

Market Position Statement: Mental Health



Camden’s vision is that people with mental health problems should be able to realise their potential for recovery, be socially included within society, have choice and control over the support they receive and be valued as members of the community. Our focus will be in developing and promoting support with a sharp focus on recovery in order to reduce the need for high intensity care or recurring acute inpatient care.

We have listened to what people in Camden have told us they want in order to live well. The overarching outcome is: “I am able to stay healthy, active and involved in my community for as long as possible”. The following outcomes fall underneath this:

- I can maintain my independence, remaining in my home or with my family
- I am able to make positive contributions to family and community life
- I am able to make connections with others
- I am able to work, learn and take part in leisure activities
- I am supported in my recovery and rehabilitation
- I feel safe and respected
- Carers are supported to have a life outside of caring

In order to deliver support to meet these “I” statements we will need to develop a market place that offers a wide range of diverse and bespoke solutions to promote good mental health.¹ The market place needs to respond to people’s aspirations, changing need and shifts in local and government policy. We want to work in partnership with providers to achieve great recovery focused support in Camden and this document represents a start to this conversation.

This statement is designed to contain information and analysis in order to be of benefit to providers of social care services for people with mental health conditions in Camden. It is intended to help identify what the future demand for services may look like and to act as a starting point for discussions between Camden Council and Camden CCG as commissioners, and those who provide services. It contains information outlining:

- **Need and demand - What Camden looks like in terms of current and future demography and what support people need**
- **Supply – Commissioners analysis of current support provision and future opportunities.**
- **Financial Resources – How we will meet mental health needs in the context of reducing funding.**
- **Developing the market place of support - This section places our commissioning intentions in the context of national policy and local strategies to demonstrate how we will support the market in the future.**

1. Need and demand

This section outlines the demographic trends within Camden and identifies groups who are either more likely to need services or are currently underrepresented within services. More detailed information on analysis of needs can be obtained from the Joint Strategic Needs Assessment (<https://www.camden.gov.uk/ccm/navigation/social-care-and-health/health-in-camden/health-decision-making/joint-strategic-needs-assessment/>).

Population wide mental health statistics

Camden continues to report some of the highest mental health needs in the country. Outcomes in Camden, such as mortality from suicide, quality of life, recovery and serious harm incidents are only average in comparison with the rest of the country, even though the investment is higher than our comparators.

Within Camden’s population there are a high number of people diagnosed with a serious mental illness, the second highest in England next to Islington, our neighbouring borough. It also has the 7th highest prevalence of depression in England.

(www.camdendata.info)

The table below demonstrates the number of people with different types of mental health problems in the borough currently and projections of numbers in the future.

Projected rates of change in Mental Health Need

Type of mental health problem	2012	2013	2018*	2023*
Common mental health problems	36,676	36,700	39,700	40,500
Dual diagnosis of mental illness and substance misuse (severe)	700	700	800	800
Psychotic and bi-polar SMI	3,358	3,400	3,600	3,700
Eating disorder	2,800	2,800	3,000	3,100
Personality disorder (borderline and anti-social)	1,230	1,200	1,300	1,400

Mental Health Plan 2012. *based on overall increase in Camden population of 8.2% by 2018 and 10.5% by 2023 rounded to nearest hundred

Marginalised groups

Camden is becoming more ethnically diverse and we can assume that the number and proportion of adults from Black, Minority Ethnic and Refugee (BMER) communities requiring mental health services will steadily increase over the next ten years. Data demonstrates that access to services varies wildly between groups. People of Irish and Somali descent, Bangladeshi women and older people are under-represented groups in services for common mental health problems in Camden. In addition, we know that the Lesbian, Gay, Bisexual and Transgender (LGBT) population have higher than average levels of depression and anxiety disorders, alcohol and substance dependence and double the average suicide rate.² It is important that providers are able to offer tailored, culturally sensitive support to people from these groups.

It is estimated that around 1500 adults in Camden and Islington have Asperger’s syndrome (JSNA 2011). It is likely that the majority are undiagnosed and not receiving services. The Care Act places new duties on local authorities with regards to this population and therefore we look to providers to deliver creative and flexible services to support this group. Camden and Islington Foundation Trust’s Neuro-Developmental Disorder Service will ensure better levels of diagnosis and support for this group.

Social care clients

Currently there are around 1150 people with mental health needs that meet Fair Access to Care Services (FACS) eligibility criterion and receive social care services.

¹ Think Local Act Personal has developed a specific set of “I” statements for people with mental health problems that can be accessed here: <http://www.thinklocalactpersonal.org.uk/Latest/Resource/?cid=10254>

² See: <http://www.nhs.uk/Livewell/LGBhealth/Pages/Mentalhealth.aspx>

Around 140 people currently receive direct payments; a figure we anticipate will continue to rise. Spend by direct payment holders is over £0.5m per annum. We also know that a number of people fund their own care (Self Funders) and providers should have the systems in place to offer these people support on the same terms as people funded through the Council.

Camden’s cohort of mental health social care clients is ageing. Over 50% of clients are over 50 and it is important that our service offer responds to the needs of this group. A significant proportion of our clients have multiple types of needs, for example, physical disabilities or problems with substance misuse. We expect our providers to work flexibly to tailor services to address the range of people’s needs.

We will also work closely with Children’s Services to ensure that young people with mental health needs are appropriately supported as they reach adulthood. The Council’s Minding the Gap project will support this objective.³

Service User Experience

Findings from the Adult Social Care Outcomes Framework, which is the Local Government system for collecting people’s views, suggests the significant investment in services isn’t always reflected in people’s experiences:

In mental health services, the response to the statements: “I have as much control as I want” or “I have adequate control” was lower than the average for England by just under 3%.

Similarly, the percentage of people that responded either “Extremely Satisfied” or “Very satisfied” with the overall service they received was also lower than the average for England by just over 8%.

Further information can be gained from:

www.gov.uk/government/publications/adult-social-care-outcomes-framework-2014-to-2015

Carers

In the 2011 Census, 17,306 residents (7.9% of the Camden’s population) provided unpaid care. The market position statement for carers sets out our approach and our expectations of the market in more detail.

In order to help people to care for their loved ones, and to have a life outside of caring, we are committed to commissioning an enabling pathway of support for carers. We also expect that carers should be involved in decision-making and that care is a partnership between the individual, their informal carers and professionals.

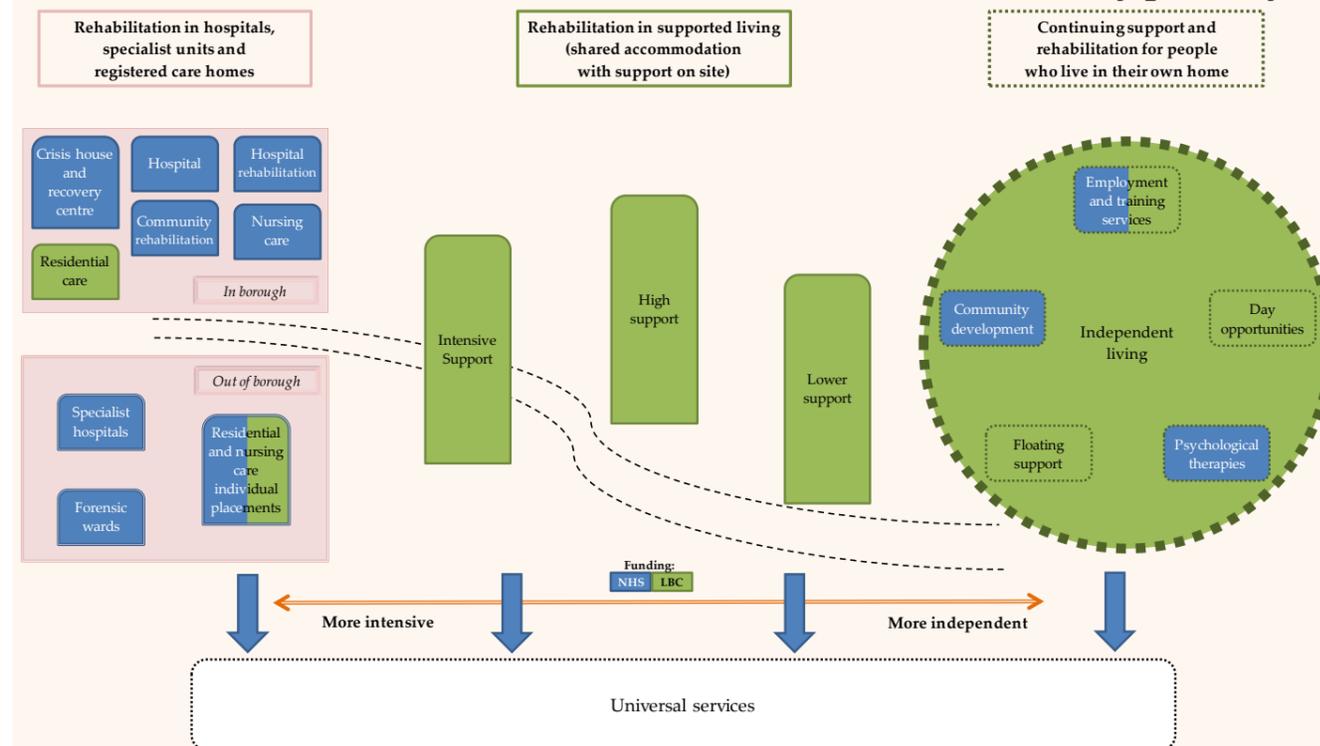
2. Supply

In 2013/14, Camden spent almost £109m on adult social care⁴, including care management and commissioned services – 27% more than comparator boroughs – although Camden spends less per customer, suggesting that we support more people at a lower level than our comparators. Expenditure on mental health represents just over 14% of the total, with over £12m spent directly on services.

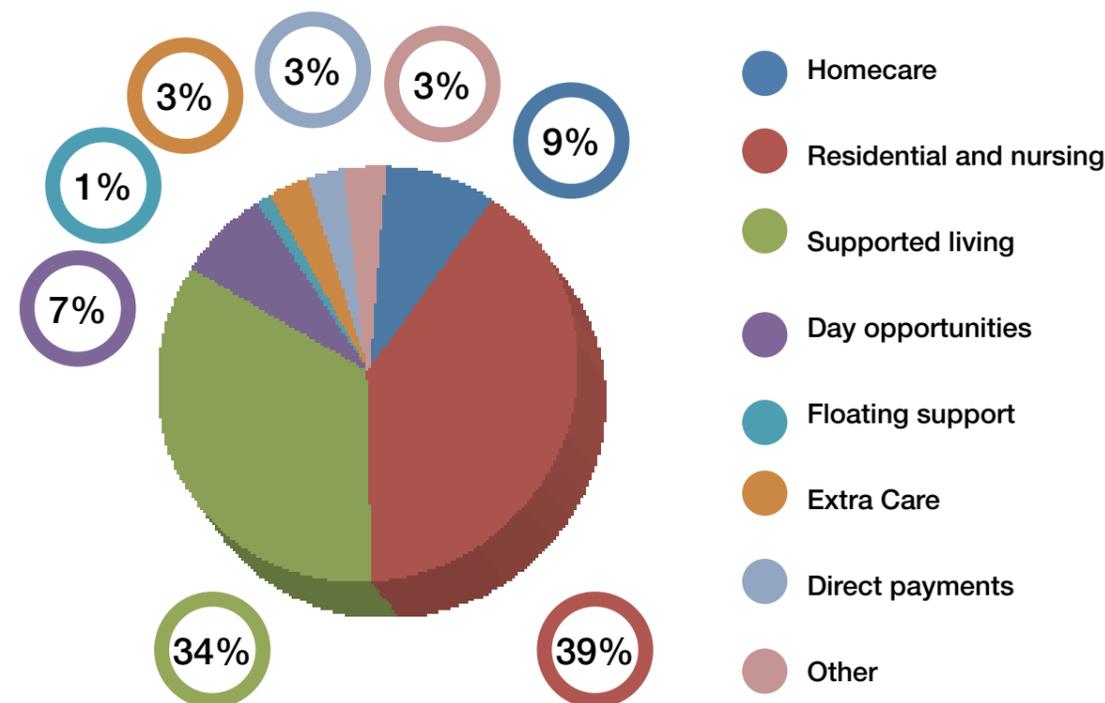
Support is arranged according to the mental health recovery pathway (see below), which describes the different options available depending on the individual’s level of independence. The aim is to support people to live as independently as possible and to take a full and active part in community life.

Although Camden spends less than comparator boroughs on residential and nursing, this still makes up almost 40% of the overall spend and we intend to find continued reductions in this area. We spend a slightly smaller proportion on supported living, albeit this is a much higher area of spend than most councils. We recognise the need for people to make social connections and engage in meaningful activities, which is why our investment in day opportunities remains substantial, and one priority

Camden mental health accommodation, rehabilitation and recovery pathway



Spend on service area



³ More information here: <https://wearecamden.org/minding-the-gap/>

⁴ This includes significant contributions from the NHS and from people who fund a proportion of their care and support. These contributions vary year-on-year.

is to ensure this investment enables people to take part in community life in inclusive, unsegregated settings as far as possible. Our direction of travel over the next 3 years will be to maximise people's independence by supporting people to live in their own homes and by ensuring all support is recovery focused; in turn this will reduce the risk of crisis. The section below analyses categories of support in more detail.

Supported accommodation services

Residential and nursing care

Camden commissions a range of residential and nursing accommodation for people with mental health issues with over 50 places available locally, including specific provision for people with alcohol abuse and mental health problems and people with a forensic history. In 2013/14 we spent around £4.9m on residential and nursing care for people with mental health problems⁵

This is proportionately lower than our comparators, which reflects progress that has been made in supporting people to stay supported in the community. We are looking at the accommodation needs of people with support and care needs across social care and will be working with the market to develop our plans.

Nevertheless there are still around 50 people in residential and nursing settings outside of the borough and it is our ambition to support people in more independent settings whenever possible. In addition there are a number of people in health settings or the criminal justice system that will require supported accommodation in the future. We are working closely with Camden and Islington Foundation Trust to develop individual plans to divert people away from residential and nursing care. This will mean providers in the borough will need to be able to work with people who have complex needs and whose behaviour may challenge services. In order to develop appropriate support for older people with mental health issues efforts will be made with existing providers of residential and nursing care

to develop their skillset to be able to support this cohort.

Supported living

Camden has a significant investment in supported living, providing 242 places with a range of different support options. These range from properties that have 24 hour staffing and therapeutic input to properties where staff visit the properties much less frequently. This pathway of support is designed so that as people move on their recovery journey, they can move to properties with less intensive support and then into general housing. In 2013/14, 26 people moved out of the pathway into independent living, which is significantly below target. A priority for all providers on the pathway is to demonstrate that they can work in partnership with Camden and Islington Foundation Trust and clients to support more people in their recovery journey to live independently; this will require new risk aware approaches. To enable this to happen the Council has made it easier for people with serious and enduring mental health issues to access social housing when they are ready for this step through the choice based lettings system.

In the last 18 months supported living providers have implemented Individual Service Funds (ISFs) to ensure services are increasingly personalised. This is a sum of money which is allocated to individuals who can spend it flexibly on support that helps them to achieve their support plan outcomes. People are using ISFs to purchase things like gym memberships, training and a range of things going on in the community. We are expecting providers to demonstrate how this more personalised offer is making a difference and supporting people's recovery.

The Council is currently developing plans around accommodation for the next 5 years. The Supported Living Pathway remains a major priority and we will work with providers and Camden and Islington Foundation Trust to ensure the overall configuration is appropriate and is able to support more people with higher needs in borough. Providers will need to ensure that their workforce has the right skillset to

work with people with a range of complex needs and behaviours.

To support the pathway to realise these aims there is a Provider Forum hosted by Camden and Islington Foundation Trust with commissioning and housing input that focuses on unblocking barriers to move on, facilitating improvement and furthering joint working.

Extra Care and Sheltered Housing

There is an increasing older cohort of people with mental health needs, many of whom become frailer at a younger age than their contemporaries. For example, there are more than 50 people aged over 50 in the supported living pathway. Some people at this stage of life are looking for different types of housing options where they have a level of support around them and greater sustainability of tenure. We will work with extra care and sheltered providers to develop a range of options that can support people with different types of needs.

Support in the home

Reablement, equipment and adaptations

It is our aim to support people to be as independent as possible and reablement is a core part of this offer. By working with people at times of challenge in their lives with a real focus on upskilling and enabling people to reach their potential it is often possible that people will not require ongoing support. Reablement options for mental health clients, include Camden and Islington Foundation Trust's support, whilst there are also services available for people who have had a physical trauma.

Floating support, intensive support and tenancy support

Camden has a large range of support to enable people to remain independent in the community and maintain their tenancy. This includes a significant generic floating support and tenancy support service that has a wide client group including those with mental health problems, challenges with substance

misuse and people who have been homeless.

In addition adult social care currently spends over £160k per annum on specialist floating support for 112 clients. Time limited, goal orientated floating support is vital in enabling people to develop their independent living skills around managing a flat, connecting with the community and addressing a wide range of recovery goals.

In addition the Camden & Islington NHS Foundation Trust has an Intensive Support service, which provides significant support for people to remain independent in the community through a minimum of 2 visits a week.

These services are vital in enabling people to live independently in the community. This function becomes more important as we support more people with mental health issues to leave the supported living pathway and live independently.

Nevertheless, there is a need to ensure that all services are complementary and coordinated. This includes by ensuring the generic service is able to work with a range of people with mental health issues and that specialist support offers something additional and needed. Differences in eligibility and charging policy for different services has the potential to cause confusion for clients and professionals.

Homecare

The Council spends around £11.5m per annum on homecare. Of this just over £1m is spent on around 270 mental health clients. Homecare is a vital service in enabling people to live well in their own house or flat. When homecare services were tendered in 2013 it was to move to a model that is more personalised and promotes wellbeing and independence. The aim is to support people to find solutions to meet their needs and enable them to achieve their potential, rather than doing things for people. We expect providers to increasingly offer clients choice over who supports them and how. We also expect to see an increase in clients taking direct payments and employing a personal assistant.

⁵ Note that this figure doesn't include people with dementia or other age related mental health conditions, which are covered in the Later Life Market Position Statement.

Community based support

The majority of people want to live in their own home, be active in their communities, have relationships, and have the opportunity to learn, pursue hobbies and contribute on their own terms. The support that we commission, and that people purchase through their personal budgets, should enable them to do these things. Turning this vision into reality requires a diverse and sustainable market, clear information and creative care management – all underpinned by a positive, asset-based culture.

Camden has a vibrant active community and wherever possible people with mental health problems should be able to take part. This is what people have often and passionately told us that they want. Therefore, we will work with universal services, such as community centres and libraries, to ensure that they provide a supportive environment. Where people need some support to take part this should be enabled in creative ways, for example, through a person's circle of support, a travel buddy or a personal assistant. Direct payments and Individual Service Funds (discussed in the Supported Living section) should facilitate this.

This community led approach will be underpinned by a culture of prevention and early intervention; where people are able to access good information, are recognised as the experts in their condition and its management and are able to tap into support when and where they need it, in order to reduce the risk of crisis.

Working with black, minority ethnic and refugee (BMER) communities

Camden's Community Development Worker's contract addresses the significant challenges BMER communities face in realising a parity of outcomes around mental health services. We know that BMER communities face significant inequalities, for example, black men are more than four times more likely to receive social care services than the population as a whole and are also significantly over-represented in crisis services. Camden Council, on behalf of Camden's Clinical Commissioning Group, (CCCG) commissions the Community Development Workers to deliver vision and leadership in addressing these inequalities.

The service works to support people from BMER communities towards early access to preventative, diagnostic and primary care services, and thus reduce the higher proportion of formal mental health admissions. It works to reduce the stigma associated with mental health problems and promote understanding, treatment and recovery. It supports BMER communities to understand mental wellbeing as distinct from mental illness, and enables people from BMER communities to take personal responsibility for their mental wellbeing. Finally, it provides opportunities for people from BMER communities to influence local mental health and wellbeing policy and the way services are delivered.

Despite significant investment in this service for many years significant improvements have not been realised. We are working with the CCG and community partners to test new approaches to improve outcomes for people from BMER communities.

Investment in prevention

The Council, Clinical Commissioning Group and Camden & Islington NHS Foundation Trust have recognised that the only way to address the significant financial challenges that we all share is to increase our investment in prevention so as to support people to live well, and therefore reduce demand for more intensive services. In order to do this each organisation is putting forward £250k p.a. from 2015/16 to develop a prevention fund.

Spending of this £750k funding will be co-designed by the organisations listed above, providers and people with mental health needs. The aim is to develop ambitious plans that will enable a continued shift of resources to prevention and that will build on the significant existing assets within our community.

Advice & Information Services

The Camden Advice Partnership is a strategic investment by the Council to ensure that anybody that needs it is able to access free, independent advice from a range of organisations across the borough. This is a vital support for people that are facing challenges, for example, changes to benefits reforms. More information is available here: <http://www.camdenadvice.org/>

In addition Camden is developing better information to guide people around the support available in the borough. Improvements have already been made through Camden Care Choices (<http://camdencaresoices.camden.gov.uk/>) and these will be built upon in line with guidance and ambitions set out within the Care Act. As people increasingly arrange and organise their own support, including through direct payments, it is vital that providers think about how they communicate their offer to individuals and provide real choice and flexibility.

Advocacy

Camden is developing its advocacy support in light of guidance within the Care Act to ensure that we have an advocacy service which is accessible and easy to navigate. In 2015 Camden is commissioning a new service which will bring together advocacy services across the mental health, older people and learning disability client groups; this will be tendered from February 2015. Camden is seeking providers who can work collaboratively to develop of a single point of access to all statutory and generic advocacy services for these groups.

User involvement

Camden wants people with mental health problems to be supported to have their views and wishes known and respected at all times as we recognise that people are the experts in their own condition. The Council will be ensuring commissioning, delivery and quality assuring services involves people with mental health needs as standard, and that all our providers share this commitment. This will be supported by Camden's user involvement service that will increasingly reach out to a diverse range of people with mental health problems so that we can ensure services are influenced by an appropriately wide range of voices.

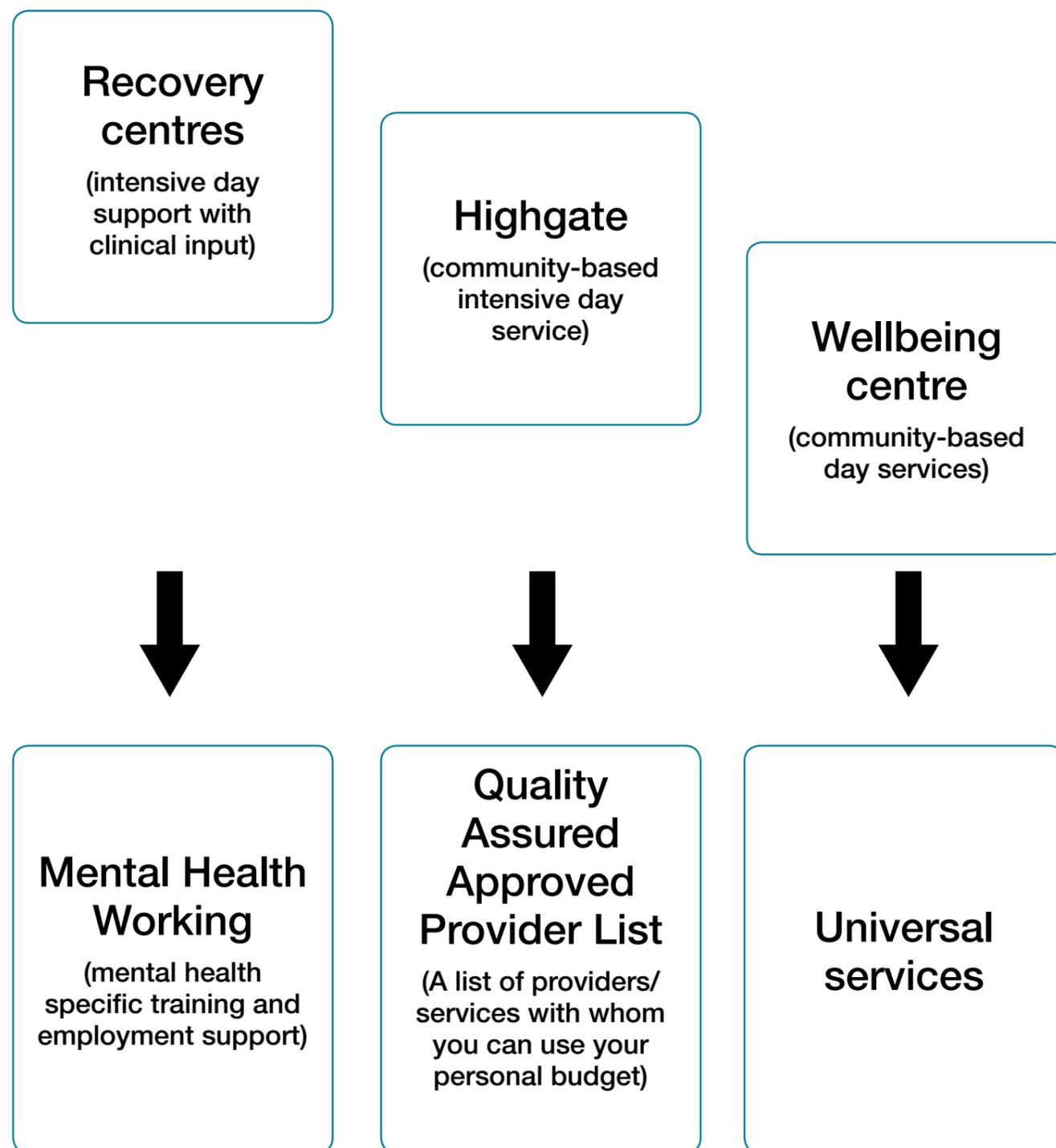
Improving Access to Psychological Therapies (IAPT)

Most people will experience a degree of anxiety or low mood from time to time, in Camden the estimated prevalence is around 37,000. For some, these feelings can become a regular occurrence and affect their ability to live their lives to the full. A range of treatments have been approved by the National Institute for Health and Clinical Excellence (NICE) to help people cope with depression and anxiety. Camden has committed to ensuring people have access to these treatments and has commissioned a number of psychological therapy providers to ensure patients have a choice of provider and options over where, when and how they access their treatment. More information can be found at www.camdenccg.nhs.uk/gps/iapt

Day Opportunities

The figure below demonstrates Camden's day opportunities pathway. We have a range of provision appropriate for people with different levels of need. People have told us that Camden has vast range of great opportunities in the community and that people with mental health want to take part in the wealth of activities available. Camden's vision is through creative care management and by providing accurate information everybody should have the opportunity to be able to take part. Compared to other areas we spend more money on building based services and we will be shifting this to a greater level of spend in the wider community.

Camden strives to promote a culture in which mental health problems are identified early and prevented before they affect daily living. This will in part be achieved through appropriate referral to Camden Mental Health Wellbeing Centre 'Camden Hub', as well as working with communities to facilitate wider use of universal services. The Camden Hub offers free, personalised support for up to 8 weeks that enables anybody facing a challenge with their mental health to take part in a range of activities, develop links with wider community services and access the support they need www.camdenhub.org.uk/



The Mental Health Working service is also available to anyone facing a mental health problem and provides a range of support for people seeking work through enabling them to meet short and long term goals, from personal development, volunteering to accessing meaningful employment: www.remploy.co.uk/info/20137/partners_and_programmes/175/mental_health_working

Currently fewer people who are supported through the Care Programme Approach are employed compared to other areas; we want to see this change through supporting more people to meet their aspirations around working. Camden and Islington Foundation Trust will continue to focus on this and the Council will develop approaches with the Council's Economic Development team to address this challenge.

We are shifting the balance of provision by developing an Approved List of Day Opportunity providers offering a wide range of services that can better enable clients to make choices. We expect all day opportunities to be recovery focused and time limited and we expect providers to increasingly enable people to take part in wider community activities. The development of the personal assistant market will enable this further.

Ultimately the aim is for people with mental health problems to be able to take a full and active role in their communities (assuming that this is the individual's aim). To facilitate this we need to ensure universal services are accessible and make reasonable adjustments for people with support needs and that services are very focused on people's recovery journey. Increased provision of Mental Health First Aid and Awareness training by the CCG will help to facilitate this. We also need to ensure flexible support enables people to take part in universal services.

Integration across health and social care

Camden jointly commissions a number of services across health and social care that are focused increasingly on reablement, early intervention and support that promotes people's independence. This is supported by Camden's Mental Health Mandate, which will be backed up by £16m investment over 5 years by Camden's Clinical Commissioning Group (CCG). Central aims of the mandate are to build individual resilience, ensure services are seamless and improve access to services.

The mandate is available here:

www.camdenccg.nhs.uk/publications/mental-health-programme-mandate

Work across the Council and the CCG aims to ensure that mental health is given parity with physical health in the borough. To meet this ambition will require transformation in the way we commission and provide support to ensure that people are supported in their own homes in all but exceptional circumstances. In addition to the Mandate, Camden's Better Care Fund submission prioritises better integration of mental health services.

All providers should consider links with other services such as those provided by NHS organisations. Providers should also expect to work with NHS organisations that are developing new and innovative models of providing health care. For example, Integrated Practice Units which consolidate mental and physical health and potentially social care services into one delivery vehicle for specific cohorts of service users, whilst from 2015 Personal Health Budgets will be available to some cohorts of people with mental health issues, this will serve to diversify the market of available services.

3. Financial Resources

Adult Social Care expenditure has reduced significantly in recent years, reflecting cuts in central government expenditure. This reduction in funding has an impact on the provision of direct support to individuals as well as a range of preventative services. The mental health budget has reduced by just under 10% since 2011.

We are anticipating further significant funding cuts from central government that are likely to require the Council, as a whole, to make savings of £70 million over the next three years. This is likely to equate to considerable efficiency savings in mental health services over this period. Meanwhile some of the duties associated with the Care Act, notably the 'Care Cap' will create additional pressure on resources.⁶

Our financial strategy will prioritise our investment towards delivering the outcomes of the Camden plan. The Camden plan provides the strategic approach to target our resources in a way that delivers most gain for the population. We will prioritise our resources towards achieving the aims of the plan (e.g. reducing health inequalities) and will re-model services to support delivery of outcomes.

We believe savings can be achieved if we are successful in maximising people's independence and well-being and can target resources to prevention and early intervention, rather than nursing or residential homes. In order to do this we are taking an outcomes based approach in investing in services that make a considerable and sustained difference to people's quality of life.

4. Developing the market place of support

Camden Council working closely with Camden Clinical Commissioning Group (CCCG) will stimulate a diverse market offering people a real choice of provision. Our aim is to establish a dialogue with a wide range of service providers in order to do so. This may come from existing providers, from those who do not currently work in Camden, or from new

⁶ More information is available in the Market Development Strategy.

start-up providers.

Throughout this statement there is a clear visible movement towards support in the community and approaches that promote independence, such as making better use of universal services, maximising reablement and enabling people to take direct payments in order to have greater control over the support they receive.

All commissioning in Camden will be underpinned by the following three principles:

Recovery focus: Putting recovery into action means focusing on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms. It is a fundamentally optimistic approach that recognises people's potential. However, it does not always refer to the process of complete recovery from a mental health problem, for many people it is about staying in control of life.

Personalised approach: All providers should offer a personalised approach tailoring support around the individual's needs and wishes. Providers should respond to individuals, including by enabling people to spend their personal budgets, individual service funds or own money on activities and training that suits their needs and desires.

Outcomes based: Providers must be able to evidence measureable outcomes that provide the most impact for the investment provided. Commissioning will specify the outcomes sought and expect providers to respond creatively.

These principles, which are closely aligned with No Health without Mental Health, will be delivered through ensuring the following commissioning intentions are met:

- **Funding to providers based on achieving and evidencing positive outcomes for the individual.**
- **Block contracts increasingly replaced by individual budgets and spot contracts/framework agreements.**
- **A continued reduction in residential and nursing home placements, enabled through an efficient supported living pathway that supports people to more independent living.**

- **Continued shift in resources towards prevention and early intervention**
- **Support for more individuals to access and maintain their own tenancies.**
- **The provision of flexible, person centred support that promotes the recovery model and connects people to universal services.**
- **A commitment to co-production placing people with mental health needs at the centre of planning, delivering and quality assuring support; underpinned by asset based care management.**
- **Support is increasingly integrated across health and social care.**

Implications for providers

Currently, we know that the market in Camden is not always flexible enough to meet people's needs. Services are not consistently outcome-focused or sufficiently focused around and informed by the wishes of customers. The relationship between the Council and the market is often based on the direct purchasing of services by the former from the latter. The Care Act makes it clear that the role of the Local Authority should be to provide good information to help citizens understand their personal budget and how it can be spent. We will increasingly be a broker, rather than a direct purchaser of services, and will expect the market to be able to develop services around people's lives and wishes. As our Market Development Strategy makes clear, spend through direct payments will continue to increase and providers will be accustomed to dealing with people as independent customers.

This transformation will see new models of commissioning and provision. Camden is moving away from block contracts, which tend to restrict choice for customers, towards framework agreements and tariff-based contracts which open up the market and put control into the hands of people.

⁵ Note that this figure doesn't include people with dementia or other age related mental health conditions, which are covered in the Later Life Market Position Statement.

We are also developing new ways of engaging and co-producing. People, whatever their age, are first and foremost citizens who want to be fully in control of their lives. Few people see themselves, first and foremost, as 'service users' or 'patients'. Our language ('people', 'clients' and 'customers', rather than 'service users') reflects this, as does our asset-based approach to community development.

As part of embedding a recovery focus the Council is interested in funding organisations with innovative ideas about preventative services and support that reduces dependency. We will expect providers to follow open book accounting practices with us; this will enable us to ensure support is sustainable.

We also want to work with providers that behave collaboratively, through sharing intelligence about what works and what doesn't, through understanding their position in a pathway of support and that share power with their clients.

Providers of all sizes should ensure they have a highly skilled professional workforce which is supported through robust management and continual professional development opportunities. Camden Council will support this through the Camden Training and Development Service. This workforce must be able to respond to all members of the community, particularly those in under-represented groups e.g. people who are LGBT.

Conclusion

Camden is committed to giving people with mental health problems choice and control about the support they receive and the lives they lead. People do not want their diagnosis and/or experience of poor mental health to prevent them being members of the community.

This market position statement commits us as commissioners to working with the market in helping people to get involved in their care, set the outcomes they wish to achieve and realise their full potential as citizens.

Appendix i

We have illustrated the way we wish to provide services in the future for people with mental health problems in the following case studies:

Kamran, age 27

Kamran came to Britain when he was 13 with his family from Bangladesh. In his late teens he developed psychosis and was diagnosed with schizophrenia. After a particularly acute episode he was encouraged by his family to be admitted to hospital as a voluntary patient.

In times of crisis Kamran frequently returned to the acute wards as a voluntary patient. He attended the day hospital but stopped going regularly and lost contact with services. After a family dispute he became homeless. The emergency duty team found him hostel accommodation although he often didn't use the room he was allocated. He stated that he didn't like communal living as it was difficult to practice his faith and felt very vulnerable and unsafe at times. His support worker recognised these challenges, but was unable to flex support around Kamran's needs.

What Kamran's support may look like in the future

After a review of his needs, Kamran moved into a supported living flat and was given an Individual Service Fund (ISF). He uses this to go to the cinema and pay for activities at the local mosque drop in centre. He has used some of his payments to pay for a bicycle and he enjoys the exercise and exploring the river and canal paths of London.

His support worker now helps Kamran manage his ISF and reports back to the care manager if problems arise. Kamran says he feels more in control of his life and has begun planning to live independently. He will be supported to access social housing through the enhanced points Camden provides for people with enduring mental health problems.

Adele, age 46

Adele lives on a flat on her own following the death of her father, who she cared for. She suffers from periods of acute and disabling anxiety and finds it difficult to leave her flat. She had a place at the local mental health day centre, but has stopped attending. She says she has no friends and no hope and her flat has become difficult for her to manage.

What Adele's care may look like in the future

At a review Adele's Care Coordinator recognised that Adele's needs were increasing and that she was very social isolated. Adele agreed to work with the Council's generic floating support provider. Her support worker has motivated Adele to start keeping the flat better and has also helped her apply for a disability living allowance which she now gets. She is now supported by a peer befriender who accompanies her to the Well Being centre and to go swimming, a sport she enjoyed as a teenager. After a few months she had built up confidence to travel alone and had made some friends at the Wellbeing Centre. She has now started to go to her local community centre where she volunteers; she says it is nice to be able to help people again. Adele says she feels lucky that she got the support when she needed it as she feared becoming very unwell, whereas now she feels hopeful for the future.

Sue, age 32

Sue is a single parent and has in the past suffered from post puerperal depression which resulted in the breakdown of her relationship. Sue has been known to drink excessively when really down and occasionally use cannabis alongside taking large doses of pain killers.

After a number of safeguarding alerts, her daughter Chloe was placed on the Child at Risk register. Her family support worker has found childcare for Chloe three days a week and Sue is attending a mental health day centre.

Sue doesn't find all the activities on offer useful. Chloe goes to day nursery at 8.30am until 5.00pm but the day centre only opens between 10.am until 3.30 pm and although she has some free time earlier and later in the day Sue does not use purposefully and she feels the day is sometimes wasted.

What Sue's support may look like in the future

In the past Sue has turned down offers of talking therapies but over the last twelve months she has significantly reduced her drinking and substance abuse to non-critical levels. Children's' services are now more confident with Sue's parenting and will continue funding for Chloe to go to day nursery. She now has regular meetings with her counsellor.

Sue has been allocated a care manager in adult services in the community team and meets the FACS criterion for funding. She was offered a personal budget in the form of a direct payment and this was built in to her support plan with provisos of not purchasing alcohol etc. with it and it was subject to monthly review initially.

Sue uses her personal budget for transport costs to take Chloe to a local toddlers group on Fridays. She has made some new friends at the group. She has also used her Direct Payment to buy a sewing machine and fabrics as she is a skilled seamstress, she now makes clothes for Chloe and has sold a few garments to friends. Her Care Manager has introduced Chloe to an Artisan Craft co-operative in Camden, which provides bespoke clothing and goods for a number of stalls on Camden market.

She feels this will give her more of an incentive to leave the flat and return to a 'work' environment. Sue's relationship with Chloe has improved and she is no longer on the 'At Risk' register which has given Sue the confidence she needed as a parent. Sue no longer requires her direct payment as she feels in control of her life, however, she knows a range of community services to contact if she feels she needs this.

Jasper, age 62

Jasper has lived in various properties in the supported living pathway for many years. He has periods of stability and periods of increased need associated with chaotic drinking. In one of these periods recently he had a bad fall and now has impaired mobility, he also has COPD. He has told his Care Coordinator that he doesn't want to have to move on every two years and that he's "too old for living in a flat with all these other people". He also has a difficult relationship with some of the support workers at the project, which means his motivation to engage can fluctuate.

What Jasper's care may look like in the future

The Care Coordinator talked to him about living in sheltered housing where he would have settled accommodation. Jasper agreed that he would engage with alcohol services to support his application. Jasper has now moved into sheltered accommodation and is engaging well with alcohol services. He has a direct payment with which he employs a personal assistant to help him with his physical care and to manage the flat better. This has meant Jasper has been able to employ a fellow Irish person who has similar interests to him.

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