed demand, we also started to see waiting lists build for the first time for both social work and occupational therapy assessments. We have continually prioritised cases, contacted individuals to undertake welfare checks and commissioned external providers to support with assessments. We therefore anticipate the impact on overall satisfaction levels and some areas of performance to continue into 2022-23.

Understanding more about the customer experience and how this can improve is increasingly important to us. This is why we have set up a bespoke Customer Experience workstream, who will start to baseline our current performance and devise an action plan on how we can 'make it real' from 2023-24 onwards. 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.

**Wellbeing and independence**

**Information and advice**

**Active and supportive communities**

**Flexible and integrated care and support**

**When things need to change**

**Workforce**



# What will we do in 2022-23?

In 2022-23 our key areas for development will align with the priorities outlined within our Adult Social Care Strategy and with the government reforms outlined earlier in this account. However, they can broadly be seen as falling within three areas:

## 1. Adult Social Care Reform, which will include:

- continuing to prepare for the implementation of Liberty Protection Safeguards
- revising operating models and systems to be ready for reform requirements
- undertaking a Fair Cost of Care exercise with providers and developing a Market Sustainability Plan
- introducing the Care Cap, which will include a revision of current charging policies
- devising a delivery plan for local authority assurance
- rolling out Making It Real concepts throughout the department

## 2. Adult Social Care Improvement, which will include:

- continuing to embed the Quality Assurance Framework across all teams and service areas and developing the thematic audit programme
- establishing a Recruitment Delivery Board to address recruitment issues and improve staff retention
- Prevention and Early Intervention Team working with services to deliver regular ongoing classes and workshops for people and their carers
- launch of online assessment and contact tool called 'Autonomy'
- being in an improved position for next SEND inspection
- introducing and embedding a new hoarding pathway

## 3) Adult Social Care Innovation and Efficiencies, which will include:

- extending the Shared Lives scheme registration to include older persons and mental health
- extending digitisation approach and use of assistive technology, including apps
- reviewing the concept of reablement in residential provision
- implementing an evaluation framework for preventative areas of work such as Enablement and Local Area Co-ordination, including cost avoidance
- establishing a project to bring people with a learning disability and mental health needs back in borough to reduce out of area placements
- delivering My Home Life England, a national initiative promoting quality of life in care services

# Thank you for reading



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**Luton**