Market Position Statement:
Learning Disabilities
1. Summary

1.1 The number of adults with learning disabilities in Camden is increasing year on year in line with national demographics. This is discussed in greater detail below, but of particular note is the increase in the number of children and young people with a diagnosis of autism and in adults with complex needs.

1.2 The factors that contribute to this increase are: improved healthcare meaning that life expectancy is increased for all adults including those with a learning disability; more young people including those with severe and complex disabilities are surviving into adulthood with a lifelong need for care and support; an increase in the number of people with a moderate learning disability that present with complex needs and dual diagnosis e.g. behaviour related to autism, mental ill health, substance misuse or offending. The number of older people caring for someone with a learning disability is also increasing.

1.3 We want Camden to be a place where people with learning disabilities can live well and realise their potential. This means facing up to both the opportunities and challenges presented to them. By doing this, we can improve the chances of people in Camden living active, fulfilling lives.

1.4 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. The Children and Families Act 2014 puts a much greater emphasis on bringing together support for children and young people to the age of 25, focusing on outcomes beyond school or college.

1.5 Consultation with stakeholders, including customers and carers, in the development of the learning disability strategy, The Big Plan 2013-16 and through the Camden Learning Disability Partnership Board, Planning Together has told us that the following are key outcomes for people with learning disabilities:

- I have choice and control over my life and the services available to me
- I have choice regarding how I spend my time during the day including more opportunities to use mainstream services e.g. leisure, education and employment
- I have more choice about where I live and who I live with
- People with complex needs have access to high quality specialist services that prevent them from requiring restrictive environments
- Family members and carers of people with learning disabilities receive timely and appropriate support and have a life outside of caring
- To give people choice and control over their lives, we are developing our local market – to develop this 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.

1.6 This market position statement represents the start of that conversation. It describes:

- The Council’s predictions of future demand, identifying key pressure points
- The Council’s picture of the current supply
- Models of practice the Council and its partners will encourage
- The likely future level of resourcing
- The support the Council will offer towards meeting its identified model

1.7 This statement should be read in conjunction with the Pan London Learning Disability Market Position Statement issued by the London Social Care Partnership from London Councils. This is currently in the final stages of consultation, and contains the details of Camden’s services, both as stand-alone services and in comparison with other London boroughs.

2. Demand

Camden’s population

2.1. As of September 2013 there are 662 adults who are known to Camden’s learning disabilities service and 477 adults registered with a learning disability in Camden general practice.

2.2. The age profile of people with learning disabilities in Camden is young with just over a quarter of the population aged between 20-29 years old. The prevalence of learning disabilities is higher in men compared to women. This gender difference is most marked in the age groups 20-39. Prevalence of learning disabilities differs with levels of deprivation. The prevalence of learning disabilities amongst Camden’s registered population is 3 times higher in more deprived areas compared to the least deprived area.

2.3. People with learning difficulties are at significantly higher risk of early, preventable death than other groups. Some of the reasons relate to higher levels of deprivation and social exclusion, and some lifestyle factors, such as being overweight or obese. However, poorer access to and responsiveness of health services also plays an important part. Continuing action to improve health and access to health services for people with learning disabilities is an important priority in Camden.

2.4. An analysis of those known to the learning disabilities service indicates that they can be split into the following categories of need:

- Learning disability and mental illness
- Learning disability and epilepsy
- Learning disability and behaviours that present a challenge to services
- Profound multiple learning disabilities

Range of Conditions Affecting People with Learning Disabilities

- LD and Mental Health: 15%
- LD and Epilepsy: 26%
- LD and Challenging Complex Behaviour: 15%
- Profound Multiple LDs: 6%
- Severe LD: 6%
- Austistic Spectrum Conditions: 32%
2.5 Due to the issues set out in 1.2 above it is anticipated the numbers of people with learning disabilities using services will continue to increase year on year. It is also anticipated that the composition of people and needs will change with the proportion of people with very complex needs who require highly specialist services increasing.

2.6 Young People in Transition: Each year for the next 3-5 years, Camden Learning Disability Service (CLDS) expect to see approximately 20 young disabled people turn 18 and become eligible for adult services, of whom about 6-8 are likely to have profound and multiple learning disabilities. There are currently 159 young people with learning disabilities between the ages of 18-25 known to CLDS.

2.7 The broadcast of the abuse of people with learning disabilities in Winterbourne View, a privately run Assessment and Treatment (A&T) unit, prompted reviews of the use of such A&T units. In turn, The Winterbourne View Concordat and Joint Improvement Programme (JIP) set national goals and clear timeframes for the review and move-on for all people with learning disabilities in out-of-borough assessment and treatment units, with a clear drive to providing local services for people who need Assessment and Treatment Units. One of Camden's key priorities is to strengthen local services in order to meet the needs of people with learning disabilities and concurrent mental health needs.

2.8 In addition to the needs illustrated in the pie chart above are the needs related to aging. As the life expectancy of people with learning disability increases so does the incidence of age related conditions, particularly dementia. There is also a steady increase in the numbers of people with Down's Syndrome. We want to develop services so that they are flexible and responsive to this increasing need and encourage mainstream services such as 'extra care' sheltered housing to allow access to those with learning disabilities.

3. Supply

3.1 In 2013/14, Camden spent almost £109m on adult social care, 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.

3.2 Of this total Camden spent £22.24 million on services specifically supporting people with learning disabilities. £4.05 million of this is the gross health funding with the remainder local authority funded social care support.

3.3 The diagram right illustrates how this is spent and on which types of service:

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1 The above information depicted in the pie chart below, describes the dynamic nature of people’s needs. (Source: Community Learning Disabilities Service, an integrated health and social care service, providing specialist expertise in the support and care of this whole population group)

2 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.
Accommodation

3.4 Profile of where and with whom people with learning disabilities are located at August 2014:

- Over half of adults continue to live with their families, many into middle age and older.
- 106 people live out of borough in residential or nursing care placements.
- Approximately 5 people live in settings equivalent to Winterbourne View.
- Of those living in Camden over 40% live with family or friends in settled long-term accommodation. Of these, 25% are living with older family carers (aged 65+).
- There are 32 supported housing schemes providing accommodation for 117 people in borough. 16 are self-contained one bed flats and 16 schemes provide shared accommodation.
- There are 108 people receiving floating support in borough who live in a range of tenures and settings.
- There are 6 people living in extra care housing.

3.5 There are no residential or nursing homes in the borough. All the accommodation provided in borough is supported living. Camden has recently undertaken a competitive process to select the providers of supported living services and will continue to review how the accommodation and services provided are meeting the needs of customers.

3.6 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. The Council is committed to increasing the range of housing options for people with learning disabilities and better meeting the needs of those who also have physical disabilities or complex behaviour related to autism, mental ill health or offending. Where appropriate, people are offered the opportunity to move back to Camden from out-of-area residential placements or institutional settings.

Floating support and care at home

3.7 As demonstrated in 3.4 a high proportion of people with learning disabilities live with their family carers. High quality home care and floating support that is flexible and responsive to needs is an essential component in enabling some people, particularly those with complex needs, to remain living with their families.

3.8 Camden has a framework of providers for each from which home care and floating support is purchased. We are seeking to ensure that the range of providers on the framework comprehensively supports all the needs presented in the borough including those of people with learning disabilities and complex behaviour related to autism, mental ill health or offending.

Community based services, day opportunities and employment

3.9 Camden commissions a range of services that provide day opportunities for people with learning disabilities.

3.10 Camden has more buildings-based services than most boroughs. Our day care is provided through a combination of spot contracts, block contracts and direct provision by the Council.

3.11 Camden’s vision is to broaden the market of things to do in the daytime across all client groups, including people with learning disabilities. This will require a culture change, both from the Council (as commissioner and provider of care management) and from providers. We want to develop frameworks and other, more flexible models which enable a vibrant market to flourish. We want to talk to providers with fresh ideas, and who demonstrate a commitment to co-production. We will ensure that care management supports this by providing creative, enabling and outcome-focused assistance for our customers.

3.12 Some people may choose to purchase care in purpose-built facilities. The new Greenwood resource will include high-quality space for people with complex needs. However, the majority of people seek social interaction and activities, and we want to encourage more use of universal services and community resources, including libraries, cultural spaces, community centres, and initiatives like Good Gym and North London Cares where people benefit from relationship-centred support.

3.13 The Care Act places a duty on Local Authorities to promote diversity and quality in the provision of services. People in Camden have told us how much they value their independence, and enjoy the wide and exciting range of opportunities that exist in Camden. Our vision is to increase the opportunities available and to improve access to universal services.

3.14 Employment: In line with other London boroughs the number of people with learning disabilities in paid employment is very low. Camden is committed to finding ways to increase this number. We will endeavour to work in partnership with employment agencies, the voluntary and community sector and day resources in order maximise resources and access employment opportunities. We will also work in partnership with education providers to develop pathways into employment for young people in college.

4. Models of practice that the Council welcomes

4.1 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.

4.2 The success of direct payments and other forms of individual budget have also helped to diversify the care market. Evidence shows that when people have control over how they get the care and support they need, their outcomes are generally better. A market of personal assistants is developing (through Camden’s PA register), and in the last few years we have seen the creative ways in which people use their personal budget to meet their needs.

3 NB all the figures supplied here are subject to change as people move through services. These figures provide an illustrative snapshot of the composition of where people currently live and the support they receive.
4.3 The rise in numbers of people with complex needs and the priorities in line with the Winterbourne View Concordat means that Camden needs to ensure that high quality services are available locally that can meet the needs of people with complex physical or concurrent mental health needs.

4.4 Camden wants to see further developed:

- Flexible models of support and services that can be purchased by the customer
- Skilled workforces that are experienced in promoting independence, risk management and reducing behaviours that challenge
- A variety of accommodation options where the service promotes independence and resilience
- Flexible and skilled providers who can provide support for people with very challenging behaviour in supported living accommodation Supported accommodation for people with behaviours that challenge
- Develop different models of day resources that offer flexible opening times and a range of community based activities

4.5 Camden wants to work with providers who:

- 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
- Build extra capacity and effectiveness of models of care through the innovative use of technologies such as Telecare.

5. Resources

5.1 The latest reduction in government funding will have a major impact in Camden. 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.

5.2 In order to meet these challenges, we need to change the way we commission and provide care and support. We must work flexibly, in an integrated way with our key partners if we are to manage demand within available resources and improve outcomes. Our emphasis will be on personalised, preventative, community-based services and support. In order to achieve this we will:

- Take a fully integrated approach to commissioning with the CCG in order to deliver seamless services and pathways for customers.

5.3 Of income and better use of resources.

5.4 Consider where services can be reconfigured or de-commissioned if they can be delivered more economically in other ways without loss of quality.

5.5 Develop innovative & flexible purchasing and contractual arrangements in order to achieve value for money.

5.6 Develop workforces that are skilled in promoting independence, risk management and reducing behaviours that challenge.

5.7 Develop flexible models of support and innovative services that meet the personalisation agenda.

5.8 Promote greater use of mainstream services in order to decrease dependency on traditional and social care services.

5.9 Improve the transition from children’s to adults services through partnership working in order to identify needs at an early age and planning services accordingly.

5.10 Develop a variety of accommodation services and settings including extra care, self-contained and accessible shared.

5.11 Develop flexible, personalised step down services and accommodation for the re-abilitation of people moving on from secure settings.

5.12 Work with providers to promote flexible day opportunity services that offer a range of community based activities.

5.13 Develop innovative short break services that support people living at home with their families.

6. Conclusion

6.1 Camden is committed to giving people with learning disabilities choice and control about where they live, who they live with and the support they receive. People with learning disabilities want to lead lives that are fully integrated with the communities they live in.

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