



Social Care, Health & Housing

Supporting carers – everyone's business

Hillingdon Council's and NHS Hillingdon's
Commissioning Plan for Carers

2011 – 2015

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Section

1

Introduction

The support carers give to Social Care and Health services is significant. Carers say that supporting someone to live an independent life at home, in the community they know, can be very rewarding. However the cost to carers themselves can be considerable in terms of their own health, financial situation, employment position and independence.

This commissioning plan for carers shows how the council will deliver support for those who help Hillingdon's residents to live independently in the community.

Whilst this Plan was developed by the Social Care, Health & Housing Directorate (SCHH) in partnership with NHS Hillingdon, **raising awareness of, and providing support to, carers is everyone's business.**

There are challenges in delivering better outcomes in difficult economic times, but supporting carers with services that are of good quality and make a difference to their lives is important. Small changes in organisational approaches can make big differences for carers.

The Carers Commissioning Plan also covers the needs of young carers – children and young people aged under 18 who have caring responsibilities. Their caring role must be acknowledged and appropriate action taken to ensure they are not providing significant and inappropriate levels of care. Young carers must be firstly treated as children and young people who are able to fulfil their own aspirations.

This Commissioning Plan will offer a framework for delivering support for carers, not only in SCHH, but also in other council Directorates and partner agencies who may deliver services that will help carers,

This Plan includes priorities and targets for Health commissioners relating to carers. It is acknowledged that these are not yet fully developed and over the lifetime of this plan, the joint strategic planning process will better integrate and joint strategic targets will be reflected in the annually reviewed Commissioning Intentions. Further details of support commissioned locally by the NHS for carers at the time of producing this Plan can be seen in Appendix 1 – Carers Plan - Health Input Status Summary.

A number of other strategies and plans will support the contents of this document and the development of targets that will support carers in their own right. Amongst these are:

- Transforming Adult Social Care: Personalisation and Commissioning Plan 2011-2015
- Disabilities Commissioning Plan 2011 – 2015
- Older People's Commissioning Plan 2011 – 2015

- Adult Mental Health Commissioning Plan 2011 – 2015
- Transition Strategy 2011 – 2015
- Autism Strategy 2011 – 2015
- Disabled Children’s Action Plan 2011 – 2013
- Children and Families Trust Plan 2011-2014

All of these documents can be obtained by contacting the Social Care, Health and Housing Commissioning Team on 01895 277051.

Section

2

Executive Summary

A carer is someone who looks after a relative, friend or neighbour with a disability, a long-term illness, mental health difficulties, substance misuse issues or who is older and frail.

Carers supporting residents in Hillingdon save the council an estimated £442,600,000 each year in community care costs. By providing this support, carers allow vulnerable residents to carry on living in their own homes and communities.

SCHH and its partners recognise that carers will play a key role in the successful delivery of the agenda outlined in the Commissioning Plan for Adult Social Care. The Carers Commissioning Plan sets out a framework for developing carer support that will allow those providing care to continue to do so for as long as they are able, whilst maintaining their own health and well-being.

As part of the development of this Plan, a focus group of carers was asked to identify priorities for improvement. Seven key areas were identified where further development would be beneficial to carers:

1. Carers Assessments
2. Respite
3. Hidden Carers
4. Information
5. Benefits Advice
6. Carer Involvement
7. Young Carers

Table 1 summarises the commissioning priorities and the changes that are expected by 2015. Changes in legislation are expected during the lifetime of this Plan and this is likely to result in commissioning priorities being revised. The changes summarise in Table 1 below are based on what is currently known.

Table 1

Changes Expected from the Carers Commissioning Plan by 2014/15

Commissioning Priority	Expected Change 2014/15
<i>Carers Assessments:</i> Carers have their needs assessed in a timely way and receive help to plan and implement the support they need	<ul style="list-style-type: none">• The Government may make changes to the legislation relating to carers assessments and SCHH will implement this as required.• Information relating to carers assessments will be updated and available online.

	<ul style="list-style-type: none"> • Information gathered through carers assessments will inform the development of modernised approaches giving carers greater choice and control over the support they receive. • Carers are supported in utilising social networks and finding and using activities available locally. • There is greater awareness of available carer support services, enabling better signposting to support. • A Carers Assessor in the voluntary sector will work with carers of people with significant and enduring mental health need to identify relevant support
<p><i>Respite:</i> Carers are able to take a short break from their caring role, in a planned way, which supports them to stay well</p>	<ul style="list-style-type: none"> • Fact sheets will be developed to provide information about respite services and personalisation. • Carers needs are identified and accurately reflected in planning support for service users. • Carers are better informed about the TeleCareLine service which can support them in taking a break from their caring role
<p><i>Hidden Carers:</i> Those people supporting a vulnerable person who is a Hillingdon resident are encouraged to identify themselves as carers and find relevant support</p>	<ul style="list-style-type: none"> • Ensure that there is regular publicity to help people identify themselves as carers. • Work with partners (such as Age UK, The Hillingdon Hospital Foundation Trust) to encourage the development of processes which identify carers. • Organise events that raise awareness of carers, such as the annual Carer Fair. • Provide on-going presentations or workshops for staff which raises awareness of carers. • The Council's website will provide up to date information for carers. • Develop an on-line learning module, available on the Council's website, which will help to raise awareness of carers.
<p><i>Information:</i> Information is easy to find, relevant and available to carers in a timely manner, utilising all appropriate media</p>	<ul style="list-style-type: none"> • There will be on-line information for carers on the council's website, including the Carers Handbook and the Mental Health Carers Information Pack. • Libraries will have access to all relevant information for carers and

	<p>skills will be developed to better signpost carers to support.</p> <ul style="list-style-type: none"> • SCHH will work with partners to ensure that information provided by other agencies includes links for carers.
<p><i>Financial Support:</i> Carers have the support they need to maximise household income and reduce financial hardship</p>	<ul style="list-style-type: none"> • The Carers Support Project commissioned by SCHH will assist carers in maximising income. • A fact sheet will be available providing details about access to debt management advice.
<p><i>Carers Voice – Influencing Strategy:</i> Carers are involved in developing and monitoring services and have opportunities to raise issues that affect commissioning proposals</p>	<ul style="list-style-type: none"> • Carers ‘Speakeasy’ sessions provide an opportunity for carers to speak with commissioners. • Carers are encouraged to engage with the commissioning process and represented on strategic planning boards. • Carers assist with tendering and appointment processes. • The JSNA includes robust information about carers to assist with strategic planning.
<p><i>Young Carers:</i> Young people with caring responsibilities are supported so that their life opportunities are not restricted and they do not carry inappropriate levels of caring. Staff in all agencies to be pro active in recognising and supporting Young Carers and their families</p>	<ul style="list-style-type: none"> • Awareness of young carers is improved and this is measured through referral recording. • A Memorandum of Understanding will be developed to provide a commitment to joint working practices across the Council and partners which is supportive of young carers. • The SPACE project will be become part of the generic Young Carers Project, and continue to support young people caring for a family member with a substance misuse problem. • Young carers approaching 18 years of age will be informed about the transfer of support to adult social care services.

Section

3

Social Care, Health and Housing Mission

The Social Care, Health and Housing Future Mission

The Mission for Social Care, Health and Housing

Guiding the development of this plan is the Social Care, Health and Housing (SCH&H) mission and supporting principles. The mission is:

“Enabling residents in need to live safe, healthy and independent lives”

To deliver this mission SCH&H will:

- Improve outcomes for children, young people and families in need or at risk through coordinated, evidence-based services.
- Provide support tailored to our residents’ needs through integrated working across social care, health and housing services
- Make best use of public and community resources

Supporting Principles

SCHH will embrace the enabling role of local councils through applying the following five supporting principles:

1. Choice and control

We will ensure that users of services are in the driving seat in deciding how their desired outcomes will be achieved within available resources.

2. Safe, healthy and independent lives

We will shift from providing long-term institutional services to providing time-limited support which helps people regain independence in the community.

3. Supportive local communities

We will achieve sustainable change by supporting individuals and communities to help themselves and each other.

4. Different for less

We will use up to date, evidence based approaches to services which are more efficient and effective.

5. Working together

The whole community has a role to play in keeping people safe, healthy and independent. Through integrated working with health and other partners, we will commission services that draw on existing networks and community capacity.

Adult Social Care: Personalisation and Commissioning Plan - what we will do

A number of targets have been included in the Adult Social Care: Personalisation and Commissioning Plan which will have useful outcomes for carers, including:

- **Information, advice and guidance** provided directly, or by external providers such as the voluntary sector;
- **Preventative services** to help residents lead active lives, reduce poverty and support independence;
- **Personal Budgets** to allow creative support planning and increased choice and control for residents;
- **TeleCareLine to provide sophisticated monitoring** for Hillingdon residents to maximise independence;
- **Safeguarding** which supports people at risk to live free from harm and exploitation
- **Modernise daytime services by moving** away from buildings-based services and supporting individuals to access services of their choice;
- **Develop dementia care services** and complex care support;
- **Homes that are suitable and hazard-free for the people living in them**, such as helping with energy efficiency and delivering housing adaptations

Also included in the Adult Social Care Personalisation and Commissioning Plan is a specific target relating to carers:

- **Specialist services for carers** to support them in their caring role and in their everyday lives.

This will mean, for example:

- that day respite care and residential respite care will continue to be provided when identified as a result of a carer's assessment.
- the council will promote choice in the provision of short break opportunities for carers, including respite at home options
- tenders will be parcelled into smaller lots to encourage a broader range of providers to enter the local market.
- Individual budgets will be offered directly to carers in their own right, including in the form of Direct Payments.

Section

4

Who is a carer?

A carer is someone who looks after a relative, friend or neighbour with a disability, a long-term illness, mental health difficulties, substance misuse issues or who is older and frail.

The type of support given varies – it could be providing physical help such as personal care, emotional support or helping with day-to-day issues such as medicines, money and shopping. The person supported may be an adult member of the family, a child with special needs, a neighbour or friend.

Caring can vary from a few hours a week to a full time commitment and carers are not paid for their role. Some carers may receive carer's allowance – this is a benefit, not a wage.

It is also important to remember that some people providing care are themselves vulnerable and receiving social care services, for example an adult with a learning disability may be supporting an elderly parent.

Although they may also use the term, and play a valuable role, the following people are not classed as carers for the purposes of this strategy, as they are not those referred to in legislation:

- those who are paid to provide care – this includes home care workers and personal assistants;
- people who provide care in a voluntary capacity through an organisation;
- people who offer respite care and are paid for this;
- Foster carers and carers in the Adult Care Scheme

Who is a young carer?

A young carer is a young person (under the age of 18 years) who is affected by chronic illness or disability of a family member and who provides them with care and support. Physical disability, learning disability, mental illness and substance misuse are the primary categories of illness/disability likely to affect young carers. Young carers will often be responsible for their own care (and sometimes the care of siblings) as well as carrying out significant caring tasks usually undertaken by an adult.

Most young carers care for parents or siblings, but they may also care for grandparents, other family members or friends. Young carers include children who are very young. It is important to note that whilst most young carers are secondary carers there are some who are the primary carer and have serious caring responsibilities.

Why is the word 'carer' important?

Anyone can be a carer and in the 2001 Census, around 1 in 10 Hillingdon residents identified themselves as such. However, many people do not see themselves as carers at all – rather husband, wife, family member or friend, supporting someone who needs some extra help.

Research undertaken by Carers UK indicates that every year at least 37% of the total number of carers in the population will be people that have started caring in that year. In Hillingdon that means around 8,500 people will be new to caring every year.

'Carer' is a keyword – not a label. It is a word that can help people find relevant help and advice. It is also a useful description for residents who have certain statutory rights and whose opinions and needs should be taken into account when planning services to support them.

Section 5

National and Local Policy Context

National context

In 2008 the National Carers Strategy was published, entitled "***Carers at the heart of 21st-century families and communities***". This Strategy provided a framework for a ten-year programme where:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;
- Carers will be able to have a life of their own alongside their caring role;
- Carers will be supported so that they are not forced into financial hardship by their caring role;
- Carers will be supported to stay mentally and physically well and treated with dignity;
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.

During 2010 the government consulted on, and refreshed, the national strategy and published "***Recognised, valued and supported: Next steps for the Carers Strategy 2010***". This document restated the government's recognition of carers and the vital role they play. It further identified four priority areas:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset in designing local care provision and in planning individual care packages
- Enabling those with caring responsibilities to fulfil their educational and employment potential

- Personalised support both for carers and those they support, enabling them to have a family and community life
- Supporting carers to remain mentally and physically well

The 2001 Census showed a total of 175,000 young carers in the UK. Research relating to young carers indicates that an extensive or inappropriate caring role can result in negative outcomes for school attendance, educational achievement, and emotional and physical wellbeing. It is estimated that 27% of Young Carers aged 11-18 are experiencing educational difficulties and one in five miss school because of caring responsibilities.

Young Carers are not a homogeneous group. Their reasons for taking on such a role are often complex, and their needs vary widely. National consultation found that young carers said consistently that their top priority was better support for their family and the person they care for. They expressed particular concerns about the lack of high quality and reliable support, feeling they had little choice other than to fill the gap.

The consultation also found that many young carers didn't want to stop caring altogether. However they do want real choices about how much care they provide, and for how long, so as to have a life of their own.

Local context

Vision for carers:

Carers provide the greater part of community based care. The vision for the carers' services is that

Carers in Hillingdon are recognised as expert partners in care and have access to timely support that will assist them in their caring role and allow a balance between caring and having a life outside caring.

Why do we need a Carers' Commissioning Plan?

Hillingdon Council and its partner organisations, including Health and the voluntary sector, understand and value greatly the contribution carers make to the well-being of vulnerable people.

The scale of support provided by carers which helps Hillingdon residents to live at home, in their local communities is significant. Whilst only indicative, the Carers UK report *Valuing carers – calculating the value of carers' support (2011)* produced with the University of Leeds, estimates that the economic value of the contribution carers make nationally to be in the order of £119 billion. In Hillingdon, that figure is estimated at £442m based upon over 25,000 local carers.

This Carers' Commissioning Plan will help the council, local health services, voluntary and private sector providers and the wider community in Hillingdon understand the extent of care provided and how both adult and young carers can be supported.

How have we arrived at this Commissioning Plan?

Priorities for the development of support for carers are influenced by:

- Statutory obligations for carers – the services that *must* be provided

- The provisions of the 1995, 2000 and 2004 Carers Acts and the 2010 Equality Act
- The provisions of the 1989 and 2004 Children Acts and the National Service Framework for Children, Young People and Maternity Services Children Act 2004 – Young Carers are an “at risk” group and need support
- The provisions of the 2008 National Carers Strategy and 2010 refresh.
- The proposals of the Law Commission in relation to carer support
- The priorities of the Hillingdon Health & Well-Being Board
- Resources for carer support
- What we have already achieved – what is working well and what needs to be reviewed

During 2010/11 carers and the Carers Strategy Group were asked to identify those areas needing improvement and have helped to shape the commissioning priorities of this Plan. More information is given in Section 7 – Consultation.

Of great significance in determining how services might look in the future is the personalisation agenda. The way forward for meeting social care needs encompasses a process which may be referred to as ‘personalisation’, ‘individual budgets’ or ‘self-directed support’. SCHH is becoming an enabler, rather than a provider or purchaser of services.

‘Traditional’ buildings-based services are lessening and other options are developing to meet people’s changing expectations. There is an increasing emphasis on thinking more about activities or support available in the community to meet peoples’ needs - not just ‘social care’ services.

This new direction offers many opportunities, as personal budgets will allow people to have control over the services they choose to meet their needs. This Commissioning Plan recognises the concerns raised by some carers about managing a personal budget, finding relevant services and knowing whether they are of good quality. The council will develop information about personalised approaches specifically for carers and, in developing Commissioning Intentions, will identify opportunities to develop support mechanisms which will assist carers in using personal budgets effectively.

Young Carers

The precise number of young carers in Hillingdon is not known with any degree of accuracy, but at the 2001 Census, 687 young people identified themselves as carers providing a range of support.

Table 2
Age range of young carers in Hillingdon and
the number of hours support being provided each week
(Source: Census 2001):

Hours of care per week	Aged 5 to 7	Aged 8 to 9	Aged 10 to 11	Aged 12 to 14	Aged 15	Aged 16	Aged 17	Aged 18	Total Young Carers
1 to 19 hours	17	29	72	177	85	76	69	58	583
20 to 49 hours	3	4	7	17	11	9	5	4	60
50 or more hours	5	6	4	10	4	5	6	4	44
	25	39	83	204	100	90	80	66	687

This Plan also recognises that many young carers remain hidden and therefore unsupported, as they may be reluctant to share information with teachers or social workers, or because professionals from various agencies fail to recognise the young person's caring responsibilities. Both this lack of skill in recognising young carers, and little awareness of the services available to help them, means that support needs are unrecognised and not recorded. Young carers will not be routinely directed to services that can help.

Some young carers may be 'in hiding', for fear of what might happen to them or their families if they were 'discovered'. Many young carers are only identified, and referrals to services made, when a crisis occurs and the child is thought to be at risk. This Plan acknowledges the need to support young carers before reaching crisis, to ensure their life opportunities are not compromised by their caring responsibilities.

Young carers are not a homogenous group and identifying them can be difficult if they are reluctant to disclose their situation to their friends, school, or other professionals because they:

- are worried they will become stigmatised or bullied
- fear they won't be taken seriously
- feel resentful, angry or guilty towards their parent or sibling
- feel protective and loyal to their parent
- worry that they might be taken into care, or their parent might be taken into hospital, or arrested
- are embarrassed or ashamed
- are suspicious of outside help

Factors attributing to the under-identification are:

- a. Lack of awareness by a professional in contact with that child and/or family
- b. Poor information systems for collating data about the number of young carers
- c. Young carers and their families reluctant to be identified
- d. Children/young people not seeing themselves as a young carer

All of these influencers will be taken into account when the Carers Commissioning Intentions are being developed each year.

Section

6

Hillingdon Profile

Joint Strategic Needs Assessment: Key Data

The Office of National Statistics (ONS) estimated Hillingdon's population at 253,200 in 2008. The population of Hillingdon is expected to grow by 5% in 5 years and 9.7% in ten years. The increase in recent years has been mainly due to natural growth; and to a smaller extent due to net migration into Hillingdon.

The Greater London Authority (GLA) 2007 low projections estimates that in 2009, ethnic minorities in Hillingdon accounts for 30% of the population, a 10% increase from 20% reported in the 2001 census. Of the 30%; Asians account for 19%, Black British 7% and Chinese and other, 4%. Hillingdon is expected to become more diverse, with greater diversity in the younger age groups where the ethnic minorities in this age group expected to increase to 50% by 2016 (GLA 2007 Ethnic population projections). Population of ethnic elderly is expected to grow especially in the south of the borough.

Over the lifetime of this plan and beyond Hillingdon is going to experience an ageing population and an increase in the number of people with conditions associated with older age, such as dementias and stroke.

Carers and the JSNA

In the 2001 Census approximately 23,000 people identified themselves as carers – around 10% of the whole population. Unfortunately, we have very little other empirical information about carers and their support needs.

The data in the JSNA will be central to local strategic planning and commissioning decisions. It is important, therefore, that the content relating to carers is robust enough to inform such decisions. During the lifetime of this plan the Commissioning Team, in partnership with Health colleagues, will expand and improve the data by:

- monitoring statistical information relating to carers that will improve the content of the JSNA;
- researching projections available from reliable national sources, including, for example, population projections and the need for care. An example of this would be:
 - the number of people over 85 will rise by 50 per cent in a decade (*Office for National Statistics, 2007*);
 - there will be a 30% increase in adults in England with a care need by 2026. (*PSSRU 2008*);
 - There will be an increase of more than 2.9m people with disabilities by 2040. (*Department of Health, 2009*);
 - Demographic projections point to the need for the number of carers to increase by around 60% (or 3.4 million carers) by 2030. Three in five people will become a carer at some point in their life. (*Carers UK 2001*)

- bringing together the views and experiences of carers and identify areas where change will have a positive impact on their caring role. These 'community voice' exercises will include carers of people with dementia and carers of people with stroke.
- views from young carers

Section 7

Use of Resources

Table 1 - 2010/11- Respite Spend by User Group and Service Area

Type of Service	2010/11 total
Older People - Purchased services	£ 318,097
Specialist (People with a Disability) - Purchased services	£ 170,492
SCHH - Merrimans House	£ 394,984
PCT - 3 Colham Road	£ 197,662
Total – In-house services	£ 1,081,235

Table 2 - 2010/11 – Carer Support Budget

Project	2010/11 total
Alzheimers Society – Templeton Day Centre	£ 24,160
Crossroads - Respite at Home service	£ 96,400
Enara – Respite at Home service	£ 144,600
Hillingdon Carers – all projects	£ 210,870
British Red Cross – Relaxation for Carers	£ 13,050
Making Space – Mental Health Carers Assessor	£ 20,000
Rethink – all projects	£ 47,760
LBH – Arts for Carers	£ 17,600
LBH Assessment and Care Management (for carers services)	£ 112,270
Commissioning (Publicity/Carer Engagement)	£ 6,830
TOTAL	£ 693,540

Table 3 - 2010/11 – Young Carers Support Budget

Project	2010/11
Hillingdon Carers Young Carers Project	£ 68,783
SPACE Project	£ 32,550
TOTAL	£ 101,333

There is no validated data published that allows a comparison between carer support spend in Hillingdon and other similar councils. During the lifetime of this Plan the

council will propose to the West London Alliance that a benchmarking exercise be undertaken to determine spend by other councils on supporting carers.

The proposals within the Carers Commissioning Plan will be delivered within available resources, both by the council and NHS Hillingdon.

Performance Against Key Indicators

The Council collects data relating to its performance in specific areas and this includes assessment of carers and the support provided after assessment. Details of these can be found in Appendix 2.

There are no statistics available for the number of young carers identified by schools or through adult social care services.

What the performance information tells us

The performance information shows us that the number of carers assessments completed is increasing – the 2010/11 figure is over 75% higher than 2009/10.

It is noted that total number of assessment /reviews undertaken jointly (that is with the cared-for person) is much higher in 2010/11 than 2009/10. There is a concern that this may mean that detailed information about carer support need is not being recorded, as this information is central to strategic commissioning decisions.

Recording of services provided after assessment seems problematic within existing systems and the Commissioning Team are working with colleagues to improve this.

It should be noted that these Performance Indicators relate to services arranged/provided directly by SCHH and does not include those services commissioned with voluntary sector providers. At the time of writing, Hillingdon Carers had 3,864 carers registered, Rethink had 250 carers on their mailing list and the Alzheimers Society were providing information and advice to 127 carers in Hillingdon. Over 130 carers were being supported through Respite at Home services.

Further information on the activity within the Young Carers Projects can be found in Appendix 3.

Section

8

Consultation

As part of the development of this Commissioning Plan, a focus group of carers was asked to identify their priorities – what developments or improvements would make a difference for them in their caring role.

It is noted that, whilst improvements could be made, carers in this focus group said that the range of services currently available to them in Hillingdon is of good quality and greatly appreciated.

The Carers Strategy Group - a multi-agency group comprising carers, voluntary sector organisations, health providers, the council's Carers Champion (an elected Councillor) and officers from the council - carried out an assessment of carer support across Hillingdon, to identify which services were working effectively and where there were gaps in carer support.

This self-assessment exercise confirmed the priorities outlined by the carers focus group. Additionally, it identified the need for:

- a greater understanding of carer support needs in health provider services;
- better information on debt management advice and support services;
- improved awareness of the interdependency of care, where two frail or vulnerable people may be caring for each other. An example of this would be a person with learning disabilities caring for an ageing parent;
- specific support for young adult carers (aged 18-24), particularly where educational or career aspirations are being affected by caring responsibilities
- flexible approaches to support carers in employment

The Commissioning Team also consulted with Assessment and Care Management Teams, to identify their issues regarding carer support.

The seven areas identified for development are:

1. Carers Assessments
2. Respite (including well-being projects)
3. Hidden Carers
4. Information
5. Benefits Advice
6. Carer Involvement
7. Young Carers

The Carers Commissioning Plan will look at specific areas of opportunity within these priorities and will provide detail of how developments within these specific targets will be delivered in the Carers Commissioning Intentions.

Section

9

Direction of Travel – carer support

What has been achieved so far?

When developing strategic plans, it is easy to overlook what has been achieved so far. Some of the services that have been developed to assist carers include:

- ✓ Contracting of a centrally located carer support project with Hillingdon Carers, to provide information, advice and guidance for all carers;
- ✓ 59% of the Carer Support Budget is spent on short breaks, such as Respite at Home and well-being services;
- ✓ The Carers Handbook is available in hard copy and online;
- ✓ The Hillingdon Hospital Foundation Trust has improved carer awareness with staff and developed a Carers Strategy;
- ✓ The Leader of Hillingdon Council appointed an elected member as Carers Champion;
- ✓ TeleCareLine offers an integrated monitoring, alarm and response service which can provide support that helps a carer in having a life of their own;
- ✓ Training for carers to make sure they are safe in their caring role, such as use of attendant wheelchairs and lifting and handling;
- ✓ An annual Carers Conference which allows carers and professionals to work together;
- ✓ The Carers Emergency Plan has been developed with the help of carers, which allows carers to record information about the person care for in one place, should they suddenly be unable to provide care, due to an accident, for example;
- ✓ Wellness Response Action Plan (WRAP) workshops developed for carers of people with mental health need, to help them with their own health and well-being;
- ✓ Publicity campaign to help residents with caring responsibilities to recognise themselves as carers – posters and information cards in GP surgeries, pharmacies, libraries, etc;
- ✓ Working with Hillingdon LINK to involve carers in the development and monitoring of services;
- ✓ ‘Carers Speakeasy ‘ sessions to give carers the opportunity to talk about services and carer support with council staff;
- ✓ Working with GP practices to raise carer awareness and signpost carers to support;
- ✓ Hillingdon Carers helped families in Hillingdon claim £834,778 in benefit entitlements during 2010/11;
- ✓ The Hillingdon Young Carers project has supported over 600 young people since its inception and currently has 145 young carers registered.

What the Carers Commissioning Plan will achieve

The purpose of this plan is to set out what SCHH wants to achieve with its partners to support carers and will:

- provide a framework for promoting the health and well being of carers across all sectors and organisations

- help agencies in Hillingdon work towards common goals for carer identification and support when developing/delivering services
- seek opportunities to develop a greater role for social networks and local communities
- maximise the benefit of the finite resources available in health and social care to support carers, so that commissioned services meet carer priorities and have a positive impact which improves the life of carers
- seek opportunities to build on projects that are already delivering good outcomes for residents
- raise awareness of young carers, their support needs and the potential impact of their caring role, to minimise the adverse effects of their caring role on their health and development

Over the lifetime of this Plan, Services supporting carers will be kept under review as both the role of SCHH and the needs of carers change.

Measuring success

The council will measure success in delivering this commissioning plan by:

- looking at a number of specific targets:

- Increasing the number of people supported by Social Care to live at home to 3,350 by 2015
- Improving the level of satisfaction of service users and their carers with the level of choice and control they have over the services they receive
- Increasing the % of residents receiving an individual carers assessment
- Maximising the number of carers using personal budgets
- Maintain high levels of satisfaction with Respite at Home services and the generic Carers Support Service

For young carers:

- percentage of schools identifying young carers
- Young carers attendance at school, has attendance improved / increased
- Young carers attainment at school, has attainment improved / increased
- percentage of young carers satisfied with the services they receive
- number of young carers identified through CAF
- number of young carers accessing youth groups (specific young carers support groups and non specific)
- percentage young carers satisfied with the support they receive
- percentage young carers' who say they could access the right support when/ if they need it.
- Young carers get good quality information when they need it

- the SCHH Contracts Team will monitor and evaluate projects to ensure services are of good quality and provide value for money

- the Commissioning Team, in partnership with the Customer Engagement Team, will also meet with carers on a regular basis at informal 'Carer Speakeasy' sessions and occasional Listening Exercises, to provide an opportunity for carers to discuss services.

NHS Hillingdon will use a multi-faceted approach to measure successful outcomes for carers: –

- maximising the Commissioning for Quality and Innovation (CQUIN) Framework
- regular contract and review cycle to monitor progress against service specification requirements for user/carer involvement
- user/carer representation and involvement when conducting Needs Assessments
- specifically commissioned services, such as Hillingdon Carers, in collaboration with the Local Authority.

Section 10

Adult Social Care - Commissioning Priorities for Carers

Details of the 2011/12 Commissioning Intentions can be found at Appendix 4.

Based on national and local priorities and feedback received from carers and the Carers Strategy Group, the priorities for developing carers support are during the lifetime of this plan are:

Commissioning Priority 1 – Carers Assessments

Desired outcome:

Carers have their needs assessed in a timely way and receive help to plan and implement the support they need

Carers told us:

“I don't know if my needs were thought about when my wife was being assessed.....it wasn't very clear”

“The Carers Assessment was a difficult thing to do, but I now understand that I need and support and that there are ways I can help myself to manage better”

How we will achieve the desired outcome:

The Law Commission Review

The Law Commission was asked by government to consider consolidating the legal framework concerning adult social care in England and Wales into a new adult social care statute. At the time of writing this Commissioning Plan, the Law Commission has made proposals some of which relate to carers assessments. Further detail can be found at Appendix 5.

It is expected that a White Paper detailing revisions will be published in Spring 2012 and going forward the council will implement any change in legislation

Effectiveness of Carers Assessments

The council will consult with carers about their experience of the assessment process which will inform future plans relating to assessments and outcomes for carers.

Information

The council will update the 'A guide to your carer's assessment' leaflet into a fact sheet format

Personalisation

Information from carers assessments will inform the development of personalised approaches for carers which will give them choice and control over the support they receive, including respite.

Innovative approaches to finding and providing support

With partners such as voluntary sector organisations and libraries, the council and NHS Hillingdon will encourage carers to explore opportunities that will support them in their caring role and which utilises social networks and activities available in their local communities.

Choice and signposting

Where carers do not want an assessment, the council will work with partners to ensure that staff are informed about key services and are able to signpost carers to relevant support.

Mental Health Carers Assessor Project

The council will recommission the Carers Assessor project which will work with carers of people with significant and enduring mental health need to identify appropriate support.

Commissioning Priority 2 – Respite

Desired Outcome:

Carers are able to take a short break from their caring role, in a planned way, which supports them to stay well.

Carers told us:

“I don’t know if I am eligible for respite organised by the council – how can I find out?”

“If I can get a short break, what is my entitlement and will I be charged?”

“What respite services are there? How do I find out?”

“How can I get a break if the person I care for isn’t eligible for council services?”

“I’m so tired and need a break, but my husband refuses respite. What can I do?”

How we will achieve the desired outcome:

Information:

Carers felt there was a lack of information about respite services. The council and NHS Hillingdon will develop fact sheets for carers which will explain respite services and provide information about how to access them. It will also include information about how to purchase services privately.

Personalisation:

The council will produce information for carers about personalisation and the support available. Commissioning Intentions will include targets for supporting carers with personalisation approaches, which will be developed in discussion with carers and organisations supporting carers.

The Commissioning Team will work with colleagues in assessment and care management to ensure that carers' need for a break is accurately reflected in planning support for service users

TeleCareLine

Continue to promote the use of the TeleCareLine monitoring, alarm and response service which can enable many carers to leave the person they care for while they take a short break from their caring role.

Commissioning Priority 3 – Identifying 'hidden carers'

Desired outcome:

Those people supporting a vulnerable person who is a Hillingdon resident are encouraged to identify themselves as carers and find relevant support

Carers told us:

"The people in this focus group are lucky – we know we are carers and where to go for support. What do you do to find those people who don't know they are carers and might be struggling?"

The Carers Strategy Group noted that there was an ongoing need to offer carer awareness training to all, as carer support comes from all sectors – not just Social Care.

How we will achieve the desired outcome:

Publicity:

The council and NHS Hillingdon will ensure that publicity which helps people define the caring role, identify themselves as carers and signposts to support, continues

Working with partners:

- roll out the format of the Age UK Hillingdon's 'Just Ask' project, which positively encourages those accessing their services to think about whether they have a caring role and, if so, signposts to the carer support project.
- encourage and support health partners in developing their carer support processes, such as The Hillingdon Hospital Foundation Trust Carers Strategy

Awareness raising:

- organise events such as the Carer Fair, so that carers and their support needs are better understood in the wider community
- continue to work with GP practices to raise awareness of carers and their support needs
- provide regular 'Carer Aware' training to statutory sector teams

Information:

The council website will contain up to date and relevant information for carers

On-line training:

Develop an online training course, based on the Dudley 'Carer Aware' model, which will provide information about who is a carer, carers' rights, local support and where to find further information. This to be online the end of 2012/13.

Commissioning Priority 4 – Information

Desired outcome:

Information is easy to find, relevant and available to carers in a timely manner, utilising all appropriate media

Carers told us:

“One of the most important things for a carer is to have information that is easy to find and easy to understand”

“Why didn't I know about that earlier? It would have made such a difference to me.”

How we will achieve the desired outcome:

Libraries

The Commissioning Team will work with the Library Service to:

- improve carer awareness and ability of staff to signpost to support
- ensure information about carer support is available in all libraries in the borough

Fact sheets

- The Carers Handbook will be available on-line and will take a fact sheet format, so that carers can easily access relevant information. Voluntary sector partners will assist carers in accessing these datasheets.
- Information for carers, such as a guide to a carer's assessment, will be updated in fact sheet format and will be available online

Mental Health Carers Information Pack

The Mental Health Carers Information Pack to be reviewed and made available online

Mental Health Service Directory

To refresh and reprint Hillingdon Mental Health Service Directory and publish online

Signposting

Work with partners to ensure that information produced by other agencies includes links to information for carers.

Commissioning Priority 5 – Financial Support

Desired outcome:

Carers have the support they need to maximise household income and reduce financial hardship

Carers told us:

“Caring is hard enough without worrying about how to pay the bills.”

“The system is so complicated – I don't think I would have got this benefit without help to fill in the forms”

How we will achieve the desired outcome:

Carers Support Project

Monitor the financial support outcomes of the Carers Support Service, which assist carers and their families to maximise income and reduce financial hardship

Debt Management

Carers have told us that as well as needing advice about benefits, they also need support in managing debt. The Commissioning Team will develop a factsheet for carers providing details of where they can obtain debt management advice.

Publicity

To better publicise that financial advice is available from a number of organisations, including Hillingdon Carers, Age UK and the Citizens Advice Bureau.

Commissioning Priority 6 – Carers Voice – Influencing Strategy

Desired outcome:

Carers are involved in developing and monitoring services and have opportunities to raise issues that affect Commissioning proposals

Carers told us:

“Thank you for organising this event.
It gave me a chance to talk about my experiences as a carer
and what might make things better for me”

How we will achieve the desired outcome:

Listening to carers

Continue to organise ‘Carers’ Speakeasy’ sessions, focus groups and Listening Exercises to provide opportunities for carers to monitor, and influence the development of, services.

Carers influencing service development

With Hillingdon LINK. monitor the role of carers on a range of strategic delivery groups (including health Boards), to be sure that carers are fully involved, consulted and supported at such meetings.

Carers supporting the tendering and appointment process

Carers are asked to sit on evaluation and interview panels, where appropriate, to ensure carers play a part in service development.

Carers Conference

Support the organisation of an Annual Carers Conference which is an accessible, enjoyable and highly regarded event for carers and professionals.

Joint Strategic Needs Assessment (JSNA)

Ensure that carers’ information in the JSNA is robust, so that the needs of carers are routinely considered in strategic planning

Publicity

Promote the availability of support to encourage carers to become involved in strategic processes

Commissioning Priority 7 – Young Carers

Desired outcome:

Young people with caring responsibilities are supported so that their life opportunities are not restricted and they do not carry inappropriate levels of caring.

How we will achieve the desired outcome:

Raising awareness of young carers

- Awareness raising presentations are made to staff across all agencies to encourage proactive approaches in recognising and supporting young carers and their families
- Review current processes and procedures, especially assessment and data collection, to demonstrate an improve awareness of young carers in both adult and children's services

Collaborative working

A Memorandum of Understanding will be submitted to Cabinet to provide a commitment to joint working practices which support young carers.

SPACE project

The SPACE project supports young people supporting a family member with a substance misuse problem and receives specific, time-limited, funding which ends in March 2013. Childrens' Commissioning will ensure that those young people registered with SPACE will continue to be supported through the Young Carers Project, funded by SCHH and provided by Hillingdon Carers.

Transition to adult carer

Some young carers will not stop providing care when they reach the age of 18, when responsibility for their carer support transfers to Adult Social Care services. This Plan recognises this and Commissioning will work with partners to ensure that young carers approaching the age of 18 are informed about this transition.

Carers Plan Health Input Status summary

Introduction

“Recognised, Valued and Supported – Next Steps for the Carers Strategy” identifies the actions that the Government will take over the next four years to support its priorities to ensure the best possible outcomes for carers and those they support, including:

- supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages
- enabling those with caring responsibilities to fulfil their educational and employment potential
- personalised support both for carers and those they support, enabling them to have a family and community life
- supporting carers to remain mentally and physically well

The key emerging themes locally are –

- Education, Information Sharing and Awareness Raising to maximize the knowledge base of carers to ensure informed choices are made for and on behalf of those they are caring for. Signposting carers to relevant support services, both voluntary and statutory sector is a key element of this.
- Support to carers in the development of technical skills to maintain patients in their home setting such as use of medical equipment.
- Respite for Carers to ensure their health and wellbeing so that they can provide continuity of care.
- Shaping future service provision

Carers and users are integral part of shaping how future services are designed and delivered with Local and National HealthWatch organizations playing a vital role within all service areas.

Priorities for 2012-13 and beyond are specifically related to :

- COPD
 - With the recent national publication of COPD Outcomes Strategy and Hillingdon’s local focus on behalf of the Sub-Cluster PCTs on the re-design of COPD pathways, there is an identified gap in the development of a holistic approach to the redesign of COPD services
- Dementia priorities to be agreed by October 2011.

In order to achieve the desired outcomes and aim to provide a “Gold Standard” service for our carers, a whole systems, whole economy approach needs to underpin all areas of health, social care and education including use of contractual levers with our

providers.

The following details healthcare initiatives for 2011-12 and any associated financial investment in line with the key emerging themes highlighted above.

A. Education and Training, Awareness Raising and Information Sharing			
Voluntary Sector	2011-12 Funding	Named Lead	Comments
Child Accident Prevention Group (CAPG)	PCT: £13,257 LBH: £8,000 Joint 2011-12 SLA between LBH and PCT.	Jill Downey Commissioner NHS Hillingdon	A joint 2011-12 SLA and specification has been drafted. Funded to educate parents and carers on accident prevention, provide safety equipment to low income families, run the Junior Citizen Scheme and improve the safety of Hillingdon's playgrounds. Interface with Health Promotion re their accident prevention and wellbeing champions workstreams has been built into specification
Hillingdon Carers – Support Group	PCT: £18,291	Jill Downey Commissioner NHS Hillingdon	Funded to enable access to welfare benefits and support carers. N.B. "Rethink" provides support for carers of patients with mental health needs whereas Hillingdon Carers provides generic support for carers.
Homestart	PCT: £9,281	Jill Downey Commissioner	Funded to provide support and advice to families, including home

		NHS Hillingdon	visits, on child welfare, benefits and other issues.
<p>Mental Health Independent Mental Health Advocacy Service (IMHA) NHS Hillingdon newly appointed IMHA Provider, PoHWER, is working collaboratively with the local acute mental health trust, CNWL and the PCT to facilitate awareness raising workshops for carers on the statutory requirements for IMHA supplemented by relevant publicity material</p> <p>Carers WRAP (wellness, recovery, action planning) training starting on 13/09/2011 (6wks) Regular attendance at Carers support groups in Hayes and Ruislip</p> <p>Annual attendance at carers conference as facilitator</p>	£2,000	Seema Kathuria Yvonne Kearney	
B. Shaping Future Service Provision			
<p>The substance misuse needs assessment identifies a number of areas that can help promote recovery outcomes, including:</p> <ul style="list-style-type: none"> • Self-help and peer support through mutual aid groups for both users and carers • Training and support for user and carer representatives and peer mentors • Support, advice and information for carers and the families of substance misusers <p>In addition, the needs assessment takes account of existing resources for carers and service users, as</p>		Jill Downey Commissioner NHS Hillingdon	

<p>follows:</p> <p>"The borough's user forum (CADS), the Carers' Committee and other mutual aid groups have continued to add value to clients' journeys towards recovery. Both CADS and the Carers' Committee have developed annual workplans, which include aims to support and inform other users and carers and to encourage them to take up services. There is the potential for CADS and the Carers' Committee to work together more formally on involving carers and family members in care-planning in order to boost the recovery chances of clients.</p> <p>"Existing pathways between treatment providers and mutual aid groups have been strengthened and providers are increasingly making use of the range of peer support and mutual aid resources available. In addition to mutual aid, it will be important to make the most of existing community and faith resources that can help support clients sustain and strengthen their recovery achievements in the community."</p> <p>It concludes that: "A range of support, including social care, family support, employment and housing support, volunteering opportunities and wrap-around services, will be central to enabling clients to sustain their recovery outcomes. Mutual aid groups will play an important role in involving carers and family members in care-planning" and recommends: "Maximise the use of wrap-around support services, including greater involvement of</p>			
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families, carers and mutual aid groups, to achieve the best possible recovery outcomes."

iii) The substance misuse Treatment Plan sets out commissioning intentions and targets for 2011-12 and priorities the involvement of carers and family members as follows:

"A range of support, including social care, family support, employment and housing support, volunteering opportunities and wrap-around services, will be central to enabling clients to sustain their recovery outcomes. Mutual aid groups have always played an important role in involving user and carer representatives in commissioning decisions. This role is likely to expand to include supporting stabilised users to move on from specialist treatment, and engaging carers and family members in care-planning."

In addition, the Treatment Plan includes a number of relevant actions, including:

- Make best use of service users, families and carers, including peer mentors and mutual aid groups, in order to support clients who have completed their formal treatment journeys to sustain their recovery outcomes as they move on from specialist treatment.
- Maintain high quality safeguarding practices, family-friendly policies, referral pathways with the SPACE project, and information-sharing and skills exchange with the Children and Families

<p>Department in order to support the families, children and carers of service users working towards recovery.</p>			
<p>Young People Substance Misuse Services A high level priority of the YP Substance misuse partnership is: To improve the health and well-being of young people, focusing on those groups undertaking in risky behaviours including substance misuse and alcohol is a key priority for the partnership.</p> <p>The partnership recognises that some risky behaviour can be harmful and can reduce aspirations, increase vulnerability, cause physical and social problems, reduce opportunities and may promote criminal and anti social behaviour. In order to improve outcomes and service provider's efficiency in 2011/12-13 the partnership will focus on developing a whole system approach that delivers early intervention and preventive work to help support children and their families including carers of parents who substance alcohol misuse.</p>		<p>Lois Elliott Commissioner NHS Hillingdon</p>	
<p>C. Technical and Practical Skills Development</p>			
<ul style="list-style-type: none"> • Training for carers by health care staff to carry out a task which would otherwise need to be carried out by the managed service eg. ostomy care, administration of insulin or other regular injections. This is supplemented by training, information and ongoing support for the carer undertaking the task. • Support mechanisms and information available for carers to prevent carer crisis, including 		<p>Jane Walsh Commissioner NHS Hillingdon</p>	

access to appropriate respite care for carers.			
D. Respite Care			
Continuing Care Clients assessed as meeting the continuing care criteria are eligible for a maximum of 370 hours of respite care per year. This initiative allows the carers of the clients an opportunity to address their social, emotional and physical needs by providing a break in their caring duties to ensure continuity for the client.	£10,000	Ros Howard Continuing Care Lead	
Priorities for 2012-13			
Chronic Obstructive Pulmonary Disease (COPD) The national COPD Outcomes Strategy defines specific areas for development namely – People with advanced COPD and their carers are identified and offered palliative care that addresses social, emotional and physical needs. This should cover all the holistic pathways of the patient's and carer's journey.		Seema Kathuria 01895 250058	NHS Hillingdon is leading the Network on behalf of the Sub-Cluster PCTs of Ealing and Hounslow with the ultimate aim of re-designing the COPD pathway.
Dementia Provision The National Dementia Strategy sets out a challenging agenda for PCTs and Local Authorities with four key aims:- <ol style="list-style-type: none"> 1. Early diagnosis and interventions; 2. Better care at home or care home; 3. Better care in hospital; 4. Appropriate use of antipsychotic medication. <p>- all underpinned by improved support for carers.</p>		Jason Parker Commissioner	

PERFORMANCE INDICATORS RELATING TO CARERS

Referrals, Assessments and Packages of Care (RAP) figures provide national statistics relating to social care for adults. RAP C1 and RAP C2 provide data on carers and figures are shown below:

Table 1

Number of carers for whom assessments or reviews were completed or declined during the period (RAP C1)

Number of carers assessed or reviewed separately		Number of carers assessed or reviewed jointly		Number of carers declining an assessment	
10/11	09/10	10/11	09/10	10/11	09/10
263	469	973	499	280	n/a*

* RAP return = zero. Data not available to new business processes (migration to Protocol)

The total number of carers assessed has increased (1,236 in 10/11 against 968 in 09/10), it is noted that the percentage of total assessment /reviews undertaken jointly or separately is significantly different in 2010/11 than 2009/10.

Table 2

Number of carers receiving different types of services provided or commissioned by the CASSR as an outcome of an assessment or review (RAP C2)

Services including respite for the carer and/or other specific carer services		Information and advice only	
10/11	09/10	10/11	09/10
929	728	307	240

Figures for NI135

The RAP figures are also used to provides a national indicator of engagement with, and support to, carers. These are shown in Table 3 below.

Table 3

Carers assessed/reviewed and receiving a specific carers service, or advice and information, as a percentage of 18+ clients receiving community based services.

LBH Target 09/10	LBH Actual 09/10	London 09/10		LBH Target 10/11	LBH Actual 10/11	London 10/11
18%	20%	24%		24%	25.1%	n/a

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NB: At the time of publication, these figures are not validated by the NHS Information Centre and are subject to change.

Hillingdon Carers Young Carers Project:

In 2001, funded by Carers Grant, the council commissioned a Young Carers project to be provided by Hillingdon Carers.

A Steering Group comprising the Joint Commissioning Team (Carer Development), Children and Families services, Education Welfare Services and Hillingdon Carers as provider meet regularly to monitor the Service Level Agreement and discuss developments within the project

The project has supported over 600 young people since its inception and currently has 145 young carers registered.

Development of activities has been led by those young people it supports. The project offers emotional and practical support to young carers and provides breaks in the form of outings and a regular weekly club. There are also some opportunities for residential weekends away.

Hillingdon Carers actively seek additional financial support for this project to increase the range of services and breaks offered. The Children Fund has made regular ongoing allocations to the project. Many local charitable organisations have donated funds.

SPACE Project:

In 2005, the Joint Commissioning Team managers for both Carers and Substance Misuse Services, in partnership with Hillingdon Carers, identified that those young people providing support to a person with a substance misuse problem required more complex support than those young carers currently registered with the Young Carers project.

Building on the successful model of the original Young Carers project, funds were identified by the Joint Commissioning Team to instigate a 12 month pilot project specifically aimed at this group of young people.

A multi agency steering group comprising Hillingdon Carers (as provider), HAGAM (Hillingdon Action Group for Addiction Management), the Drugs & Alcohol Care Management Team, and Joint Commissioning Team managers for Carers and Drugs and Alcohol Services, oversaw the development of the project, which now supports 38 young carers.

Hillingdon Carers successfully sought funding from BBC Children in Need for the second 12 month of the project. The Chief Executive of Hillingdon Carers is seeking further funding to retain the project.

Statistical Information for Hillingdon's Young Carers Project:

Referrals:

In 2010/11, Hillingdon Carers had 273 young people registered with their Young Carers Project, an increase from 147 in 2007/08.

The composition of young carers care for registered is:

Both Parents = 5
Father = 27
Mother = 143
Grandparent = 3
Parent & Sibling = 1
Sibling = 87
Other Family Member = 7

The age composition of young carers registered is:

5 – 7 Year old = 26
8 – 11 Year old = 98
12 – 15 Year old = 99
16 – 18 Year old = 50

The ethnicity composition of young carers registered is:

Bangladeshi = 6
Black African = 13
Black British = 6
Black Caribbean = 5
Black Other = 3
British Asian = 3
Indian = 13
Mixed ethnic = 28
Other = 3
Other Asian = 12
Pakistani = 17
White British = 157
White Irish = 3
White Other = 4

Nature of disability cared for is:

Older People (65+) = 7
Adults with Mental Health Problems (18-64) = 62
Adults with a Learning Disability (18+) = 3
Adults with a Physical or Sensory Disability (18-64) = 112
Children with Additional Needs (under 18) = 89



HILLINGDON

LONDON

Joint Commissioning Intentions for Carers 2011/12

Ref No	Task	Sub-tasks	Target Dates	Comments
1.	SCHH & NHS Hillingdon - Deliver 100% of the Carers Commissioning Intentions		By March 2012	
2.	SCHH & NHS Hillingdon - Develop a Carers commissioning strategy that highlights key areas of concern raised by carers, increases awareness of carers, defines appropriate responses to carer support need and delivers MTF savings		August 11	
3.	SCHH - n partnership with Contracts Team, review the SCH&H Contracts Register and ensure specifications and SLAs are in place for Third sector provided services		October 11	

4.	NHS Hillingdon - Maximise the use of CQUINN Framework with local acute mental health provider, CNWL, to support carers in their role	<ul style="list-style-type: none"> a) Carers Plan states carers details or that there are no known carers. Baselines to be established by end of Q2. b) Performance targets to be agreed by beginning of Q3 for reporting in Q4. c) Number of Carers Assessments offered/ completed. Baseline to be established by end of Q2 with performance targets agreed by beginning of Q3 for reporting in Q4 d) Carers state they feel supported by CNWL in crisis planning for the cared for person. Baselines by end of Q2 with performance targets agreed by beginning of Q3 for reporting in Q4. e) Young carers identified and offered information about where they can get support. Baselines by end of Q3 with performance targets agreed by beginning of Q3 for reporting in Q4. 	September 11 December 11	<p>Quarterly audit data reports to assess outcomes</p> <p>Outcome of Survey</p> <p>Quarterly audit data reports</p>
5.	SCHH - Produce quarterly reports identifying the number of people receiving carers assessments (either jointly or individually) and the number receiving services after assessment, including details of services provided. Report to include information about carers receiving personal budgets.	<ul style="list-style-type: none"> a) In partnership with Performance and Intelligence Team, identify what improvements need to be made in Protocol to deliver information on carers assessments and services provided after assessment b) Submit a report to CDMT providing full details of improvements required, to inform a report to SMT 	September 11 October 11	Protocol now has facility to record Joint Assessments, Carers Assessments, and reviews and is informing PIs (RAP C1). Outcomes information after assessment (RAP C2) is not currently being recorded in a way that informs reports. Carers Commissioners working with Support Services Project Manager to progress

6.	SCHH & NHS Hillingdon - Improve carer information in the JSNA, to raise awareness of carers and inform the strategic priorities of the Health and Well Being Board in relation to carers:	<ul style="list-style-type: none"> a) Update statistical information, including additional material other than from the Census b) In partnership with Customer Engagement gather 'community voice' information (including listening exercises), detailing carers views on a specific topic of concern, using the DoH Good Practice example of Cheshire East in the 'Carers and personalisation: improving outcomes' paper) c) Report recurring issues gathered from Speakeasy sessions and Listening exercises d) Submit these updates for approval to CDMT and the Health and Wellbeing Board Executive. 	<p>November 11</p> <p>November 11</p> <p>November 11</p> <p>December 11</p>	
7.	SCHH - In partnership with Care Management, develop a personalisation pilot to meet carer support need, including a time-limited support scheme within the generic carers support service contract.	<ul style="list-style-type: none"> a) Submit report for approval by Transforming Social Care Board b) Deliver personalisation pilot c) Review and evaluated effectiveness of personalisation pilot 	<p>July 11</p> <p>August 11</p> <p>March 12</p>	
8.	SCHH - Work with voluntary sector partners to develop a range of low-moderate value, 'off the shelf' time-limited projects, facilitating bids to ad-hoc funding streams.		<p>July 11</p>	

9.	NHS Hillingdon - Ensure Health commissioners of voluntary sector contracts embed the carers agenda as part of the contract commissioning and monitoring cycle	a) Inclusion of clauses within service specification relating to carers	October/ November 11	Utilise mid-year contract review meetings to report outcomes
10.	SCHH - Produce quarterly reports for Commissioning Service Manager on the delivery of the Commissioning Plan in relation to carers to inform reports for the Long Term Conditions Delivery Group, Health and Well-being Board and SMT.		Quarterly	
11.	SCHH - Develop commissioning plans for HoS approval at least 12 months in advance of the expiry of service contracts, reviewing the need for carer support services recommending whether these should remain without change, be de-commissioned or re-commissioned.		Quarterly	

12.	SCHH - Facilitate Hillingdon LINK and Hillingdon Carers working intensively with 3 practices (Heathrow Villages) to raise awareness of carers amongst Practice staff, improve understanding of the support needs of carers and increase the number of carers recorded on the Practice Carers' Register:	<ul style="list-style-type: none"> a) Identify GP surgeries to involve in this project b) Support these surgeries via the Health Liaison Project to improve practice in relation to carers. c) Outcome measured by increase in carers joining the Practices' Carers Register. d) Agree timescale with Health partners for wider roll out to general practice 	<p>September 11 To March 12</p> <p>March 12</p> <p>March 12</p>	Practices involved are Hesa/Orchard (Hayes), Heathrow Medical Centre (Harlington) and the Glendale Practice (Harlington). Baseline data on patients registered as carers being gathered.
13.	SCHH - Develop a datasheet for carers that explains respite services and provides clear information for carers on how to access such services		October 11	
14.	SCHH - Hold 3 x Speakeasy sessions to provide opportunities for carers to provide direct feedback to Commissioning about services.		By March 2012	One speakeasy to be held jointly with Carers Involvement lead at The Hillingdon Hospital Foundation Trust
15.	SCHH - Complete with the Carers Strategy Group the Department of Health 'Carers Support Pathway Self-Assessment Tool' to assess how well organisations in Hillingdon are addressing the expected outcomes of the national carers strategy.		June 11	Completed. Information will be used to inform the development of the Carers Commissioning Plan and will provide robust support for bids to any future funding opportunities from the DoH

16.	SCHH - Work with partners to identify opportunities to develop condition specific training for carers to enable them to maintain or improve independence of the person they support e.g. speech therapy, exercise regimes, etc. These to be delivered within existing resources.		Sept 11	Working with Wheelchair Service and Hillingdon Carers to deliver training on safe use of attendant-type wheelchairs. This training was requested by carers and a focus group of carers helped configure the training.
17.	NHS Hillingdon - Health to prioritise carers' role within dementia and stroke provision in line with national guidance	a) Completion of baseline audit in stroke and dementia services	March 12	
18.	SCHH - Work with Deputy Director – Children and Families to prepare with appropriate partners a Memorandum of Understanding covering 'Working together to support young carers' and secure Cabinet approval.	<ul style="list-style-type: none"> a) Cabinet Member briefing completed and gain approval for admission to Cabinet Forward Plan (for October 2011) b) Notify Democratic Services for inclusion in the Cabinet Forward Plan c) Briefing on MoU submitted to PEECS SMT d) Draft MoU completed and approved by SMT in both Directorates e) Briefings to relevant Cabinet Members f) MoU submitted to Cabinet 	<ul style="list-style-type: none"> June 11 June 11 August 11 Sept 11 Oct 11 Oct 11 	Target dates slipped due to transfer of Childrens' Services to SCHH – new schedule to be agreed with Deputy Director C&F Services

LAW COMMISSION REVIEW 2011 – CARERS

The Law Commission was asked to consider consolidating the legal framework concerning adult social care in England and Wales into a new adult social care statute.

Part of those overall recommendations relate to carers assessments and are summarised below:

i) Duty to assess

The duty to assess a carer should apply to any carer who is providing care to another person and not be restricted to those carers who are providing a substantial amount of care on a regular basis.

The current situation requires an evaluation of 'substantial' and 'regular' by the assessor/care manager, which should be based on the *impact* of providing care, rather than the number of hours of care provided. Any assessment undertaken should be proportionate to the needs presented by the carer.

ii) Triggering a Carers Assessment

The duty to assess should no longer require a carer to request the assessment in order to be triggered. Instead, the duty should be triggered where it appears to the local authority that the carer may have, or will have upon commencing the caring role, needs that could be met by the provision of carers' services or services to the cared-for person.

This second recommendation would remove the right of a local authority to inform carers of their right to request an assessment; however the Law Commission also proposes a general duty to provide information, advice and assistance which should in practice provide the same effect. A carer will still be able to request an assessment, either directly or through another source, and it is likely that this should trigger the duty to assess.

iii) Eligibility for Carers Assessment

A local authority should have discretion to assess a carer who receives payment for the care they provide or is a volunteer worker, where the authority believes the relationship is not principally a commercial or ordinary volunteering one. This means that if a carer is receiving payment from the person they care for through a personal budget, they can still be assessed as a carer and is likely to be used concerning carers who provide care in addition to what they receive payment for.

Currently, a carer is only eligible for assessment providing the care they provide is not provided under contract.

iv) Carer Assessment Outcomes

The statute should provide that a carer's assessment must:

- Take account of the carer's ability to provide and to continue to provide care for the person cared for
- take into consideration whether the carer works or wishes to work, or is undertaking, or wishes to undertake, education, training or any leisure activity.

This bring together items from other legislation including (The Carers (Recognition and Services) Act and the Carers Equal Opportunities Act)

v) Integrated Support with Cared-for Person

The carers' assessment regulations must make provision to require local authorities to take into account the results of the cared-for person's community care assessment in determining whether to provide services to a carer.

This recommendation parallels the Department of Health view that 'whole-family approaches and the recognition of interdependence is the start point of addressing needs.

vi) Young Carers

It is proposed The Carers (Recognition and Services) Act and the Carers and Disabled Children Act should be retained and amended so that they would apply only to carers aged under 18. This would form a single young carers statute with adult carers being covered by the new statute. Another proposal suggest that this legislation is repealed and incorporated into the Children Act.

The duties to assess a young carer in these Acts should be amended to make them consistent with the threshold for a carer's assessment under the proposed adult social care statute.

Local authorities should have a general power to assess and provide services to 16 and 17 year old young carers under the adult social care statute. The statute would require the local authority to give written reasons if a young carer aged 16 and 17 (and their parents on their behalf) requests to be assessed under the adult social care statute, and the authority decides not to carry out the assessment.

The assessment regulations made under the adult social care statute should contain a requirement that any community care assessment must have regard to the results of any assessment of a young carer.

Currently, only young people aged 16 and 17 years might be assessed for support needs. A young carers assessment will need to be developed should legislation change, as the adult assessment form would not be appropriate.

vii) Parent Carers

Parent carers should continue to have a right to a carer's assessment under existing legislation. The duties to assess a parent carer in relevant Acts should be amended to make them consistent with the threshold for a carer's assessment under the adult social care statute.

The proposals urge the Government to consider either integrating the duty to provide a parent carers' assessment in with the single young carers' statute (as described above) or incorporate them into the Children Act 1989. If a parent carer who is looking after a young person aged 16 and 17 requests that the young person is assessed under the adult social care statute and the local authority agrees to this request, then the parent carer should also be given a carer's assessment under the same statute.

Currently, the holistic needs of the whole family of a child with disabilities is assessed using CAF, so there are relatively few requests for separate Carers Assessments.

It is expected that a White Paper detailing revisions will be published before December 2011.

