

Market Position Statement: Physical Disabilities



1. Summary

- 1.1** We want Camden to be a place where everyone can live well and realise their potential. By doing this, we can improve the chances of people with physical disabilities in Camden living active, fulfilling lives.

This document represents the start of that conversation. It describes:

- **What it is that we're looking to develop**
 - **How we will work with you to deliver this**
 - **What we know about the physically disabled population**
 - **The Council's predictions of future demand, identifying key pressure points**
 - **The Council's picture of the current state of supply**
 - **Identified models of practice the Council and its partners will encourage**
 - **The likely future level of resourcing**
 - **Support the Council will offer towards meeting its identified model**
- 1.2** There are market opportunities for providers of services to people with physical disabilities to:
- **Improve the quality and availability of information about what services are available**
 - **Provide support that builds confidence and empowers disabled people to take control of their care and support**
 - **Enable disabled people feel safer in their homes and communities**

- **Offer services where disabled are in control of their care and support**
- **Develop and offer inclusive opportunities for social contact**
- **Develop inclusive opportunities for disabled people to do something they value with respect to leisure, employment etc.**

2. Background

- 2.1** The Council and its partners have an important role to play in turning this vision into a reality. As a result of the Care Act, from April 2015 the Council will have an enhanced duty to assess the needs of residents who may benefit from adult social care services, including carers and to ensure that people are given support to participate fully in assessment and support planning.
- 2.2** We also have a preventative role in promoting independence and wellbeing. Camden is committed to supporting people with physical disabilities to participate in community life and to promote their physical and mental health to lead fulfilling lives. This includes encouraging use of self care management programmes, accessing information and advice, community groups and use of mainstream universal community facilities to meet their social and pastoral needs. This requires the Council making use of all its available powers and governance arrangements, including the Health and Well-being Board, to ensure universal services are fully accessible to disabled people living in Camden. This includes working with and influencing services delivered by third parties (e.g. local colleges), businesses, the NHS and voluntary and independent sector.

3. Opportunities for Market Development

- 3.1** Day opportunities: We are looking to commission services that develop day opportunities that are attractive to disabled people and that do not separate people from their community. These services should help to develop peoples' skills and their potential to engage more fully in the wider community. We also want to encourage more use of universal services and community resources, including libraries, cultural spaces and community centres.
- 3.2** Community Support: We will wish to commission services for people with physical disability that promote independence and wellbeing whilst providing support to people with physical disabilities in their own homes.
- 3.3** Reablement: Increased investment in prevention, reablement and assistive technologies will replace some traditional support and care options. We are currently testing whether providing reablement through our independent providers to those already receiving homecare will improve outcomes for our service users and reduce the overall need for long-term homecare. There will be opportunities for providers to work with us to consider how and when we can bring in the voluntary/community sector to support on-going independence and to tackle social isolation.
- 3.4** Self Care: We are seeking proposals from providers to develop programmes of self-care management with a focus on prevention for people with physical disabilities and complex care needs. Better prevention is part of our strategy for enabling people to live independently for longer.

- 3.5** Personal Budgets and Direct Payments: As the numbers of people with personal budgets and Direct Payments rise, the Council will seek to commission direct payment services from providers who can demonstrate their ability to develop and market their services to be attractive to people with physical disabilities purchasing their own care and support, adding real value to their lives.
- 3.6** Support Planning and Brokerage: We are looking to commission brokerage providers to offer independent and impartial advice about how disabled people can achieve their goals and aspirations with brokerage to secure the services they require; to offer fully managed services, supporting an individual with planning, purchasing and payment for care and support services.

4. Demand

Camden's population

- 4.1** The Equality Act 2010 defines disability as being where a person has a physical or mental impairment and this has a substantial and long term adverse effect on their ability to carry out normal day to day activities. In the UK it is thought that approximately 15% of the population could be defined as Disabled under the Disability Discrimination Act. If applied to Camden's population this translates as around 31,800 people. Not all disability will be of a physical nature, but the numbers in question are significant. Nationally around 1 in 20 children are disabled, compared to around 1 in 6 working age adults.
- 4.2** According to the 2011 Census 31,831 Camden residents or 14.4% of the population have a long term health problem or disability which limits day-to-day life a lot or a little.

Around 10,400 people of all ages receive the Disability Living Allowance, a means tested benefit for disabled people, approximately 5% of the population.

4.3 Estimates for 2014 suggest that there were approximately 10,570 people between the ages of 18-64 with a moderate physical disability, with approximately 2,790 estimated to have a severe physical disability. By 2023 this is expected to rise to 11,930 and 3,220 respectively. National research estimates that between 2014 and 2030, the number of adults with a physical disability who need social care will grow between 1.8% and 6.5% per annum.

4.4 Using the data from the PSS EX1 2012/13 data the headlines are as follows:

4.4.1 Camden has the highest number of people with physical disabilities per general population in the comparator group at 3.4, the average being 2.3. It is not clear why Camden has higher numbers of younger disabled people, per 1000 population, and more work will need to be done to understand the demand more fully.

4.4.2 Camden is second highest in the comparator group for net expenditure per head and significantly higher than the average. The net spend per head for those customers between the ages of 18-64 years of age, with physical disabilities across all services is £65.52. This compares to an average cost per head across all London Boroughs of £50.91.

4.4.3 In summary, it is clear that Camden has a disproportionately high number of people with physical disabilities, which has a predictable attendant effect on costs.

4.4.4 In Camden, the number of physically disabled people by ethnic group and gender are shown in Table 1 below.

Table 1: People with physical disabilities by ethnic group and gender

Gender		Male Count	Female Count	Total Count
Ethnic summary group	White	787	1188	1975
	Mixed	13	19	32
	Asian	138	206	344
	Black	107	191	298
	Other	19	28	47
	Total	1064	1632	2696
		Male %	Female %	Total %
Ethnic summary group	White	74%	73%	73%
	Mixed	1%	1%	1%
	Asian	13%	13%	13%
	Black	10%	12%	11%
	Other	2%	2%	2%
	Total	100%	100%	100%

4.4.5 There is little reliable information available on the number of people with physical disabilities in Camden who are lesbian, gay, bisexual, or the number of those people who are transsexual/transgender, which makes planning future services difficult. We expect that providers will take into account and be able to respond to the needs of individuals with respect to their sexual orientation and gender reassignment in a sensitive and respectful manner.

4.4.6 Future demand on services from people with physical disabilities in Camden are summarised in table 2 below.

Table 2: Service Trends 2014 - 2018

Service Trend	Trend
Simple and complex daily living equipment to support people overcome barriers to living independently is predicted to increase in line with policies to support people remain in their own homes take effect.	↑
Minor and major adaptations to improve reduce barriers to people with physical/sensory impairment remain in their own home.	↑
Direct payments providing disabled people with more choice and control. Alongside clear policy imperatives to increase the number of people receiving Direct Payments, disabled people having growing expectations of making decisions about their own care and support.	↑
Assistive Technology (AT) to minimise risks associated with living in the community. AT is supportive technology that supports vulnerable adults and their carers manage risks by providing a 24/7-response service.	↑
Recovery and reablement support that assists and guides people towards greater independent living; through helping people regain and/or learn skills for daily living, including travel training.	↑
Day Opportunities, moving away from building based services to Inclusive opportunities from leisure to supporting people get back into work.	↑
Supported Accommodation and floating housing support to enable people to live independently in the community.	↑
Residential/Nursing Care for people whose needs cannot be appropriately met in the community.	↓

5. Supply

- 5.1** In 2013/14, Camden spent almost £109m on adult social care¹, 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.
- 5.2** Current spend in 2014-15 specifically for people with Physical Disability in Adult and Social Care:

Service Area	£ Value (2014/15)
Direct payment support	177,000
Specialist Advice Service: Housing and Welfare Rights	126,900
Employment advice and support	49,117
Deaf welfare advice and support services	26,616
Chainreaction	66,469
Headway	59,340
Total	£505,442

¹ 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.

6. Home Based Services

- 6.1** We want to support people to continue to live at home for longer, maintaining their independence and community/family connections. People with physical disability can have some of their needs met in the community through the provision of assistive technology (AT). AT describes products or services that promote independence including Telecare and Telehealth devices. AT provides individuals with additional opportunities to live independently at home by providing care at a distance, using communication and wireless sensors that can detect and transmit alerts automatically. The Council would like to see the widest possible adoption of AT, as it brings health and social care directly to service users, in their own homes supported by communication and information technology. If applied in the right way, at the right time and with the right support, AT and home adaptations have the potential to support needs and meet outcomes across a wide range of customer groups and postpone the need to increase support services. It can help people remain in their own homes for longer and provides reassurance to carers.
- 6.2** There are 659 Camden residents with Telecare sensors and Careline Telecare alarm buttons. In addition the Council has set a target of increasing the number of customers using Telecare by a further 25% a year from 2014/15 onwards. This will mean that the number of customers will increase from 949 to 1,608 by April 2018.
- 6.3** To meet the aims of the Camden prevention strategy and the Care Act we have ambitious targets to increase take-up in coming years with Camden's AT service, 'Safe and Well'. In 2013/14 anticipated numbers of people to be supported with Telecare will increase to 659 with a targeted annual increase year on year of 25%. As publicity and operational changes

are put into place we expect to see demand increase. We will seek to use our plans to implement the Care Bill and the Better Care Fund to realise our vision and increase numbers of people benefiting from using assistive technologies to keep well and safe at home.

- 6.4** The service provision for Telecare is currently provided in house and is subject to a review whilst we develop our Assistive Technology Strategy, which we aim to complete by June 2015.

7. Community Based Services

- 7.1** The majority of people want to live at home, be active in their communities, have relationships, achieve their ambitions and live independent lives. The services that we commission, and that customers 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.
- 7.2** Services for people with physical disabilities will increasingly fulfil an enabling role, supporting people to help themselves. Reablement services assist people with physical disabilities with their personal care needs but primarily encourage a person to regain motivation and confidence. These services can also assist people to learn new ways of coping with their health and care, thereby increasing their ability to live independently or supporting them to maximise their potential, supporting them to deliver their own personal care and daily living tasks. There are market opportunities for providers who can demonstrate innovative and flexible approaches to service delivery and for provider organisations to work in partnership with other providers, the local community and

most importantly with people with physical disabilities. Potential provider organisations should assist people with support needs to develop wider networks and peer-led support groups, helping them to develop choice and control of their lives. In order to meet future service specification requirements all service providers will need to promote user choice and control, and support individuals to be as independent as possible.

- 7.3** What it is that we are looking to develop?
- **By April 2016, we want to commission a Centre for Independent Living (CIL) managed and delivered by a Disabled People's User-led Organisation or consortia of organisations. The Camden Centre for Independent Living will:**
 - **support greater numbers of Camden disabled people to live independently in the community and be active citizens**
 - **expand choice and control for disabled people in Camden**
 - **raise the profile of disabled people living in Camden**
 - **create a one stop shop for advice and information on independent living for disabled people**
 - **enable greater numbers of disabled people to reach their full potential utilising their assets and capabilities**
 - **reduce barriers to employment and demonstrate social inclusion for disabled people**
 - **deliver of a user-led service model that promotes the social model of disability**
 - **support disabled people to shape and influence national and local strategy, policy and practice.**

7.4 What we expect from the successful provider/ consortia of providers:

- **Excellent proven partnership-working skills**
- **Cover all local disabled people, carers and other people who use support either directly or via establishing links with other local organisations and networks**
- **Be non-discriminatory, recognise and work with diversity in terms of race, religion and belief, gender, sexual orientation, disability and age**
- **Recognise that carers have their own needs and requirements as carers**
- **Engage the organisation's members in decision-making processes at every level of the organisation.**

7.5 The Council is also reviewing the services that it commissions for people with acquired brain injuries (ABI). Camden currently commissions two organisations to provide specialist day opportunities for people with neurological and brain injuries. We wish to continue to provide specialist social rehabilitation for people with ABI and there are potential market opportunities for a community-based step-down/rehabilitation service linked to home care and/or reablement for this customer group. We are also examining the case for specialist-supported accommodation in Borough for people with ABI.

8. Supported Accommodation Services

8.1 Camden purchases services for people with physical disability via an in house service at Bramhurst, which provides supported accommodation for 2 people with physical disabilities in their own flats. We do not currently have any plans to extend this offer.

8.2 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. This will look at how best to meet the needs of physically disabled people through the redesign of existing housing stock, both council and private rented stock.

9. Models of Practice

9.1 We want to work with providers who:

- **Have explicit quality standards and publish results of independent monitoring;**
- **Are transparent and prepared to work to an open book accounting approach;**
- **Want to share and exchange intelligence and expertise with other partners**
- **Can demonstrate impact the service has & the outcomes they provide;**
- **Are committed to placing residents or customers at the centre of support and can demonstrate how they are active in shaping the design, delivery and quality assurance of the offer;**
- **Want to innovate and develop approaches which reduce dependency over time.**

9.2 The role of the Council is changing from one of service provider to helping others to provide services, and helping people to help themselves. This shift in focus for the commissioning and provision of care will require new information and intelligence systems as the local authority becomes more of a community enabler, rather than organiser or provider of services. In the future the Council will only invest in services that can show personalised outcomes for customers that are both effective and affordable.

Prevention and early intervention are well recognised to help people stay well, live independently and remain healthy for longer. It is important to ensure that a wide range of preventative services are available to support people with physical disability across the spectrum of need, including those who do not approach the Council for support or meet its eligibility criteria. This will ensure that people do not go without the support, which could prevent critical needs developing in the future.

9.3 We also want to prevent greater dependence on our services. This will be facilitated by offering information, advice, advocacy and support to disabled people. More people with physical disabilities will be offered help, where appropriate with reablement. The current model of reablement is still centred around 'physical functioning to be independent', however the opportunity we want to embrace from the Care Act is a broader concept of 'wellbeing' and the emotional/mental wellbeing with a focus on motivation/resilience and confidence building to enable people with physical disabilities re-engage with society rather than simply looked after in their own homes.

9.4 By offering individual person centred approaches in care planning and delivery we will provide greater choice and control for our customers. Providers will need to attract people on personal budgets and demonstrate how they will add value to people's lives. To give people choice and control over their lives, we are developing our local market – and to develop such a market, we are having a conversation between the Council, people who use services, carers and existing and potential providers about what already exists, and what might be possible in the future. Co-production aims to democratise the production of health and social care by

enabling citizens to be full partners in the process of devising service specifications to best meet their outcomes and demonstrate value for money. In future, service providers will be encouraged to consider how they might build co-production into their business models. Service providers will need to be more socially entrepreneurial, with a robust business case and a more personalised service.

10. Resources

10.1 The latest reduction in government funding will have a major impact in Camden. With increasing demand and reduced public finances 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.

10.2 More recently financial challenges faced by local government have required us to find more efficient ways of delivering services whilst supporting the most vulnerable. In Camden we continue to support those with critical and substantial needs, which in many cases include continued day opportunities support for disabled people with most complex care needs. This also means we are working more closely with our community partners and micro enterprises creatively to support the needs of disabled people with low care needs, and working with them to ensure their services are welcoming and accessible to people with physical disabilities.

10.3 In order to meet these challenges, we need to change the way we commission and provide care and support. In particular, we will save money in the long-term by focusing on prevention wherever possible. We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively discouraged. This means working closely with citizens to co-design and co-produce services. It also means moving away from ways of working which are outdated. For example:

- **We want to work with other organisations to develop evidence-based interventions that prevent dependence and foster resilience.**
- **We will work in a much more integrated way, so that support is designed around the needs of the individual, irrespective of which organisation provides or funds it.**
- **We are especially interested in working with individuals or small groups of older people to develop micro-enterprises or other solutions provided by citizens, for citizens.**

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