

Market Position Statement: Dementia



1. Summary

- 1.1 Camden's population is ageing. Life expectancy has increased in recent years and most people can look forward to twenty or thirty years of life after retirement. This is a very positive trend, which strengthens and diversifies communities.
- 1.2 We want Camden to be a place where people of all ages can live well and realise their potential. This means facing up to both the opportunities and challenges that later life can create. By doing this, we can improve the chances of people in Camden living active, fulfilling lives.
- 1.3 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. We also have a role in promoting independence and wellbeing through preventative measures.
- 1.4 We have listened to what people in Camden have told us they want in order to live well. The overarching outcome is: "I am able to stay healthy, active and involved in my community for as long as possible". The following outcomes fall underneath this:
 - I can maintain my independence, remaining in my home or with my family

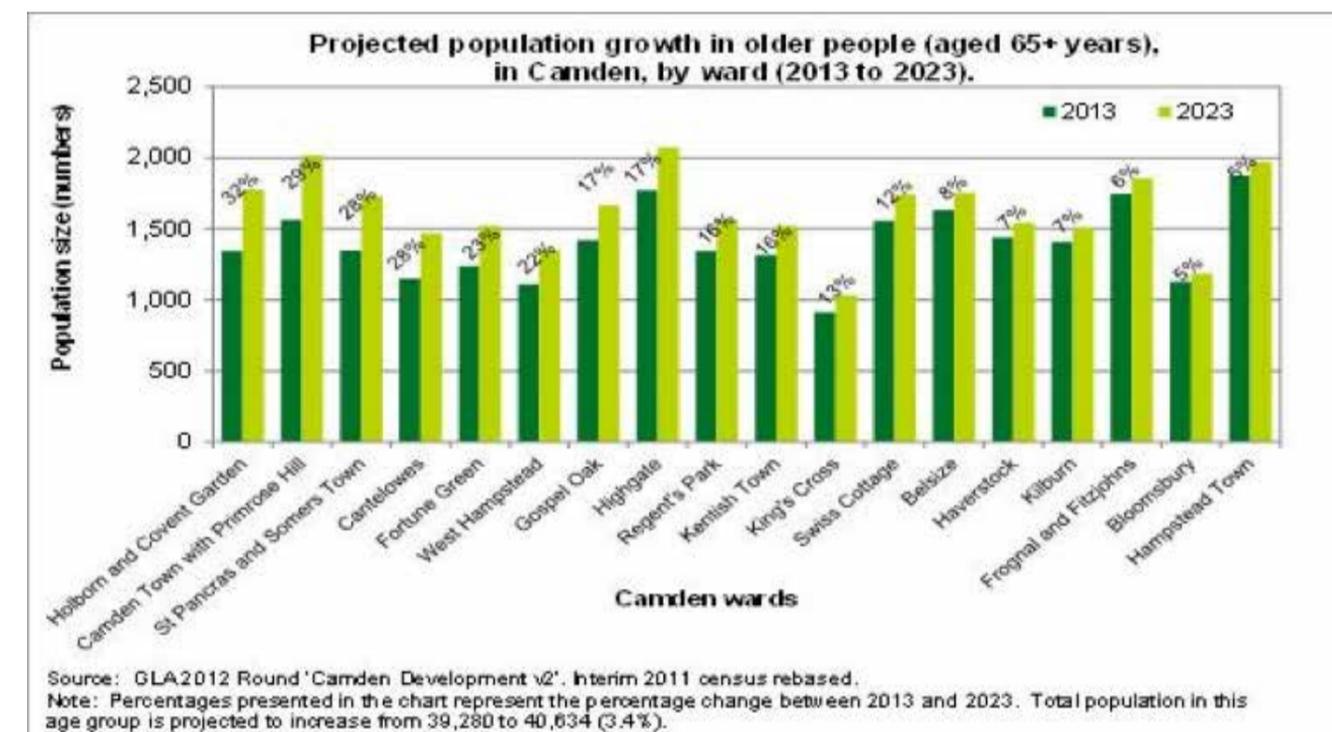
- I am able to make positive contributions to family and community life
 - I am able to make connections with others
 - I am able to work, learn and take part in leisure activities
 - I am supported in my recovery and rehabilitation
 - I feel safe and respected
 - Carers are supported to have a life outside of caring
- 1.5 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.
 - 1.6 This document 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 state of supply
 - Identified 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. Demand

Camden's population

- 2.1 In 1950, a man could expect to live another 11 years after his 65th birthday. Today, this "post-retirement" lifetime has doubled to 22 years, and by 2050 it will have risen to 261. Within two decades, there will be 100,000 centenarians living in the UK; and within fifty years, there will be 500,000².
- 2.2 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 (a 9% increase). In the same period, the 85+ population is forecast to increase by 24%.

- 2.3 Camden's joint strategic needs assessment shows that the increase in people aged 65+ in the next decade (2013-2023) will vary across Camden's wards, with a 32% increase in Holborn & Covent Garden, and a 5% increase in Bloomsbury and Hampstead:
- 2.4 Camden has the 8th most deprived older population in London, with significant health and wealth inequalities. In one area of Highgate, 0% of older residents are income-deprived; whereas in a similar sized part of Regent's Park, 76% of older residents are income-deprived. 40% of older people in Camden live alone.
- 2.5 In Camden we are developing an isolation index to inform our partnership working to prevent isolation and loneliness and promote social connections among older people and across generations.



¹ http://www.ilcuk.org.uk/images/uploads/publication-pdfs/The_Retail_Distribution_Review_and_small_pension_pots_-_Policy_Brief.pdf
² Future projections should only be used as a rough guide to what the future might hold.

2.6 Life expectancy has increased by two years for men and women since 2000. Camden's mortality rate is comparable to London / England. 70% of older people in Camden have at least one long-term condition, and of these, 40% have multiple long-term conditions. 49% say their health is very bad, bad or fair. Camden also has a higher than average rate of hospital admissions for older people – including the second highest rate of stroke-related emergency admissions in London.

Dementia

2.7 Camden's dementia plan is committed to making Camden an inclusive and accessible place for people to live well with dementia. Through the development of a local dementia action alliance, we have made a public commitment to ensuring that the whole community understands dementia and is working together to make Camden "dementia-friendly".

2.8 At the moment, there are around 1,650 people with dementia in Camden, of whom:

- **Nearly two thirds are women, one third men.**
- **Nearly half are 85 or over.**
- **Around half are in the early stages, a third in the moderate stages, 13% in the later stages.**
- **10% are from black and minority ethnic communities.**
- **Around 3% (equivalent to 50 people) are under 65. Younger people with dementia face different challenges, and it is important that the needs of this group are met.**

2.9 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 (though this represents an increase of only around 400 people). We predict that the profile of people with dementia will also change. By 2021:

- **41% of people with dementia will be men.**
- **The number of people with dementia aged 85 and over will increase by 40%.**
- **The number of people with dementia from black and minority ethnic and refugee (BMER) communities will double**

Carers

2.10 In the 2011 Census, 17,306 residents (7.9% of the Camden's population) provided unpaid care. The market position statement for carers sets out our approach and our expectations of the market in more detail. However, it should be noted that people aged 65+ are most likely to provide unpaid care of 50 hours per week or more, and are particularly at risk of poor health outcomes linked to their caring role.

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

Impact of population change on demand

2.12 When we talk about "older people" in Camden, we are really talking about two generations: the "baby boomers" (born in the 1940s and 1950s) and their parents (born in the 1920s and 1930s). These groups have

different health needs (the late 70s and early 80s is when the risk of having one or more long-term conditions significantly increases) and different **expectations of what support they want.**

2.13 The demographic changes outlined above – and particularly the increase in the 85+ population – are likely to increase demand for care and support. Our projections indicate an increase in demand of 466 people by 2018. Demographic changes, reductions in funding and new responsibilities arising from the Care Act show that we need to develop a new approach that builds on work to support people to live independently.

2.14 The vast majority of people aged 65+ do not and will not need to have contact with adult social care. In June 2014, there were 1,568 adult social care customers aged 65+ - only 6% of the overall 65+ population. The majority of people aged 65+ access universal opportunities which maintain their independence and prevent isolation – although it is true that the increase in the 85+ population will create a significant surge in demand for adult social care services if we do not transform the way we work. So an increase in older people does not necessarily mean an equivalent increase in adult social care customers – rather than simply providing more care to more people, we are looking to the market to deliver care and support in a different way.

2.15 We will therefore target resources to initiatives and services which deliver individual outcomes and the outcomes of the Camden Plan, and which increase resilience and reduce dependence in the longer-term. The section below on supply describes how we have begun to do this.

Self-funders

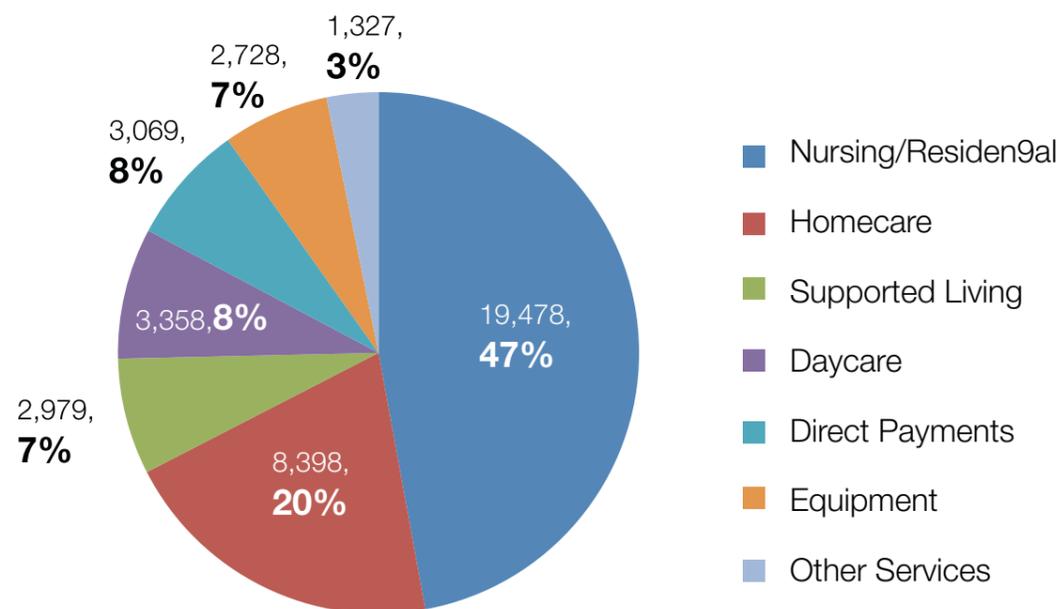
2.16 As our market development strategy indicates, there is also a significant self-funder market. The Institute of Public Care has estimated that nationally almost 45% of residential and nursing home placements for older people are taken by self-funders, whilst there are around 170,000 older people nationally who fund their own homecare. Our priority is to develop a better understanding of this market and to estimate and plan for increased pressure arising from the Care Act reforms, including the cap on care costs.

3. Supply

3.1 In 2013/14, Camden spent almost £109m on adult social care³, 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.

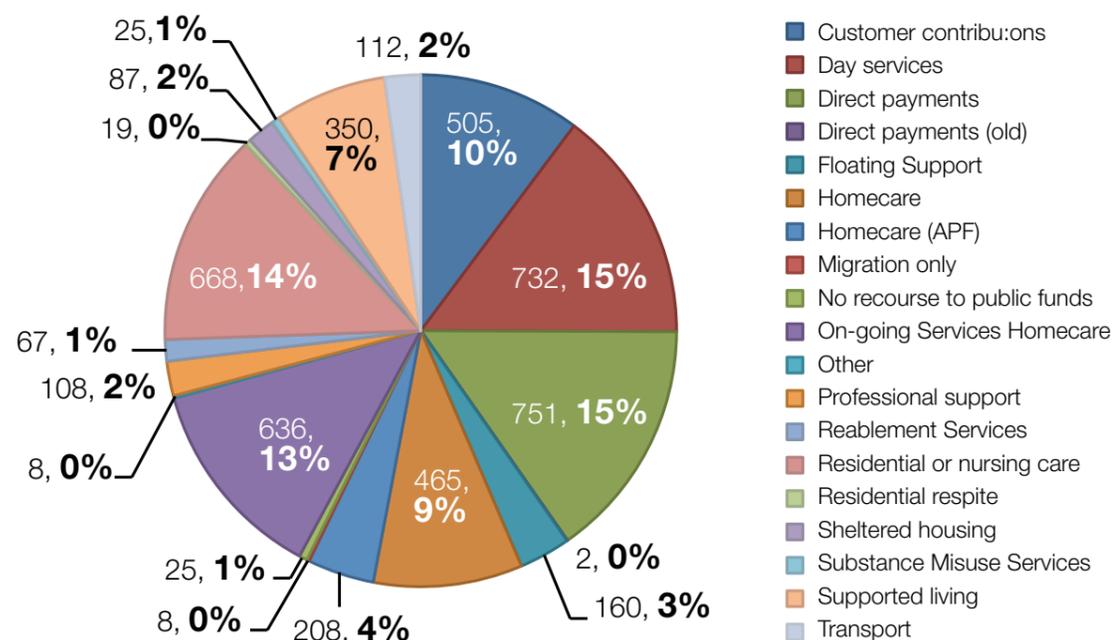
³ This includes significant contributions from the NHS and from people who fund a proportion of their care and support. These contributions vary year-on-year.

3.2 Expenditure on customers aged 65+ represents 49.2% of the total. The breakdown of spend on commissioned services for people 65+ is as follows:



ASC spend on customers aged 65+. Figures in millions.

The figure for people using these services is as follows – some people may access more than one service;



3.3 While this market position statement focuses on adult social care, it is also important to look at the bigger picture. The Council as a whole has invested in a range of initiatives which aim to create connections amongst older people, encourage co-production and reduce isolation. For example, OurCamden (<http://www.ourcamden.org>) is a new social enterprise that aims to support older people in Camden to live well by offering a range of social and learning activities, practical support in the home and garden and offers and discounts at Camden businesses. It will work by making connections between people and their communities and will support people to access lots of the great things going on in the borough. The Council's innovation fund has also invested time-limited funding into a range of community-based opportunities for people in later life.

3.4 Each year the Council purchases over 600,000 hours of homecare for more than 2,100 adult Camden residents. Approximately 70% of people who use home care services are aged 65 years and over. The focus for homecare services will be to personalise services and promote wellbeing and independence. The aim is to support people to find innovative solutions to meet their needs and enable them to achieve their potential. We anticipate an increase in self-directed support and the use of Individual Service Funds. Services will therefore need to be personalised, preventative, enabling and focused on delivering the best outcomes for those who use them.

3.5 Adult social care investment is also increasingly being targeted towards Reablement and other approaches which promote independence and enable people to stay in their own homes for longer. Strategically, this is very much in line with Camden CCG's plan to develop an integrated practice unit (IPU) to integrate different health services for frail older people under one roof.

3.6 This re-balancing of the adult social care economy requires a transformation in the way we commission and provide support. We have made good progress and are on the right track, but the chart above shows we still spend almost 50% of our commissioning or purchasing budgets on residential and nursing care.

3.7 By signposting people towards universal services earlier, and by commissioning extra care, Reablement, home care, day opportunities and other opportunities which help the person to live a good quality of life, we will prevent or delay care home admissions and enable the person to live in their own home for longer. For this to work, we need to develop a market of extra care and community-based services which can meet a range of complex needs in a personalised way. For example, we would expect all organisations working with older adult social care customers to be highly skilled at working with people with dementia.

3.8 Appendix 1 (at the back of this statement) sets out the range of services and opportunities for people in later life. The following sections describe Camden's current adult social care supply in more detail.

Residential & nursing care

3.9 Like other inner-city boroughs, Camden has limited land and limited supply of care homes. The market in Camden comprises Council, voluntary and private sector homes. The Council and NHS are significant purchasers of beds in Camden, but other Councils, CCGs and private individuals also buy beds.

3.10 The increase in people aged 85+ implies an increase in demand for residential and nursing care. However, by developing more responsive community services, working with the NHS to enhance crisis and rapid response services, and developing additional extra care housing, we do not forecast an increase in demand over the next 3-5 years.

3.11 Our care home modernisation programme will decommission four care homes whose fitness for purpose has expired, and replace them with two new, purpose-built, high quality dual-registered care homes. The first of these – Maitland Park care home – opened in 2013, with a new extra care scheme attached. The second home – on Wellesley Road in Gospel Oak – will open in 2015. We believe this will meet demand in the medium term and we are not seeking additional capacity.

3.12 Camden purchases beds for frail older people and people with dementia from providers both in and outside of Camden, via both block and spot contracts. In 2013/14, 118 people aged 65+ moved to long-term residential and/or nursing care with the support of adult social care – 54 into residential care, 64 into nursing. On 31 March 2014, the number of Camden residents aged 65+ in residential or nursing care was 668.

3.13 We want to reduce the proportion of people in residential and nursing care, but we recognise that moving into a care home can be a positive step for some people who cannot live independently at home. We want to increase choice and drive up the quality of care and accommodation in all settings. Specifically, we want to promote enabling approaches which encourage independence, improve outcomes for people with dementia, provide better support and information for self-funders, and drive up the quality of end of life care.

3.14 Given that the threshold for residential and nursing care is likely to continue to increase, we will invest our resources in the best quality care. We will work with providers who put the individual at the centre, and who facilitate positive relationships – between customers, their families and social networks, and between customers and staff. 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.

Extra care

3.15 Extra care housing provides an environment where people with complex physical, mental and cognitive health needs can live independently. It offers people the opportunity to remain independent in their own homes. Unlike sheltered, it also provides 24-hour onsite care which tenants can access.

3.16 As the needs of people in care homes have generally increased over recent years, so too have our expectations of extra care changed. We see extra care as an alternative to residential care for the majority of people, and we expect providers to have the capacity, empathy and skills to support people with significant levels of disability or frailty, all the same recognising the assets and the individuality of each person. We will therefore expect providers to show how they will recruit, retain and train the best staff.

3.17 All of Camden’s extra care supply is for social rent, although there is likely to be an expansion in extra care housing for commercial or market rent in the future. We would like to hear from providers who are interested in developing extra care and other accommodation options for owner-occupiers so that, for example, there is genuine choice for people in later life who want to relocate from their existing home and move into a more suitable location where they can retain their independence while receiving the appropriate level of support.

3.18 Camden has developed four extra care housing schemes which for some people provide an alternative to residential care:

Name of scheme	Location	Number of flats
Mora Burnett House	Swiss Cottage	35 permanent
Esther Randall Court	Regent’s Park	34 permanent ⁴
Gospel Oak Court	Gospel Oak	35 permanent
Roseberry Mansions	King’s Cross	30 permanent, 10 short-stay (Reablement)

3.19 Camden also has approximately 1,700 units of sheltered housing (provided by the Council and/or Housing Associations), some of which provides resident scheme managers and onsite staff. This “over-supply” of supported accommodation means that Camden may have a lower demand for extra care housing than other Boroughs.

3.20 The number of people with multiple long-terms conditions will increase in the coming years. The eligibility threshold for extra care has increased in recent years – because the needs of new customers tend to be higher, but also because the needs of people who have lived in these schemes for a number of years have increased. Providers therefore need to recruit and retain staff with the skills and approach to work with these people.

3.21 We estimate that we will need to commission an additional 80-100 extra care units in the next 5 years in order to meet growing demand. We are particularly interested in:

- **developing models of extra care which support people with dementia**

- **using extra care housing as a short-term, enabling environment for people who could benefit from Reablement**
- **exploring innovative ways of providing accommodation, care and/or support for older people with long-term functional mental health problems.**

3.22 We have one site in mind to develop half of this additional demand; by incorporating extra care into the redevelopment of the Charlie Ratchfords site we will be able to provide an additional 40 extra care places. We would be interested in hearing from providers about their plans to provide high-quality, affordable extra care in Camden.

Community-based services

3.23 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.

3.24 Camden’s strategy of enabling people in later life to live well is based on this asset-based vision, as well as on the importance of preventative approach. A partnership led by the voluntary and community sector, and including local authority and NHS representation, has been awarded significant funding by the Big Lottery fund to promote active ageing, community cohesion and reduce isolation amongst older people. The partnership is known as Ageing Better Camden (ABC) and is led by Age UK Camden. This is a very exciting initiative, whose direction fits well with Camden’s overall strategy.

⁴ Esther Randall Court is moving from sheltered to extra care housing over a period of time. As sheltered tenancies arise, these will be turned into extra care tenancies.

3.25 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. However, people increasingly are choosing not to attend day centres or use “traditional” day services. In 2012/13, 262 people aged 65+ were newly referred to a buildings-based day opportunity; in 2013/14, this number was 157, a reduction of 40%.

3.26 We therefore want to broaden the market of things to do in the daytime across all client groups, including people in later life. 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.

3.27 A minority of people (e.g. some people with physical disabilities, high levels of frailty, and more advanced levels of dementia) may choose to purchase care in purpose-built facilities. The new Greenwood resource and the new Charlie Ratchford’s space will include high-quality space for people with dementia and other complex needs and will provide day care in a person-centred way. 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.

3.28 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 for people of all ages. Our ambition to extend the range of services and opportunities available, including by encouraging people to use universal services, chimes with what people with support needs and carers have told us that they would like to see through some vision statements created in the Future of Support and Care events:

Relationships and networks are vital for people to keep well

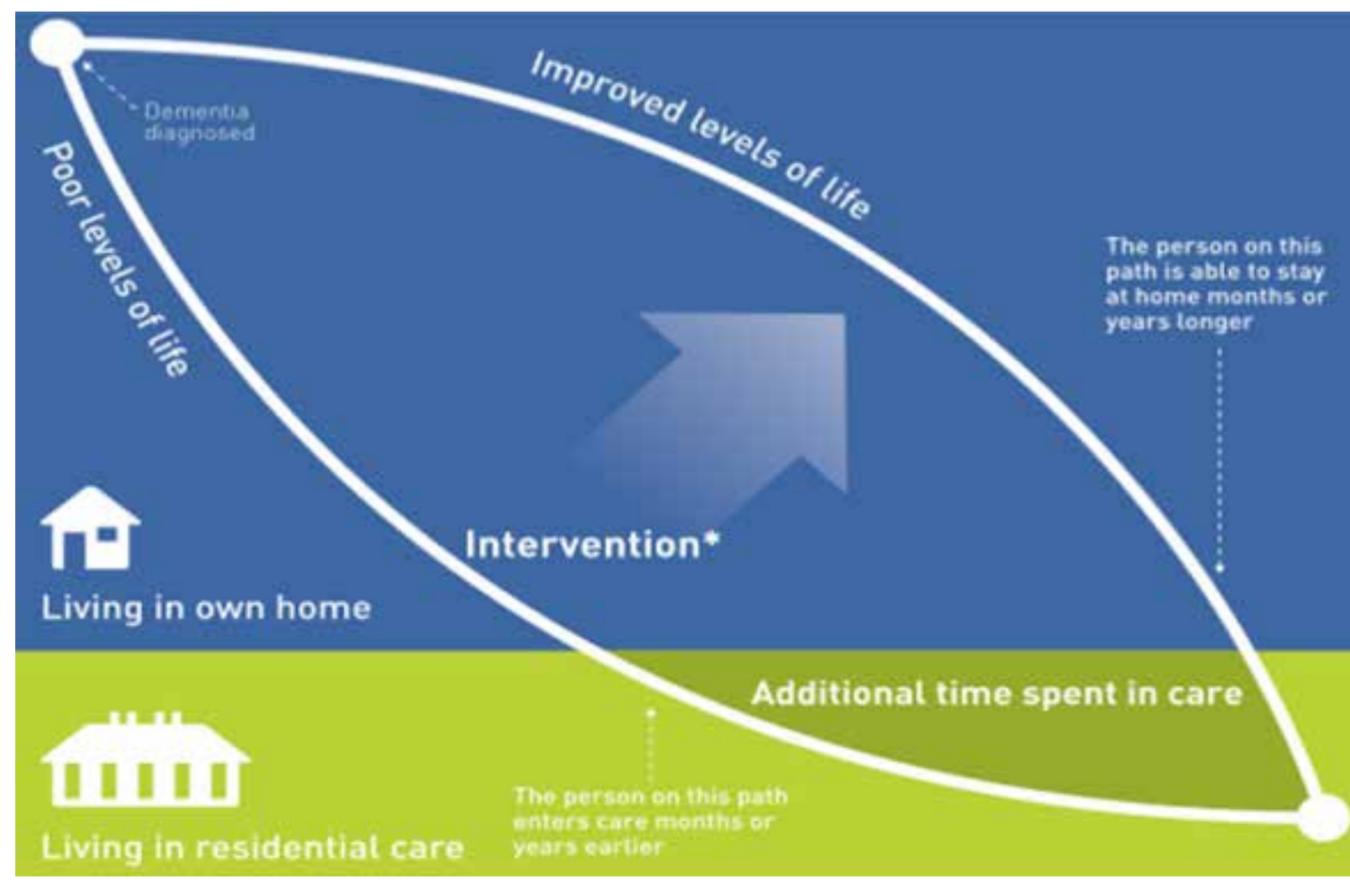
People should be as independent as possible and be active and involved in the local community

There’s lots of great happening in Camden and everybody should be able to join in

4. Models of practice

- 4.1** Our strategy is to ensure that people receive the right level of support at the right time. As the diagram below shows, when people receive a timely intervention, their quality of life improves and they are able to stay at home for much longer.
- 4.2** Currently, we know that the market in Camden is not always flexible enough to meet people’s needs. Services are not consistently outcome-focused or sufficiently focused around and informed by the wishes of customers. The relationship between the Council and the market is often based on the direct purchasing of services by the former from the latter.

- 4.3** We want to see this change. We want to see more organisations providing a greater range of opportunities which enable people to achieve their desired outcome. We want to work with existing providers, those who do not currently work in the borough, and new business start-ups.
- 4.4** 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.



- 4.5 We are in a period of transformation. Our 'offer' to older people needs to take account of the very different needs and aspirations of two very different generations. Newer customers and younger generations of older people have different expectations about the support they purchase. They do not want to be dependent on services, but want to access support which helps them to be autonomous and live well. People in their 60s and 70s are often web-savvy and prefer to communicate online; whereas people in their 80s and 90s prefer more traditional forms of communication. We need to meet both sets of needs, always remembering to keep the customer at the centre.
- 4.6 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 (<http://www.camdenpas.org.uk>), and in the last few years we have seen the creative ways in which people use their personal budget to meet their needs.
- 4.7 This transformation requires new models of commissioning and provision. Camden is moving away from block contracts, which tend to restrict choice for customers, towards framework agreements and tariff-based contracts which open up the market and put control into the hands of people. The Council has provided time-limited funding to organisations with innovative ideas about how to meet the outcomes of the Camden Plan; organisations could bid for time-limited funding to pilot the approach. A range of new solutions have been tested out in this way, and the Council has provided advice and support to help organisations sustain successful projects in the longer-term.
- 4.8 Our approach also requires new ways of engaging and co-producing. People, whatever their age, are first and foremost citizens who want to be fully in control of their lives. Few people see themselves, first and foremost, as 'service users' or 'patients'. Our language ('citizens' and 'customers', rather than 'service users') reflects this, as does our asset-based approach to community development and engagement, where people are fully involved in decisions made about them, and have the opportunity to shape services. We are also implementing Making it Real, ensuring that we work as equal partners with people with support needs, carers and providers.
- 4.9 In the last 12-18 months, Camden has worked with citizens, customers, professionals and the market to create a more vibrant day opportunities market. For example, in 2013 we used an innovative procurement process to grow a framework of organisations providing daytime activities and opportunities for people with dementia. We have used a similar approach to create more choice for other customer groups.
- 4.10 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.**

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 Camden faces similar challenges to other London boroughs over the coming years:
- **An increasing older population, some of whom will have care needs.**
 - **Changing expectations of how people wish for their care and support needs to be met – particularly bearing in mind the different wishes and perspectives of people of different ages, cultures, sexual and gender identities etc.**
 - **An increasing demand for assessments arising from the new Care Act duties.**
 - **A greater proportion of self-funders who will reach the cost cap compared to people elsewhere in the country (due to the higher cost of care in London).**
 - **The need to make substantial savings and efficiencies, across both social care and health. Across the council a saving of £70m will need to be made by 2017/18.**
- 5.3 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 and developing new solutions to the challenges

of an ageing society. 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 will generally be looking to disinvest in care home provision with shared bedrooms or bathrooms, and to purchase high-quality residential and nursing care designed as per CQC guidelines, or work with providers to re-model homes.**
- **We want to work with other organisations to develop evidence-based interventions which prevent dependence and foster resilience.**
- **We are moving away from traditional, buildings-based day services for the majority of customers, and would welcome talking to providers about new ways of supporting people in later life to be included in community life and prevent isolation.**
- **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.**

Where the person lives	At home with low-level support	At home with medium-high level support	In a care home
What services they might receive	<p>Sheltered housing: 41 schemes in Camden across seven providers.</p> <p>Careline Telecare: 24-hour call out + sensors, telehealth, carers card for those who need them.</p> <p>Community-based support Befriending Handyperson/Care & Repair Networkers Ourcamden Advocacy Counselling Community centres Good Gym North London Cares Third Age Project Trading Times</p> <p>Universal services: Libraries, leisure centres, cultural institutions, adult education etc.</p>	<p>Extra care: 4 schemes (Mora Burnett House, Esther Randall Court, Gospel Oak Court, Roseberry Mansions)</p> <p>Home care: frameworks for generic and specialist provision</p> <p>Reablement: specific short-stay beds / accommodation in hospital, extra care and sheltered housing.</p> <p>Day opportunities: building-based (across seven centres in Camden), other opportunities from framework.</p>	<p>Nursing care:</p> <ul style="list-style-type: none"> • St John's Wood • Lansdowne • Ash Court <p>Residential care:</p> <ul style="list-style-type: none"> • St Margaret's • Branch Hill • Maitland Park • Wellesley Road • Rathmore • Spring Grove • Compton Lodge <p>Music & other creative therapies; advocacy, including IMCA.</p>
Over-arching pathways	<p>Dementia pathway – inc. memory service, dementia adviser, dementia befriending, specialist home care / care home</p> <p>Carers pathway – inc. information, advice, advocacy, training, emotional support, health checks, engagement, activities, respite.</p> <p>Frailty pathway – CCG-led initiative to integrate primary care and community health provision</p> <p>Last years of life pathway – assessment, care planning and review, coordination of care, care in last days of life, care after death.</p>		

We want to invest in creative and sustainable ways of supporting people to live independently at home...

so that people avoid crisis situations and do not have to move into a care home prematurely.

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