



# Market Position Statement

Opportunities for Providers of Adult Social Care  
and Support Services in Luton 2015- 2018

Version 0.8, March 2016

[www.luton.gov.uk](http://www.luton.gov.uk)

**LUTON**  
BOROUGH COUNCIL

# 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 that will offer choice and quality to service users. 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.

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 those 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.

The Care Act 2014 is the first major change to social care in 60 years, it aims to make care and support clearer and fairer, increase physical, mental and emotional wellbeing, and look at prevention and delaying of the need for

support and place people in control of their care. The Care Act sets out an expectation for Local Authorities to work in an integrated way with local health provision and health related provision. Future commissioning of services must come from collaboration. LBC will work with the National Health Service to deliver jointly funded and managed services to meet the health and social care needs of Luton's community. To provide services that work together to give the best care to individuals based on a person's personal circumstances.

The Council invests a great deal every year in supporting our vulnerable and older residents, £48,636,000 in 2014/15. With the increasing popularity of personal budgets, our service users are 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 LBC 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 and remain updated. Future statements will be more specific about the council's commissioning intentions around market shaping and detail planned tenders for new services and the decommissioning of existing services. **Contact details to send feedback to can be found at the end of the document.**

**Pam Garraway**  
Director of Housing & Community Living

# Contents

<b>Section 1. Introduction and Strategic Direction</b>	
1. What is a Market Position Statement	4
2. National Context	4
3. Local Context	5
4. Integration	5
5. Value for Money	6
6. Personalisation	6
<b>Section 2. Demand Projection</b>	
1. Population and Future Demand	7
2. Factors Driving Demand	8
2.1. Older Persons	9
2.2. Dementia	10
2.3. Learning Disabilities	11
2.4. Physical Disabilities	12
2.5. Autism	13
2.6. Mental Health	14
2.7. Carers and Carers Breaks	16
3. Commissioned Social Care Activity	18
3.1. Home Care Services	19
3.2. Intermediate Care/Reablement	19
3.3. Day Care	20
3.4. Personalisation, Direct Payments and Individual Budgets	20
3.5. Long Term Residential and Nursing Care	22
3.6. Community Equipment and Assistive Technology	23
4. Housing	24
4.1. Extra Care	24
4.2. Sheltered Accommodation	24
4.3. Estimating Future Housing Needs	24
4.4. Supported Living	26
<b>Section 3. What Next?</b>	
Feedback	26
Appendix	27

# Section 1. Introduction And Strategic Direction

## 1. What is a Market Position Statement?

The Care Act created new responsibilities on councils for “market-shaping” which place duties on councils to stimulate the whole local market, not just the part which the council purchases from directly. The Market Position Statement (MPS) is a document to support this market stimulation.

The MPS aims to describe the current and potential future demand and supply. It 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.

4

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.

Many of the services commissioned by Adult Social Care are delivered by independent 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. National Context

We need to recognise the changing face of adult social care and health provision in light of the Care Act 2014 . Irrespective of the national budgetary constraints, Luton Borough Council remains committed to developing services that benefit and support Luton’s population and improve their wellbeing.

### *The Care Act emphasises the need for Local Authorities to:*

- 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.

### 3. Local 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 wellbeing of all residents.

*Luton Borough Council's strategic priorities are set out in the Corporate Plan 2014 – 2017*

- Empower, support and protect the vulnerable
- 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.

The sustainability and quality of the adult social care market is fundamental to safeguarding health, wellbeing and in attainment of positive outcomes for Luton residents.

### 4. 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 programme 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.

## Integration success

- The Community Equipment Service brings together 3 Local Authorities and 2 Clinical Commissioning Groups to commission cost effective, holistic equipment services to vulnerable adults, children and their carers on behalf of Health and Social Care, by bringing together the provision of Equipment Services under one management structure.
- The Luton Dementia Action Alliance has members across multiple sectors working together to reduce Dementia related stigma, build understanding and work on outcomes such as consistent and reliable transport.

## 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. The council must ensure that services are value for money and we achieve the right local balance between economy, efficiency and effectiveness to achieve local priorities. 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

## 6. Personalisation

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 are 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:**

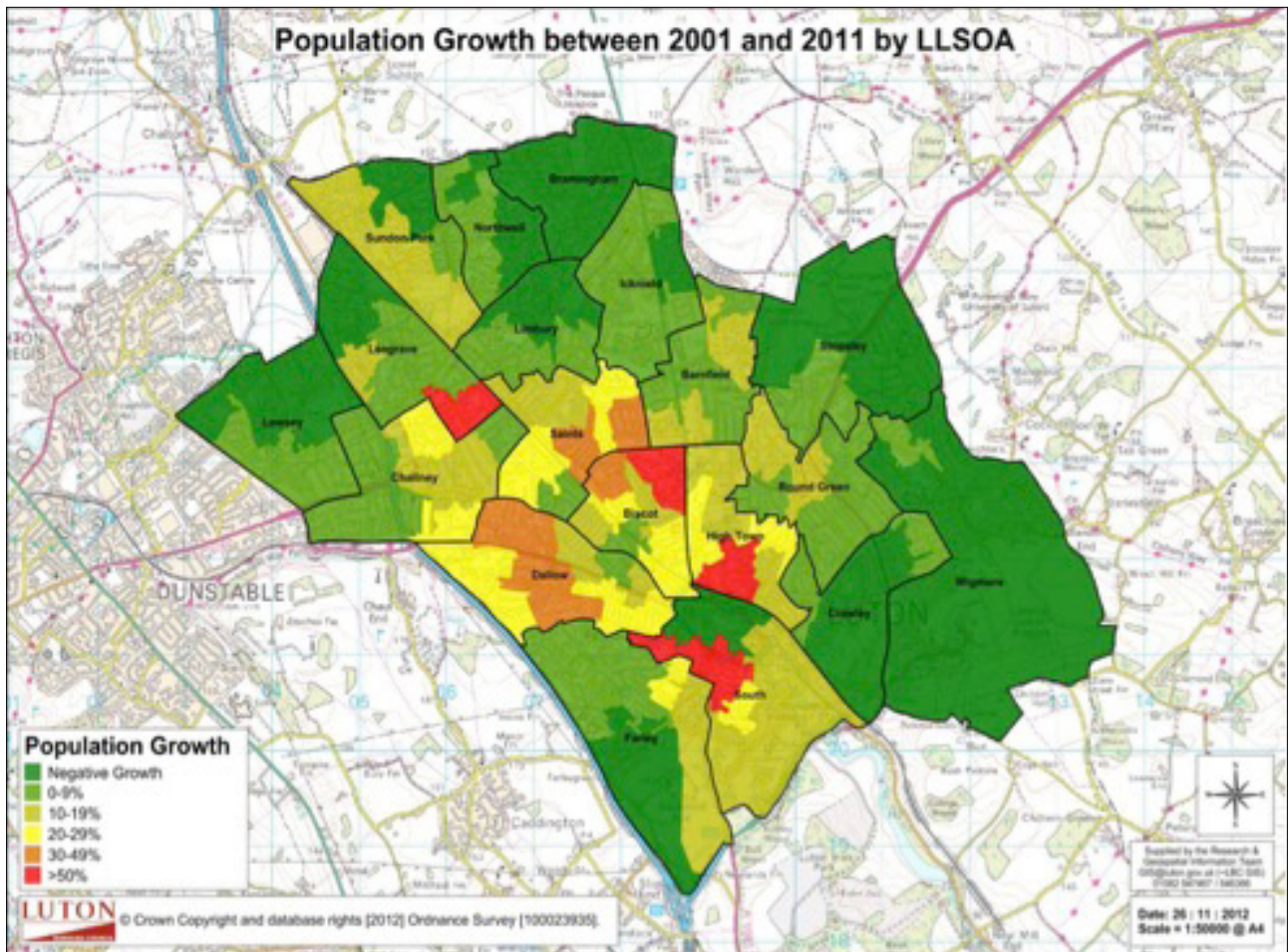
- focus on the local population and the outcomes they are and/or want to achieve
- understand local needs and impacts
- understand what is working well and what needs to be improved
- Use this knowledge and understanding to inform commissioning to develop and improve local services.

## Section 2. Demand Projections

### 1. Population and Future Demand

Luton has a population of approximately 208,000 which is made up of 74,293 households of which 60% are privately owned and 16% socially rented.

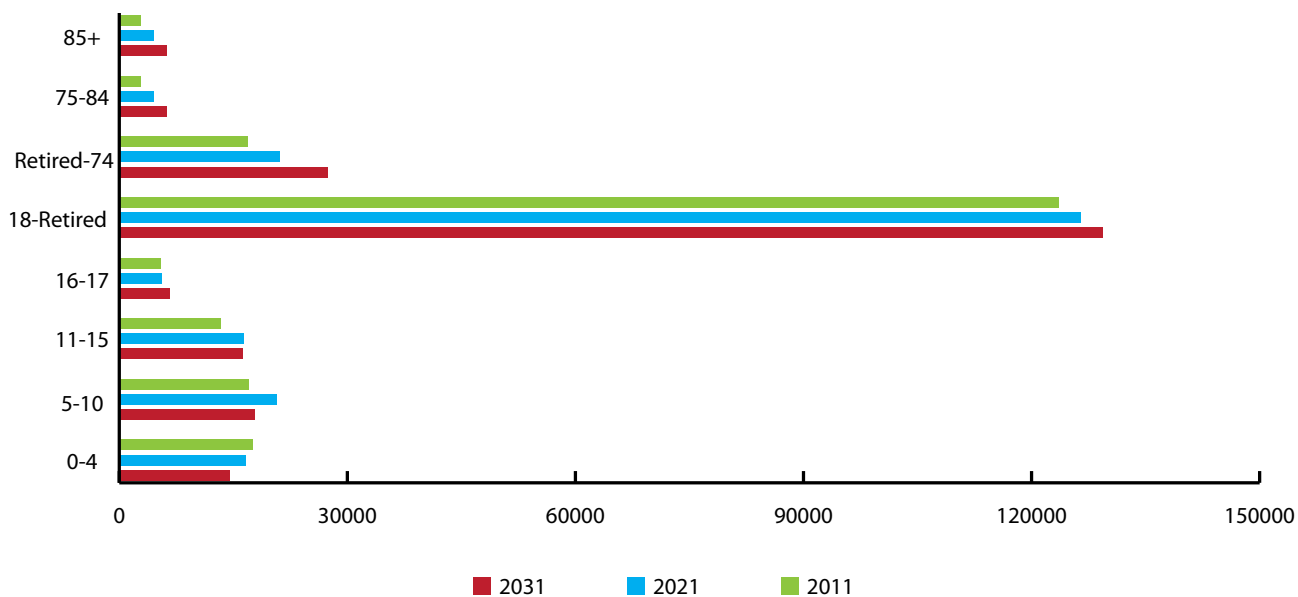
**Map 1 – Population Growth between 2001 and 2011 Census by ward**



*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.

**Figure 1 – Projected growth of population of Luton by age between 2011 and 2031**



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

8

Figure 1 is based on internal and international trends since 2001, the total population of Luton is projected to increase by 13% from 208,000 in 2011 to approximately 231,000 in 2031. There could be other factors influencing population growth such as housing constraints and high migration since 2004 from European Union expansion.

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.

A growing population puts pressure on council resources. The two largest areas of growth are in the working age and retired to 74 brackets. This will directly impact housing services and social care support. With more people using services cost effective solutions will be required.

## 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.

Luton has high levels of deprivation, areas of Farley, South, High Town, Dallow, Biscot and Northwell wards are in the top 10% of the most deprived areas nationally. Source: Index of Multiple Deprivation (IMD) for 2010: Communities and Local Government. There is a correlation between income and social economic status and health, with relative improvements in income and living standards associated with relative improvements in health.

The older population of Luton is growing and more people are living alone. 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.

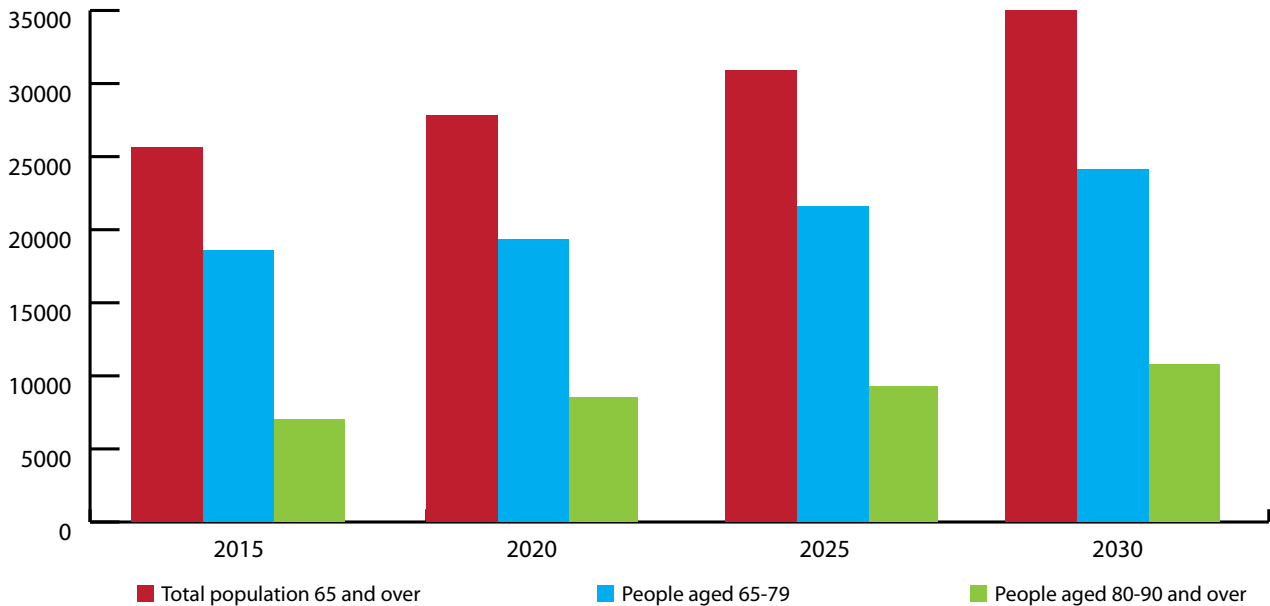
Analysis of different care groups, show how they are contributing to the demand on social care services in Luton and the impact of care delivery in the future.



## 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.

**Figure 2 – Projection of population aged 65 and over**



*Data Source: POPPI (Projecting Older People Population Information System)*

The 2011 Census notes a total of 23,881 persons in Luton, over the age of 65 (11.75% of the population). Over half of which feel that their day to day activities are limited by their disability.

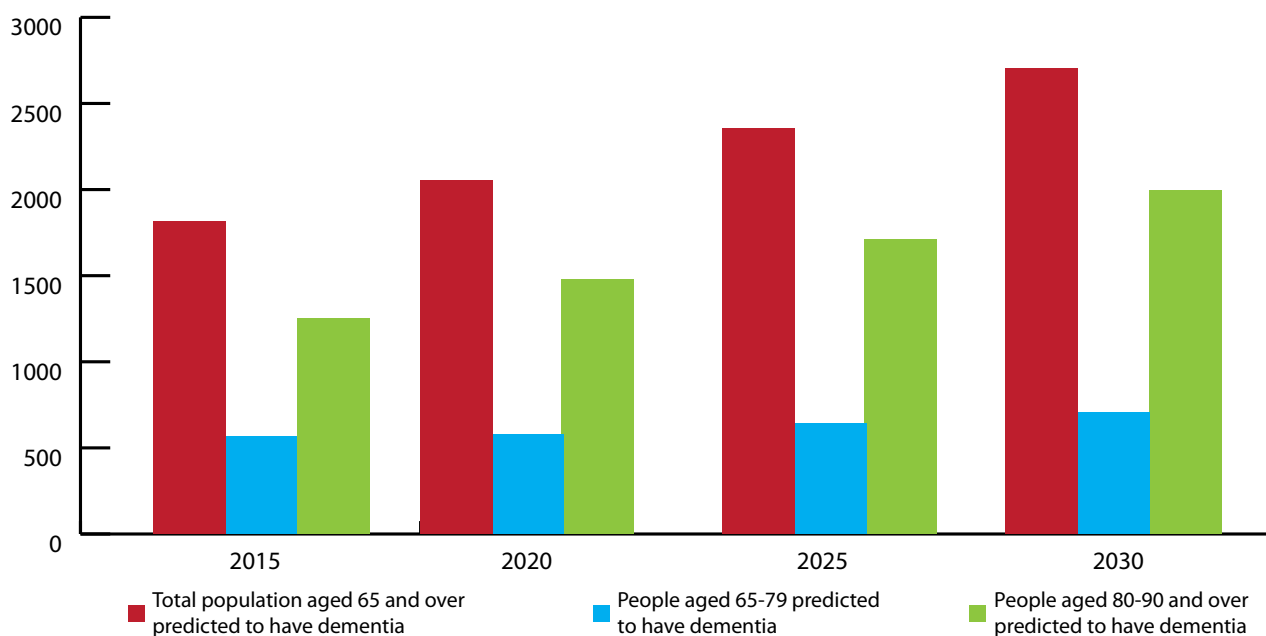
### Key Commissioning Intentions

- Luton's projected increasing older population numbers indicate that services currently meeting the needs of this population need to grow and develop to meet the projected increase in demand.
- An increased supply of services to support people to remain in their own homes is needed. Budding and friendship services, in particular have been identified as resources that are currently unavailable. This will enable more people to remain independent and provide a valuable break for carers. The use of technology is an area of interest.
- Luton council acknowledge that the way needs are met must change to meet demand with reduced funding. Methods of prevention and promotion of health and wellbeing are key in managing long term demand.

## 2.2 Dementia

The overall prevalence of dementia in the 65 plus age group is expected to increase by 48.8% between 2015 and 2030; however the increase is expected to be 76.3% in the 85+ age group.

**Figure 3 – People over 65 and over predicted to have dementia**



*Data Source: POPPI (Projecting Older People Population Information System)*

Although the larger numbers of people with dementia are female, the most significant increase, in those aged 85 years and over, is in men.

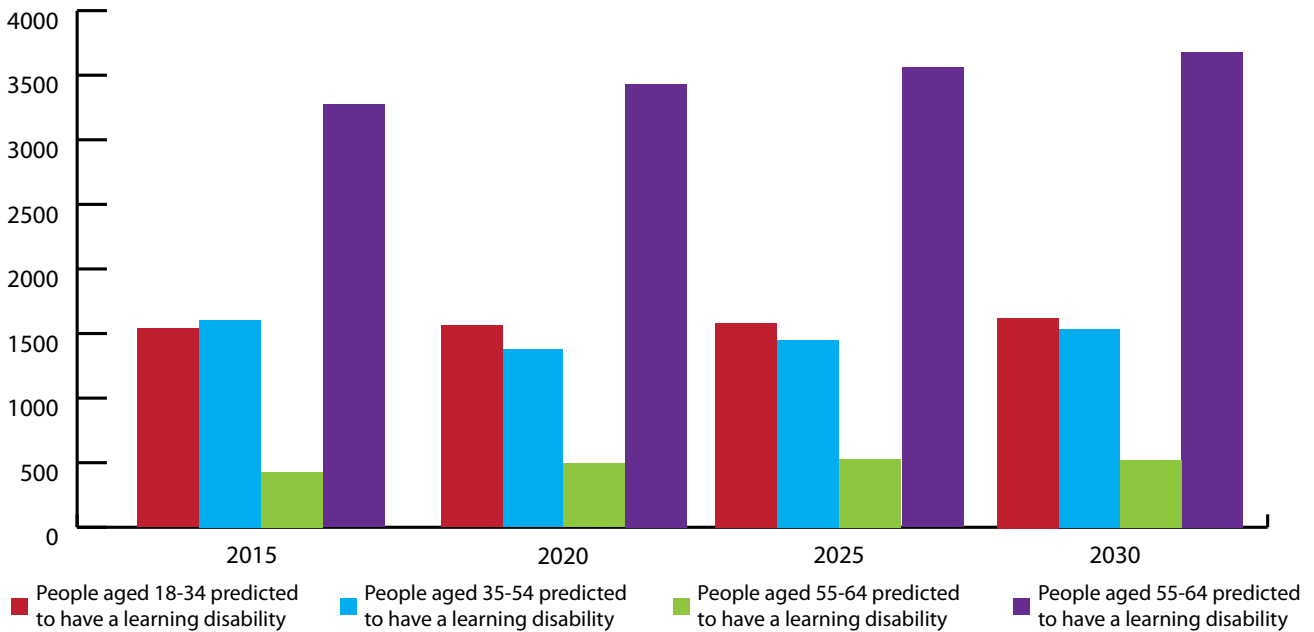
With the increasing prevalence of dementia in older people, we expect providers to support Luton’s drive to become a Dementia Friendly Town and as part of this, to join Luton’s Dementia Action Alliance, having trained Dementia Champions and ensuring your staff are Dementia Friends.

### Key Commissioning Intentions

- Due to the increasing level of need for services for people living with dementia, innovative solutions to prevent people with dementia requiring statutory services are of interest.
- Innovative methods of using technology for people living with Dementia should be explored.

### 2.3 Learning Disabilities

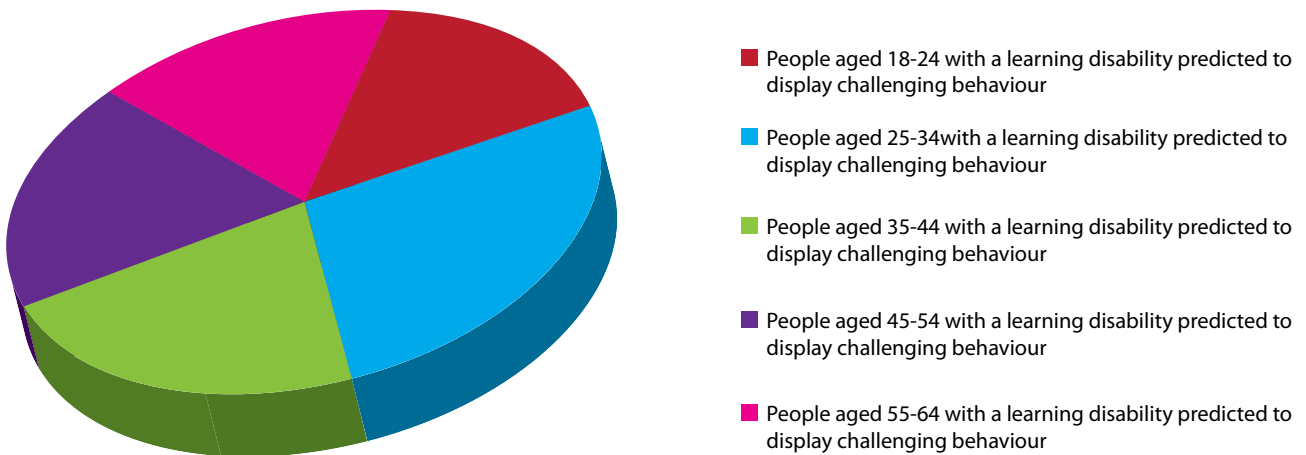
**Figure 4 – People aged 18-64 predicted to have a learning disability, by age**



Data Source: PANSI (Projecting Adult Needs and Service Information)  
 \*PANSI data is based on the number of individuals who access G.P surgeries

**Figure 5 – People aged 18-64 with a learning disability predicted to display challenging behaviour, by age**

#### Predicted number of people who have a learning disability and display challenging behaviour 2020



Data Source: PANSI (Projecting Adult Needs and Service Information)

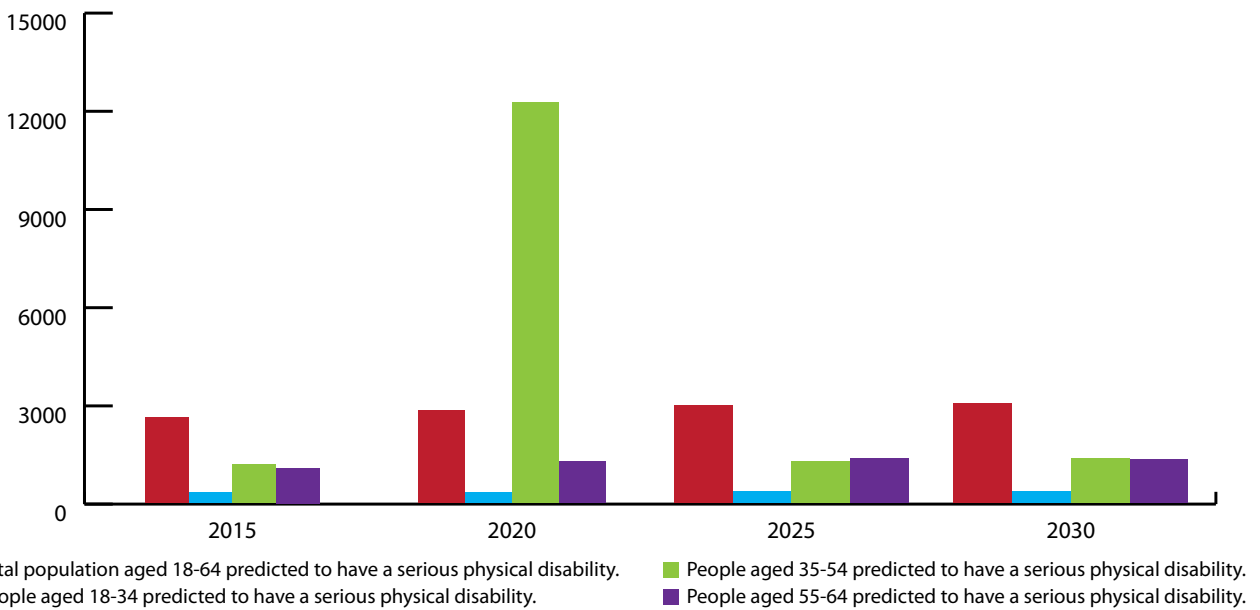
The number of people with a moderate or severe learning disability in Luton is predicted to rise by 13.7% over the next 15 years. The number of individuals predicted to be living with a parent in Luton is expected to increase by approximately 12% over the next 15 years, ongoing support for carers will be a priority along with housing and support solutions for the small number of people with older parents.

## Key Commissioning Intentions

- Innovative solutions to prevent people with a learning disability requiring statutory services.
- An increased supply of services to support people to move into their own accommodation, gain employment and/or engage in day opportunities is needed. This will enable more people to become more independent and provide a valuable break for carers.
- The rise in the number of individuals who have behaviour that challenges will require an increase in specialist provision for care support and housing options.
- Decommissioning of services that are no longer fit for service.
- Transforming services to offer additional benefits to enrich the lives of service users and their carer's.

## 2.4 Physical Disabilities

**Figure 6 – People aged 18-64 predicted to have a serious physical disability, by age, projected to 2030**



12

The number of people predicted to have a serious disability in Luton is expected to increase by 16.5% over the next 18 years which is significantly higher than figures for the East of England which show a 10% rise.

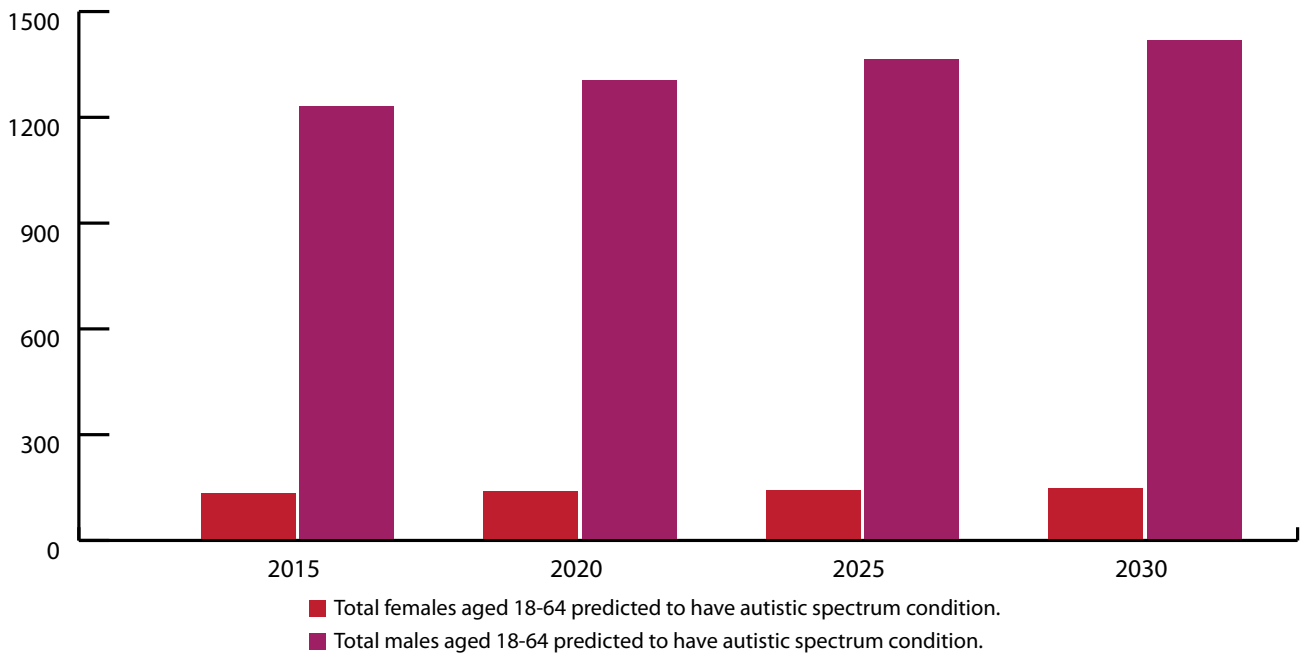
We want to enable people with physical disabilities and sensory impairment to have more choice and control over services and to lead independent and healthy lives. We will support people to stay healthy and enjoy a good quality of life and prevent and delay the need for hospital admissions.

## Key Commissioning Intentions

- To produce a commissioning strategy for physical disabilities to further scope demand and strategic response.
- Accommodation and services that provide improved quality and suitability for people with physical disabilities and sensory impairment that will enable people to move back into the borough and have the support from family and friends.
- Innovative housing solutions that promote independence
- Increased employment opportunities
- Promote community integration and co-production.

## 2.5 Autism

**Figure 7 – Males and females aged 18-64 predicted to have autistic spectrum disorders, projected to 2030**



*Data Source: PANSI (Projecting Adult Needs and Service Information)*

Increasing awareness and better diagnosis of Autistic Spectrum Conditions (ASCs) means that there is a strong drive both at a national and local level to ensure that mainstream services are accessible and “friendly” to individuals on the spectrum and that more specialist services are developed where appropriate.

### Key Commissioning Intentions

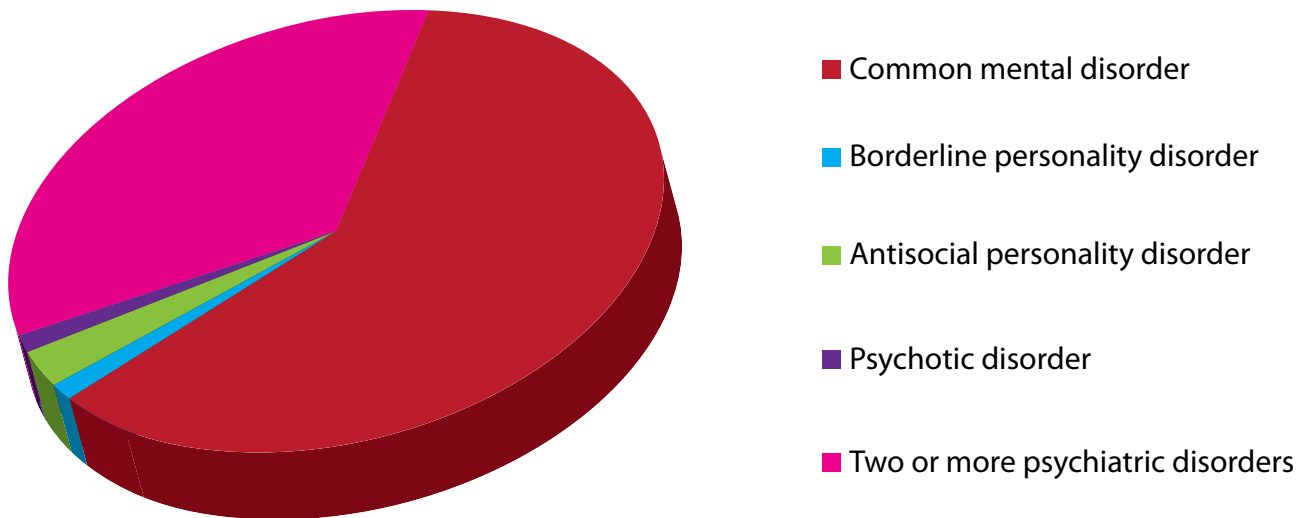
- The local workforce need to have a good awareness of ASC's and receive relevant training on the condition.
- We need to develop good quality services that will support individuals with ASCs to gain social skills and find work or day time activities.
- We need to ensure that individuals with ASCs have access to accommodation and the right individual support to enable to them to as independently as possible, in some circumstances this may need to be of a more specialist nature.
- Young people transitioning into adulthood may require high focused support to enable them to gain independence skills and prepare for work.

## 2.6 Mental Health

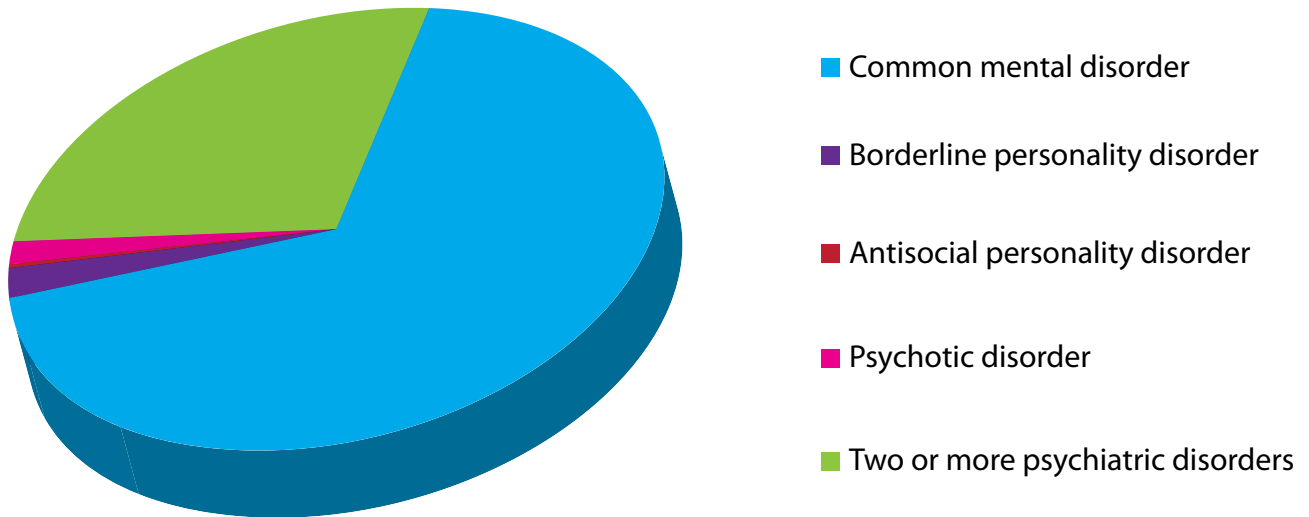
Figure 8 – Males aged 18-64 with mental health problems in 2015, by disorder

### Males between 18-64 with mental health problems in 2015

14



Data Source: PANSI (Projecting Adult Needs and Service Information)

**Figure 9 – Females aged 18 – 64 with mental health problems in 2015, by disorder****Females between 18-64 with mental health problems in 2015**

*Data Source: PANSI (Projecting Adult Needs and Service Information)*

The number of people with a common mental health disorder is expected to rise by approximately 12% over the next 15 years. This is slightly higher than the national average. The biggest rise is in antisocial personality disorder at approximately 15%. Future capacity will need to take into account the predicted rise and need to reflect the changing patterns of service delivery for mental health and wellbeing.

### Key Commissioning Intentions

- Partnership working with Luton CCG and NHS to align the Luton mental health pathway and improve services. We are working jointly under the Mental Health Crisis Care Concordat. Under this we hope to develop a Street Triage service for Luton.
- Crisis Provision is required to respond to deterioration in mental health and avoid unnecessary hospital admission.
- There is an increasing need for support and opportunities for people requiring complex care and with challenging behaviour particularly in Supported Living schemes.
- We need to ensure there are improved opportunities for employment and support available for people in paid and unpaid employment.
- There is a need for personal assistants with mental health lived experience.

## 2.7 Carers and Carers Breaks

- There are estimated to be 18,236 persons who provide unpaid care in the borough, which is increasing year on year
- 9% of the population provide unpaid care
- 41% of carers provide support for 50 hours or more
- 1 in 2 (53.1%) of the people cared for in Luton are over the age of 75+
- Those aged 18-44 and 45-74 account for 20.6% and 26.3% respectively.

**Table 1– 65+ Age group providing unpaid care with reports health conditions**

	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
<b>Total</b>	<b>18,236</b>	<b>1,456</b>	<b>1,151</b>	<b>375</b>	<b>2,982</b>

Data Source: 2011 Census Research & Geospatial Information Department





*The Care Act 2014 introduces important changes for carers from 1 April 2015:*

- Carers have the same legal rights as those for whom they care Local authorities have a duty to assess carers who appear to have eligible needs
- Local authorities must consider a carer's overall wellbeing, which includes physical, mental and emotional well-being, and participation in work, education and training, and social and economic well-being
- Carers who meet national eligibility criteria will have a right to a support plan and a personal budget
- Carers should be supported to retain and gain employment
- Carers will have new rights to be consulted on the cared for person
- Local authorities will have a duty to provide information and advice

Luton has written a new Carers Strategy in line with the changes brought about by the Care Act 2014. This links in with the Whole Family Approach.

With the 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 of this age 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.

Social Isolation is a problem amongst carers and figures show that compared to adult social care users there is a higher proportion who feel they do not have as much social contact as they would like. For Luton, the figure for carers (41%) is similar to England and the gap compared to adult social care users is not as significant compared to some of our neighbours.

Carers are vital to the wellbeing and independence of thousands of people in Luton but the demands of being a carer can affect a person's quality of life, including their ability to study and work, their finances and their health.

Carer's breaks enable carers to have respite from their caring role to promote their health and wellbeing, avoid social isolation and provide an opportunity to pursue their own interests. For the client the focus is on prevention, helping them to remain at home. We are developing a system to enable carers to book respite online with full choice and control.

### Key Commissioning Intentions

- Diverse opportunities for carers breaks.
- Services are required to enable carers to continue in their caring role
- Support for older carers
- We are looking into a model of a carers passport we would welcome your involvement and ideas
- Ongoing support for carers is required, in particular those older carers, who also have ongoing medical conditions themselves and are not in good health.

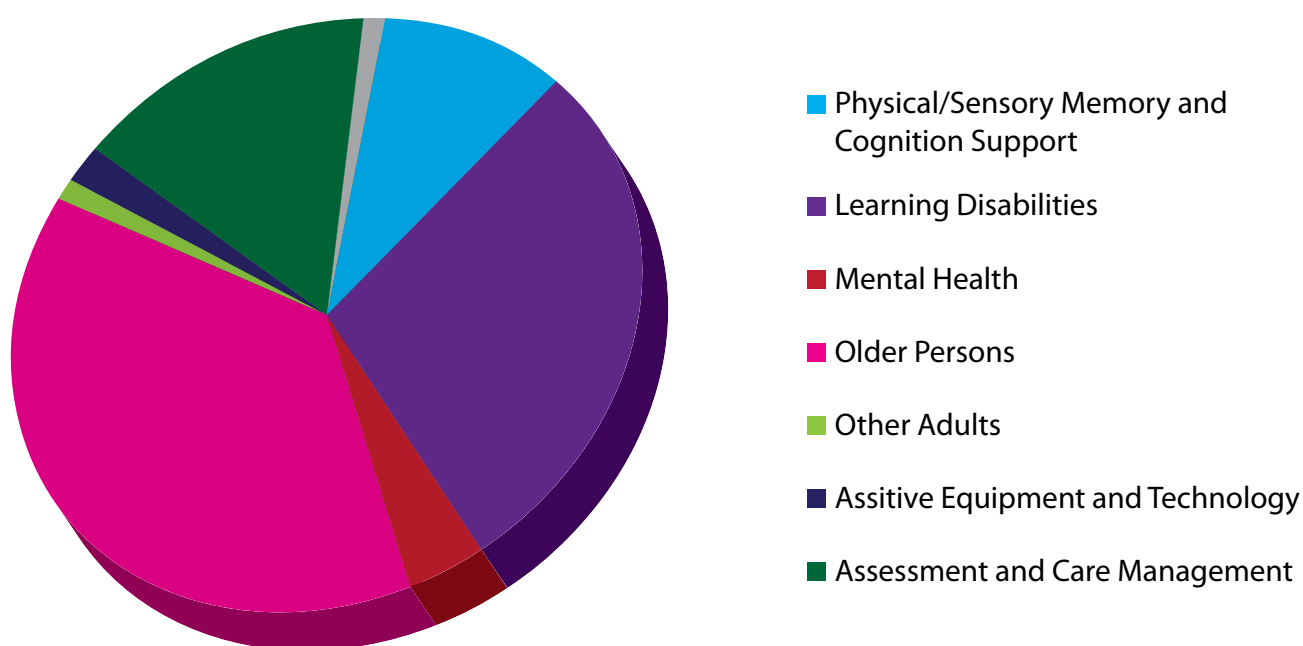
### 3. Commissioned Social Care Activities

#### 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.

**Figure 10 – Adult Social Care budget 2015-2016**

**Adult Social Care 2015-16 Budgets**



Data Source: Adult Social Care Local Account 2014-15

**Table 2 – Breakdown of Adult Social Care Spend**

Service	2014-15 Outturn	2015-16 Budget
Physical/Sensory Memory and Cognition Support	4,077,000	5,599,000
Learning Disabilities	14,289,000	16,197,000
Mental Health	2,042,000	2,410,000
Older Persons	543,000	21,122,000
Other Adults	8,718,000	392,000
Assitive Equipment and Technology	218,000	751,000
Assessment and Care Management	17,716,000	8,368,000
Information and Early Intervention	452,000	109,000
Support to Carers	581,000	510,000
<b>Grand Total</b>	<b>48,636,000</b>	<b>55,458,000</b>

## Key Commissioning Intentions

- 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

Provision of statutory services including home care is one of the largest single areas of spend across the Council at £5.5 million per annum with 379,000 commissioned hours per annum across 1448 citizens (2013-2014)

Indications are that demand for home care in Luton is set to grow with increasing numbers of people remaining in their own homes with support rather than accessing traditional services such as residential care. Levels of income deprivation affecting older people are particularly high in Luton and this along with people staying in their own homes for longer has led to a change in referrals with an increasing number of complex care packages with longer and increased frequency of calls.

A tendering exercise has been undertaken and completed resulting with The Council working with 6 home care providers; these contracts are due to expire in May 2016.

## Key Commissioning Intentions

- Provision will need to develop, reflecting the diverse, cultural needs of people living in Luton.
- Development of Independent Brokerage
- Joint services to provide homeware and healthcare to reduce the number of visits and provide a more holistic service.
- The Council intends to work with the Strategic Partners to embed reablement- type principles within the mainstream home care offer to promote independence and realise efficiencies.

### 3.2 Intermediate Care/Reablement

Social care reablement is currently provided by the Council's in house reablement team and Care Home based rehabilitation services, to support people to regain their skills to live independently after a crisis or health issue.

## Key Commissioning Intentions

- The council is working with health partners to develop a broader range of intermediate care facilities to prevent hospital admissions and to allow people to be discharged earlier.
- We want to extend and redesign these services to enable more people to receive rehabilitation to reduce admissions to hospital and 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. 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 Act 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.

20

#### Key Commissioning Intentions

- 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 activities
- Further development of wellbeing centres for all client groups enabling increased access for residents of Luton.

### 3.4 Personalisation, Direct Payments and Individual Budgets

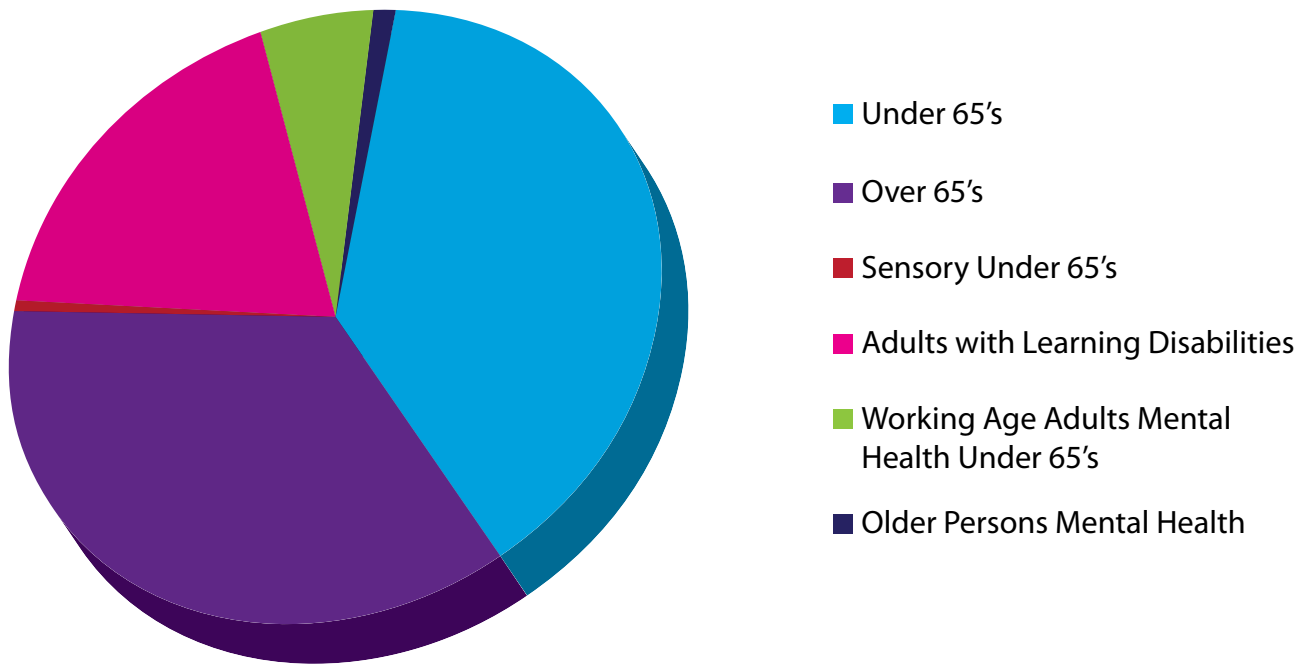
Government planned that by April 2013 70% of service users would have an individual budget and there should be an increase in the proportion of those taken as direct payments. The Council is committed to ensuring service users have choice and control in how their support is delivered and has made continuous 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. Through the use of personal budgets, services will promote and maintain the independence of people with disabilities.

Through Integrated Personal Commissioning (IPC) we are working with NHS England to join up Personal Health Budgets and Social Care Budgets.

As of August 2015, 803 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 11 – Number of Direct Payments by service user group June 2014**

### Direct Payments



*Data Source – LBC Direct Payment Finance*

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. We expect our future service users to exercise greater choice and control over accessing the care they require as they would be used to identifying the services that they want.

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?

While up to now the personalisation agenda has been driven by allowing access to individual budgets it is clear that responsibility for managing such budgets is not appropriate for all citizens or their carers. Individual Service Funds (ISF) allows citizens to move their personal budget allocation to a chosen provider to manage on their behalf. This allows them to retain control of their resources while not having the additional responsibility of budgetary management. They may also benefit from economies of scale and other smart solutions. Currently ISF's are not utilised widely in Luton and further exploration is required.

## Key Commissioning Intentions

- Providers need to be able to link people together to enable them to get more for their money in the form of pooled budgets.
- There is a definite need for more personal assistants with specialist dementia expertise and mental health lived experience.
- Individual Service Funds (ISF's)
- 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 community based not-for-profit and user led sectors to develop a wide range of activities across all care groups with access to personal budgets.

### 3.5 Long Term Residential and Nursing Care

There are 623 residential and 332 nursing beds across the town (see Appendix).

The number has remained relatively stable and only one home has closed since 2013. The total baseline number of commissioned beds in April 2013 was 427 which compares to 408 at the same period in April 2014. There are a number of factors contributing to this including the effectiveness of early intervention and rehabilitation, a shift towards residents electing to be cared for at home and the option of alternative accommodation like extra care. Known self-funders account for a further 200 individuals however further research is required to find out more about this group and potential future self-funding group.

The proportion of residents with dementia is increasing this is partly due to improved levels of clinical assessment and diagnosis. The Councils intent is to work with the homes to understand the impact of increasing numbers of residents who present with more complex needs and to mitigate the risk.

While the development of Dignity Champions, Dementia Champions and quality measures

for care homes has led to some improvements in standards of care, increased awareness and further dementia training is required to ensure good practice is embedded within the homes culture. This is part of the council's contract with residential and nursing homes in Luton. A training standard is mandatory within this contract which details the level of training required to meet the Alzheimer's Gold Standard Framework. LBC is working in partnership with Luton CCG in the dementia and delirium CQUIN group whom have an agreed training matrix, due to be shared with all residential and nursing homes to enable them to participate in all available training.

## Key Commissioning Intentions

- Explore the repositioning of unused beds to 'step up' and 'step down'
- We have a high number of people placed out of borough due to the lack of 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 placed in high cost out of borough homes. Availability of ethnic cuisine and specific language speaking staff in some homes may relieve some of these issues and may also be a more affordable option, but this needs to be explored.
- Explore the viability of working age adults in out of borough placements returning to suitable local age appropriate services for example 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 and Assistive Technology

Along with Central Bedfordshire Council, Bedford Borough Council and Luton and Bedfordshire Clinical Commissioning Group we have jointly awarded a contract to Millbrook Healthcare to provide community equipment. This contract expires 31st March 2017. The Disability Resource Centre has an equipment display area and offer advice, information and demonstrations. Specialised equipment can be purchased through individual direct payments.

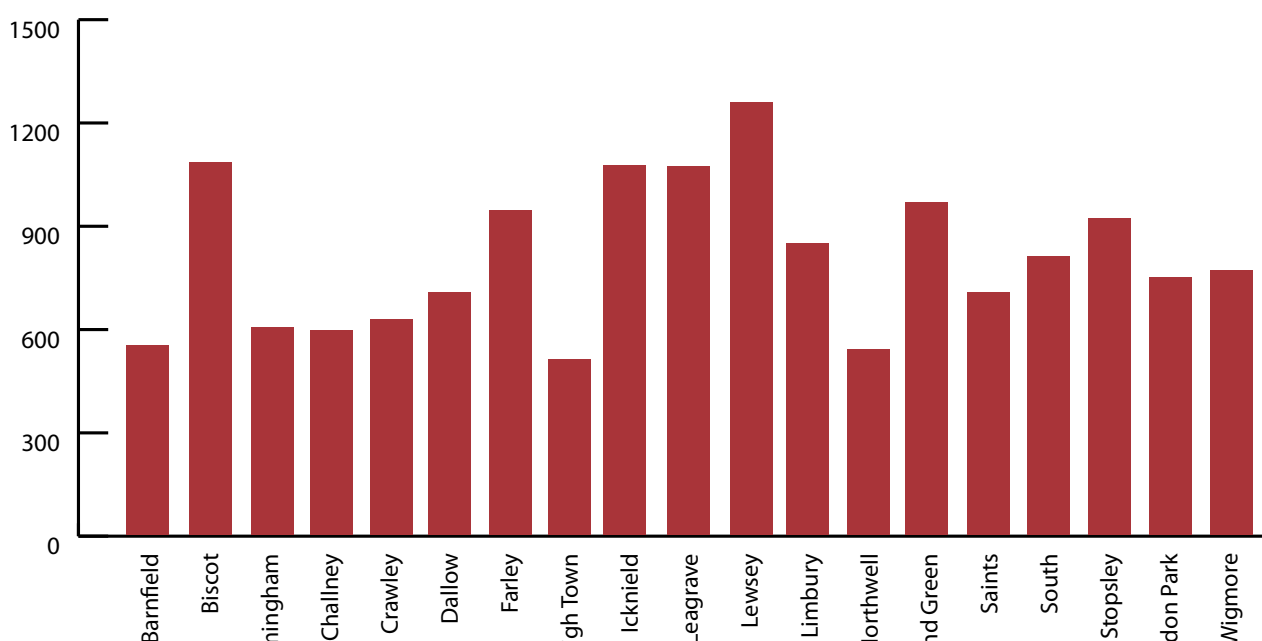
The council would like to see the widest possible adoption of Telecare. It brings health and social care directly to service users, in their own homes supported by communication and information technology. Helping people remain in their homes for as long as possible and provides reassurance to carers.

## Key Commissioning Intentions

- To promote Telecare services to enable more independent living.
- This could be promoted through existing voluntary organisations.
- To explore how assistive technology can increase independence in care settings as well as deliver value for money.
- For specialised innovative equipment that enables people to remain in their own homes.

## 4. Housing

**Figure 12 – Current 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.

### 4.1 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. These units are well used. An options appraisal is underway to consider the best method of meeting forecasted demand. Results will be available once finalised.

### 4.2 Sheltered Accommodation

In Luton there are a total of 1255 sheltered accommodation units of which the council owns 20 sheltered schemes, with a total of 833 units,

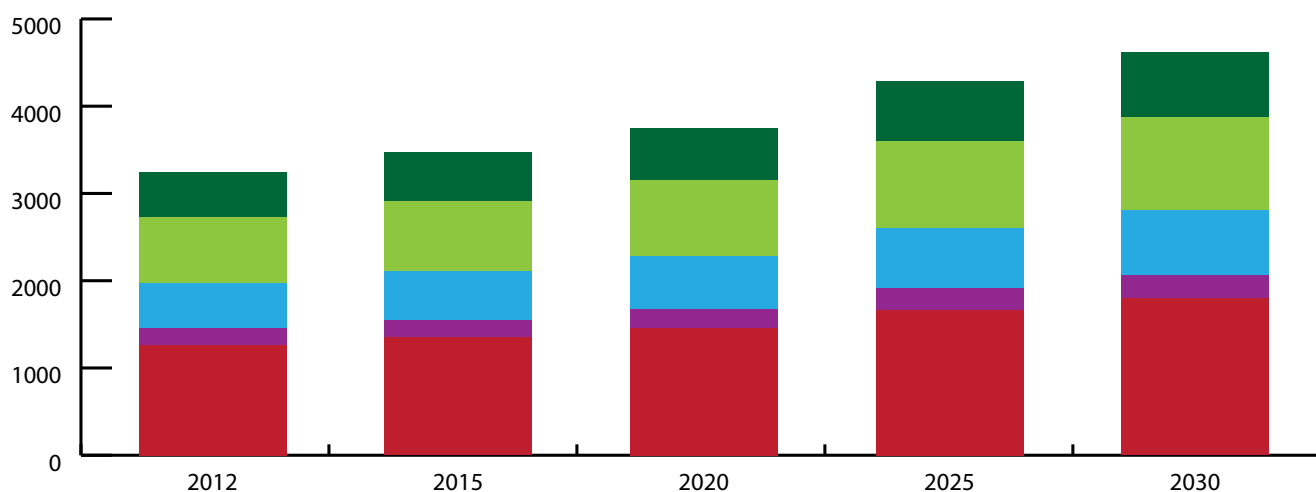
8 sheltered schemes are managed by Housing Associations with 273 units and 4 are privately managed with 149 units. Within the council owned schemes there are 24 voids, which include scheme manager flats, 2 temporary accommodations, 1 telecare and 1 show flat. Despite the number of voids in sheltered housing there is still a long waiting list due to accessibility in some units of current provision.






### 4.3 Estimating Future Housing 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 13 – Projected Demand for Elderly accommodation**



	2012	2015	2020	2025	2030
 <b>Nursing Care</b>	522	558	603	689	743
 <b>Residential Care</b>	754	806	871	995	1073
 <b>Extra Care</b>	522	558	603	689	743
 <b>Sheltered Lease</b>	189	202	218	246	268
 <b>Sheltered Rent</b>	1262	1349	1457	1664	1794

*Data Source: ONS 2010 sub-national population growth projections*

Luton requires more general extra care housing, and we expect the need to increase as more people, live longer and wish to remain independent within their own homes. 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 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 individuals own homes.

### Key Commissioning Intentions

- 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.

#### 4.4 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.

#### Key Commissioning Intentions

- There is a need for more supported living sites
- Some existing supported living sites are to be re-commissioned and a pathway of support created.
- 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.
- Specific services to meet the needs of service users with physical disabilities, ground floor provision and adaptations.

### SECTION 3. WHAT NEXT?

26

#### Feedback

We welcome your feedback on the Market Position Statement. Content to the statement will be updated regularly and any feedback will be reviewed for updates. If you have any feedback or require further information about the MPS please contact:

**Luton Borough Council  
Joint Commissioning Team  
Clemitson House  
14 Upper George Street  
Luton  
LU1 2RP**

**Tel: 01582 547646  
ascommissioningteam@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 work streams associated with the Care Act, 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.'

# Market Position Statement

Opportunities for Providers of Adult Social Care  
and Support Services in Luton 2015- 2018

Version 0.8, March 2016

