Market Position Statement: Carers
1. Summary

1.1 For many frail and disabled residents in Camden the support they receive from their family and carers can ensure that they can remain independent in the community for as long as possible. During the last 10 years the recognition of unpaid carers and the vital role they play in providing care in Camden has grown. The carer agenda is well supported in the local population with many people recognising that they may be in a caring position at some point in their life.

1.2 Carers provide unpaid care and support to adults or children who are frail or have physical or learning disabilities, mental ill health or alcohol or drug dependency. Providing care can have a substantial impact on a carer’s current and future quality of life. The 2011 Census indicated that 17,306 Camden residents were carers providing unpaid care.

1.3 Nationally carers provide approximately 65% of all care. Supporting carers to sustain their caring role will continue to be of importance because of their vital contribution to the care system.

1.4 The national Carers Strategy 2008 and 2010 has set a clear vision for carers support over a 10 year period. This vision has been adopted locally in the Camden Carers Strategy 2012-16. The strategy has four underlying messages; that carers should be identified and recognised; that carers should be able to realise and release their potential; that carers should have a life outside the caring role and that carers should be able to maintain their own health and wellbeing.

1.5 The introduction of the Care Act in 2015 will bring requirements to focus on residents wellbeing, the provision of better information to help people make choices about care and the improvement of support for carers. Specific new duties related to carers within the Act include extended duties to assess carers and duties to meet any needs within national eligibility criteria.

1.6 Consultation with carers and former carers in Camden have identified that the most common generic outcomes for carers are:

- I am recognised as a carer and treated with respect as a partner in care
- I have regular and flexible breaks from caring that mean I can enjoy family and community life
- I have access to good information when I need it
- I am able to maintain my own health and wellbeing
- I am able to work, learn and take part in leisure activities

1.7 In the national Personal Social Services Survey of Adult Carers (HSCIC 2013a), 70% of carers in Camden who responded to the survey said that information was easy or fairly easy to find; 68% of carers felt involved and consulted. However, the results also suggested that stress, tiredness and isolation were major issues for carers.

1.8 In order to help people to care for their family and friends, and to have a life outside of caring, we are committed to commissioning services for carers that maintain a focus on wellbeing, promote co-production and enable carers to take advantage of the wide range of opportunities that Camden offers to its residents.

1.9 Our vision is that carers of people living in Camden who choose to take on a caring role will be identified and will have access to the information they need to make decisions and choices about their life, their caring role and will also be able to maintain their health and wellbeing.

1.10 This market position statement sets out how we can achieve our vision for carers. It includes:

- Analysis of current population data
- The Council’s picture of the current services provides to support carers
- 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

2. Carer Population Data

2.1 In the 2011 Census, 17,306 residents provided unpaid care. This equated to 7.9% of the Camden population, the 3rd highest in inner London. Although the proportion of carers in the population is similar to the 2001 census (7.8%), the actual number of carers has increased by approximately 1,800 (12.5%).

2.2 Carers in Camden follow a similar profile to the national picture with 58% of carers being female and 42% male. However, as the number of hours of care increases so does the percentage of carers who are female. The largest inequality concerns carers aged 25 to 49 years of age providing more than 50 hours of unpaid care each week where over 71% are female.

2.3 The wards with the greatest number of carers are St Pancras and Somers Town, Highgate and Camden Town with Primrose Hill. However, the wards with the highest percentage of carers within local populations are Highgate (11.1%), Gospel Oak (9.8%) and Cantelowes (9%).

2.4 The number of carers aged 65 years and above has increased by almost 28% between 2001 and 2011. Approximately 2700 people aged 65 and over are estimated to be in a caring role. These carers are also most likely to provide intense unpaid care of 50 hours per week or more. Older carers may also have their own care needs and disabilities and caring may negatively affect their wellbeing.

2.5 Camden residents aged 50-64 are most likely to be a carer, 17.2% reported they provided unpaid care in 2011, and this reflects the stage where residents are most likely to have an elderly parent or relative to care for.

2.6 One in ten carers is under 25 years of age. A higher proportion of Camden residents aged under-25 years of age provide unpaid care (2.9%) compared with Greater London (2.7%) and England and Wales (2.6%).

2.7 While nationally, white ethnic groups are more likely to provide unpaid care than BAME groups, in Camden, members of the Bangladeshi community are the most likely to provide unpaid care with 12.5% of the Bangladeshi population providing unpaid care.

Note: Office for National Statistics (ONS), Standard Area Statistics, 2011 Census.
2.8 People providing more than 20 hours per week of care are twice as likely to have poor health compared with an equivalent resident without caring responsibilities. Between 2001 and 2011, the proportion of carers providing 20+ hours of care per week in Camden has increased from 29% to 33%, the equivalent of an additional 1,400 carers. This increase corresponds to national data which indicates a gradual shift to higher levels of care being provided by individual carers.

2.9 The relationship between poor health and caring becomes more apparent with the duration and intensity of the caring role. Caring is linked to increased levels of anxiety and depression. These effects are most pronounced where high levels of care are provided and at key transition points in the caring role.

2.10 The results from a Carer Health and Wellbeing project, operational in Camden during 2010/11, indicated that levels of care and wellbeing were closely linked. The most common factor related to poor wellbeing of carers was caring for long hours per week.

2.11 The 2011 Census showed that Camden residents providing unpaid care are less likely to be economically active, less likely to be in employment and, if in employment, are less likely to be in full-time work. Even so, nearly 55% of carers are juggling a caring role with their employment. Providing care for 20 or more hours a week has a significant, negative effect on employment. As increasing numbers of carers appear to be providing higher levels of care we can expect more carers to feel the need to leave their jobs to provide care. This comes at a significant annual cost to the wider economy, with lost working hours estimated to be worth approximately £5.3 billion nationally.

3. Future Demand

3.1 There is an average change in carers of around 35% per annum meaning that the carer population is never static and carers are constantly moving in and out of the caring role. When we talk about carers we are talking about different groups of carers with differing needs and outcomes:

- Young adult carers under 25 years of age want to access the same opportunities in employment, education and leisure as their contemporaries
- Carers of working age want to be able to remain in employment or return to employment and be supported by employers to manage a caring role. They want to remain healthy and have time for family, friends and leisure.
- Older carers want to maintain independence, health and remain active as long as possible. If they are caring for a partner or spouse, they may want to take part in social activities together.
- Carers who live outside of Camden may travel long distances to provide care or may be caring at a distance and need to be able to rely on good local care services to enable them to manage this role.
- Former carers who have ceased to care may suffer poor health for up to 4 years after the caring ceases; maintaining health and wellbeing continues to be a priority after caring has ceased.
- We must balance the needs of the various groups of carers and develop a response accordingly. What is clear for all carer groups is the need for good quality accessible information to enable them to make informed decisions about their life.

3.2 A Carersuk report suggests that nationally unless support services are expedited or people’s health improves, there could be a further 3.4 million carers by 2037 with the national carer population rising from 5.6 to 9 million. If Camden follow the predicted increase there will be an additional 6000 carers in Camden over the next 20 years.

3.3 A number of local population projections will contribute to the predicted increase in the number and profile of carers in Camden.

- Camden has an aging population. Over the last decade Camden had the highest growth in over 65s (12.7%) in London. There are currently around 25,300 people aged 65 and over living in Camden; this is projected to increase to 27,500 by 2018. In the same period, the 65+ population is forecast to increase by 24%. The number of people with dementia in Camden is likely to increase by around 25% by 2021, as the age distribution in Camden shifts upwards.
- Approximately 20% of people with Learning Disabilities using Adult Social Care services live with their parents and carers. The number of people with Learning Disabilities is predicted to increase in the future. We know from local research that carers of people with Learning Disabilities have the poorest wellbeing of all carers in Camden due to the length of the caring role and the high level of care and support provided.
- The demand for care from family and carers is therefore, likely to increase in future and improved life expectancy for people with long term conditions or complex disabilities means more high level care will be provided by carers for longer periods of time. Providing more intense levels of care has a potential impact on the local carer population in terms of health and economic activity.

3.4 Adult social care investment is increasingly being targeted towards approaches which promote independence and enable people to stay in their own homes for longer. This approach may have an impact on carer wellbeing and we must be mindful that we develop an approach that also builds resilience within the carer population and supports carers to maintain their health and wellbeing.

3.5 As a result of the Care Act, from April 2015 the Council will have an enhanced duty to assess the needs of carers and to provide services to support them in their caring role. Carers will also be given support to participate fully in assessment and support planning. The Council will have a preventative role in promoting independence and wellbeing of carers as well as for the person they care for. The Council is likely to face an increased demand for carer assessments and associated services for carers. By 2017/18 it is predicted that the number of carers seeking a statutory carer assessment will increase by almost 50% to around 2600 carers. Not all carers will be eligible for statutory support services but the majority are likely to access prevention services such as advice and information.

4. Current services

4.1 In 2013/14, 34% of customers had an identified carer who had received an assessment and a carer’s service or information from Adult Social Care. This equated to 1541 carers receiving an assessment and service or information. 502 carers received their own Direct Payment to enable them to access their own personalised support as a carer. Based on these figures approximately 14% of carers of adults over 18 years of age are currently in contact with Adult Social Care services. These carers tend to be those who are providing high levels of care.

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2 Carers UK. (2004) In Poor Health: the impact of caring on health

3 M George, It could be you (London, Carers UK, 2001).
4.2 Around 16% of all Camden adult carers (2500) are supported by carer services commissioned by the Council. Services include information and advice, one to one support, breaks from caring, health checks, emergency support or carer group activities and training. Many carers do not come into contact with any support services. Carers may not recognise themselves as being a carer; they may lack knowledge about services but there will also be a number of carers who choose to manage and fund their own support services.

4.3 The Council procured a new model for carers support services in 2012. We wanted the service to be accessible and responsive. We realised that health and social care needed to work closely together to ensure that carers had the best opportunities for maintaining health and wellbeing. We therefore commissioned a service that was jointly funded by the Council and the CCG and is able to link carers to health services such as health checks, healthy advice and activities promoting good health and wellbeing.

4.4 With the identification of carers and access to information being an important issue, we worked on the premise that ‘caring is everyone’s business’. We encouraged partnership arrangements that could offer opportunities to support people in their own communities and would reduce reliance on statutory services. To facilitate this we used the procurement process to encourage partnership bids. Consequently the service direction has been to build a large number of formal and informal partnerships across statutory, voluntary and independent organisations. New referral pathways are in place and the number of monthly referrals to carer services has doubled in 12 months to around 60 newly identified carers per month. We anticipate further increases in the number of carers identified through these partnerships in the future.

4.5 We also commissioned a service that focuses on the difference the support makes to an individual’s quality of life and a service that promotes wellbeing. The service developed a new ‘front door’ information service so that carers receive the right information from first contact with the carer service. Identified outcomes are met whenever possible by universal and preventative services and only those carers with complex caring issues are offered more intensive support. This approach has led to an increase in the number of carers receiving information quickly and needing less intensive interventions.

4.6 The carer services use a co-production model to develop the service further. The Carers Forum is carer led and the organisation is managed by a Board of Trustees who are predominately carers or former carers. The Council and CCG involve carers in partnership and participation boards to ensure that carers are involved in the delivery and design of services. We anticipate that future services will continue to develop in partnership with carers, be asset based, continue to use the skills of carer volunteers and build on the work already in place.

5. Resources

5.1 Demographic trends lead us to conclude that the number of unpaid carers will increase substantially. This may well lead to a subsequent increase in demand for support. Camden faces similar challenges to other London boroughs over the coming years:

- An increasing older population, some of whom will have care needs
- An associated increase in carers
- An increase in carers providing higher levels of care

- An increasing demand for assessments and carer assessments and services arising from the new duties of the Care Act
- A high proportion of self-funders and their carers who will access statutory services at an earlier stage
- The need to make substantial savings and efficiencies, across both social care and health.

5.2 The commissioned voluntary sector carers service has a contract value of £725,000 and the funding is apportioned 50:50 between the Council and Camden CCG. In addition, in 2013/14 the Council allocated approximately £150,000 in carer Direct Payments.

5.3 Although additional resources for the Council are to be agreed to meet the extended duties towards carers in the Care Act, this will occur at the same time as a reduction in overall Council funding of £70 million. The latest reduction in government funding will have a major impact in Camden and in order to meet these financial challenges, we need to refocus the way we commission and provide care and support, for example by focusing on prevention services, developing different types of services and working closely with carers and the people they care for to co-produce and redesign services. We need to consider alternative ways of providing assurance and support for carers such as the use of telehealth and telecare technology. We also need to consider how we can support family and carers to work with the Council and partners to access individualised support services through the personalisation agenda.

6. Future direction

6.1 There have already been many positive developments in carer support over the last 5 years. The Council intends to build on the work that has already been achieved and to continue to work jointly with the NHS and other partners to improve awareness and access to carer services. By recognising carers at an early stage in their caring role and signposting the carer and the person they care for towards universal preventative services we can support residents to live independently in the community and ensure the carer and cared for person have a good quality of life in their own home.

6.2 The Care Act will bring changes to the delivery of carer assessments and is likely to lead to an increase in the number of carers who receive a personal budget. We will look for services that complement and support the council to deliver the extended duties of the Care Act including the actual delivery of the carer assessment process.

6.3 Carers have been receiving personal budgets for a number of years and use these budgets in creative ways to support their caring role. We would encourage providers to develop enhanced and individualised services to ensure carers have even more choice. Some carers would prefer to access services with the person they care for and there are currently very limited opportunities to do so; this is clearly an area of the market that could be developed to benefit both carer and cared for.

6.4 In addition, many carers care across local authority boundaries and carers from neighbouring boroughs may choose to use personal budget allocations in Camden. We would anticipate that future business models also offer carers who receive a Direct Payment from other councils the possibility to purchase services within Camden, thereby supporting carers who care at a distance close to home.
7. Working in Partnership

7.1 Going forward:

- We will work with providers who are able to take advantage of personalisation and consider how services to carers can be enhanced and individualised with the use of personal budgets.

- We will work with providers who have the vision to work and develop services that cross boundaries and support carers who care at a distance.

- We will work with providers who are able to promote understanding of reablement, wellbeing, prevention and universal services so that families and carers encourage independence for the person they care for.

- We will work with providers who develop approaches that support carers to move from crisis management models of caring to one that enables carers to plan for long term care and a future beyond caring.

- We want partners to develop new ideas to support carers and the person they care for, offer greater choice and help build resilience within the carer population through an asset based approach that promotes co-production, skill sharing and mentoring.

- We want to increase the use of telehealth and technology which can help to support carers in the caring role and help some carers remain in employment.

- We want to work with local employers to build a model that support carers to remain in employment or find employment after the caring role ends.

- We want providers to work in a more integrated way so that both carer and cared for person are supported around their individual needs.

- We want to work with providers who have the vision to work and develop services that cross boundaries and support carers who care at a distance.

- We want to work with individual or groups of carers to develop micro enterprises that support the care needs of the person cared for and ensures the carer has maintained wellbeing.

7.2 We want to understand how we can work together to achieve the best outcomes for carers. We need to understand how we can support and encourage providers to deliver more personalised services for carers and also jointly for carer and cared for person. To do this we need to build a strong partnership with potential providers based on mutual trust and shared priorities and joint work developing new models of support.

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Produced by Creative services 13/14 2674.3 t. 020 7974 1985