

Market Position Statement

**(Our current understanding of our adult social care needs
and service demand projections for the future)**

**Luton Borough Council
May 2014**

DRAFT



Foreword

Welcome to this initial Market Position Statement (MPS) for Adult Social Care Services in Luton which sets out our current understanding of our social care needs and service demand projections for the future. It also allows us to open up a dialogue between providers and current and future service users, as to how we can work together in ensuring that Luton has a vibrant and efficient social care market.

It is the intention of the MPS to reflect this ongoing dialogue between partners, service providers and service users, and will therefore be published online to allow regular updates to be published.

Luton Borough Council (LBC) and its partners, including local businesses, the third sector and other statutory bodies have a duty to support the development of a thriving community that is both resilient and self reliant. However, LBC recognises that within any community there are those who need support to lead full and independent lives. We therefore remain committed to ensuring that a high quality of social care provision is available to all.

To this aim we wish to develop a proactive and responsive relationship with those services and organisations that offer care and support to our vulnerable residents. It is with services and organisations that work with and support these residents that we seek to work in co-operation with, to ensure that we develop the appropriate services to meet the challenges of the future, including: - reduced funding, the increasing longevity of the 65+ population and their projected changing needs.

Luton Borough Council invests a great deal every year in supporting our vulnerable and older residents. 44% of the Net Budget for Adult Social Care for 2013-2014 was spent on services for older people. With the advent and increasing popularity of personal budgets, our service users are also using their own resources to pay for the care and support they want. This puts them in a position to influence and shape the social care market. With the change in the balance of power between the role of the state and the individual in shaping social care, it is important that Luton Borough Council and its' partners adapt in the way we provide social care and support.

We hope that you find this document of value in shaping future service provision and welcome your feedback so that the document can reflect this accordingly.

Pam Garraway

Director of Housing & Community Living

Contents

Section 1. Introduction and Strategic Direction

1. What is a Market Position Statement
2. Local Policy Context
3. Integration
4. National Policy Context
5. Value for Money
6. Personalisation

Section 2. Strategic Context

1. Population and Future Demand
2. Factors Driving Demand
 - 2.1. Older Persons
 - 2.2. Dementia
 - 2.3. Learning Disabilities
 - 2.4. Physical Disabilities
 - 2.5. Autism
 - 2.6. Mental Health
 - 2.7. Carers
3. Commissioned Social Care Activity
 - 3.1. Home Care Services
 - 3.2. Intermediate Care/Reablement
 - 3.3. Day Care
 - 3.4. Personalisation, Direct Payments and Individual Budgets
 - 3.5. Residential and Nursing Care
 - 3.6. Community Equipment
 - 3.7. Carers Breaks
 - 3.8. Assistive Technology
4. Ethnicity and Cultural Requirements
5. Housing
6. Loneliness and Prevention

Section 3. Commissioning Intentions

1. Commissioning for Outcomes
2. Personalisation and Developing the Market
3. Safeguarding
4. Individual Service Funds (ISF)

Section 4. What Next?

SECTION 1. INTRODUCTION & STRATEGIC DIRECTION

1. What is a Market Position Statement?

The MPS brings together information gained from consulting with service users, statutory partners, the voluntary sector and the population of Luton in general (including knowledge gained via the Luton...Your Say consultation) hereafter referred to as stakeholders. It also takes into account the Joint Strategic Needs Assessment¹ and other market intelligence and analysis with the intention of giving an all encompassing view of the needs of Luton's residents.

The aim of this document is to not only to initiate debate and discussion with residents, interest groups, providers and potential providers, but to advise on the current challenges that Luton faces with regard to service provision. It is aimed at all providers, whether they are from the statutory, private or voluntary sectors; a social enterprise or other non profitable organisation. With the advent of personalisation, individual budgets and self directed care, stimulating market growth to provide Luton residents with a choice of quality service is paramount.

The MPS aims to describe the current and potential future demand and supply and outlines the model of care LBC wishes to encourage. It helps commissioners develop effective approaches to address local needs and identifies the services and interventions LBC would be interested in commissioning. Our strategic direction is to move towards personalised services and to invest in innovative and creative services that can evidence personalisation outcomes and are effective and affordable.

Many of the services commissioned by Adult Social Care are delivered by voluntary and independent sector organisations. It is important that such providers know where we are and where we are going in meeting the needs of our residents so that they can use such information in their business planning to enable them to respond to the specific needs of Luton's population.

2. Local Policy Context

There are clear expectations both nationally and locally that services and support services will be integrated across health and social care and that service development should include services not only for those who meet the current Adult Social Care eligibility for services but also services that target general wellbeing, promote improved health and the emotional well being of all residents.

Luton Borough Council is committed to eight key priorities set out in the Corporate Plan 2011 – 2014

- Empower, support and protect the vulnerable

1

http://www.luton.gov.uk/Council_government_and_democracy/Lists/LutonDocuments/PDF/Consultation/Reports/Final%20JSNA%202011.pdf

- Improve health and promote health equality
- Improve life and learning opportunities for all
- Create a vibrant environment where businesses thrive and prosper
- Reduce crime, antisocial behaviour and the fear it causes
- Protect and enhance the quality of the natural and built environment
- Strengthen community cohesion
- Ensure a financially sound and efficient Council

These overarching priorities will influence the councils commissioning strategies. It works with a range of partners to plan, commission or provide services to meet the needs of the population of Luton. Our expectations is for high quality provision, which we will review and monitor to ensure that all commissioned services for Adult Social Care deliver the required outcomes for our service users.

3. Integration

We are working together with our health partners to join up health and social care services and will take opportunities to integrate services where this is viable. Our aim is to support people to remain as independent as possible for as long as possible. This includes supporting individuals and their friends and family to maintain and regain their independence. We aim to reduce admissions to residential and nursing care and to hospital and will work with partners in both the statutory and independent sector to do this.

Luton's Better Together programme² involves the Council and Clinical Commissioning Group working more closely with a range of partners to increase efficiency and help meet the increased demand for care services, we want to make life easier for people that use health and care services. The individual will be at the centre of our joint commissioning approach which promotes prevention and focuses on outcomes. We will be increasingly demanding joined up services and expecting joint working arrangements and co-operation from all our providers, especially as the personal health budgets are rolled out. We will be looking for providers to cross boundaries and challenge you to come up with answers.

4. National Policy Context

We need to recognise the changing face of adult social care and health provision in light of the Health and Social Care Bill³. Irrespective of the national budgetary constraints, Luton Borough Council remains committed to developing services that benefit and support Luton's population.

The Government White Paper 'Caring for our Future' emphasises the need for Local Authorities to:

² http://www.luton.gov.uk/health_and_social_care/bettertogether/Pages/default.aspx

³ <http://www.publications.parliament.uk/pa/cm201011/cmbills/132/11132.pdf>

- Support the diverse range of care providers that currently offer care and support, including user and carer led organisations, micro enterprises and social enterprises
- Ensure that new systems should focus on people's wellbeing and support them to stay independent for as long as possible.
- Promote diversity and quality in the provision of service.

5. Value for money

As the social, economic and financial challenges mount, we need to consider the best way to maximise resources whilst ensuring that the needs of Luton's population come first in everything we do. LBC is looking for innovative ways to change and improve services to ensure they are cost effective whilst maintaining quality. This could mean services are situated in the right place geographically to meet the needs of the people. Making services more accessible would have the added benefit of reduced transport costs and added value in terms of wider community support. LBC is focused on prevention and early intervention to improve the health and wellbeing of the residents of Luton to minimise the impact and demand on social care services.

6. Personalisation

The advent of Personalisation gives service users the opportunity to purchase their own care services, rather than relying on the 'one size fits all' approach. Those involved in commissioning and delivering services need to ensure service users have greater choice and control about the type of support they receive. There will be an increasing need to provide bespoke individual solutions.

With the Government making it clear in the Care Act that personal budgets will become a legal requirement for all eligible people, we are using this as an opportunity to reflect and build upon our success. We will therefore combine increasing uptake with a move to a more outcomes focused approach to social care, looking at performance measured by the experiences of personal budget users and their carers. In order to do this, we will engage directly with personal budget users and carers by introducing 'outcomes monitoring' within existing assessments and reformatting our customer satisfaction survey. This will allow us to:

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

The council is supporting the 'Making It Real' initiative. 'Making It Real' sets out what people who use services and their carers, expect to see and experience if support services are truly 'personalised'. The aim of 'Making It Real' is for people to have more choice and control so they can live full and independent lives.

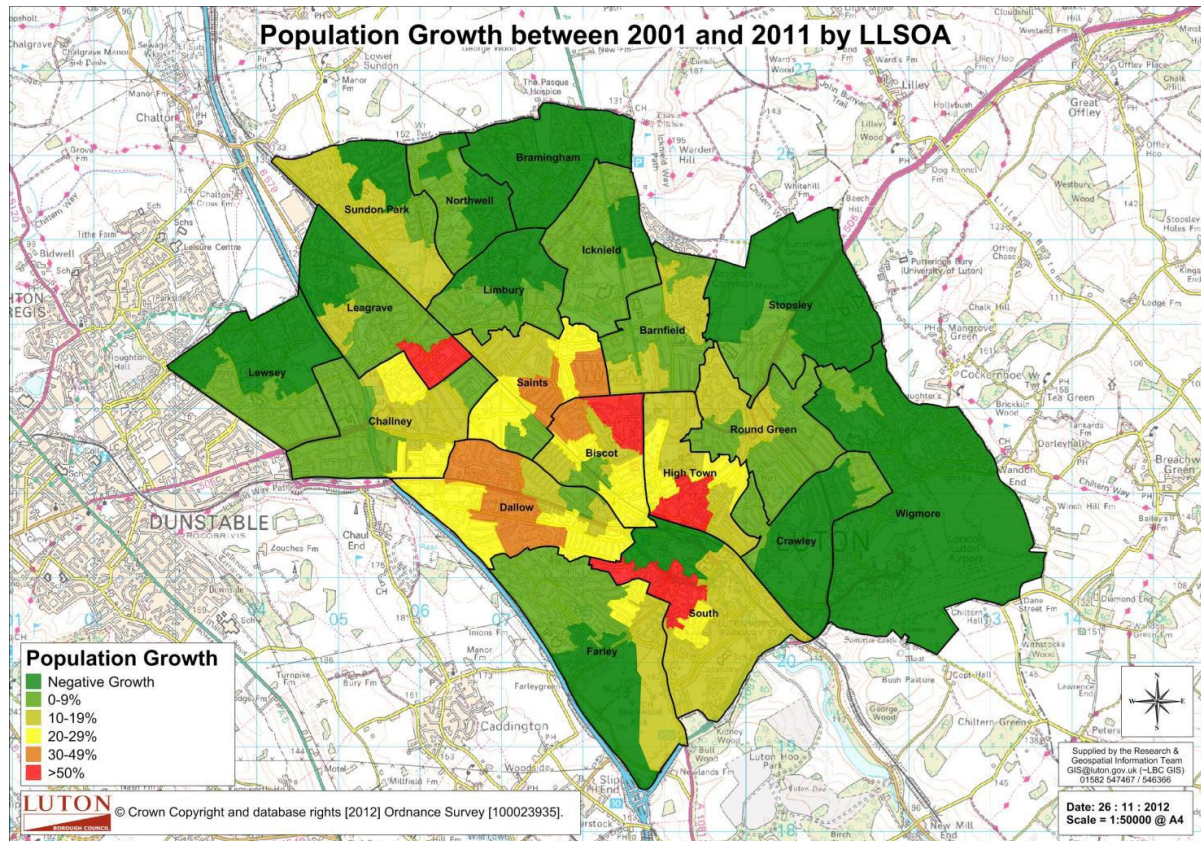
The Council has made continuous progress in increasing the percentage of people receiving a personal budget, with an above national average of 16.4% of personal budget users now opting to take this as a direct payment.

SECTION 2. STRATEGIC CONTEXT

1. Population and Future Demand

Luton has a population of approximately 203,200 which is made up of 74,293 households of which 60% are privately owned and 16% socially rented.

Map 1: Population Growth Between 2001 and 2011 Census by ward

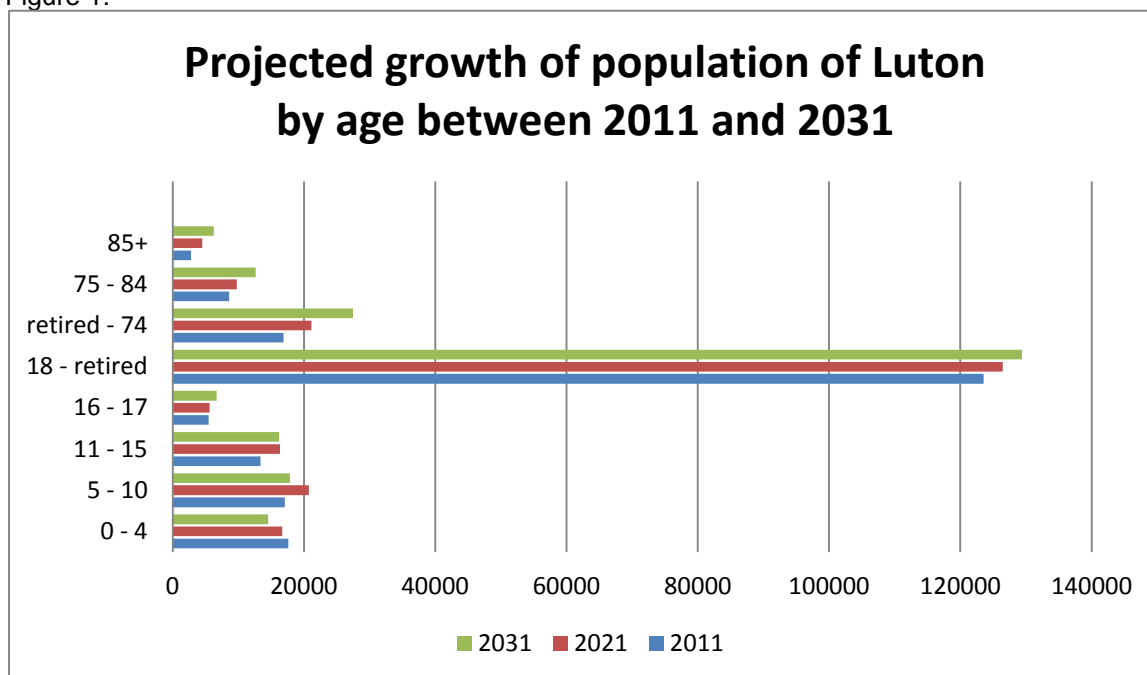


Data Source: 2011 and 2001 Census, Office for National Statistics

Map 1 shows which wards had the strongest population growth between 2001 and 2011. South, High Town, Biscot and Leagrave wards had population growth of more than 50% between 2001 and 2011.

The total population of Luton is set to increase by 13% based on internal and international trends since 2001. There could be other factors influencing population growth such as housing constraints and high migration since 2004 from European Union expansion. The projections in figure 1 are based on internal and international trends since 2001.

Figure 1:



Data Source: 2011 Census and Research & Geospatial Information Department projections

The projected population figures for 2021 and 2031 show that the older population have the strongest growth and will make up 20% of the population by 2031.

- **Market Opportunities**
- Luton’s projected increasing older population numbers indicates that those services currently meeting the needs of this population need to grow and develop to meet the projected increase in demand.

2. Factors driving demand

People are living longer with disabilities such as dementia, physical disability, learning disabilities and mental health conditions. The changing demography, greater awareness and earlier diagnosis will increase demand for health and social care services. One of the specific areas where the increase in demand will be acutely seen is in people affected by dementia. Analysis of different care groups, show how they are contributing to the demand on social care services in Luton and the impact of care delivery in the future.

2.1 Older Persons

With an increasingly ageing population it is likely more people will assume a caring role. There will be a need for higher levels of personal care as more people aged 75 and over continue to live in the community.

Table 1 - Population aged 65 and over, projected to 2020

	2012	2014	2016	2018	2020
People aged 65-69	7,000	7,300	7,500	7,400	7,400

People aged 70-74	5,800	5,700	5,900	6,400	6,700
People aged 75-79	5,200	5,400	5,200	5,000	5,000
People aged 80-84	3,600	3,700	4,000	4,200	4,300
People aged 85-89	1,900	2,100	2,300	2,500	2,700
People aged 90 and over	1,000	1,000	1,100	1,100	1,300
Total population 65 and over	24,500	25,200	26,000	26,600	27,400

Data Source: PANSI

The 2011 Census notes a total of 23,881 persons in Luton, over the age of 65 reporting a long-term health problem or disability (11.75% of the population). The chart below details the number of older persons over the age of 65 who feel that their day to day activities are limited by their disability

Table 2 - Long Term Conditions and Disability

Long Term Health Problem or Disability	Total Population	Age Over 65	% Aged over 65
Total Population	203,201	23,881	11.75
Day-to-day activities limited a lot	14,073	6,676	47.43
Day-to-day activities limited a little	16,514	6,249	37.84
Day-to-day activities not limited	172,614	10,956	6.37

Data Source: 2011 Census

2.2 Dementia

The overall prevalence of dementia in the 65 plus age group is expected to increase by 56.4% between 2012-2030, however the increase is expected to be 75.9% in the 85+ age group.

Table 3: Dementia Prevalence over 65

	2012	2020	2030	Increase % 2012-2030
65 to 84	561	585	667	18.8
85+	1079	1410	1898	75.9
Total	1639	1994	2565	56.4

Data Source: JSNA 2011

With the increasing prevalence of dementia in older people, we expect providers to support Luton's drive to become a Dementia Friendly Town and as part of this, to join Luton's Dementia Action Alliance, having trained Dementia Champions and ensuring your staff are all Dementia Friends

- **Market Opportunities**
- The expected increase in the prevalence of dementia reflects the need for providers to ensure that dementia training is provided to their workforce, to ensure that the appropriate quality of care is available.

2.3 Learning Disabilities

Table 4 - People aged 18-64 predicted to have a learning disability, by age

	2012	2014	2016	2018	2020
People aged 18-24 predicted to have a learning disability	615	650	657	651	643
People aged 25-34 predicted to have a learning disability	891	921	954	986	1,008
People aged 35-44 predicted to have a learning disability	684	690	708	733	761
People aged 45-54 predicted to have a learning disability	586	601	608	604	598
People aged 55-64 predicted to have a learning disability	404	414	432	457	482
Total population aged 18-64 predicted to have a learning disability	3,180	3,276	3,358	3,432	3,493

Data Source: PANSI

Table 5 - People aged 18-64 predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age

	2012	2014	2016	2018	2020
People aged 18-24 predicted to have a moderate or severe learning disability	141	149	151	150	149
People aged 25-34 predicted to have a moderate or severe learning disability	178	187	197	207	215
People aged 35-44 predicted to have a moderate or severe learning disability	172	173	178	184	191
People aged 45-54 predicted to have a moderate or severe learning disability	132	135	137	136	135
People aged 55-64 predicted to have a moderate or severe learning disability	88	90	94	100	105
Total population aged 18-64 predicted to have a moderate or severe learning disability	710	734	756	777	795

Data Source: PANSI

Table 6 - People aged 18-64 predicted to have a moderate or severe learning disability and be living with a parent, by age, projected to 2020

	2012	2014	2016	2018	2020
People aged 18-24 predicted to be living with a parent	93	98	99	98	97
People aged 25-34 predicted to be living with a parent	92	97	102	107	111

People aged 35-44 predicted to be living with a parent	67	68	70	72	75
People aged 45-54 predicted to be living with a parent	31	31	31	31	31
People aged 55-64 predicted to be living with a parent	8	8	9	9	10
Total population aged 18-64 predicted to be living with a parent	290	301	310	318	324

Data Source: PANSI

Table 7 - People aged 18-64 with a learning disability, predicted to display challenging behaviour, by age, projected to 2020

	2012	2014	2016	2018	2020
People aged 18-24 with a learning disability, predicted to display challenging behaviour	10	11	11	11	11
People aged 25-34 with a learning disability, predicted to display challenging behaviour	16	17	17	18	18
People aged 35-44 with a learning disability, predicted to display challenging behaviour	13	13	13	13	14
People aged 45-54 with a learning disability, predicted to display challenging behaviour	11	12	12	12	11
People aged 55-64 with a learning disability, predicted to display challenging behaviour	8	8	9	9	10
Total population aged 18-64 with a learning disability, predicted to display challenging behaviour	58	60	61	63	64

Data Source: PANSI

2.4 Physical Disabilities

Table 8 - People aged 18-64 predicted to have a moderate or serious physical disability, by age, projected to 2020

Moderate Physical Disability	2012	2014	2016	2018	2020
People aged 18-24 predicted to have a moderate physical disability	931	984	996	988	976
People aged 25-34 predicted to have a moderate physical disability	1,504	1,554	1,609	1,663	1,701
People aged 35-44 predicted to have a moderate physical disability	1,562	1,574	1,613	1,669	1,730
People aged 45-54 predicted to have a moderate physical disability	2,444	2,503	2,522	2,503	2,473

People aged 55-64 predicted to have a moderate physical disability	2,652	2,712	2,831	2,995	3,159
Total population aged 18-64 predicted to have a moderate physical disability	9,093	9,326	9,571	9,818	10,039

Data Source: PANSI

Serious Physical Disability	2012	2014	2016	2018	2020
People aged 18-24 predicted to have a serious physical disability	182	192	194	193	190
People aged 25-34 predicted to have a serious physical disability	143	148	153	158	162
People aged 35-44 predicted to have a serious physical disability	474	478	490	507	525
People aged 45-54 predicted to have a serious physical disability	680	697	702	697	689
People aged 55-64 predicted to have a serious physical disability	1,032	1,056	1,102	1,166	1,230
Total population aged 18-64 predicted to have a serious physical disability	2,512	2,570	2,641	2,720	2,790

Data Source: PANSI

2.5 Autism

Table 9 - People aged 18-64 predicted to have autistic spectrum disorders, by age and gender, projected to 2020

MALES	2012	2014	2016	2018	2020
Males aged 18-24 predicted to have autistic spectrum disorders	211	221	223	221	220
Males aged 25-34 predicted to have autistic spectrum disorders	333	349	369	383	392
Males aged 35-44 predicted to have autistic spectrum disorders	256	259	268	277	292
Males aged 45-54 predicted to have autistic spectrum disorders	227	232	234	234	232
Males aged 55-64 predicted to have autistic spectrum disorders	160	164	171	182	191
Total males aged 18-64 predicted to have autistic spectrum disorders	1,186	1,226	1,265	1,298	1,327

Data Source: PANSI

FEMALES	2012	2014	2016	2018	2020
Females aged 18-24 predicted to have autistic spectrum disorders	22	23	24	24	23
Females aged 25-34 predicted to have autistic spectrum disorders	35	35	36	37	37
Females aged 35-44 predicted to have autistic spectrum disorders	27	27	28	29	29
Females aged 45-54 predicted to have autistic spectrum disorders	25	26	26	26	25
Females aged 55-64 predicted to have autistic spectrum disorders	18	18	19	20	21
Total females aged 18-64 predicted to have autistic spectrum disorders	127	130	132	134	136

Data Source: PANSI

2.6 Mental Health

Table 10 - People aged 18-64 predicted to have a mental health problem, by gender, projected to 2020

MALES	2012	2014	2016	2018	2020
Males aged 18-64 predicted to have a common mental disorder	8,238	8,513	8,788	9,013	9,213
Males aged 18-64 predicted to have a borderline personality disorder	198	204	211	216	221
Males aged 18-64 predicted to have an antisocial personality disorder	395	409	422	433	442
Males aged 18-64 predicted to have psychotic disorder	198	204	211	216	221
Males aged 18-64 predicted to have two or more psychiatric disorders	4,547	4,699	4,851	4,975	5,085

Data Source: PANSI

FEMALES	2012	2014	2016	2018	2020
Females aged 18-64 predicted to have a common mental disorder	12,529	12,805	13,041	13,238	13,416
Females aged 18-64 predicted to have a borderline personality disorder	382	390	397	403	409

Females aged 18-64 predicted to have an antisocial personality disorder	64	65	66	67	68
Females aged 18-64 predicted to have psychotic disorder	318	325	331	336	341
Females aged 18-64 predicted to have two or more psychiatric disorders	4,770	4,875	4,965	5,040	5,108

Data Source: PANSI

- **Market Opportunities**

- There is a need for local good quality mental health provision with the focus on recovery.
- With the predicted increase in mental health conditions in both male and females a wide variety of services are needed to support and aid recovery.
- Placements need to be available within the borough to ensure support networks from family and friends are maintained.

2.7 Carers

With increase of the pension age, we recognise the impact that this may have on some people's ability to care – how can we support carers more to enable them to continue to both work, but fulfil the caring role that may be necessary. What else can be done and how can providers support carers in more constructive ways.

Table 13 - 65+ Age Group Providing Unpaid Care with Reported Health Condition

	Total Population	Very good or good health	Fair health	Bad or very bad health	Total
	All Ages	Age 65 +			
Provides 1 to 19 hours unpaid care a week	10,965	784	439	121	1,344
Provides 20 to 49 hours unpaid care a week	2,833	163	162	57	382
Provides 50 or more hours unpaid care a week	4,438	509	550	197	1,256
Total	18,236	1,456	1,151	375	2,982

Data Source: 2011 Census Research & Geospatial Information Department

3. Commissioned Social Care Activities

Spend on Care Groups

Ongoing reductions in government funding for local authorities have meant significant savings have had to be found from the Adult Social Care Budget. We are continually looking at ways to remodel how services are delivered whilst keeping the individual at the centre of everything we do.

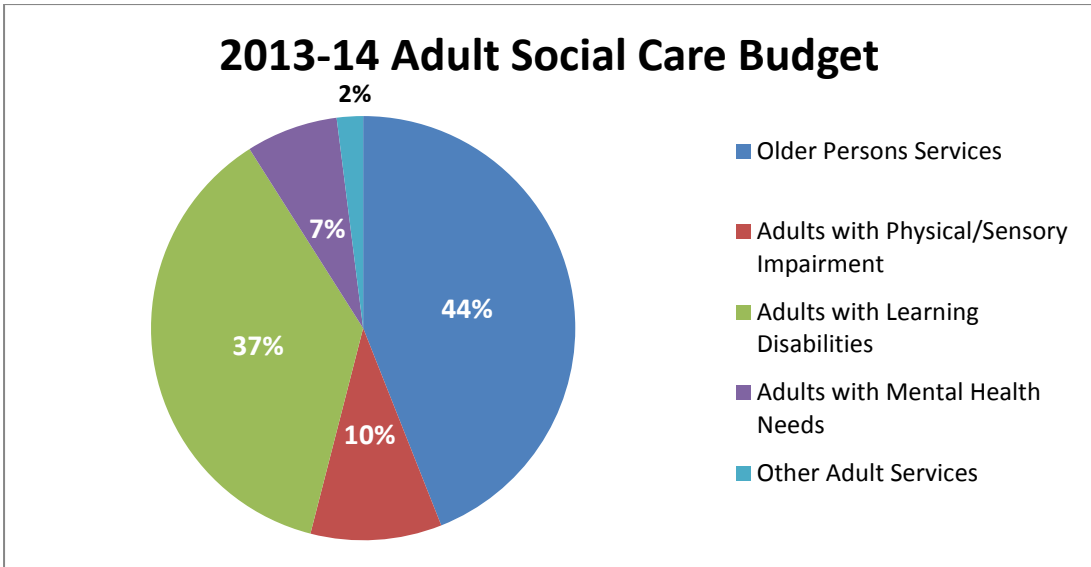


Table 11 - Adult Social Care Spend

Service	£'000s
Older Persons Services	24,523,325
Adults with Physical/Sensory Impairment	5,860,440
Adults with Learning Disabilities	21,057,979
Adults with Mental Health Needs	3,966,497
Other adult Services	831,998
Total spend	56,240,239

Data Source: Adult Social Care Local Account 2012-13

- **Market Opportunities**
- The increasing demand on social care and expected insufficient financial resources to meet future demand means that services will be expected to provide more and improved services for less.
- Greater efficiency in service provision is required that does not impact negatively on the people that use them
- As people are being given greater control in what and where they purchase services, providers must keep themselves up-to-date on current trends in service provision to ensure that they remain competitive and attractive.

3.1 Home Care Services

A tendering exercise has been undertaken and completed resulting in the Council now having six strategic partners to deliver homecare. This partnership has been agreed from May 2013 – April 2016.

There is a need for providers to provide both homecare and healthcare. It is important to reduce the number of visits people receive; this can be particularly confusing for people living with dementia. Joint services could prevent this - providers need to start crossing these boundaries to provide a more holistic service.

- **Market Opportunities**

- Provision will need to develop, reflecting the diverse, cultural needs of people living in Luton.
- As people are being given greater control in what and where they purchase services, providers must keep themselves up to date on current trends in service provision to ensure that they remain competitive and attractive. Increased numbers of older people living on their own are expected to have an impact on demand for home care and other support services that allow them to remain independent, within their own home for as long as possible.

3.2 Intermediate Care/Reablement

The council is working with health partners to develop a broader range of intermediate care facilities to both prevent hospital admissions and to allow people to be discharged earlier. These include:

- Social care reablement, currently provided by the Council's in house reablement team, to support people to regain their skills to live independently after a crisis or health issue
- Care Home based rehabilitation services, in conjunction with health partners, we will be looking to extend and redesign these services to enable more people to receive rehabilitation and to reduce admissions to hospital and to care homes in crisis situations.

3.3 Day Care

The modernisation of day care has been a priority of Luton's Adult Social Care over the last year. Our intention is to re-shape older person's day care opportunities to ensure that we make the most effective use of current resources, and to this end have been through a tendering exercise with regard to the outsourcing of day care provision within Luton. We continue to work towards the move from facilities based day care to person centred day care to ensure that in the future there is less emphasis on resource management and more emphasis on supporting social inclusion. The Care and Support Bill focuses on prevention and early intervention; highlighting the importance of greater integration between Social Care, Health and Housing. Luton Borough Council's Day Services provides a service that supports older people, adults with physical disabilities and learning disabilities, to live in the community, by providing respite to carers, whilst making available a variety of activities that promotes the health and wellbeing of its clients. Day services are being transformed through investing in improving existing community facilities, providing more cost effective new ones and changing how day services are delivered. This is enabling the Council to continue to support the most vulnerable and ensure that future needs are taken into account.

Table 12 – Day Centre Usage

Actual Figures of Day Centre Usage											
Apr-13		May-13		Jun-13		Jul-13		Aug-13		Sep-13	
Capacity	Places taken	Capacity	Places Taken	Capacity	Places Taken	Capacity	Places Taken	Capacity	Places Taken	Capacity	Places Taken

ACDC	550	280	550	308	550	304	550	318	550	335	550	301
Hockwell Ring	550	217	550	193	550	260	550	263	550	310	550	240
Milan Centre	528	121	528	134	528	108	528	115	528	112	528	129
Farley DC	535	405	535	472	535	445	535	435	535	531	535	449
St Monica's	550	310	550	390	550	347	550	356	550	458	550	376
Stopsley DC	660	195	660	255	660	229	660	197	660	288	660	248

- **Market Opportunities**

- The continuing day care modernisation programme which moves the service users away from building based activities will need to be supported by a range of services that enables service users to spend their personal budget/direct payment doing the activities that best suits their need, whether this be in their home or out in the community.
- Wider solutions for transport are needed to take people to day centres /community centres.
- Focus on prevention, development of wellbeing centres for all client groups enabling increased access for residents of Luton.

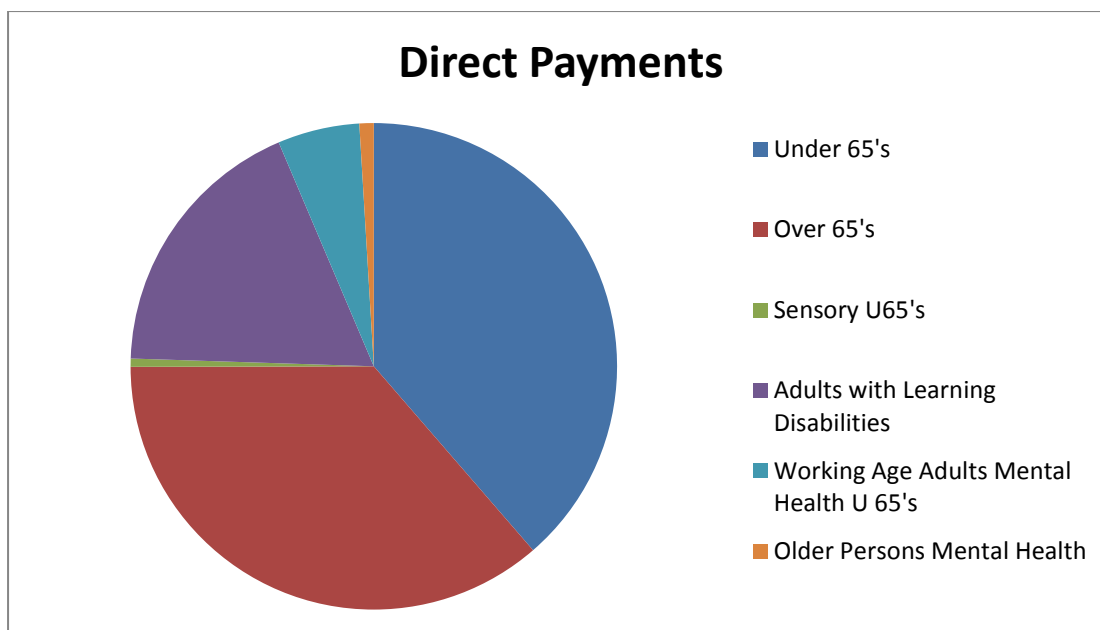
3.4 Personalisation, Direct Payments and Individual Budgets

Personalisation is based on the principle that the individual is best placed to know what they need and how those needs can best be met. Government planned that by April 2013 70% of service users would have an individual budget and there should be an increase in the proportion of those taken as direct payments. LBC is committed to ensuring service users have choice and control in how their support is delivered.

There is a significant programme of change in the way care and support is provided. Through the use of personal budgets, services will promote and maintain the independence of people with disabilities.

As of June 2014, 735 service users receive regular direct payments to purchase their care. The number of people opting to have a direct payment to purchase their care has grown significantly over the last 5 years and is expected to increase further.

Figure 2 – Number of Direct Payments by service user group



A range of services are currently being purchased with direct payments such as personal care, day care and support with social activities and a small amount for transport and travel. Future service users would have grown up as expert consumers, used to identifying the services that they want and when and where they want them. Therefore we expect our future service users to exercise greater choice and control over accessing the care they require.

There is not enough matching of service users with personal assistants, this needs to increase and become more flexible for people to use.

With personal budgets, service users are able to individually buy services from personal assistants, but it is important to think about sharing these services or services users increasing their purchasing power by joining together to source higher quality or increased time from these providers. – We are looking for innovation from providers – How can you link people together? Who do you link together – What do you need from Luton Borough Council to do this?

- **Market Opportunities**
 - Providers need to be able to respond to individuals' requests, but link people to enable them to get more for their money – this is an opportunity for you to act as a catalyst for pooled budgets.
 - There is a definite need for more personal assistants with specialist dementia expertise and mental health lived experience.
 - There is also a shortage of male personal assistants and personal assistants from specific cultural backgrounds that can overcome language barriers to provide care and support for people in their own homes.
 - Opportunity for independent, community based not-for-profit and user led sectors to develop a wide range of activities to attract customers across all care groups with access to personal budgets.
 - Service providers should respond accordingly by providing a variety of high quality care and support services to compete in what is expected to be an increasingly competitive market in order to survive.

3.5 Residential and Nursing Care

Currently nursing care provision in Luton is small however there are a number of vacancies in general residential care, due to a high level of voids.

Nursing Care –There are 8 nursing homes in Luton with a bed capacity of **435**

Registered Care - There are 18 residential homes and a bed capacity of **650**

- **Market Opportunities**

- We also have a high number of people placed out of borough due to the lack of nursing places available for people with high care needs or challenging behaviour.
- There is a similar demand for residential and nursing places for South Asian/Indian service users, who are also currently also being placed in high cost out of borough homes. Availability of ethnic cuisine in some homes may relieve some of these issues and may also be a more affordable option, but this needs to be explored.
- There is also a lack of services, including residential homes suitable for younger service users living with Dementia; homes for older people do not meet their needs. This is especially important for people living with Korsakov's and other early onset dementias.

3.6 Community Equipment

We have a joint contract with the CCG to provide community equipment via Millbrook Healthcare.

3.7 Carers Breaks

The Policy⁴ defines a carers break to enable carers to have a break to promote the carers health and wellbeing, avoid social isolation and to provide breaks from caring to pursue their own interests such as education, employment and leisure. For the client it is focused on prevention designed to help individuals remain at home.

We currently offer carers the opportunity to have an assessment which then allocates the number of days that they are entitled to. Carers are then able to self select the option that they wish to use and book this from their assessed allocation. A list of opportunities will soon be available via the LBC website.

- **Market Opportunities**

- We are currently compiling a list of carers break opportunities to be advertised on the LBC website, the policy details which types of break that this will cover and we are looking for new openings to add to this list.

3.8 Assistive Technology

4

http://www.luton.gov.uk/Health_and_social_care/Lists/LutonDocuments/PDF/Community%20Care/Carers/Carers%20Break%20Policy.pdf

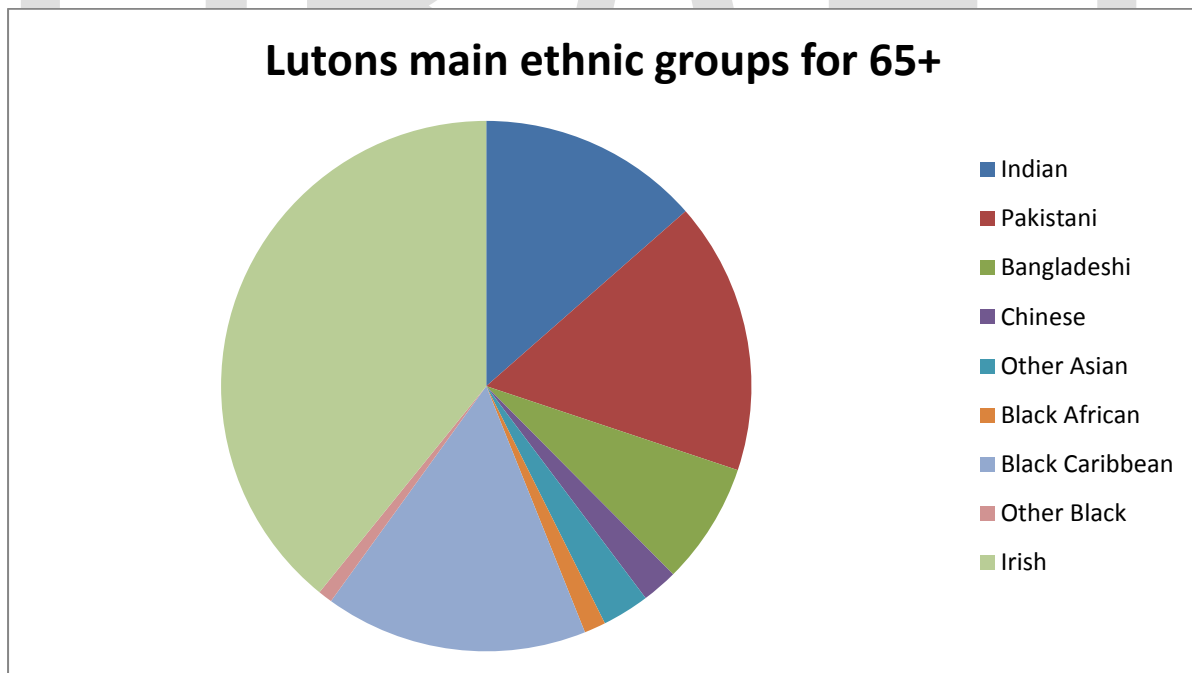
The council would like to see the widest possible adoption of Telecare. It brings health and social care directly to service users, in their own homes supported by communication and information technology. Helping people remain in their homes for as long as possible and provides reassurance to carers.

- **Market Opportunities**
- To promote Telecare services to enable more independent living
- To explore how assistive technology can increase independence in care settings as well as deliver value for money.

4. Ethnicity and Cultural Requirements

It is difficult to predict cultural requirements; we cannot make the assumption that the requirements of the current generation will be reflected in the future. Numbers of people within ethnic groups may not be indicative of the need for culturally specific services, generations change and future users may be more integrated with the wider community, negating the need for culturally specific services but increasing the need for more flexible services.

Figure 3: Break down of Luton's main ethnic groups for the 65+ age group.



Data Source: 2011 Census

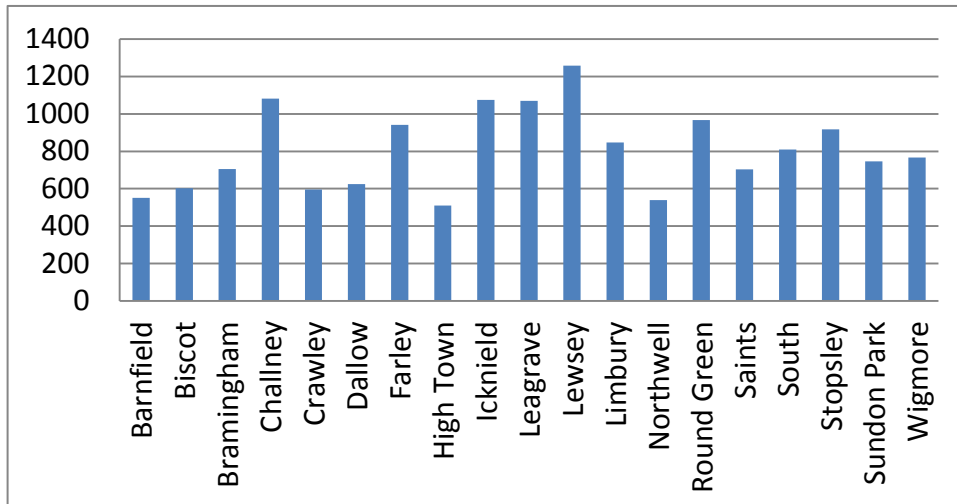
Adult Social Care needs to fully engage with providers from South East Asian communities, especially with regard to residential and homecare services.

- **Market Opportunities**

- Luton has a very diverse cultural population and provision will need to develop, which can incorporate and reflect these diverse cultural needs of Luton's community.

5. Housing

Figure 4 - Current Tenure Breakdown of Luton's Elderly - Household Breakdown of Luton's 65+ by Ward



Lewsey ward has the biggest cluster of older people. This may be due to there being 5 sheltered schemes in Lewsey. Leagrave ward is also heavily populated by over 65 year olds, possibly again due to a cluster of sheltered schemes in that ward.

5.1 Extra Care

Extra Care sheltered housing gives older and vulnerable people the security and support they need to continue to live an independent life in their own home, with access to 24-hour emergency onsite care if they need it.

Luton has a total of 6 extra care schemes with **295 units**.

2 of the 6 schemes (Abigail and Colwell Court) are council owned (91 units), 3 are owned by housing associations (163 units) and 1 private with 41 units. Within the council's extra care schemes, there no voids

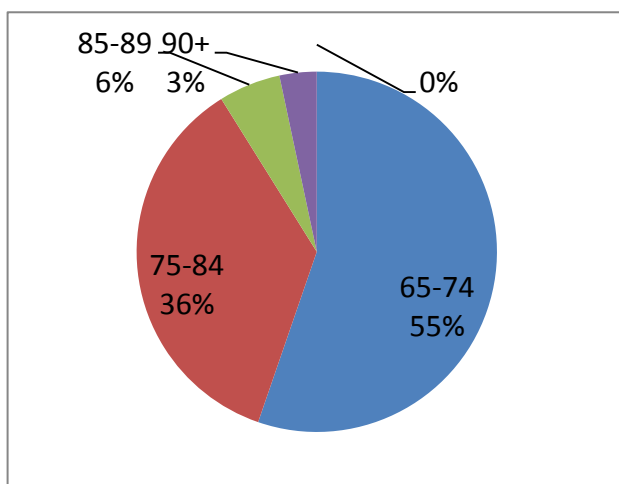
5.2 Sheltered

The council own 20 sheltered schemes, with a total of 833 units.

8 sheltered schemes are managed by Housing Associations (273 units) and 4 privately managed (149).

From the LBC stock, there are 24 voids (which include scheme manager flats, 2 temporary accommodation, 1 telecare and 1 show flat) - **Total 1255**

Figure 5 – LBC's Sheltered Housing Waiting List



There are 596 people over the age of 65 on the housing waiting list who are eligible for sheltered housing

The pie chart on the right shows a breakdown by age bands

Despite the number of voids in sheltered housing there is still a long waiting list – does this say something about the quality of the current provision.

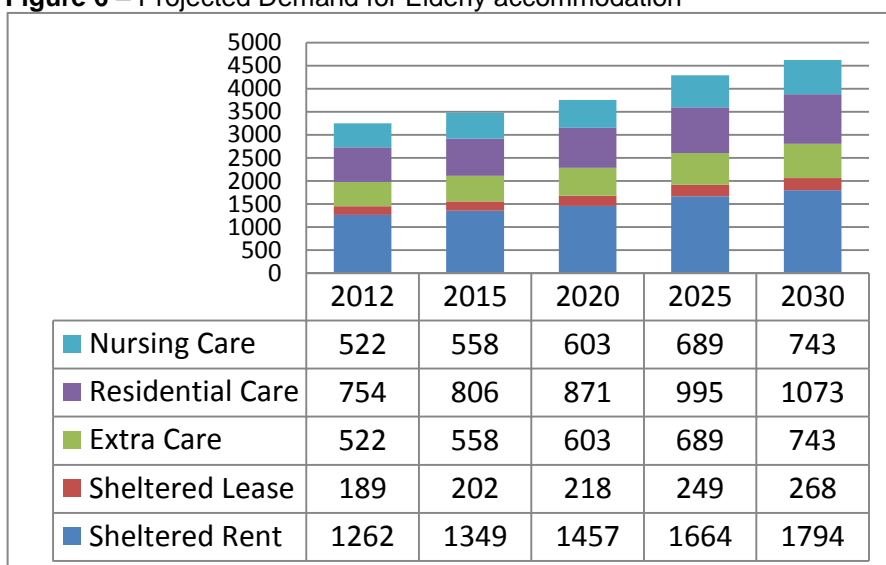
• **Market Opportunities**

- Increased demand for future Extra Care Provision
- Increased numbers of older people living on their own are expected to have an impact on the demand for home care and other support services that allow them to remain independent within their own homes for as long as possible.
- There needs to be a greater range of types of housing provision within each scheme, so that people do not have to keep moving on as their needs increase.

5.3 Estimating Future Needs

According to the Housing LIN report, the demand for elderly accommodation will increase by 42% over the next 30 years. The report makes the assumption that each category will increase by the same amount (42%) by 2030. The assumptions are based on the ONS 2010 sub-national population growth projections.

Figure 6 – Projected Demand for Elderly accommodation



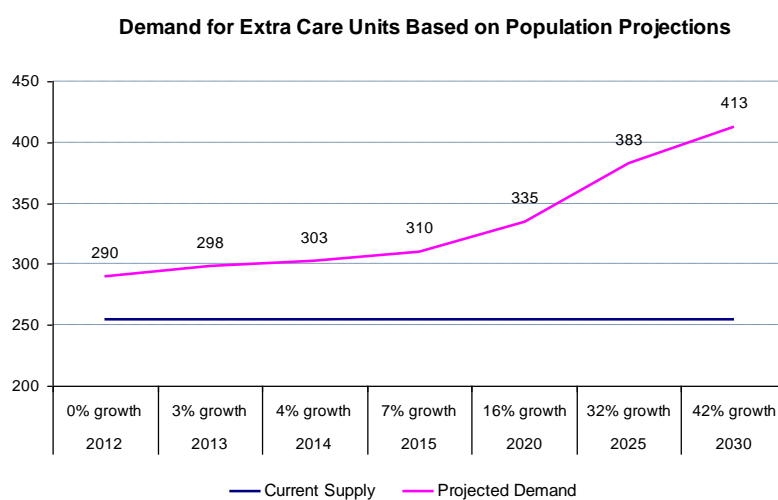
Data Source: ONS 2010 sub-national population growth projections

5.4 Future Projections of Extra Care Demand

Luton currently has enough general extra care housing, although we expect the need to increase as more people, live longer and wish to remain independent within their own homes. However, there is a shortage of extra care provision for people with dementia and we therefore have long waiting lists, or people may be placed in residential care earlier than necessary.

The graph below shows the demand for Extra Care Units until 2030, based on 75+ population growth projections of up to 42% by 2030. The source of the population growth projections is the ONS, 2010 sub-national population projections, which does not take into account any increase in life expectancy.

Figure 7



Data Source: ONS, 2010 sub-national population projections, which does not take into account any increase in life expectancy

- **Market Opportunity**
- The expected increase in numbers of older people living on their own should be reflected in the growth of the development of services providing support and care within the individuals home to enable them to remain as independent as possible.

5.5 Supported Living

Luton has five different supported living services for people with learning disabilities and mental health issues, the contracts for the provision of care in these services have recently been re tendered. We wanted to shape the market for future supported living services by identifying key, high quality providers for new schemes. The process has helped to drive up quality and to ensure the services were providing good value for money.

- **Market Opportunity**
- There is a need for more supported living sites as they are designed to be homes for life and as such there is no move on potential.
- With the projected increase in adults with learning disabilities, autism and mental health disorders there will be an increased demand for supported living

to allow people to remain as independent as possible within the community and their own home.

- Specific services will be needed for adults with dual diagnosis.

6. Loneliness and Prevention

Loneliness is a serious issue for many older people and we need to find ways of alleviating this, as it is a major cause of health issues. Providers need to think about services that they could offer to help prevent loneliness. Preventative services are high on our agenda, but it is important to consider how we justify the added value of these services and the positive outcomes that they can provide. The council is looking at working with Silverline to provide an important service to the residents of Luton.

Table 15 - People 75+ Living Alone

	2012	2020	2030
Increase from 2012		12%	39%
	5,713	6,412	7,932

SECTION 3. COMMISSIONING INTENTIONS

People are at the centre of everything we do. We actively support choice and enable people to have control over their own lives through personal budgets. We will look to commission more care jointly with Luton Clinical Commissioning Group so that health and care services are more widely available.

We are looking for new ways of working, with an openness for innovative commissioning in order to encourage new services and new providers whilst maintaining value for money.

1. Commissioning for outcomes.

All funding needs to focus on outcomes that the person wants to achieve for the expenditure made and how it can drive down long term demand. We will look at ways at how we best measure outcomes with active monitoring as to whether their life is improved as a result. Focus should be on recovery and independence. Providers should be seeking to maximise independence, looking at new ways of involving customers and carers as well as focusing on quality and outcomes.

We want to work with providers that have

- Explicit monitoring standards
- Are able to show the impact of their activities in terms of the outcomes they achieve rather than in the terms of the number of people for whom they provide a service.
- Wish to innovate. We are prepared to support and help fund innovation where it reduces demand for care.
- Can recognise the diversity of purchasers

2. Personalisation and developing the market

LBC will continue to increase the number of service users on personal budgets, giving people more control and purchasing power over their care and support. 100% of people accessing community based care will be offered a personal budget with a stronger focus on direct payments.

- **Market Opportunity**

- There is an opportunity for independent, community based not for profit and user led sectors to develop a wide range of opportunities and activities for customers across all care groups with access to personal budgets.

3. Safeguarding

We are committed to protecting vulnerable adults in Luton and have made significant changes in our safeguarding services. The safeguarding team works closely with safeguarding colleagues in neighbouring authorities to achieve a consistent approach to safeguarding adults. Safeguarding is an integral part of our commissioning strategies and we will support care providers to ensure that the following outcomes are achieved for all residents of Luton:

- Everyone enjoys physical safety.
- People are free from physical and emotional abuse, harassment, neglect and self harm.
- People are protected as far as possible from harm disease or injuries.
- People are supported to plan ahead and have the freedom to manage risks in the way they want.

4. Individual Service Funds (ISF)

The council is just beginning to understand Individual Service Funds and would welcome input from providers on how these may be incorporated into homecare arrangements.

An Individual Service Fund (ISF) is when someone wants to use their individual budget to buy support from a provider.

ISFs mean that:

- The money is held by the provider on the individual's behalf.
- The individual decides how to spend the money.
- The provider is accountable to the individual.
- The provider commits to spend the money only on the individual's service and the management and support necessary to provide that service (not into a general pooled budget).

SECTION 4. WHAT NEXT?

Feedback

We welcome your feedback on the Market Position Statement. If you have any feedback or further information about the MPS please email:

asccommissioningteam@luton.gov.uk

How can you contribute to future Market Position Statements?

Public Policy and Government guidance highlights the personalisation agenda and the importance of individuals in shaping their own care (Putting People First).

Previously the development and commissioning of services has largely remained within statutory authorities. This document aims to change the balance of power by involving service users and providers in not only the decision making process but the shaping of services available to them.

Luton Borough Council currently runs several partnership boards (Older Persons, Luton Senior People's Forum, Carer's and Learning Disabilities) and has links with a range of other organisations and groups that represent the needs of service users with whom we consult, all of which feed in to and comment on service development. Many of these groups are open to Luton residents.

Ongoing

It is envisaged that this Market Position Statement is a working document and is reviewed and updated annually. It will take on board the comments and views of the residents of Luton to enhance and shape future versions of Luton's Market Position Statement.

Future versions will also be influenced by workstreams associated with the Care Act, standards and development of Luton's Market Development Strategy, the Joint Strategic Needs Analysis and Luton Borough Council's Corporate Plan which are currently being updated.

Appendix

Definitions of Specialist Housing

The information below related to national supply is the current number of specialist housing and registered care beds from the Elderly Accommodation Counsel's national housing database 2013. EAC's classifications are as follows:

Sheltered housing: Schemes / properties are included where some form of scheme manager (warden) service is provided on site on a regular basis but where no registered personal care is provided. A regularly visiting scheme manager service may qualify as long as s/he is available to all residents when on site. An on-call-only service does not qualify a scheme to be included in sheltered stats. In most cases schemes will also include traditional shared facilities - a residents' lounge and possibly laundry and garden.

***Enhanced sheltered housing:** Schemes / properties are included where service provision is higher than for sheltered housing but below extra care level. Typically there may be 24/7 staffing cover, at least one daily meal will be provided and there may be additional shared facilities.

Extra care housing: Schemes / properties are included where care (registered personal care) is available on site 24/7.

Residential care: Where a care homes is registered to provide residential (personal) care only, all beds are allocated to residential care.

Nursing care: Where a care homes is registered to provide nursing care all beds are allocated to nursing care, although in practice not all residents might be in need of or receiving nursing care.

*For the purposes of this analysis, none of Luton's housing has been categorised as being 'Enhanced Sheltered housing.'