Learning disability support and care services in the UK

July 2020

Overview

Care England, the largest representative body for independent providers of adult social care, has prepared this briefing in order to better elucidate the learning disability sector in the UK at present and highlight how it has been affected by the Covid-19 pandemic.

The learning disability sector is one of the fastest growing sectors in adult social care. As a result of increased demand induced by demographic factors, historic workforce issues and increased difficulties in the access to care, the pertinence of the learning disability sector is likely to grow and demand greater governmental attention and action than what has been previously given. Accordingly, this briefing makes a host of recommendations to central Government in order to better improve the future sustainability of the learning disability sector.

This briefing paper focuses on the following key areas:

The learning disability population

- The number of people living with a learning disability in the UK is increasing. Combined with demographic factors, this has increased the demand for care; the number of adults with learning disabilities receiving some form of long-term social care, which increased by 8,360 people from 139,555 in the period 2014 to 2015 to 147,915 in 2017 to 2018. (1.)

- Despite the increased demand, the learning disability population in receipt of adult social care has been largely overlooked over the course of the Covid-19 pandemic. This is demonstrated through, but not limited to: the lack of accurate data on deaths at the start of the Covid-19 pandemic; lack of testing; insufficient access to personal protective equipment (PPE) for staff; a lack of governmental understanding about the delivery of specialist care and the settings in which the care is delivered; and the blanket use of do not attempt cardiopulmonary resuscitation (DNACPR).

- Emerging systems to manage the virus have been put in place as a result of the change Covid-19 has demanded, however significant action is still required to better meet the care needs of the learning disability population.

The learning disability care workforce

- In 2018 it was estimated that there were 665,000 jobs in the adult social care learning disabilities and/or autism workforce. 575,000 of these jobs were in the independent sector. (2.)

- Despite the size of the workforce, historically the Government has not given the learning disability workforce the attention it deserves. This issue has been exacerbated by the Covid-19 pandemic. This is demonstrated by: the centrally lead recruitment campaign; the lack of bespoke guidance for specialist care services: and closely intertwined with the ambiguity in national guidance for specialist care services, are the issues arising in relation to indemnity.

- Urgent investment is required in order to ensure the future sustainability of the specialist care workforce.

1. GOV.UK (2019). People with learning disabilities in England. Public Health England. Available at: https://www.gov.uk/government/publications/people-with-learning-disabilities-in-england
2. Skills for Care (2018). The adult social care workforce supporting people with learning disabilities and/or autism. Available at: https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/ASC-learning-disabilities-and-autism-workforce-report-2019.pdf

The provision of learning disability care

- In 2017 to 2018 the total gross expenditure on adults with learning disabilities was £5.5 billion; 89.3% of this was spent on adults aged 18 to 64, with 98.5% of expenditure spent on long-term as opposed to short-term care. This figure is projected to continue to increase. (3.)

- Care England's own analysis of how the learning disability sector has been impacted by Covid-19 indicates a slight decrease in overall occupancy rates. Average occupancy has fallen to a much lower degree than older person care settings due to a plethora of factors, including how the mortality curve for Covid-19 increases sharply due to age.

- Care England's own analysis also indicates that staffing costs (PRPW) have increased significantly. This has been driven by some of the following key responses, including increased absence payments, sickness costs, shielding costs, overtime costs, agency costs and gratuity payments.

- The Government should consider those cost areas which can be reduced to assist adult social care providers, for example, the apprenticeship levy and CQC fees.

Adults with learning disabilities in inpatient settings

- In March 2019, former Minister for Care, Caroline Dineage MP, outlined that the ambition for March 2020 was to reduce the rate of inpatients with a learning disability and/or autism by 35% from the total number of inpatients in March 2015 which was 2,890. However, new figures published by NHS Digital confirm that there were still 2,095 people located in a hospital setting at the end of March 2020.(4.)

- The number of vulnerable people inappropriately detained in hospital settings will likely stagnate or even worsen in light of the Covid-19 pandemic.

- It is imperative, despite the increased pressure on the health and social care system, to ensure that people with a learning disability and/ or autism are enabled to enjoy their rights to live purposeful lives as active members of families and communities.

Learning Disability Support and Care services in the UK Briefing July 2020

1. Introduction to the context of Learning Disability in the UK

- The learning disability sector is one of the fastest growing sectors in adult social care.

- People with learning disabilities are living longer lives and at the same time, the number of those displaying complex needs is also increasing.

- Support for adults with learning disabilities accounts for approximately one-third of adult social care expenditure in England. (5.) This figure is increasing.

- In light of increased demand, prolonged workforce issues and access to care, the pertinence of the learning disability sector is likely to grow and demand greater governmental attention than what has been lent historically.

2. Important demographic changes

- People with learning disabilities are now living significantly longer. The population of older people (those aged 65 and above) with learning disabilities will increase four times faster than the overall adult learning disability population. (6.)

- This growing population will not only present the same age-related health and social care needs as other people but will also present specific challenges associated with their learning disability. For example, medical professionals may find it challenging to distinguishing the symptoms of a condition such as dementia from those associated with learning disabilities, or with other mental health difficulties. (7.)

3. GOV.UK (2019). People with learning disabilities in England. Public Health England. Available at: https://www.gov.uk/government/publications/people-with-learning-disabilities-in-england
4. NHS Digital (2020). Learning Disability Services Monthly Statistics - (AT: March 2020, MHSDS: January 2020 Final): https://digital.nhs.uk/data-and-information/publications/statistical/learning-disability-services-statistics/provisional-statistics-at-march-2020-mhsds-january-2020-final
5. Hft. (2019). Social Care Funding: MPs' perceptions of the size of the learning disability sector. Available at: https://www.hft.org.uk/wp-content/uploads/2019/09/Hft-MP-Poll_landscape_with_logo.pdf?utm_source=website&utm_medium=in-page-image&utm_campaign=MP-Poll
6. Public Health England (2015). Learning Disabilities Observatory- People with learning disabilities in England 2015: Main report. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/613182/PWLDIE_2015_main_report_NB090517.pdf
7. NICE(2018). Care and support of people growing older with learning disabilities. Available at: https://www.nice.org.uk/guidance/ng96/chapter/Context

- Despite this increase in population size, those with learning disabilities continue to experience a poorer health profile than the general population. For example, females with a learning disability have a life expectancy of 67 years. This is 17 years lower than for females in the general population. (8.)

3. The learning disability population

- It is estimated that 1.5 million people in the UK have a learning disability, with 350,000 of these people having a severe learning disability. This figure is increasing given the demographic context discussed above. (9.)

- This is also evidenced by the total number of adults with learning disabilities receiving some form of long-term social care, which increased by 8,360 people from 139,555 in the period 2014 to 2015 to 147,915 in 2017 to 2018. (10.)

- Further, the proportion of younger adults reporting a disability increased from 14% in 2007/08 to 18% in 2017/18. (11.)

- Overall, the number of people with severe learning disabilities is projected to increase by 34% between 2017 and 2027. (12.)

- This increased demand for care will likely produce significant issues for the adult social care sector.

- The CQC State of Care 2018/19 report highlighted this matter, stating that the increase in demand, when combined with the historic workforce issues and issues around access to care, is creating 'the perfect storm' for people with a learning disability and/ or autism. (13.)

3.1 Implications of Covid-19

- The deaths of people with learning disabilities receiving care and support has been largely overshadowed by the damning figures of deaths of older people in care settings; the ONS published figures on 3 July stating that since the beginning of the Covid-19 pandemic (between the period 2 March to 12 June 2020, registered up to 20 June 2020), there were 66,112 deaths of care home residents (wherever the death occurred); of these, 19,394 involved Covid-19, which is 29.3% of all deaths of care home residents. (14.)

- However, the implications of Covid-19 on the learning disability population have been immense. CQC published data on 2 June which demonstrated that the deaths of people with a learning disability and/ or autism was more than double the previous year's figures; from 10 April to 15 May, there were 386 deaths of people with learning disabilities documented by care providers which represented a 134% increase from the previous year. Most of this difference is covered by the 206 deaths attributed to suspected or confirmed Covid-19. (15.)

- Further, 89% of people who died from suspected Covid-19 up to May 22 were aged 65 or over. However, the deaths from Covid-19 amongst the learning disability population were highest among those aged 55-64, who accounted for a third of Covid-19 deaths in the CQC figure referenced above. (16.)

- Despite the high number of deaths from those with a learning disability and/ or autism, this population has been largely overlooked during the course of the Covid-19 pandemic. Issues such as lack of data, lack of testing, insufficient access to personal protective equipment (PPE) for staff, lack of understanding about the delivery of specialist care and the settings in which the care is delivered, and the blanket use of do not attempt cardiopulmonary resuscitation (DNACPR), have all been points of contention.

- While people aged over 65 are entitled to be tested for Covid-19, care home residents with a learning disability are not automatically eligible for tests.

- Government guidance published on 15 April (and updated 14 May) states 'At the moment, you can only get tests if your care home looks after older people or people with dementia'.

- Care settings which support individuals living with learning disabilities are being prevented from ordering Covid-19 testing kits on the government's new online portal for care homes.

8. Ibid.
9. NHS (2018). Learning Disabilities. Available at: https://www.nhs.uk/conditions/learning-disabilities/
10. GOV.UK (2019). People with learning disabilities in England. Public Health England. Available at: https://www.gov.uk/government/publications/people-with-learning-disabilities-in-england
11. The Health Foundation (2020). Social Care for Adults Aged 18-64. Available at: https://www.health.org.uk/sites/default/files/upload/publications/2020/Social%20care%20for%20adults%20aged%2018-64_Analysis.pdf
12. Ibid.
13. CQC (2019). The state of health care and adult social care in England 2018/19. Available at: https://www.cqc.org.uk/sites/default/files/20191015_state-ofcare1819_summary.pdf
14. CQC (2020). Deaths involving COVID-19 in the care sector, England and Wales: deaths occurring up to 12 June 2020 and registered up to 20 June 2020 (provisional). Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/deathsinvolvingcov-id19inthecaresectorenglandandwales/deathsoccurringupto12june2020andregisteredupto20june2020provisional
15. CQC (2020). CQC publishes data on deaths of people with a learning disability. Available at: https://www.cqc.org.uk/news/stories/cqc-publishes-data-deaths-people-learning-disability
16. Ibid.

3.2 Recommendations

- Emerging systems to manage the Covid-19 virus have been put in place as a result of the change Covid-19 has demanded, however significant action is still required.

- The lack of local data and localised decision making will make an agile and nuanced response challenging. Accordingly, a greater level of data collation and transparency is required.

- Guidance published by central government must take account of the different types of care provided within the adult social care sector. Guidance specific to learning disability services must be available in the event of a second wave, due to the significant differences to older people's services. This guidance must be proactive as opposed to reactive.

- Although the DHSC has announced on 3 July that staff working in care homes for people over 65 years old will be eligible to have weekly testing which builds on an initial commitment for one off whole home testing, we do not expect this to be rolled out to learning disability and/ or autism settings until August. This encapsulates the Government's approach to the learning disability sector over the course of the pandemic, it is merely an afterthought. This narrative must be changed.

4. The learning disability care workforce

- In 2018 it was estimated that there were 665,000 jobs in the adult social care learning disabilities and/or autism workforce. 575,000 of these jobs were in the independent sector. (17.)

- Approximately 405,000 jobs were provided by domiciliary care services, whilst 168,000 jobs were provided by residential care services. (18.)

- Significantly, 46% of those working in domiciliary care were employed on a zero-hour contract compared to around 8% in residential care. (19.)

- The turnover rate for the adult social care learning disabilities and/or autism workforce was 29.3%. (20.) The 8% vacancy rate within the sector is particularly concerning as feedback from specialist care services indicates how understaffing can catalyse a deterioration in the mental health of the individual supported because staff were unable to provide the level of care required. 21. Of particular significance to this context, over the last five years, the total number of mental health nurses has continued to fall, with 2% fewer mental health nurses in April 2019 than in April 2014. (22.*)* More nurses will be needed in the future to care for the growing number of younger adults with learning disabilities. Yet learning disability nursing courses are struggling to attract students, have particularly high drop-out rates, and are becoming financially unsustainable.

- The majority of the adult social care learning disability and/or autism workforce were female (80%), with 20% being male.(23.)

- 19% of the workforce was from a Black, Asian and Minority Ethnic (BAME) background. (24.)

- Approximately 85% of the workforce was British, whilst only 6% had an EU nationality and 9% had a non-EU nationality.(25.)

4.1 Implications of Covid-19

- In early March it was estimated that 25% of the adult social care workforce, which is approximately comprised of 1.5 million people, was unable to work due to Covid-19 related issues. This resulted in 34% of providers reporting that they urgently needed more staff. (26.) Care England's own research has indicated that although this percentage of absenteeism has decreased, it still remains high at just below 10%.

- This prolonged high absentee percentage induced by Covid-19 has borne significant costs onto care providers. Care England's analysis indicates that over April and May the costs have reached hundreds of thousands GBP.

17. Skills for Care (2018). The adult social care workforce supporting people with learning disabilities and/or autism. Available at: https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/ASC-learning-disabilities-and-autism-workforce-report-2019.pdf
18. Ibid.
19. Ibid.
20. Ibid.
21. CQC (2019). The state of health care and adult social care in England 2018/19. Available at: https://www.cqc.org.uk/sites/default/files/20191015_state-ofcare1819_summary.pdf
22. CQC (2019). The state of health care and adult social care in England 2018/19. Available at: https://www.cqc.org.uk/sites/default/files/20191015_state-ofcare1819_summary.pdf
23. Skills for Care (2018). The adult social care workforce supporting people with learning disabilities and/or autism. Available at: https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/documents/ASC-learning-disabilities-and-autism-workforce-report-2019.pdf
24. Ibid.
25. Ibid.
26. Skills for Care (2020). COVID-19 Survey. Available at: https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Topics/COVID-19/COVID-19-survey.aspx

- Although centrally lead recruitment campaigns have been launched to aid with the recruitment of new staff, the pandemic will likely have long-term implications on provider's ability to recruit specialist staff due to both increased costs and public perception.

- The Covid-19 pandemic has been characterised by a lack of bespoke guidance for each care setting and service user which has meant that the majority of the initial guidance produced was suitable for older person-centred care settings, where the majority of residents are aged 65 and above. The guidance has not been applicable to specialist care settings, such as those supporting adults with a learning disability or dementia. In the absence of meaningful government direction, organisations including Care England, have been required to fill the policy vacuum, for example, on 10 June Care England published its own statement on visitation for learning disability providers.

- Closely intertwined with the ambiguity in national guidance for specialist care services, are the issues arising in relation to indemnity. Due to the lack of bespoke guidance for specialist services, care providers have deemed it inappropriate or unsafe to follow certain pieces of guidance when considering their other safety obligations. This is best illustrated when Public Health England's (PHE) guidance "COVID-19: How to work safely in care homes" was updated on 27 April to require staff to wear a facemask when performing a task requiring them to be within 2 metres of all residents and when working in communal areas with residents, even if they are not providing direct care and regardless of whether residents. Although this guidance was followed on the whole, there were situations where this is not appropriate. For example, where the use of face masks could prompt an aggressive reaction from frightened service users, potentially placing staff and the individual at greater overall risk. In such cases, providers were required to subject the situation to a careful risk assessment, taking into account the risks posed to the individual being supported and their care worker.

- Evidence is suggestive that Covid-19 has had a disproportionate effect on people from BAME backgrounds.

- The evidence suggests that the pandemic has brought to light and exacerbated the health inequalities affecting BAME groups in the UK. (27.) Data from the ONS and PHE highlights the correlation between economic disadvantage and Covid-19 incidence.

- The IFS found that compared with white British individuals over 60 years of age, Bangladeshis are more than 60% more likely to have a long-term health condition which makes them particularly vulnerable to infection. (28.)

4.2 Recommendations

- Government led campaigns such as 'When you care, every day makes a difference' must become more tailored to address the workforce shortages present in the specialist care sector.

- The continued decline in learning disability nurses has been well documented (29.), and this issue will likely be exacerbated in light of the new points-based immigration system due to be introduced. Accordingly, urgent investment is needed to attract more applicants into learning disability nursing roles.

- In order to allow specialist care providers to better retain and recruit staff, a governmental workforce development grant would be warmly welcomed by the sector in order to encourage staff to remain in the sector, and would also incentivise the workforce to remain in the face of what will likely be a challenging winter.

- There needs to be greater centralised oversight in prioritising social care staff in the same way as NHS staff are for testing. If adult social care staff and those supported are not tested regularly this may ultimately deny those with a learning disability and/ or autism access to the community. It is imperative to ensure that people with a learning disability and/ or autism are enabled to enjoy their rights to live purposeful lives as active members of families and communities.

- Catch all policies are unacceptable for specialist care services where each individual's care and support plan is informed by a formal risk assessment taking into account all risks to the person being supported and anyone involved in their care. The implications of such blanket policies being enacted manifested itself in the very real situation of care providers being hindered in delivering the physical and psychological care and support that they are obligated and commissioned to provide.

- Although it is widely accepted by the Health and Safety Executive (HSE), CQC and local authorities that these are incredibly difficult circumstances and a pragmatic approach to enforcement is required, greater national clarity is needed around potential enforcement action as the prospect of these claims succeeding is likely to be closely related to the provider's compliance with the legislation and measures set out above.

- As per the recommendations given by PHE, ethnicity data collection and recording must be mandated as part of routine NHS and social care data collection systems. (30.)

27. GOV.UK (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups. Public Health England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf
28. IFS (2020). Are some ethnic groups more vulnerable to COVID-19 than others? Available at: https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/
29. RCN (2018). Learning disability care facing crisis. Available at: https://www.rcn.org.uk/news-and-events/news/learning-disability-care-facing-crisis
30. GOV.UK (2020). Beyond the data: Understanding the impact of COVID-19 on BAME groups. Public Health England. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

- Further, more work must be lent to the development of culturally competent occupational risk assessment tools. These can help manage and reduce the risk of employee's exposure to and acquisition of Covid-19.

5. The provision of learning disability care

- 57 out of the 151 councils responsible for social care spent more on supporting adults with learning disabilities than they did on older people in 2017, compared to just six in 2007. (31.)

- In 2017 to 2018 the total gross expenditure on adults with learning disabilities was £5.5 billion; 89.3% of this was spent on adults aged 18 to 64, with 98.5% of expenditure spent on long-term as opposed to short-term care.(32.) In light of the demographic trends discussed in Section 2, this figure will continue to increase.

- In 2017 to 2018 the largest area of social care expenditure for adults aged 18 to 64 was residential care (£1.70 billion), followed by supported living (£1.16 billion), supported accommodation (£301 million) and nursing care (£63 million). (33.)

- In 2017 to 2018 the largest area of social care expenditure for adults aged 65 and over was residential care (£262.6 million), followed by supported living (£141.6 million), supported accommodation (£40.9 million) and nursing care (£25.5 million). (34.) The much lower rates of expenditure are a result of the poorer life expectancy of those with a learning disability.

- In 2017 to 2018 the largest area of social care expenditure for long-term community support for adults aged 18 to 64 was via direct payments (£630.1 million), followed by £353.2 million spent on home care, and £661.5 million spent on 'other' types of long-term community social care. (35.)

- In 2017 to 2018 the largest area of social care expenditure for long-term community support for adults aged 65 and over was spent via direct payments (£25.1 million), followed by £45.8 million spent on home care, and £46.8 million spent on 'other' types of long-term community social care. (36.)

- In 2017 to 2018, 36.7% of people with learning disabilities aged between 18 and 64 years in receipt of social care were living in settled accommodation with family/friends. 22.2% of people were living in some form of supported accommodation. 16.1% people in registered care homes. 12.7% people in tenancies with local authorities, housing associations or registered social landlords. (37.)

- The number of adults with learning disabilities in receipt of social care via some form of personal budget increased from the period 2014 to 2015 to the period 2017 to 2018, while the number of people getting council-commissioned support only decreased. (38.)

5.1 Implications of Covid-19

- Care England's own analysis of how the learning disability sector has been impacted by Covid-19 indicates a slight decrease in overall occupancy rates. Average occupancy has fallen to a much lower degree than older person care settings due to a plethora of factors, including how the mortality curve for Covid-19 increases sharply due to age.

- Care England's own analysis also indicates that staffing costs (PRPW) have increased significantly. This has been driven by some of the following key responses, including increased absence payments, sickness costs, shielding costs, overtime costs, agency costs and gratuity payments.

- Care England's own analysis has also indicated that the PPE costs amongst learning disability providers has been considerable.

- Learning disability providers were in many cases treated differently in terms of the support granted to them by local authorities' relative to older persons organisations. This is despite the fact that many of the costs incurred have been largely similar.

31. The Economist (2018). Social care for younger adults may soon cost more than for the elderly. Available at: https://www.economist.com/britain/2018/03/01/social-care-for-younger-adults-may-soon-cost-more-than-for-the-elderly
32. GOV.UK (2019). People with learning disabilities in England. Public Health England. Available at: https://www.gov.uk/government/publications/people-with-learning-disabilities-in-england
33. Ibid.
34. Ibid.
35. Ibid.
36. Ibid.
37. Ibid.
38. Ibid.

5.2 Recommendations

- Routine testing for staff and residents is of fundamental importance in alleviating those workforce pressures stemming from the Covid-19 pandemic for the adult social care sector.
- The adult social care sector should be first in line for new testing developments – which may, in turn, have the potential to increase costs.
- The Government should consider those cost areas which can be reduced to assist adult social care providers, for example, the apprenticeship levy and CQC fees.
- Local authorities must be supportive in recognising the plethora of costs which have arisen as a result of Covid-19 for adult social care providers. This includes the creation of systems which work in a timely and effective manner to get funding to the frontline as quickly as possible.
- The likelihood of referral rates recovering to pre-Covid-19 rates is fundamentally intertwined with the enactment of a comprehensive infection control system (e.g. PPE, routine testing) which in turn provides confidence to the public.

6. Adults with learning disabilities in inpatient settings

- In March 2019, former Minister for Care, Caroline Dineage MP, outlined that the ambition for March 2020 was to reduce the rate of inpatients with a learning disability and/or autism by 35% from the total number of inpatients in March 2015 which was 2,890. (39.)
- New figures published by NHS Digital confirm that there were still 2,095 people located in a hospital setting at the end of March 2020. (40.)
- These new figures published by NHS Digital only represent a 27% reduction, therefore missing the outlined target by 8%. This is almost 300 more adult inpatients than the target.
- Of those in hospital at the end of March 2020, 1,245 (59%) had a total length of stay of over 2 years.
- Over a third of inpatients (34%) last had a review of their care over 6 months ago (705 people).

6.1 Implications of Covid-19

- The number of vulnerable people inappropriately detained in hospital settings will likely stagnate or even worsen in light of the Covid-19 pandemic.
- As indicated by the NHS Digital figures, although there has been a steady reduction in the number of inpatients held in an inappropriate hospital settings, there has been a continuation in delayed discharges; of those in hospital at the end of March 2020, 1,245 (59%) had a total length of stay of over 2 years.
- Equally as concerningly, over a third of inpatients (34%) last had a review of their care over 6 months ago. In light of the increased pressure on health and social care services induced by Covid-19, the care and help available may be limited compared with usual provision, because more people are needing assistance, and staff may be ill or self-isolating.
- Further, the temporary changes to the Mental Health Act (MHA) within the Coronavirus Act which allows people who need urgent mental health treatment to be detained under the MHA with the approval of just one doctor rather than two, must not be used as a mechanism to detain people in inappropriate hospital settings for an extended period of time, without their care plan being reviewed regularly.
- Secondly, the Care Act easements contained within the Coronavirus Act relieve local authorities of their full duties so that they can prioritise what they view to be the most urgent areas of care. As evidenced by Mencap, families have already expressed concern that local authorities are already making use of the Care Act easements to cut vital support for people with a learning disability and/or autism. (41.)
- The new Covid-19 law and regulations do not remove our existing rights and duties to work within the empowering ethos of human rights law; the MCA is an essential part of this.
- Finally, as cited by Mencap, there were 125 people still stuck in hospital when they are ready for discharge in March, with the main reasons being a lack of social care and housing provision in the community. Care England has previously given examples to CQC of care providers no longer investing in community care settings for people with a learning disability and/or autism as they fear these will not be registered based upon CQC's policy on handling both new applications for registration and applications to vary registration for services supporting those with learning disabilities and/or autism.

39. Parliament UK (20190). Autism and Learning Disability: Psychiatric Hospitals: Written question – 238347. Available at: https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/commons/2019-03-28/238347/
40. NHS Digital (2020). Learning Disability Services Monthly Statistics - (AT: March 2020, MHSDS: January 2020 Final). Available at: https://digital.nhs.uk/data-and-information/publications/statistical/learning-disability-services-statistics/provisional-statistics-at-march-2020-mhsds-january-2020-final
41. Mencap (2020). Locked up during lockdown: Government target missed yet again to release people with a learning disability and/or autism from 'modern day asylums.' Available at: https://www.mencap.org.uk/press-release/locked-during-lockdown-government-target-missed-yet-again-release-people-learning

6.2 Recommendations

- It is essential that the slow progress made by the Government in reducing the number of inpatients is not lost in this challenging context.
- It is imperative, despite the increased pressure on the health and social care system, to ensure that people with a learning disability and/ or autism are enabled to enjoy their rights to live purposeful lives as active members of families and communities.
- In CQC's State of Care Report 2019, it is recommended that a better system of care is needed for people with a learning disability or autism who are, or are at risk of, being hospitalised, segregated and placed in overly restrictive environments.
- Decisions must continue to be made in the best interests of individuals who lack mental capacity. At this time, clearly the freedom of action and choice is limited for all citizens, however a proportionate and humane response will always prioritise ways to keep vulnerable people and those who love them in contact with each other.
- The adult social care sector is likely to face a sustained period of economic downturn relative to other sectors. Confidence and assurance needs to be given by CQC and NHSEI to providers to invest in community settings which will, in turn, improve the inpatient rate.

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