

CARERS STRATEGY: 2021/22 DELIVERY PLAN UPDATE

Committee name	Health and Social Care Select Committee
Officer reporting	Gary Collier – Adult Social Care and Health
Papers with report	Appendix 1: Case Studies Appendix 2: Summary of Carers' Strategy Governance Arrangements Appendix 3: Draft 2022/23 Carers' Strategy Delivery Plan Appendix 4: 2022/26 Strategy Proposed Metrics
Ward	All

HEADLINES

1. The contribution of carers to the health and wellbeing of those they care for is significant and the purpose of a carers' strategy is to demonstrate what the Council and its partners are doing to support carers in the borough. In Hillingdon the importance of supporting carers is recognised by all health and care partners as being critical to the sustainability of the local health and care system.

2. This report precedes the annual update to Cabinet on the delivery of the Carers' Strategy Delivery Plan that will be considered in July 2022. The report is intended to give the Committee the opportunity to consider the update before Cabinet so that any comments it may have can be reflected in that report. Cabinet requested an annual update in 2015 and this practice has continued.

3. The most recent carers' strategy covered the period between 2018 and 2021 and a new strategy is under development, which is addressed in more detail later in this report. The content of the new strategy will be informed by information from the 2021 census which, as with the 2011 census, included specific carer-related questions. Publication of this information is now expected in the autumn. It will also be informed by the results of the National Carers' Survey undertaken in November 2021.

4. Pending the completion of the new strategy a delivery plan was developed for 2021/22 that was considered by both the Families, Health and Wellbeing Select Committee and Cabinet. This report updates the Health and Social Care Select Committee on the delivery of the 2021/22 plan. It also gives the Committee the opportunity to comment on key aspects of the proposed new strategy and the 2022/23 delivery plan.

Who can be a carer?

5. There are two statutory definitions of who is a carer, and these are as follows:
- *Young Carer:* The Children Act, 1989 defines this term as being someone under 18 who helps to look after another person but not under a contract or scheduled voluntary work.
 - *Adult Carer:* The Care Act, 2014 defines this as an adult, i.e., a person aged 18 or over, who is providing care and/or support for another adult for free but not under a contract or scheduled voluntary work.

6. The Children Act places a duty on the Council to undertake an assessment where it appears that a young carer may have support needs. The Council is required to consider how needs identified from an assessment should be met.

7. The Care Act creates a statutory right to a carer's assessment for an adult carer and the Council may have an obligation to assist them even if the person they are caring for does not satisfy the national eligibility criteria. This would be subject to them satisfying the national eligibility criteria for carers. Where the cared for person is eligible for social care assistance from the Council then the support needs of the carer would generally be considered as part of an overall package of care to address their collective needs.

8. References to the '*review period*' in this report means the period from the 1st April 2021 to the 31st March 2022 unless otherwise stated.

9. The report is structured as follows:

- A. Strategic Context
- B. 2021/22 Delivery Plan Update: Challenges and Achievements
- C. Draft 2022 – 2026 Joint Carers' Strategy: Proposed Vision, Mission, Supporting Principles and Outcomes.
- D. Draft 2022/23 Delivery Plan

RECOMMENDATIONS

That the Committee:

- 1. endorses the alignment of reporting frequency on the delivery of support for carers to enable the Committee's views to be reflected in future update reports to Cabinet.**
- 2. notes progress against the Carers' Strategy delivery plan activity for 2021/22.**
- 3. endorses the proposed vision, mission, supporting principles and intended outcomes for the 2022 to 2026 Joint Carers' Strategy.**
- 4. endorses the 2022/23 delivery plan.**
- 5. questions officers and partners on any other aspect of the report.**
- 6. identifies any comments it wishes to include in the annual delivery plan update report to Cabinet.**

SUPPORTING INFORMATION

A. Strategic Context

9. 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 in terms of their own health, financial situation, employment position and independence can be considerable. In Hillingdon we want to enable our residents to recognise and identify their role as a carer, so they know where to access the right support.

10. There are only two sources of information about the numbers of carers in Hillingdon pending the publication of the 2021 census and these are:

- *The 2011 census*: This showed that in 2011 there were 25,000 people who self-identified as carers. The passage of time means that data from the 2011 census can no longer be relied on to draw meaningful conclusions that can apply to the needs of carers now.

- *The Carer Register:* The Carer Register was established by Carers' Trust Hillingdon and is maintained by them. Registration by carers is entirely voluntary but is a key route by which information can be targeted by Carers' Trust. As of 31st March 2022, there were 970 young carers and 2,287 adult carers registered.

11. Data from the National Carers' Survey undertaken in November 2021 will provide qualitative information about carers already known to the Council who completed the survey. This survey was commissioned by the Department of Health and Social Care and the Care Quality Commission (CQC) and the data sample and collection methodology are determined nationally. 677 of Hillingdon's adult carers were sent a survey questionnaire. The results of the survey will be published in June 2022.

12. The main offer of support to young and adult carers in the borough comes through the Carer Support Service contract between the Council and Carers' Trust Hillingdon (CTH), which is the lead organisation for the Hillingdon Carers' Partnership. The latter is a consortium of local third sector organisations that has been created to support carers in the borough. In addition to Carers' Trust, the consortium includes the Alzheimer's Society, Harlington Hospice (including their homecare arm called Harlington Care) and Hillingdon Mind. The Committee may be interested to note that the funding for this service, i.e., £659k, is included in the Better Care Fund (BCF).

13. The multi-agency Carers' Strategy Group (CSG), which is chaired by the Council, has responsibility for overseeing the development and delivery of the Joint Carers Strategy. The diagram below summarises the partners involved in supporting carers. Membership of the CSG during the review period also included Cllr Haggar in her capacity as the Council's Carers' Champion.

Partners Supporting Carers



Key
 CNWL = Central and North West London NHS Foundation Trust
 NWL ICS = North West London Integrated Care System

14. **Appendix 2** shows how the Carers' Strategy Group fits in to the governance arrangements for Hillingdon's health and care system.

B. 2021-22 Delivery Plan Update: Challenges and Achievements

15. This part of the report updates the Committee on the implementation of the 2021/22 Carers' Strategy Delivery Plan. The Committee will be aware that implementation of the 2021/22 delivery plan was within the context of the second year of the Covid-19 pandemic. Some of the challenges that this has presented include:

- People having to undertake caring responsibilities unexpectedly but not recognising themselves as carers.
- The reluctance of carers to take up short break opportunities over infection prevention and control concerns.
- Limited availability of some short break options during covid-related restrictions.
- Mental health implications of caring during covid-related restrictions, i.e., coping with the pressures of being a carer.
- Managing the financial implications of being a carer.

16. The agreed actions for 2021/22 shown below are aligned to the principles for supporting carers set out in the 2018 to 2021 strategy. **Appendix 1** illustrates the work of partners in supporting carers in Hillingdon with case studies.

Principle 1: We will support the identification, recognition and registration of Carers in primary care.

17. **Re-establish Carer leads in all GP surgeries.** *Deferred:* Prior to the pandemic work between Carers Trust and the GP Confederation had resulted in carer leads (please see below) being established in all 45 of Hillingdon's GP practices. By the end of 2021/22 this had reduced to 27 and prioritisation of the vaccination programme has resulted in this action being deferred to 2022/23.

18. **Explore with Carer Leads in GP practices how to identify and support Carers who may be reluctant to attend practices.** *Deferred:* Another impact of the pandemic has been to reduce the number of people attending practices, which has meant that this action has had less relevance in 2021/22. The issue concerning identification of carers in practices has been deferred to 2022/23.

19. **Ensure all practices have current and detailed information about support for carers in Hillingdon.** *Partially delivered:* A new updated information pack for Primary Care was created by Carers' Trust and distributed in May 2021, although practices were not properly open. This fact and the focus of practices on other priorities meant that the packs did not have the intended impact. Consequently, and also in taking into consideration the practices' focus on the vaccine programme, distribution of further information packs in Q4 was delayed and will be considered for 2022/23.

Carer Leads in GP Surgeries: The Role Explained

Key tasks include:

- Proactively identifying and supporting Carers, many of whom do not see themselves as Carers;
- Ensuring that a surgery Carer Register is maintained and updated regularly;
- Ensuring the practice provides active signposting to the Hillingdon Carers' Partnership;
- Ensuring that standardised packs of information for Carers are available within the waiting room;
- Feeding into The Confederation and its partners, e.g., Hillingdon Carers Partnership and the CCG, any gaps in provision or requirements to help practices to support Carers further;
- Working with colleagues in the practice to provide enhanced access and flexibility of appointments for Carers;
- Considering how else the practice might facilitate improved carer-health – monthly Carer Health checks for example;
- Attending any training/information sessions that relate to the support of Carers within General Practice.

Principle 2: Carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health.

20. Review the process for assessing the needs of Young Carers and mechanism for recording the outcome of assessments. *Completed:* The assessment process is through the early help assessment (EHA), which serves as the referral form for all children with an additional need. Assessments are submitted via the Stronger Families portal and triaged by the Stronger Families Hub.

21. Review with partners the pathway for addressing the needs of Young Carers. *Completed:* A Schools Liaison Officer post has been established that links in with the Carers' Trust.

Principle 3: Carers will be empowered to make choices about their caring role and access appropriate services and support for them and the person they look after.

22. Face to face service provision will be restored following lifting of Covid restrictions. *Completed:* The majority of services delivered by Hillingdon Carers' Partnership organisations had restored face to face provision by the end of March 2022. However, some provision continues to be available online at the request of carers.

23. A guide for people who suddenly became Carers will be developed. *Completed:* This was co-produced between the Council and Carers' Trust. The latter consulted with carers in its production. The *Are you a carer?* leaflet was finally approved in April 2022 and is on the Council's website. It can be accessed via the following link [Am I a carer? - Hillingdon Council](#)

24. The Committee will see that the underlying message in the leaflet is to contact Carers' Trust

as Hillingdon's one stop shop for carers and a key route for information, advice and support.

Principle 4: Staff will be aware of the needs of Carers and of their value to our communities.

25. All new staff starting with Hillingdon Health and Care Partners (HHCP) undergo an hour's introductory training about the role of Carers in supporting the health and care system and the importance of identifying them and addressing their needs. *Completed:* Since February 2022 carer awareness training has been included within wider training about the role of H4All. This is now a business as usual activity.

More About HHCP

HHCP is an alliance of local, mainly NHS, organisations that includes The Confederation of Hillingdon-based GP practices, the Central and North West London NHS Foundation Trust, The Hillingdon Hospitals NHS Foundation Trust and H4All. HHCP's main objective is to improve the health and wellbeing of Hillingdon's residents and their experience of care through improved coordination and integration of services and earlier intervention to prevent crises.

About H4All

H4All is a local consortium that is also a registered community interest company and comprises of Age UK Hillingdon, Carers' Trust Hillingdon, the Disablement Association Hillingdon (Dash) and Harlington Hospice. The consortium provides opportunities for improving efficiencies across the four organisations by sharing resources in key areas, such as financial systems, HR advice, activity reporting.

Principle 6: Carers will be respected and listened to as expert care partners and will be actively involved in care planning, shared decision-making and reviewing services.

26. Review the role of the Carers' Strategy Group. *Completed:* Membership of the group has been expanded to include representatives from health partners, i.e., the GP Confederation, community health and community mental health, Hillingdon Hospital and North West London Clinical Commissioning Group.

27. Two Carer representatives will be recruited to the Carers Strategy Group. *Partially completed:* Carer representation on the Carers Strategy Group (CSG) is important to ensure that discussions and decisions reflect lived experience. One carer representative has been identified to be a part of the CSG and has attended one meeting. However, securing other representatives has proved a challenge to deliver as the roles require people who are able to take a more strategic view, i.e., think of their own experiences and how they may reflect those of the wider carer population.

28. Coordinate Carer engagement activity via regular Carer Forums. *Completed:* Forum meetings were held in October 2021 and March 2022. The October meeting was virtual and was joined by 42 carers. In March 2022 there was a face to face meeting attended by 20 carers and a further 10 carers on the online meeting. Issues raised from the carer forums feed into the CSG meetings and help to inform delivery plan priorities.

Principle 7: The support needs of Carers who are more vulnerable or at key transition points will be identified early.

29. **The process for identifying and recording Carers with multiple caring responsibilities within Adult Social Care will be refined.** *Completed:* A monthly performance report that identifies people with multiple caring relationships and the level of formal support they are in receipt of is now in place. The intention is to establish an auto-generated report, but this will be an action for 2022/23.

30. **The following issues will be monitored as Covid restrictions are lifted:**

- **People experiencing mental illness**
- **Management of death and bereavement**
- **Identification of safeguarding issues**

31. Carers Trust Hillingdon (CTH) Trustees have invested reserves into a new part time Health and Wellbeing (HWB) post to coordinate this activity and develop their end of life and bereavement offer.

32. Partner achievements during the review period that are in addition to the specific actions within the 2021/22 delivery plan are highlighted below for the Committee's consideration.

Council Achievements

33. **Carers Assessments:** There were 897 carers' assessments undertaken in 2021/22, which includes 299 triage assessments completed by Carers' Trust. This compares to 995 assessments in 2020/21 and 249 triage assessments undertaken by Carers' Trust. Triage assessments are much shorter than the full assessment and are used by Carers' Trust to help a carer identify whether they are likely to receive support from the Council, which would only be obtainable following a full assessment. In 2021/22 Carers' Trust referred 28 carers to the Council for a full assessment.

34. Carers are routinely identified by Adult Social Care through the Care Act assessment of need process and a carer assessment offered. Our experience, however, is that many carers decline the offer, which helps to explain the reduction in assessments in 2021/22 compared to the previous year. For example, in a one month snapshot out of the 258 households identified as having someone who was a carer, 79% (204) declined to have an assessment. The reasons given for declining an assessment include people who consider that the assessed care package for the person they are caring for sufficiently addresses their needs; people not identifying themselves as carers and those who feel that the services available through Carers' Trust meets their needs.

35. It is important that the Committee is aware that carers who do not wish to go through the carer assessment process may still access the universal services provided under the Carer Support Service contract previously mentioned. This is also the case with carers assessed as not meeting the national eligibility criteria for carers.

36. **Respite and other Carer-related service provision:** During 2021/22 208 Carers were provided with respite or another carer service at a cost of £2,059k. This compares to 201 Carers being supported at a cost of £1,916k during 2020/21 and 196 carers being supported at

a cost of £2,002k during 2019/20. This includes bed-based respite and home-based replacement care as well as voluntary sector provided services and those directly purchased via Direct Payments. The cost of services to meet needs identified as a result of a Care Act assessment of the cared for person that benefit the carer are not included as it is not possible to apportion the costs on the Council's case management IT system.

37. The Committee may also wish to note that 2021/22 has seen an increase in the number of carers receiving Direct Payments in their own right from 103 to 133.

More About Direct Payments

With Direct Payments the Council's financial contribution to meeting assessed social care needs is paid directly to the eligible person either in the form of a pre-paid card or directly into a bank account. This gives the eligible person more flexibility and control to directly employ their own care workers or a personal assistant who will, for example:

- Be the same person and be available when required.
- Speak the same language.
- Have an understanding of cultural and/or religious needs.

Hillingdon Carers' Partnership Achievements

38. **Responding to demand for emotional support:** Demand on Mind's support services increased by 45% during the review period, which led to more psychotherapy and peer support groups being established. 124 carers accessed the counselling service in 2021/22 and 96 received intensive support from Mind's Family Support Service. 145 carers continue to receive weekly support calls from trained volunteers.

39. **Breaks from caring:** During the review period 3,109 breaks were provided to adult carers through a combination of arts and cultural activities, learning workshops, carer cafés, peer support groups and actual replacement care delivered by Harlington Care. 1,622 breaks were provided to support young carers and included arts and crafts activities, development workshops, e.g., employability, school holiday activity programmes, residential weekends and whole family trips. Some activities, such as fitness session, were run online when restrictions on mixing households were in place.

40. **Improving income for Carers:** £1,052k was secured in carer-related benefits during the review period to improve the household incomes of carers in Hillingdon.

41. **Additional income:** Approximately £213k in additional income was raised during the review period to provide extra activities and events for carers. This includes £60k from the Triangle Trust for a schools' support programme and £148k from Carers' Trust UK to develop a supported transition service operating across Hillingdon and Harrow for carers aged 16 to 25.

CNWL Community Adult Mental Health Service Achievements

42. **Carers have continued to access to the Recovery and Wellbeing College courses**

delivered by CNWL: The term time programme is available on CNWL's website and is regularly advertised through local carer groups and Carers' Trust Hillingdon who are provided with timely updates by CNWL.

43. Triangle of Care continues to be established within Hillingdon mental health services: Carers' champions are now in all community and acute teams in Hillingdon mental health services. Co-produced training on carers needs has been provided to staff. CNWL has achieved stage 1 of the accreditation process from the National Carers' Trust.

Triangle of Care Expanded

There are six standards to the Triangle of Care, and these are:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are '*carer aware*' and trained in carer engagement strategies.
3. Policy and practice protocols re: confidentiality and sharing information, are in place.
4. Defined post(s) responsible for carers are in place, e.g., Carers' leads or champions.
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway, e.g., an introductory letter from the team or ward explaining the nature of the service provided and who to contact.
6. A range of carer support services is available.

44. Carers are a part of the involvement work in Hillingdon mental health supporting the transformation and quality of services: Carers attend the bi-monthly involvement group and it is co-chaired by a carer. Carers have been involved in co-production activities related to transformation including developing a public questionnaire, developing information materials and a website. The service manager for the community and primary care meets with a local carers' group to consult and update them on a regular basis.

C. Draft 2022 – 2026 Joint Carers' Strategy: Proposed Vision, Mission, Supporting Principles and Outcomes.

45. As with the 2018 – 2021 Joint carers' Strategy, the new strategy will detail how the Council, the NHS and the voluntary sector will work together to improve support for all unpaid carers who live – or provide care for someone who lives – in the London Borough of Hillingdon.

46. Carers have been consulted on the proposed vision, mission statements, supporting principles and outcomes through the Carer Forum and an online survey will be established in June.

Proposed Vision for Carers

47. The following has been developed jointly between the Carers' Trust Hillingdon and the Council.

Working together, and with carers, we will improve the health and wellbeing of carers of all ages in Hillingdon and deliver a positive experience of care and support services.

Mission Statements

48. The proposed mission statements shown below are based on the '*Making it real*' approach developed by *Think local, act personal*, a national partnership of more than 50 organisations, including local government, social care providers, the NHS, and the voluntary and community sector as well as people with lived experience, who are committed to transforming health and care through personalisation and community-based support.

49. The proposed mission is that by 2026 most unpaid carers can say:

- *I am supported to provide care to the extent that I wish and do so in a way that accommodates my own education, employment and health and wellbeing needs.*
- *I have received effective advice and support that minimises the financial impact of caring on our household.*
- *I have a voice: I am recognised both as an 'expert' partner in care planning for the person I care for, and my experiences and opinions are valued and used to inform the improvement of support for carers.*
- *I have access to appropriate support that suits my needs, including breaks from being a carer and a social life outside of caring.*
- *I know where to go for information and advice and this meets my needs.*
- *I have received the right training and support to deliver my caring role effectively and in a way that ensures my personal safety and the safety of the person I care for.*
- *The children and young people in my family who have caring responsibilities are given support to mitigate the negative effects of caring.*

Supporting Principles

50. It is proposed that the following principles will support the delivery of the vision:

- **Thinking carer:** We will take a carer focused approach to everything we do so that the potential impact on carers is considered.
- **Identification and recognition:** We will work together support the identification and recognition of carers.
- **Listening and respect:** We will listen to and respect carers as expert care partners and they will be actively involved in planning the care and support that the cared for person receives.

- **Choice and control:** We will support carers to have choice and control over how their needs are met, including working with the independent sector to develop more personalised options.
- **Engagement:** We will engage with carers to hear from them about how their needs are changing and to invite their views about priorities.
- **Innovative approaches:** We will be open to new approaches to meeting the needs of carers that have not been tried before or have not been tried before locally.

Outcomes for Carers

51. This section describes the proposed outcomes for carers that the new strategy will seek to achieve. It also outlines the scope of the work that will be undertaken to achieve the outcomes and deliver the vision for carers by 2026.

Outcome 1: The physical and mental health and wellbeing of carers of all ages is supported.

- Addressing health and wellbeing needs.
- Preventing loneliness and isolation.
- Access to education and employment opportunities.
- Addressing safeguarding issues.

Outcome 2: The financial impact of being a carer is minimised.

- Access to information, advice and support about allowance and benefit entitlements.
- Support and guidance to employers of people with caring responsibilities.
- Support via the Working for Carers Employment programme.

Outcome 3: Carers are identified, recognised and able to make a positive contribution.

- Development and maintenance of an understanding by professionals of the role of unpaid carers.
- Identification of carers in different settings, including Hillingdon Hospital.
- How we will engage with carers, learn from their experiences and provide opportunities for them to shape local priorities.

Outcome 4: Carers have a life alongside caring.

- Short break options.

- Emergency replacement care plans.
- Supporting working carers.

Outcome 5: Carers have access to quality information and advice at any point in their caring journey and know where to find this.

- Access to information and advice.
- Education of health and care professionals about sources of help and onward referral.

Outcome 6: Carers have the skills they need for safe caring.

- Identifying skills required
- Developing training and support for carers.

Outcome 7: Young carers are supported from inappropriate caring and provided with the support they need to learn, develop and thrive and enjoy being a young person.

- Identification of young carers and work with schools.
- Developing the young carers assessment process.
- Break opportunities for young carers
- Addressing safeguarding issues.

D. Draft 2022/23 Delivery Plan

52. The draft 2022/23 Carers' Strategy Delivery Plan is attached to this report as **Appendix 3**. The Committee is asked to note that the actions in the plan have been aligned to the outcomes in the draft strategy.

PERFORMANCE DATA

Current Performance Information

53. The only national comparative data that would allow the Committee to see Hillingdon's performance in supporting carers in context is the results of the National Carer Survey referred to in paragraph 11.

Proposed Performance Metrics

54. The proposed metrics that are aligned to the outcomes shown above are set out in **Appendix 4**. The challenge is how to measure the impact of support provision for carers without necessitating the creation of a resource intensive bureaucracy that detracts from service delivery. The Committee may wish to note the stated intention in the white paper, *Joining up*

care for people, places and populations: The government's proposals for health and care integration published by the Department of Health and Social Care (DHSC) on the 9th February 2022 to publish a shared health and social care outcomes framework in 2023, which is likely to impact on what is required of place-based health and care systems.

RESIDENT BENEFIT

55. The report identifies how carers have been supported by the Council and partners in 2021/22 and plans for continued support in 2022/23 and beyond.

FINANCIAL IMPLICATIONS

56. There are no direct financial implications arising from this report.

LEGAL IMPLICATIONS

57. There are no direct legal implications arising from this report.

BACKGROUND PAPERS

2018 – 2021 Joint Carers' Strategy.

Appendix 1 – Case Studies

Case Study A

Ms A is aged 39 and is a single parent who looks after her 20 year son who has bipolar disorder and treatment resistant depression. Ms A is also looking after a younger school age child.

Ms A presented to Carers' Trust with extreme trust issues which prevented engagement with services and inability to communicate effectively or be involved with agencies supporting her son. Ms A was looking for support to help her manage her caring role and advocacy input when liaising with agencies involved in the care of her son.

Initial engagement with Ms A was difficult due to her suspicion of professionals and their intentions. A person-centred approach was used to help build an effective working relationship with her and to help her learn that services could provide positive support.

The carer assessment process was tailored to Ms A's needs to ensure that she did not find the process overwhelming but instead saw the sessions as an opportunity to discuss needs and look at planning relevant and effective support. The goal was to empower Ms A to feel confident to liaise and be involved in the care planning for her son and be provided and engage with effective support for her own mental health.

Ms A was referred for Dialectical Behaviour Therapy (DBT), but she had difficulty engaging with the assessment process because of her mistrust. The psychologist contacted the Carers' Trust's Family Support Officer for input because of concerns over the criteria not being met due to fears over Ms A's long-term commitment. The Family Support Officer provided advocacy to help Ms A engage with this service and DBT was eventually offered. This provided support for her own mental health therefore enabling her to manage her caring role more effectively.

About Dialectical Behaviour Therapy

Dialectical behaviour therapy (DBT) is a type of evidence-based psychotherapy. that was created to help those diagnosed with borderline personality disorder. It focuses on helping people change their behaviour patterns, as opposed to trying to think or talk through the issues they are struggling with.

Whilst Ms A was involved in the Family Support Service, her son was sectioned due to a deterioration in his mental state. Ms A found it impossible to manage his care at this point and was becoming unwell due to the stress of her role. She needed a great deal of emotional support at this point and the Family Support Officer supported her through advocacy work with services involved in the care of her son. J. reported that this intervention helped prevent her mental health deteriorating further and allowed her to continuing caring for her other child.

The Family Support Officer engaged Ms A using a solutions-focused approach, working in partnership to identify goals and find ways to achieve them. Through psychoeducation Ms A was supported to change her mind set, trying new approaches to working with professionals and started to see positive outcomes. This resulted in her becoming less scared of services and began to build positive relationships with professionals involved in both her and her son's care.

Ms A now reports feeling more confident in herself and her ability to engage with services involved

in her care; the family are now benefiting from what support services have provided for them and are engaging well with those services. The Family Support Officer signposted the son to the Recovery Service at Mind. He is now actively involved in the Recovery Programme and engages well with the group activities.

Ms A will soon be joining the carers peer support coffee group, something she would never have considered at the beginning because of her fear of being judged by others. She has also begun a course at CNWL's Recovery College and is planning for a return to work, with the goal of one day becoming a qualified beauty therapist. Children's Services are no longer involved in her daughter's care as Ms A is managing her caring roles effectively and looking after her own mental health and her son is focused on his recovery.

Case Study B

Mr and Mrs B are joint carers for Mr A's mother who went to live with them as she was not coping on her own following a dementia diagnosis. Mr B works full time and Mrs B has taken a break from work to care for her mother-in-law. However, the stress of the caring role had significant impact on Mrs B which has significantly affected the family. Mr and Mrs B also have two school age children who were being adversely affected by the strain that caring for Mrs B's mother-in-law was putting on her.

Mrs B felt her mother-in-law showed no gratitude to her for all her efforts and she was rude to her. She believed her mother-in-law knew what she was doing because she was nice when she wanted to be. She was angry with her husband because she felt he put the needs of his mother first. Mrs B wanted her mother-in-law to move out, but her husband did not agree that that was the best solution. Mr B desperately wanted to get his family back together and contacted the Dementia Support Service for advice.

About the Dementia Support Service

The Carers' Trust Dementia Support Service is run in partnership with the Alzheimer's Society and offers one-to-one support to people with dementia and their carers, which can be provided face-to-face, over the telephone or via written communication. The team also offers a home-visiting service for those families that might struggle to get out of the house.

Following an initial assessment, Dementia Support Workers will provide information, guidance and practical support to help people to better understand dementia, to cope with day-to-day living and to plan for the future. The service also supports people to access other services.

The team offers a range of opportunities that include training, social activities, Dementia Cafes, singing for the brain sessions, care calling, emotional support and also offers access to a whole range of other support through the Hillingdon Carers Partnership and beyond.

The issues identified were:

- Mrs B did not understand dementia and what to expect.
- Mrs B felt she was not getting support from her husband and deeply resented this.
- Both Mr and Mrs B were struggling emotionally and the issues in their caring roles started affecting their marriage, leading to frequent arguments that then distressed their two children.
- Mr B had insight into dementia but felt unable to effectively communicate it to his wife.
- It was clear that Mrs B was tired and needed respite.

The actions taken to support family included:

- Information was given about Dementia Friends' sessions to help reinforce their understanding of dementia.
- Discussed coping strategies – ongoing.
- Referred to the Harlington Care short break service.
- Provided emotional support – ongoing.
- The two children were referred to Young Carers' Service for their own support.

Outcomes:

- Significant improvements in family relationships
- Mrs B has developed a better understanding of dementia and now feels that she is learning how to manage her expectations
- Both carers are receiving ongoing emotional support and are coping much better
- Replacement care is now in place so Mrs A can have a break from her caring role.

Case Study C

Mr and Mrs C are in their early 80s and have been co-dependent in addressing each other's needs. Mr C has needed assistance with activities of daily living for many years and this has been provided by Mrs C. Over the last two years Mrs C has developed signs of dementia and has found it increasingly difficult to support her husband. Their son has been visiting on a daily basis and has helped support his parents, but their increasing need and the pressures of his own young family mean that he is unable to continue with this level of support.

The family were referred to Adult Social Care by Mr and Mrs C's GP and a combined assessment was undertaken that included the needs of Mr and Mrs C's son in his role as a carer. This resulted in a Direct Payment being provided to facilitate more personalised care for Mr and Mrs C by people who spoke their first language and had greater awareness and understanding of their culture and dietary requirements. This has enabled Mr and Mrs C to remain in their own home whilst reducing the pressure on Mr C junior, who continues to visit on a regular basis and take them out. He also has lasting power of attorney for finance and property and manages their financial affairs for them.

Mr C junior was also referred to Carers' Trust and support has been provided to the family via the Alzheimer's Society, i.e., one of the organisations within the Hillingdon Carers' Partnership.

Case Study D

Ms D is 12 and cares for her brother who has autism. She, her mother and siblings are victims of domestic violence, perpetrated by their father. The family initially presented with housing issues as the lease on their rental property was due for renewal and they did not have the finances to pay for a new deposit or additional rental charges. It was really important that the family stayed in the same property to avoid further upheaval and disruption and to maintain their security. The Carers' Trust's Family Support Officer advocated with the landlord on their behalf and was able to negotiate a lease renewal for the same price without a deposit being necessary.

Although no longer in the family home, the children's father had access to the family internet account and mum was unable to change the passwords or security settings. This made the

whole family feel extremely vulnerable and frightened as he was able to access their emails, see Ms D's school reports and obtain information about their whereabouts at other activities. As a result, the family were living in fear and were reluctant to leave the family home. Carers' Trust organised a grant to cover the cost of a broadband contract for a year with a new internet provider. The family were also supported by a social worker who completed a home visit and facilitated the mother accessing counselling through Hillingdon Women's Centre.

Mum was struggling with juggling commuting, working and childcare. Carers' Trust successfully supported mum to apply for DLA for her son, this then qualified her to apply for additional welfare entitlements which enabled her to take a career break. This meant that the children were able to spend more time with mum, had to spend less time in after school clubs and could start to have a more settled home routine.

In addition, Carers' Trust has supported mum to access counselling and attend training courses and have liaised with the children's school to ensure their needs are understood and they feel safe and secure in the school environment. The family are now more financially secure, they feel safer, and Ms D now feels confident enough to access extra-curricular activities and has begun to engage with our young carer clubs and activities.

Case Study E

Ms E is 23 and cares for both her parents who both have learning disabilities and mental health issues. Her father misuses substances and there is a history of domestic violence within the household. She has five siblings and is the main caregiver to her youngest brother who shares a room with her and is currently attending Primary School. Ms E has been registered with Carers' Trust service for 5 years and throughout that time the service has worked with the family to build trust, develop a positive relationship and encourage engagement with the service.

Ms E suffers with low confidence and self-esteem and is unable to live her life freely due to the caring needs of her parents and brother. This has caused her to not involve herself in day to day activities that other people of her age would expect to be doing, which has affected her development in terms of her confidence and self-esteem. Her social circle is under developed as well as her education and attainment. During a one to one session Ms E said that the following barriers stopping her from progressing: feeling anxious, feeling stressed, feeling low, fear of failure, lack of self-esteem, lack of goals, not feeling motivated, social relationships, negative emotions and lack of confidence.

Ms E was invited to participate in the wellbeing workshops Carers' Trust ran with *Give Space* as it was felt the sessions could help her to address some of the issues that she had raised in her support plan. Although initially shy and nervous, Ms E blossomed throughout the programme and her confidence grew each week. She formed new friendships and learnt new skills and techniques to build resilience and gain confidence.

Following on from her success with the workshops, Ms E was supported to successfully apply for an apprenticeship role as a teaching assistant in a local SEN school. Ms E expressed anxieties around starting her new job, as she did not feel she had the clothing to fit in. Through the raising aspirations grant, we were able to access funds for clothing for the Teaching Assistant role and took her on a window shopping trip to discuss various outfits appropriate to the role. This made her feel more comfortable and boosted her self-esteem to enable her to feel confident in starting her new role. Carers' Trust liaised with the school to ensure Ms E was

supported and that they were aware of her caring role, and she was delighted when she was then offered a full time job on a term time basis at the end of her probationary period. Carers' Trust maintain regular contact with Ms E and her employer to ensure her health and wellbeing is closely monitored in terms of feeling stressed, anxious or having negative emotions at work or at home.

Ms E has achieved her action plan objectives which were to secure a job and become more confident. She continues in her permanent job and is doing really well, and this has also set a positive example to her younger siblings and broken the cycle of unemployment within the family unit. Although Ms E continues to have difficulties in balancing her career with her caring responsibilities, she is confident that with continued support she will be able to overcome any future challenges that may arise.

Appendix 3 - Carers Strategy Delivery Plan 2022/23

Key

CNWL: Central and North West London NHS Foundation Trust

CTH: Carers' Trust Hillingdon

THH: The Hillingdon Hospitals NHS Foundation Trust

Outcome: The physical and mental health and wellbeing of carers of all ages is supported.

	Activity	Lead Organisation
1.	Refresh the Joint Carers Strategy for Hillingdon.	LBH
2.	Refresh the Memorandum of Understanding on an integrated approach to identifying and assessing carer need in Hillingdon.	LBH
3.	Develop the range of bereavement cafés and post-bereavement support available to carers.	CTH
4.	Ensure that carers have access to the Recovery and Wellbeing College courses delivered by CNWL.	CNWL

Outcome: Carers are identified, recognised and able to make a positive contribution.

	Activity	Lead Organisation
5.	Re-establish carer leads in six additional GP practices.	CTH/The Confederation
6.	Subject to permission to share information, undertake comparison of carers on GP registers with those on carers' register developed by the Carer Support Service to identify gaps in support.	CTH/The Confederation
7.	Establish a baseline profile of carers currently supported, i.e., age, gender, ethnicity and location in the borough to map against the health and wellbeing needs of Hillingdon's population.	LBH/CTH

8.	Finalise the 'Are you a carer?' information leaflet.	LBH
9.	Establish auto-generated reporting of carers with multiple caring responsibilities.	LBH
10.	Review the role of the Carer Fora.	LBH/CTH
11.	The Triangle of Care continues to be established in Hillingdon mental health services.	CNWL
12.	Carers are a part of the involvement work in Hillingdon mental health services to support the transformation of services.	CNWL
13.	Ensure that the Cerner electronic patient record (EPR) system is developed so that asking if a patient has a carer or is a carer is a mandatory aspect of assessment and triggers appropriate care planning (if possible and where appropriate)	THH
14.	Establish mechanism to ensure that carers are involved in shared decision making, where appropriate, alongside patients.	THH
15.	Refresh the Hospital's visiting rules, carer passports and promote 'John's campaign' to ensure that carers are involved in care and are able to support patients during a stay.	THH

Outcome: Carers have a life alongside caring.

	Activity	Lead Organisation
16.	Explore re-launch of the guidance for employers of carers in employment.	LBH

Outcome: Carers have access to quality information and advice at any point in their caring journey and know where to find this.

	Activity	Lead Organisation
17.	Include information about support for carers on GP practice web pages.	CTH/The Confederation
18.	Ensure that the Patient Advisory and Liaison Service (PALS) has the necessary information and resources to signpost carers and patients with carers to access support.	THH
19.	Ensure that carers have access to information, advice and support about the hospital discharge process and what to expect after discharge.	THH

Outcome: Carers have the skills they need for safe caring.

	Activity	Lead Organisation
20.	Develop end of life training for carers.	CTH

Outcome: Young carers are supported from inappropriate caring and provided with the support they need to learn, develop and thrive and enjoy being a young person.

	Activity	Lead Organisation
21.	<p>To working alongside a group of schools to:</p> <ul style="list-style-type: none"> • Raise awareness and reissue newly designed Schools packs. • Encourage them to complete the national Young Carers in Schools award. • Develop their own young carer support provision. • Provide support sessions in school for the most disadvantaged YCs, usually those caring for a parent with mental ill health and/or substance misuse. • Recruit a pool of volunteer mentors to support them to catch up in maths and English. 	CTH

Appendix 4 – 2022-2026 Strategy Proposed Metrics

Outcome 1: The physical and mental health and wellbeing of carers of all ages is supported.

Carer quality of life metrics, i.e., % of adult carers to say:

- I'm able to spend my time as I want, doing things I value or enjoy.
- I have as much control over my daily life as I want.
- I look after myself.
- I have no worries about my personal safety.
- I have as much social contact as I want with the people I like.
- I feel I have encouragement and support.

Outcome 2: The financial impact of being a carer is minimised.

- Value of benefits/allowances secured for carers.

Outcome 3: Carers are identified, recognised and able to make a positive contribution.

- % of adult carer population on the Carer Register for Hillingdon.
- % adult carers receiving a carer's assessment.
- Number of identified carer champions in GP surgeries/PCNs
- Number of Carer Fora meetings taking place.

Outcome 4: Carers have a life alongside caring.

- Number of adult carers in receipt of short break opportunities.
- Number of short break opportunities available.

Outcome 5: Carers have access to quality information and advice at any point in their caring journey and know where to find this.

- % of carers as a proportion of population of carers in Hillingdon accessing information and advice services.
- % of carers responding positively to the question: Have you found it easy or difficult to find information and advice about support, services or benefits?
- % of carers who have used information and advice services saying that they found it useful.

Outcome 6: Carers have the skills they need for safe caring.

- Number, range and utilisation of training opportunities for young and adult carers.

Outcome 7: Young carers are supported from inappropriate caring and provided with the support they need to learn, develop and thrive and enjoy being a young person.

- % of young carer population on Carer Register for Hillingdon.

- Number of young carers in receipt of short break opportunities.
- Number of short break opportunities available.