

CARERS STRATEGY DELIVERY 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: Draft 2023 – 2028 Joint Carers Strategy and Delivery Plan.
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 December 2023. 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. The Committee agreed to align carers strategy delivery updates to the annual Cabinet reporting cycle.

3. A new strategy covering the 2023 to 2028 period is currently under consultation, which is addressed in more detail later in this report.

4. Pending the completion of the new strategy, a delivery plan was developed for 2022/23 that was considered by the Committee at its June 2022 meeting. A draft delivery plan for the period 2023 to 2028 has been completed and is subject to the outcome of consultation on the draft strategy. This report updates the Committee on the delivery of the 2022/23 plan as well as providing progress on the delivery of the plan for 2023/24. It also gives the Committee the opportunity to comment on the draft strategy. The work of the Council and partners in supporting carers is illustrated with case studies that can be found in **Appendix 1** to this report.

Who can be a carer?

5. There are three statutory definitions of who is a carer, and these are as follows:
- *Parent carer*: The Children Act, 1989 defines this term as a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.
 - *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. There is a similar obligation under the Children Act where a parent carer appears to have support needs or requests an assessment.

7. The Care Act creates a statutory right for adult carers to a carer's assessment 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. The Committee can access more information about the Council's offer to support carers of all ages by visiting the following link on the Council's website:

<https://www.hillingdon.gov.uk/socialcare>

9. References to the 'review period' in this report means the period from 1 April 2022 to 31 March 2023 unless otherwise stated.

10. The report is structured as follows:

- A. Strategic Context
- B. 2022/23 Delivery Plan Update Highlights
- C. 2023 – 2028 Joint Carers' Strategy Update.
- D. 2023/24 Carers Strategy Delivery Plan Progress Update

RECOMMENDATIONS

That the Committee:

- 1. notes progress against the Carers Strategy delivery plan activity for 2022/23 and against the delivery plan for 2023/24.**
- 2. comments and questions officers and partners on any aspects of the report.**
- 3. identifies any comments it wishes to include in the annual delivery plan update report to Cabinet.**

SUPPORTING INFORMATION

A. Strategic Context

11. 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.

12. There are three main sources of information about the numbers of carers in Hillingdon and these are:

- *The 2021 census:* This is the main source of data about carers in Hillingdon. It showed that there were 22,465 people who identified themselves as carers in March 2021 when the census took place. This was an unexpected drop from 25,905 identified from the 2011 census and reflects the national picture. The Office of National Statistics (ONS) has

identified that the co-occurrence of coronavirus lock-down arrangements as well as changes to the questions asked may have influenced how people perceived and managed their provision of unpaid care, and therefore may have affected how people chose to respond. The tables below provide an age-breakdown and comparison with the 2011 census. A more detailed breakdown of census information is available in **Appendix 2**.

Age Breakdown of Carers in Hillingdon 2011 and 2021 Censuses Compared		
Carer Age Group	2011 Census	2021 Census
0 - 24	2,569	1,875
25 - 64	18,676	16,625
65 +	4,660	3,965
TOTAL	25,905	22,465

Age Breakdown of Carers in Hillingdon 2021 Census Young and Young Adult Age Breakdown	
Carer Age Group	Number
5 - 18	660
19 - 24	1,215
25 - 64	16,625
65 +	3,965
TOTAL	22,465

- *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 30 September 2023, there were 1,287 young carers and 4,962 adult carers registered, which compares with 1,187 young carers and 4,790 adult carers registered on 31 March 2023, which is positive in that it both enables relevant information to be targeted to carers but also enables partners to obtain a greater understanding about the needs of carers in the Borough.
- *Short and long-term (SALT) return:* This is the annual return that the Council is required by law to provide to NHS Digital about people supported (including carers) under its Care Act responsibilities. The return for 2021/22 (the most recent date for which comparative data is available) shows that on 31 March 2022 1,534 people being supported by the Council had support from people identified as their ‘*main carer*’. These carers were not identified as receiving a service directly themselves or as benefitting from a service being provided to the cared for person.
- *Carers Allowance recipients:* This is benefit available to people providing 35 hours of unpaid care a week or more to a severely disabled person. Data published by the Department for Work and Pensions showed that in May 2023 (the most recent period for which data is available) there were 3,975 people entitled to receive Carers Allowance (CA). People providing this level of care are most vulnerable to experiencing a deterioration in their own health and wellbeing without support. However, the 2021 identified 9,105 carers delivering 35 hours of care or more a week. This demonstrates that there are many people providing significant hours of unpaid care who do not qualify for this additional benefit, therefore limiting its use as a measure of this population.

13. Data from the National Carers’ Survey commissioned jointly by the Department of Health and Social Care (DHSC) and Care Quality Commission (CQC) undertaken in November 2021 provides some qualitative information about adult 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, which is the carers receiving a carer’s assessment in the previous twelve month period, and collection methodology are determined nationally. 677 of Hillingdon’s adult carers were sent a survey questionnaire and 34% (233) were returned 233 (34%), which was considered to be statistically valid by DHSC

and CQC.

14. The survey results showed that Hillingdon had the highest proportion of adult carers who found it easy to find information about support out of all the North West London (NWL) boroughs, i.e., Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea, and Westminster. It also showed that Hillingdon received the highest quality of life scoring out of the NWL boroughs. The main actions identified from the survey results and reflected in the strategy delivery plan are summarised below:

- To embed the use of the 'Are you a carer?' leaflet across health and care partners as standard practice.
- To explore expansion of Personal Budgets for carers, including as Direct Payments.
- To work with care home providers to develop flexible short-break options for carers.
- To continue to develop the range of social opportunities for carers, including peer support groups.

15. The Committee may wish to note that a repeat of the National Carers Survey is currently in progress as part of the two-year cycle as directed by DHSC and CQC.

16. The Committee is reminded that 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., £690k, is included in the Better Care Fund (BCF).

17. 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.

18. Annex 3 of **Appendix 2** shows how the Carers' Strategy Group fits in to the governance arrangements for Hillingdon's health and care system.

B. 2022-23 Delivery Plan Update Highlights: Challenges and Achievements

2022/23 Challenges

19. This part of the report highlights for the Committee some of the key challenges in 2022/23 and progress against the 2023/24 delivery plan. Challenges in 2022/23 included:

- The mental health legacy of caring for people during the pandemic, especially where caring responsibilities had arisen unexpectedly resulting in increased numbers seeking support. This has continued into 2023/24, which has seen an increase of nearly 47% from 164 in 2022/23 to 241 during the first six months of 2023/24.
- Financial implications of being a carer, e.g., loss of employment income, being exacerbated by the cost of living crisis.
- Impact on physical health of carers not taking a break (or not being able to take a break) from their caring responsibilities during the pandemic. This may be a contributing factor to an increase in permanent admissions to care homes being seen in 2023/24.

- Convergence of pressures on mental health of carers from caring role, anxiety about financial concerns and impact on physical health.

2022/23 Delivery Plan Updates

20. The agreed actions for 2022/23 shown below are aligned to the outcomes in the draft strategy that was under development during 2022/23. Where actions have been rolled forward into 2023/24, an update is provided where available. The Committee is asked to note that there were no specific actions identified against outcome 3: *The financial impact of being a carer is minimised*, in 2022/23.

Outcome 1: Carers are identified, recognised and able to make a positive contribution.

21. **Re-establish carer leads in six GP Primary Care Networks (PCNs).** *Slippage (Amber).* By the end of 2022/23, 39 of the 44 practices in Hillingdon had established carer leads. **2023/24 update:** This has reduced to 33 as people have moved on or taken on other responsibilities and joint work between The GP Confederation and Carers Trust continue to move towards 100% coverage, which remains the goal but is unlikely to be achieved in 2023/24.

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 ICB, 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.

22. **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.** *Slippage (Amber).* Liaison with practices regarding the ability to cross reference carers registers started in 2022/23. **2023/24 update:** It has become apparent that this action cannot be taken forward as Care Trust Hillingdon does not record NHS numbers and it is not practical to expect carers would have this information available when being added to the Carer Register.

23. **Finalise the 'Are you a carer?' information leaflet.** *Completed (Green).* This co-produced leaflet was distributed to all health and care partners. **2023/24 update:** The leaflet has been updated and a new supply has been distributed to partners. Hard copies of the leaflet will be made available at the Committee's November meeting.

24. **Establish auto-generated reporting of carers with multiple caring responsibilities.**

Completed (Green). This work was instigated by Councillor Haggar when she was the Carers Champion and means that it is now possible to identify carers at risk of escalating needs as a result of multiple caring responsibilities. These risks are addressed through the process of review care needs. This work is now part of business as usual.

25. **Review the role of the Carer Fora.** **Slippage (Amber).** **2023/24 update:** Following discussion at the Carers Strategy Group, it has been agreed to retain the current two meetings a year. These take place at the Civic Centre in March and October.

26. **Refresh the Hospital's visiting rules, introduce carer passports and promote 'John's campaign' to ensure that carers are involved in care and are able to support patients during a stay.** **Completed (Green).** The Hillingdon Hospitals' visiting rules have been updated and are stated on their website along with the commitment to 'John's campaign' statement.

About John's Campaign

This is a nationally recognised campaign to support carers to remain with the people they care for whilst they are in hospital. A carer should be facilitated to stay with the person they care for and to contribute to their care. This applies in any settings such as hospitals, GP surgeries and care homes.

27. **Hillingdon Hospital: 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).** **Slippage (Amber).** **2023/24 update:** This is part of a large digital technology project and the aim is that this action will be completed by the end of 2023/24. It is becoming operational across three wards from November 2023.

Outcome 2: The physical and mental health and wellbeing of carers is supported.

28. **Refresh the Memorandum of Understanding on an integrated approach to identifying and assessing carer need in Hillingdon.** **Slippage (Amber).** **2023/24 update:** The Memorandum of Understanding (MoU) is a shared commitment of the Council and partners to the vision, mission, supporting principles and intended outcomes for carers set out in the draft Joint Carers Strategy. Development of the MoU is dependent on the conclusion of the strategy and will be deferred until 2024/25 pending the conclusion of the consultation on the strategy. The action would renew the MoU entered into by partners in December 2017.

29. **Develop the range of bereavement cafés and post-bereavement support available to carers.** **Completed (Green).** CTH working with Hillingdon Mind established support groups for bereaved carers and a bespoke bereavement counselling service for carers was established.

Outcome 4: Carers have a life alongside caring.

30. **Explore re-launch of the guidance for employers of carers in employment.** **Slippage (Amber).** Guidance for supporting employers of people who are carers was produced by the Council with Carers Trust Hillingdon in 2019 and it has been agreed with partners that a refresh of this guide be deferred to 2024/25.

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

31. **Include information about support for carers on GP practice web pages.** **On track (Green):** 60% of GP practices had information on their websites regarding support for carers. **2023/24 update:** A target of 100% was set for 2023/24. The position is currently nearly 82%.

32. **Hillingdon Hospitals: 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.** **Completed (Green):** Joint working with Carers Trust ensured that relevant information was available and displayed in 2022/23. **2023/24 update:** A task for 2023/24 is to establish a means for ensuring that PALS information is kept up to date.

33. **Hillingdon Hospitals: Develop process to ensure that carers have access to information, advice and support about the hospital discharge process and what to expect after discharge.** **Completed (Green):** Discharge checklists now include involvement of carers and the carer information booklets are provided to show how carers can get support.

Outcome 6: Carers have the skills for safe caring.

34. **Develop end of life training for carers.** **Completed (Green):** Three rounds of three sessions were offered to carers in 2022/23. **2023/24 update:** The 2023/24 offer has increased to three rounds of four sessions. The training has been delivered jointly by Harlington Hospice and Carers Trust.

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

35. **To work alongside a group of schools to:**

- **Raise awareness and reissue newly designed Schools packs.** **Completed (Green):** A targeted approach to sharing the new information packs developed by Carers Trust Hillingdon with the schools they were already working with was taken to ensure that the information was embedded and to assist in the creation of pupil, parents and staff noticeboards. This approach was also intended to manage capacity and reduce waste as it ensured that packs were received and utilised.
- **Encourage them to complete the national Young Carers in Schools (YCiS) award:** **Completed (Green):** 4 schools have achieved their YCiS bronze award. A further 6 schools submitted their bronze accreditation paperwork by March 2023.
- **Develop their own young carer support provision:** Oakwood School have initiated their own YC peer mentoring programme where sixth form pupils provide support for young carers in younger years. All 12 schools supported by CTH has worked with now offer a lunchtime drop-in session with their Young Carers Operational Lead staff member.
- **Provide support sessions in school for the most disadvantaged YCs, usually those caring for a parent with mental ill health and/or substance misuse:** **Completed (Green):** There were 1,203 attendances by 192 individual young carers at school support sessions during 2022/23.
- **Recruit a pool of volunteer mentors to support them to catch up in maths and English:** 9 volunteer mentors were recruited and started 1:1 support for young carers in schools in September 2023.

Achievements

36. Partner achievements during the review period that are in addition to the specific actions within the 2022/23 delivery plan are highlighted below for the Committee's consideration.

Council Achievements

37. **Carers Assessments (Adults):** There were 851 carers' assessments undertaken in 2022/23, which includes 286 triage assessments completed by Carers' Trust. This compares to 810 assessments in 2021/22 and 211 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 2022/23, Carers' Trust referred 142 carers to the Council for a full assessment.

38. The Committee is reminded that adult carers of adults are routinely identified by Adult Social Care through the assessment of need process under the Care Act and a carer assessment offered. As reported to the Committee in the June 2022 update, our experience is that many carers decline the offer. For example, in 2022/23, 3,960 carers assessments were offered to 2,733 people and nearly 76% (or 3,003) were refused. In 2021/22, 81% of assessments offered were refused. The experience during the first six months of 2023/24 mirrors the 2022/23 position. The Committee is reminded that 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 wanting to identify themselves as carers, and those who feel that the services available through the Hillingdon Carers Partnership meets their needs. Feedback through the Carers Forum suggests that some carers fear that assumptions will be made about the level of caring that they are prepared to undertake if they are identified as a carer.

39. 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.

40. **Respite and other carer-related service provision:** During 2022/23, 3,970 carers were provided with respite or another carer service at a cost of £2,004k. This compares to 3,338 carers being supported at a cost of £2,059k during 2021/22. This includes bed-based respite and home-based replacement care funding arranged via the Council as well as support provided through the Carer Support Service contract and other voluntary sector provided services. It also includes directly purchased services 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.

41. The Committee may also wish to note that 2021/22 saw an increase in the number of carers receiving Direct Payments in their own right from 103 to 133. There was no change to the actual numbers of carers receiving Direct Payments to meet all or part of their assessed needs in 2022/23.

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.
- Understand cultural and/or religious needs.

Hillingdon Carers' Partnership Achievements

42. The section of the report summarises some of the achievements of the Hillingdon Carers Partnership (HCP) in 2022/23 and during the first six months of 2023/24.

43. **New carers registered:** 1,000 new adult carers joined the carers register during 2022/23 against a target of 750 and 429 left. 460 new adult carers joined during the first six months of 2023/24 and 242 left. 317 new young carers joined the register in 2022/23 against a target of 50, and 25 left.

44. **New carer representatives:** Two new carer representatives to join the Carers Strategy Group as experts by experience were found, one of them being a parent carer.

45. **Additional income for carers raised:** £837,153 was secured in carer-related benefits in 2022-23

46. **Replacement care:** 9,500 hours of replacement care received by adult carers.

47. **Short breaks (adult carers):** 2,644 breaks from caring were provided through carer cafés, trips (e.g., visits to arts, crafts, and cultural activities), social groups and workshops.

48. **Short breaks (young and young adult carers):** In 2022/23, there were 2,586 individual breaks from caring including:

- 4 residential weekends away for 63 young people.
- 34 different activity sessions as part of CTH school holiday programme.
- 71 Young Carer Club sessions.
- 7 whole family trips attended by 193 family members.

49. **Psychotherapeutic and family support:** Via Hillingdon Mind, 91 carers in 2022/23 received psychotherapeutic support and 83 households received family support.

50. **Outreach events:** 29 outreach events were held in 2022/23 that resulted in 152 new carers being identified. 76 of these were from a series of roadshows run by H4All and 39 from the annual Carers Fair held at The Pavilions.

51. **Dementia café:** A new dementia café was established at the Gurdwara Temple in Hayes in 2022/23 as a collaboration between the Alzheimer's Society and CTH and this has attracted attendance from people of other faiths and under-served communities.

52. **External funding attracted to support carers:** In 2022/23, £108.4k additional funding was

secured from external funders, i.e., not local statutory organisations, and this included £90k from the British and Foreign School Society, which has increased CTH staff capacity to meet demand for their Schools Support Programme. During the first half of 2023/24, HCP has secured an additional £652.2k in external funding and this includes £530k over five years to continue the Carer Mental Health Programme led by Hillingdon Mind and £65.2k over three years from the Masonic Charitable Foundation to fund a part-time school outreach development manager post employed by CTH.

CNWL Community Adult Mental Health Service Achievements

53. **Introduction of DIALOG+ approach across community mental health services:** CNWL started the roll out of the DIALOGUE + approach in 2022/23. The idea behind this approach is that all patients within adult community mental health services should have a named worker and a co-produced care plan so there is consistency and improved quality of care across the population. The care plan tool seeks to identify carers and address their needs.

54. **Triangle of Care roll out across community mental health teams:** £40k has been provided by CNWL to fund a post with Hillingdon Mind to support the roll out of the Triangle of Care model (see below) and facilitate CNWL accreditation by Carers Trust UK.

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.

C. 2023 – 2028 Joint Carers' Strategy

55. The Committee was asked to consider the proposed vision, mission, supporting principles and outcomes at its meeting in June 2022 and these were broadly accepted. **Appendix 2** sets out the final draft strategy and delivery plan to deliver the intended outcomes for carers for the period up to 2028. The Committee is reminded that some of the key challenges that the strategy seeks to address include:

- Identification of young carers.
- Identification of '*hidden*' adult carers.
- Identification of carers from under-
- Offering carer assessments in a way that works for all carers.
- Provision of short-break options for

- represented communities, e.g., male carers.
- Ensuring that parent carers are recognised and supported.
- Identification and support for carers through primary care.
- carers.
- Involving a range of carers at a strategic level to shape what services look like in the future.
- Managing impact of cost of living crisis on carers.
- How technology can be used more to help carers carry out their role.

56. Consultation on the draft strategy is now in progress and is expected to conclude in Q4. The Carers Forum has been consulted in the development of the strategy and the intention is to also consult with the following groups:

- Hillingdon Health and Care Partners
- CNWL Service User/Carer Forums
- GP Practice Patient Participation Groups
- Faith Network Groups
- Young Adult Carer Consultation Group

57. The questions being asked as part of the consultation are:

- Are the identified outcomes for carers the right ones?
- Are there any other actions that health and care partners could take that would make a major difference to the health and wellbeing of carers?
- Have we identified the right success measures?

58. As reported to the Committee in June 2022, 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.

D. 2023/24 Delivery Plan

59. This section of the report provides the Committee with progress updates on 2023/24 delivery plan actions where information is available. Progress against actions rolled over from 2022/23 has been addressed in part B of this report.

60. **Relaunch the Carer Support Service Carer Register:** There will be an article in Hillingdon People in the spring that will seek to encourage people who might be carers to contact Carers Trust and register.

61. **Refresh the Memorandum of Understanding between health and care partners on an integrated approach to identifying and assessing carer need in Hillingdon:** This is related to the Joint Carers Strategy being agreed and is being deferred to 2024/25.

62. **Retender the Carer Support Service contract:** A direct award is being made to CTH on behalf of the HCP until 31 March 2025 and a competitive tender will be undertaken during 2024/25. It is proposed that a contract of up to eight years be offered to secure provider stability and support service planning.

63. **Explore options for increasing the percentage of adult carers supported by the Council having needs met via Direct Payments:** The Direct Payment process is under review and ways of simplifying it being explored. The target is for the review to be completed by 31 March 2024 and the outcomes implemented during 2024/25.

64. **Develop a programme to ensure that information and advice is accessible to Hillingdon's diverse communities:** The CTH advice team staff speak multiple community languages and have established relationships with Hillingdon's diverse communities over many years. The team has actively supported the H4All Community Roadshow programmes delivered in partnership with The Confederation, including hosting stalls at community and bespoke events. The monthly support group at the Gudwara Temple in Hayes hosted by the Alzheimer's Society has been mentioned previously in this report but contributes to the delivery of this action.

65. **In consultation with carers, keep under review their training need and develop an annual training programme with health and care partners:** Two new services have been established by CTH and these are:

- **Finding your Way – an introduction to caring.** This is support with finding the right help and an opportunity to meet others new to caring for newly registered carers at CTH's regular coffee and chat sessions.
- **Caring day-to-day.** These are training and information sessions as requested by carers of any age. Sessions cover topics such as: '*Care Homes Explained*', '*Finding your way round Social Care*' and '*Legal Planning*'.

66. **Review the young carers assessment process:** Children's Service are working with CTH to simplify the assessment form, which will then be tested with young carers.

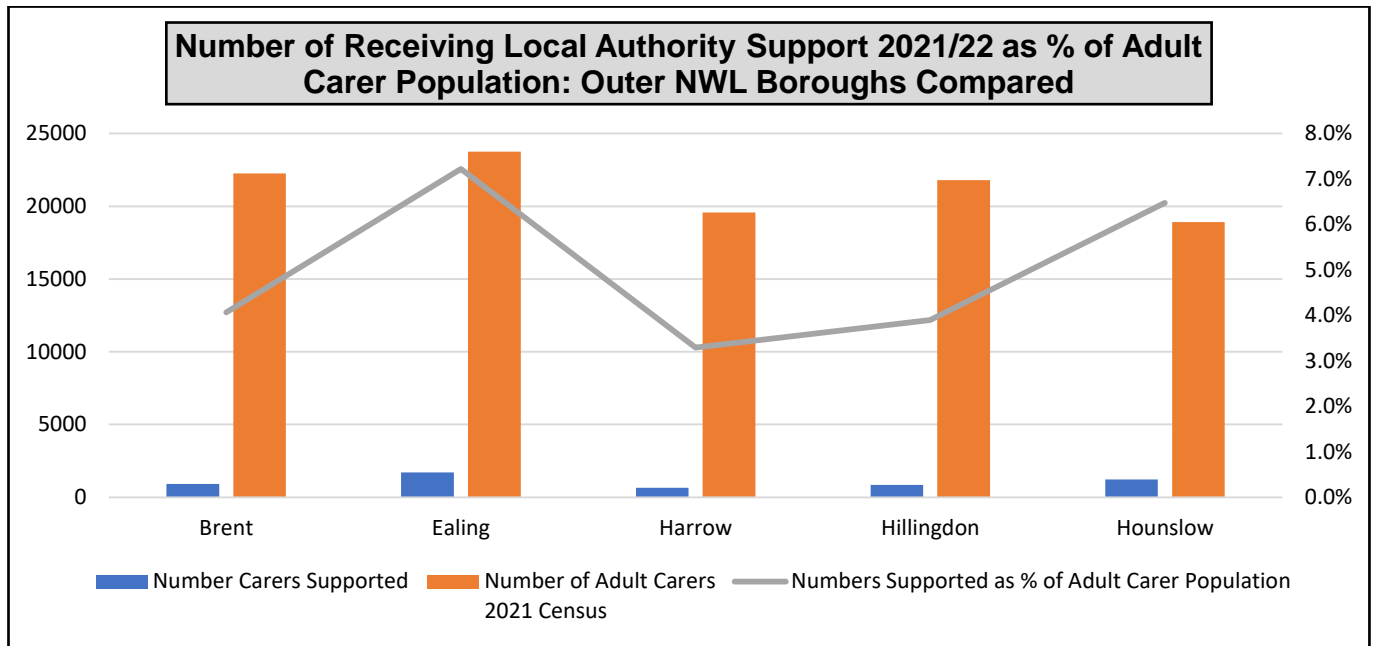
67. **Increase the number of schools participating in the young carer recognition programme:** There are currently 15 schools in the programme and a further 15 waiting. This includes a combination of primary and secondary schools.

PERFORMANCE DATA

Current Performance Information

68. There are two key sources of comparative data in respect of adult carers and these the carer quality of life measures within the Adult Social Care Outcomes Framework (ASCOF). These are tested via the National Carer Survey referred to earlier in this report. The second source is the national short and long-term (SALT) services return that all local authorities with adult social services responsibilities is required to complete annually. There is always a long time lag between submission of data and the publication of national reports to allow for benchmarking.

69. Consequently, the most recent comparative data is for 2021/22 and this is summarised in the chart below. This shows that the percentage of the carer population supported by the Council in 2021/22 (2.8%) was broadly comparable with Brent and Harrow but significantly below that of Ealing and Hounslow. The difference with Ealing and Hounslow may be attributable to interpretation of SALT return requirements. In addition, there is the high number of carers who decline a carers assessment addressed in paragraph 38 and there is no comparative data on this as it is not collected nationally.



Source: NHS Digital (Jan 2023)

70. The metrics in the new strategy (please see section 8: *Better outcomes for carers of Appendix 2*) have been devised to reflect national measures as well as to demonstrate the success of the strategy whilst considering the caveats about ease and cost of data collection and analysis. The Carer Support Service is critical to Hillingdon’s performance against these metrics.

71. The Committee may wish to note that there are no national metrics in respect of young carers at this time. This means that it is not possible to make a direct comparison of outcomes for young carers with other local authorities.

RESIDENT BENEFIT

72. The report identifies how carers have been supported by the Council and partners in 2022/23 and 2023/24 as well as plans for continued support to 2028.

FINANCIAL IMPLICATIONS

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

LEGAL IMPLICATIONS

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

BACKGROUND PAPERS

2022 – 2025 Joint Health and Wellbeing Strategy

Appendix 1 – Case Studies

Case Study A: Carer of Person with Dementia

Mr A came to Hillingdon Carers Partnership as a result of him attending a Carers Trust Hillingdon *Introduction to Caring* course (see refer to paragraph 65) and raised concerns about his wife. Mrs A has a diagnosis of dementia that affects her speech and her ability to understand complex sentences and needs instructions in no more than five words. Mr A has not been able to grasp the changes for a number of reasons:

- Their roles had reversed and as he has his own mental health issues and previously Mrs S supported him.
- He finds it difficult to retain information which makes it difficult for change to take place.
- He had only a rudimentary understanding of his wife's condition.

Mr A used to run various businesses and was reliant on people he trusted to do things on his instruction. His support since retirement has come from his wife as there are no relatives available nearby to offer support. Mrs A was a hairdresser prior to her retirement and used to be a very sociable person but has now become very withdrawn and this has contributed to the shrinkage of their social network.

Actions:

- Power of Attorney for finance and property was secured for Mr A on behalf of his wife.
- The Alzheimer's Society educated Mr A to help him to better understand the condition and discussed practical strategies to help him to cope.
- Mr A was referred to the *Caring with Confidence* course run by Hillingdon Carers Partnership.
- A referral was also made to Occupational Therapy and the Continence Service in respect of Mrs A.
- Mr A struggled with providing personal care for his wife so he possibility of a referral to Adult Social Care was discussed with him and he eventually agreed.
- We referred Mr A to his GP for possible counselling and medication as he was feeling very low.
- We addressed the issue of stimulation for his wife and offered a range of possible activities.

Outcomes:

- As a result of the Occupational Therapy assessment grab rails and a ramp have been installed. The Continence Service is now send pads on a regular basis.
- A care agency is now involved for personal care for Mrs A, but they have also supported Mr A in practical terms, helping him to manage his wife in terms of physical support. Mr A was inadvertently being quite heavy handed with his wife which caused bruising, and this could

cause concern and be misinterpreted as a safeguarding issue.

- He attended a *Caring with Confidence* course and feels better equipped to understand and deal with his wife's condition.
- Mr A accessed the Talking Therapies Service for counselling and was prescribed anti-depressants and his mood has improved.
- The stimulation aspect is on-going as Mr A has to facilitate access to this for his wife and he sometimes remains overwhelmed at the situation but this is being worked on gradually.

Case Study B: Carer of Person with Dementia

Mrs B is caring for her husband. His dementia started affecting him in such a way that he was no longer able to do the things he used to do. Mrs B was frustrated because she had to take on new roles and could not cope with the changes in her husband. She was uncertain for the future and wanted guidance and information. A home visit was carried out.

Actions:

- It was identified that Mrs B needed to apply for benefits such as Attendance Allowance and Council Tax reduction.
- Coping strategies were discussed with Mrs B was finding it hard to manage, particularly because she did not fully understand dementia and what to expect.
- Mrs B felt she was becoming isolated because she was unable to leave her husband and apart from going to religious activities, she did not have other interests. Mrs B felt her husband was also losing interest in other things and was sleeping a lot.

Outcomes:

- Information given about support from the Hillingdon Carers Partnership.
- Mrs B was assisted to apply for the Attendance Allowance and Council tax reduction.
- The Dementia Café was recommended and information was given about other local activities.
- Mrs B was referred to the *Caring with Confidence* dementia training programme.
- Mrs B and her husband are now accessing other services and are engaging with other people.

Case Study C: Young Carer of Mother with Disabilities

Ms C is a 10-year-old young carer for her mother who is a single parent and has physical disabilities and mental health issues. Ms C has a club foot and has undergone a number of operations to improve her mobility. When Carers Trust first began supporting the family, they were sleeping on the floor in Ms C's grandmother's flat, having been evicted from temporary housing in another London borough.

Ms C's mum was struggling to cope with day-to-day life and was facing a potential custodial sentence due to not attending community service. Ms C's school attendance was also 25%.

The family had a social worker but Mum was very mistrusting of professionals and was reluctant to work with Carers Trust or Social Services.

Actions:

- Carers Trust Family Support Team undertook a home visit and gradually built a relationship with Mum and Ms C.
- A legal aid solicitor to work with mum was sourced to resolve their long-standing housing issue, which ultimately resulted in the Council agreeing to accept responsibility to house the family. Mum was helped to view potential properties and the provision of hardship grants helped her to furnish the accommodation.
- The Family Support Team liaised with the Probation Service to arrange for mum to complete her hours during school hours so that she was still available for GL when needed. As a direct result, mum has been offered a voluntary role with the possibility of progression to a paid permanent position, she is absolutely delighted as she has been out of work since GL was born.
- Ms C has recently undergone another foot surgery which further affected his attendance and mum's ability to safely get him to and from school. We worked with the school to ensure he had work sent home weekly and to ensure there was regular, effective communication between school and Mum. We also organised a wheelchair so that GL could return as soon as possible.

Case Study D: Parent Carer

D is 12 and has a diagnosis of Autism and severe learning difficulties and lives with his mother and two younger siblings in a two bedroom Council property. He has complex needs that necessitate constant supervision from an adult. The complex needs include erratic sleep patterns leading to him waking several times a time and not wanting to go back to sleep. He can display aggressive and dangerous behaviours such as pulling the hair of other children, throwing, and smashing objects around him or running into a busy road. He can also eat inappropriate things. D finds his behaviours amusing and often laughs, which adds to the stress experienced by his mother. D has an Education Health and Care Plan in place and attends a local school.

D's mother is a single parent and his siblings are aged 7 and 9. The 9 year old is showing signs of special needs i.e., ADHD. Mother is physically, mentally, and emotionally exhausted. She has no family support and no reliable network of friends. There is a history of domestic violence from the children's father who currently is not involved with the children.

Mother has been struggling with finances and the family's housing situation. The house appears to need repairs i.e., fence in the garden is broken, there are no internal doors to the bedrooms, there are bare floor boards in the kitchen and in also D's room, where the carpet was pulled up because he was smearing. The house is very untidy- there are toys and objects scattered around the house and in the garden.

Mother struggles with organisation. She has made an application for rehousing as she needs bigger property so children can have their own rooms. OT is involved to look at housing needs

as well as making it safe for the interim including exploring need for a safe space bed.

Mother was referred to Carers Trust and the family has been supported by their Family Support Team from October 2022 until September 2023.

Actions:

Carers Trust assisted with the following:

- Liaising with Housing to request a more appropriate property as well as remedial works.
- Supported mum to reapply for Disability Living Allowance.
- Advocating on family's behalf with Children's Services to change care agency and increase care hours funded.
- Arranged for changes in school transport arrangements as D was collected last which impacted on his siblings getting to school on time.
- Arrangements were made for the garden to be cleared.
- Liaised with the school attended by D's siblings regarding further Child Development Centre assessments.
- Attended Child in Need (CIN) visits and meetings to support mum. Mum has even been brought to the CIN meetings by the Carers Trust worker.
- Lending mum an old phone when D broke hers and later passing on messages from professionals to mum when the phone was broken again.
- Providing family trips to give mum a break.

Current Position

Mum has ceased contact with Carers Trust, but the family is having regular contact with the allocated social worker, and review meetings are being undertaken involving all the relevant professionals.

Case Study E: Adult Carer of Adult with Autism and Learning Disabilities

Mrs E is the carer for her son, M, who is 20 and has complex needs. He needs a lot of prompts and instruction to complete daily living activities safely, e.g., personal care, and the time involved can range from 2 to 3 hours to complete the simplest task. This has impacted on both Mr and Mrs E but particularly on Mrs E who her son's main carer and has had to leave her job to look after him full-time. Mr E also had to take a lot of time off work as M was unable to go out of the house safely without 1:1 support. This was because he was likely to abscond and could be a danger to himself.

M had an autism diagnosis but not for one for a learning disability, which his behaviours suggested that he may have. This impacted on access to some health services, i.e., psychology, specialist learning disability nursing and key worker support. M did have an active

Education, Health, and Care Plan (EHCP) and was attending a school for people with additional needs in the borough.

The family were referred to the Preparation for Adulthood (PfA) Team within Adult Social Care by the Police following an incident where M had been violent towards Mrs E and caused damage to the home. This incident was a culmination of a period of aggressive and violent behaviour that Mr and Mrs E were finding it increasingly difficult to manage.

About the Preparation for Adulthood Team

This team sits in Adult Social Care and is responsible for managing the transition of young people with Special Educational Needs and Disabilities from Children's Services to Adults.

The PfA Team undertook an assessment of M's needs under the 2014 Care Act and also assessed Mrs E's needs in her role as a carer. This resulted in her receiving a Direct Payment that enable her to access private therapy to help her deal with the impact of supporting her son on her mental health and wellbeing.

The PfA Team also worked with the Learning Disability Health Team to secure an urgent learning disability diagnosis assessment. This confirmed that M had a learning disability and enabled M to access specialist health services. Assistance with managing M's challenging behaviour was also available from the Council's Positive Behaviour Support Team. A place in a college more able to support a person with M's needs was also secured through joint work between the PfA and SEND Teams.

Current Position

The family situation is now more stable as M's needs are being more effectively managed. Mrs E has also provided feedback that the therapy sessions funded via the Direct Payment have been very helpful in addressing her anxiety and supporting her confidence.

Hillingdon Joint Carers' Strategy

2023 – 2028

March 2023

Hillingdon Joint Carers' Strategy 2023 - 2028

Table of Contents

1.	Introduction	
	<ul style="list-style-type: none"> • Who can be a carer 	
2.	Our vision for carers	
3.	Mission statements	
4.	Supporting principles	
5.	National and Local Policy Influences	
6.	Carers in Hillingdon: Needs and Challenges	
	<ul style="list-style-type: none"> • About Hillingdon's Population • Carer Profile: Census 2021 • Profile of Carers Supported • Carers and Covid-19 • Listening to Carers: National Carers' Survey, 2021 • Listening to Carers: How carers' views are collected 	
7.	Partners Supporting Carers: Our story so far ...	
	<ul style="list-style-type: none"> • Partner Achievements since 2018 • Challenges for the 2023 – 2028 Strategy to Address 	
8.	Outcomes for Carers	
	<ul style="list-style-type: none"> • Outcome 1: Carers are identified, recognised and able to make a positive contribution. • Outcome 2: The physical and mental health and wellbeing of carers is supported. • Outcome 3: The financial impact of being a carer is minimised. • Outcome 4: Carers have a life alongside caring. • Outcome 5: Carers have access to quality information and advice at any point in their caring journey and know where to find this. • Outcome 6: Carers have the skills they need for safe caring. • 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. 	
9.	Delivering Better Outcomes for Carers: Monitoring Delivery	
	<ul style="list-style-type: none"> • The Delivery Plan • Measuring Delivery 	
Annexes		
1.	Glossary of Terms Used in Strategy Document	
2.	2023 – 2028 Delivery Plan	
3.	Carers Strategy Delivery Governance Arrangements.	

Hillingdon Joint Carers' Strategy 2023 - 2026

1. Introduction

Hillingdon's Joint Carers' Strategy, 2023-2028, details 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.

A glossary of terms used in this document can be found in Annex 1.

Who can be a carer?

There are three statutory definitions of who is a carer, and these are:

- *Parent carer:* The Children Act, 1989 defines this term as a person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.
- *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.

2. Our Vision for Carers

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.

3. Mission Statements

Our mission is that by 2028 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.*

4. Supporting Principles

Our approach to delivering the vision will be governed by the following principles:

- **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.

5. National and Local Policy Influences

National

The Children Act, 1989 (as amended), places a duty on the Council to assess the needs of a parent carer where it appears that they may have needs or where they request an assessment. This will mainly apply to parents of people with Special Education Needs and Disabilities (SEND) who have or would be entitled to have Education, Health and Care Plans (EHCPs).

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

The Care Act, 2014, 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 usually be considered as part of an overall package of care to address their collective needs.

National policy demonstrating a continuing commitment to supporting carers is set out in the Government's white papers *People at the Heart of Care: adult social care reform* (Dec 2021) and *Health and social care integration: joining up care for people, places and populations* (Feb 2022).

National good practice guidelines for supporting adult carers are set out in national guidance 150: *Supporting adult carers*, produced by the National Institute for Health and Care Excellence (Jan 2020).

A commitment to supporting greater recognition and support for carers, particularly those from vulnerable communities, was reflected in the NHS Long-term Plan published in 2019. However, the Covid-19 pandemic has impacted on delivery.

Local

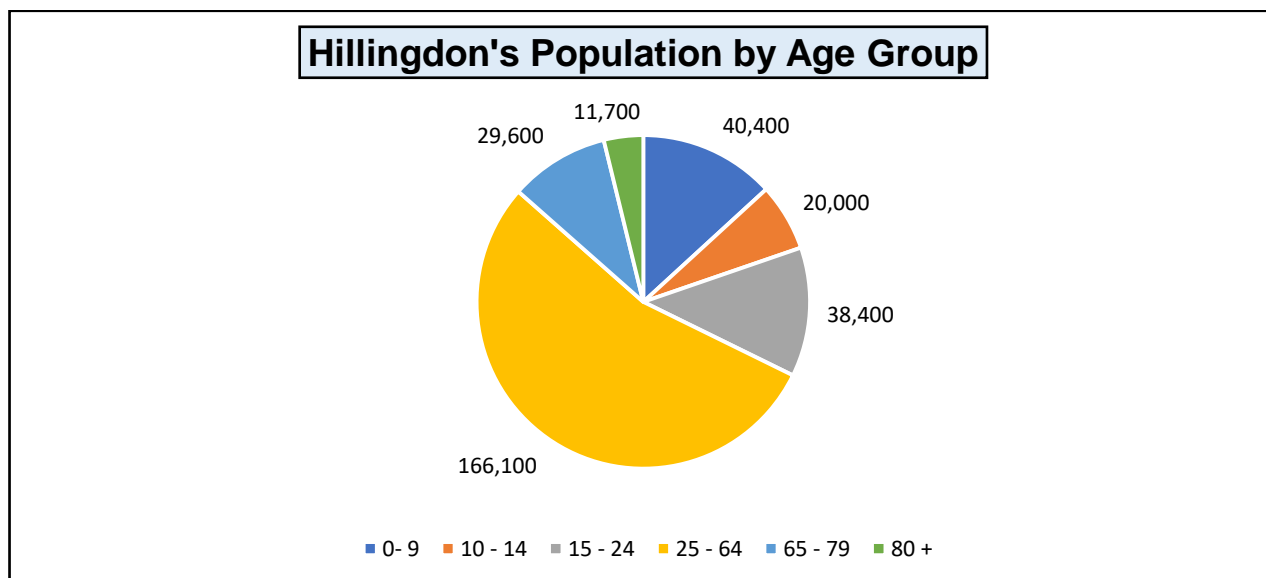
The development of the Joint Carers' Strategy links into priority 2 of the statutory Joint Health and Wellbeing Strategy, 2022 – 2025, which is *Tackling unfair and avoidable inequalities in health and in access to and experiences of services*. This includes a commitment to 'increase the opportunities for people undertaking an unpaid caring role to be identified and ensure access to the support that will enable them to continue caring for as long as they are willing and able to do so'. The Joint Carers' Strategy explains how this commitment will be delivered in the period to 2028. The Joint Health and Wellbeing Strategy can be accessed by using the following link [Social care and wellbeing - Hillingdon Council](#)

The new strategy will also contribute to the delivery of the *Thriving, Healthy Households* commitment within the 2022 – 2026 Council Strategy, i.e., that 'children, young people, their families and vulnerable adults and older people live health, active and independent lives'. The Council Strategy can be accessed by using the following link [Council strategy 2022-2026 - Hillingdon Council](#)

6. Carers in Hillingdon: Needs and Challenges

About Hillingdon's Population

The 2021 census shows that Hillingdon has a population of 305,900 with an age breakdown as shown in the chart below.



Source: 2021 census (Office of National Statistics)

Carer Profile: Census 2021

How many people are there providing unpaid care to Hillingdon residents within the definitions described in the introduction? It is important to identify how many people should have access to support to ensure the maintenance of their own health and wellbeing and to enable them to continue in their caring role for as long as they are willing and able to do so.

The 2021 census is a key source of data to answer this question. The table below provides a comparative breakdown of the age of carers as identified by the 2011 and 2021 censuses.

Age Breakdown of Carers in Hillingdon 2011 and 2021 Censuses Compared		
Carer Age Group	2011 Census	2021 Census
0 - 24	2,569	1,875
25 - 64	18,676	16,625
65 +	4,660	3,965
TOTAL	25,905	22,465

Age Breakdown of Carers in Hillingdon 2021 Census Young and Young Adult Age Breakdown	
Carer Age Group	Number
5 - 18	660
19 - 24	1,215
25 - 64	16,625
65 +	3,965
TOTAL	22,465

Hillingdon and England Compared

Key messages include:

- **Number of carers in Hillingdon:** The number of people in Hillingdon identifying as a carer reduced from 25,905 in 2011 to 22,465 in 2021. This reflects a national trend.
- **Carers providing at least 20 hours of unpaid care per week:** 4.3% of the population were providing at least 20 hours care per week. This was lower than the national figure for England of 4.5%.
- **Carers providing between 35 and 49 hours unpaid care per week:** The significance of 35 hours a week is that it is regarded by the Department of Work and Pensions (DWP) as equivalent to a full-time job. 09.% of Hillingdon's population were providing this amount of unpaid care a week. This was marginally lower than the national figure of England of 1%.
- **Carers providing at least 50 hours unpaid care per week:** 2.5% of Hillingdon's population were providing this level of unpaid care, which was lower than the figure for England of 2.7%

The table below shows the percentage of Hillingdon's population providing different levels of unpaid carer identified in the censuses of 2021 and 2011 compared with London and England.

Hours per week of unpaid care provision of usual residents (aged five years and over) Hillingdon - London - England (2011 to 2021)						
Classification	Hillingdon (2011) %	Hillingdon (2021) %	London (2011) %	London (2021) %	England (2011) %	England (2021) %
Does not provide weekly unpaid care	88.8	91.6	89.7	92.2	88.7	91.1

Up to 19 hours of unpaid care	7	4.1	6.4	3.8	7.2	4.4
20 to 49 hours of unpaid care	1.6	1.8	1.5	1.7	1.5	1.8
50 or more hours of unpaid care	2.5	2.5	2.4	2.3	2.7	2.7

Source: ONS 2021 census

Hillingdon and North West London

The North West London (NWL) sector includes the eight London boroughs of Brent, Ealing, Hammersmith & Fulham, Harrow, Hillingdon, Hounslow, Kensington & Chelsea and Westminster. In March 2021 nearly 41% of carers in Hillingdon were providing 35 hours of unpaid care per week in March 2021. In the context of the other eight boroughs in NWL, this meant that Hillingdon had the second highest percentage after Brent and Hounslow (joint first). Hillingdon also had the second highest percentage of carers (at 28.8%) providing 50 hours of care or more. Hounslow had the highest proportion.

Census Data Explained

The Office of National Statistics (ONS) has identified that the co-occurrence of coronavirus lock-down arrangements as well as changes to the questions asked may have influenced how people perceived and managed their provision of unpaid care, and therefore may have affected how people chose to respond.

The wording of the questions asked in 2011 and 2021 were different. For example, the question about unpaid care in the 2011 census specified "*look after, or give any help or support to family members, friends, neighbours or others*". The 2021 census question used the phrase "*look after or give any help or support to anyone*".

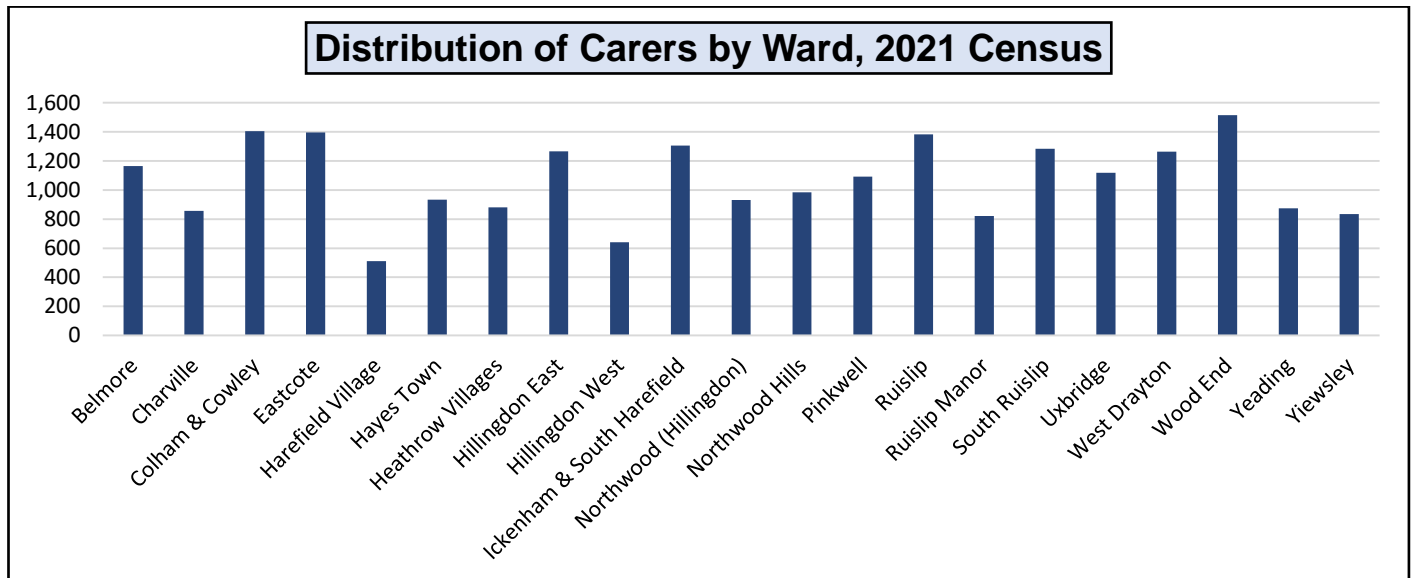
Broader demographic changes in Hillingdon suggest that it is highly unlikely that the number of carers has reduced over the decade since the last census. For example, the census also shows that the 25 to 64 age group (the age group of the majority of carers in 2011) increased by 13.1% in ten years and those aged 65 and above (the second largest age group of carers in 2011 and largest group of cared for people) by 14.8% in the same period. It is probable that the 2021 census results are to do with perception rather than a decline in numbers. In short, there is a significant '*hidden carer*' issue, i.e., people undertaking a caring role but who do not see themselves as carers and therefore miss out on access to support.

Gender of Carers

The 2021 census showed that 58.9% (13,235) of people who identified as carers were female and 41.1% (9,235) were male. This gender split is similar to the London average (60%) and the NWL average of 58.2%.

Where Carers in Hillingdon Live

The chart below shows that the wards with the largest population of carers in the borough according to the 2021 census are Wood End, Colham and Cowley, Eastcote and Ruislip.



Source: ONS

2021 Census and Carers' Allowance

According to the 2021 census just under 41% of people identifying themselves as carers were providing 35 or more hours care a week. This is significant because the provision of this level of care helps to determine access to Carer's Allowance (CA), a major source of income for carers. The census suggested that in March 2021 there were at least 9,105 carers delivering 35 hours of care or more a week. Data published by the Department for Work and Pensions shows that in May 2023 (the most recent period for which data is available) there were 3,975 people entitled to receive CA. People providing this level of care are most vulnerable to experiencing a deterioration in their own health and wellbeing without support. This suggests that there is a large group of people providing a high level of care who do not qualify for the additional income.

About Carers Allowance

Carer's Allowance (CA) is a non-contributory benefit for people aged 16 or over:

- who look after a severely disabled person for at least 35 hours a week.
- who are not gainfully employed, i.e., not earning more than £95 per week after certain deductions) and
- who are not in full-time education.

The severely disabled person must be getting either the highest or middle rate of Disability Living Allowance care component, any rate of Personal Independence Payment, or Attendance Allowance, or a Constant Attendance Allowance at the maximum rate under the War Pensions or Industrial Injuries Scheme.

Parent Carers

It will not be possible to identify from the 2021 census how many people identify as parent carers as questions at this level of detail were not asked. However, data from the Council's Early Help Module database shows that in March 2023 there were 3,251 children and young

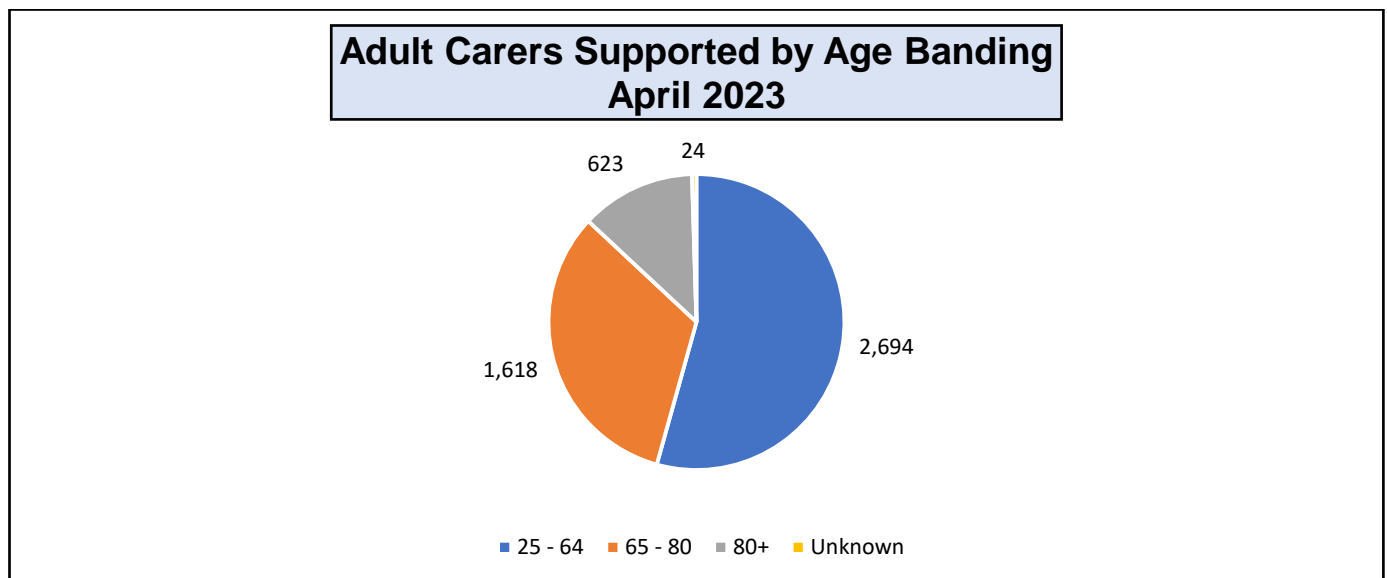
people with Education, Health, and Care Plans (EHCPs). This suggests at least an equivalent number of parent carers, although not all would require additional assistance.

Profile of Carers Supported

Carer Support Service

The Carer Support Service is a one-stop shop of support for carers of all ages in Hillingdon and is currently delivered by the Hillingdon Carers' Partnership. For the purposes of the Carer Support Service adults refers to carers aged 25 and above. Young or young adult carers means people refers to carers aged under 25.

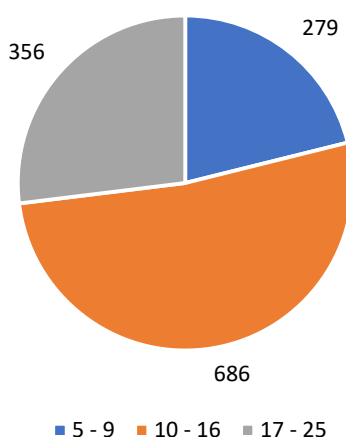
As of 1st April 2023, the Partnership supported 4,959 carers aged 25 and above and 1,156 young carers. The chart below shows that the majority of carers (2,694 or 54%) were aged between 25 and 64.



Source: Carers' Trust Hillingdon (April 2023)

The chart below shows that of the young carers registered with Carers Trust on 1st April 2023 nearly 52% (686 out of 1,321) were aged between 10 and 16.

Young and Young Adult Carers Supported by Age Banding April 2023



Source: Carers' Trust Hillingdon (April 2023)

Analysis shows that carers being supported live in all areas of the borough. The highest percentage of adult carers at nearly 17% (787) live in the Hayes and Harlington postcode area (UB3) and nearly 15% (784) in the Ruislip post code (HA4). The lowest percentage at nearly 4% (185) of adult carers live in the Northwood and Pinner postcode (HA5). Approximately 4% (192) of adult carers supported live outside of the borough but care for someone living in the borough.

For young carers nearly 23% (294) of those supported live in the Hayes and Harlington postcode. Just over 19% (249) live in the Sipson, West Drayton and Harmondsworth postcode area (UB7). Lower numbers of young carers can be found in the Northwood and Pinner (HA5), Northwood and Northwood Hills (HA6) and Harefield, Ruislip and Ickenham (UB9) postcode areas. Just over 1% (18) of young carers supported lived outside of the borough but were caring for someone resident in the borough.

Ethnicity of Carers Supported by the Carer Support Service						
April 2023						
Ethnic Group	Adult Total	% Adult Carers	Young Carers	% Young Carers	TOTAL	%
White British	2,526	50.9%	676	51.2%	3,202	51%
Black African	201	4.1%	88	6.7%	289	4.6%
Mixed Race	154	3.1%	55	4.2%	209	3.3%
Black British	168	3.4%	35	2.6%	203	3.2%
Asian British	285	5.7%	86	6.5%	371	5.9%
Indian	596	12%	101	7.6%	697	11.1%
Pakistani	145	2.9%	31	2.3%	176	2.8%
Bangladeshi	67	1.4%	6	0.5%	73	1.2%
Other Asian	252	5.1%	76	5.8%	328	5.2%
Arabic	20	0.4%	9	0.7%	29	0.5%
Caribbean	63	1.3%	27	2.0%	90	1.4%

Traveller	6	0.1%	0	0%	6	0.1%
White other	355	7.2%	131	9.9%	486	7.7%
Not stated	121	2.4%	0	0%	121	1.9%
TOTAL	4,959	100%	1,321	100%	6,280	100%

Source: Carers Trust Hillingdon (April 2023)

The 2021 census showed that 48.5% of Hillingdon’s population described themselves as being from White British communities. Hillingdon Carers Partnership data shows that 51% of all carers using services registered with the partnership on 1st April 2023 were from White British communities, which suggests an under-representation of other population groups that requires further analysis.

In line with 2021 census data, the majority of the adult carers supported by the Hillingdon Carers Partnership are female and this is illustrated in the table below. This does suggest that there is an issue with ‘hidden’ male carers.

Gender Adult Carers					
Gender	Carers Trust	Mind	Alzheimer's Society	TOTAL	%
F	2,847	160	155	3,162	63.8%
M	1,675	43	79	1,797	36.2%
TOTAL	4,522	203	234	4,959	100%

Source: Carers Trust Hillingdon (April 2023)

The table below shows the majority of young carers supported are also female, although the difference between the genders is much closer than for adult carers.

Carer Support Service: Young Carer Gender Breakdown April 2023		
Gender	Number	%
Male	617	46.7
Female	700	53
Non-binary	4	0.3
TOTALS	1,321	100

Source: Carers Trust Hillingdon (April 2023)

The main conditions of the people being supported by carers aged under 65 include children with additional needs (47%), people with physical and/or sensory disabilities (19%), people with mental health needs (15%) and people with learning disabilities.

Adult Social Care

Local authorities have a legal obligation to provide financial support for adult carers where they satisfy the National Eligibility Criteria for Carers set out in regulations linked to the Care Act,

About the National Eligibility Criteria for Adult Carers of Adults

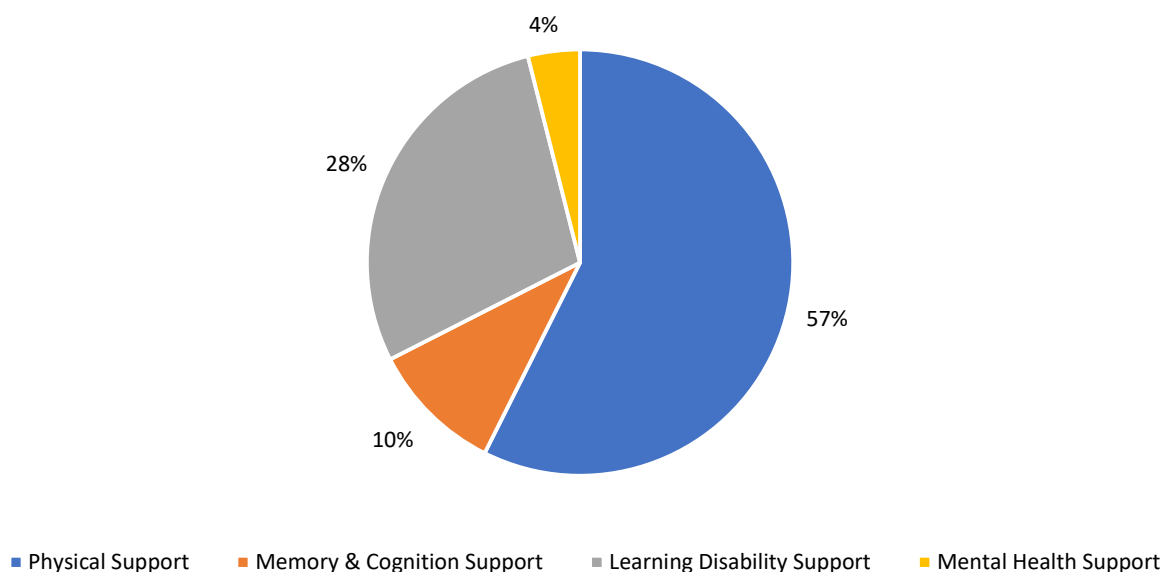
The national criteria states that a carer will have eligible needs if:

- Their needs have arisen as a consequence of providing necessary care for an adult.
- The effect of the carer's needs is that:
 - the carer's physical or mental health is, or is at risk of, deteriorating and/or
 - the carer is unable to achieve any of a range of outcomes set out in the Act, e.g., carrying out any caring responsibilities the carer has for a child; providing care to other persons for whom the carer provides care; maintaining a habitable home environment in the carer's home; managing and maintaining nutrition, etc.
- As a consequence, there is, or there is likely to be, a significant impact on the carer's wellbeing.

The level of financial support provided is subject to a financial assessment.

The Council is required by law to provide data to NHS Digital about people supported (including carers) under its Care Act responsibilities in the annual Short and Long-term (SALT) return. The return for 2021/22 (the most recent date for which comparative data is available) shows that on the 31st March 2022 1,534 people being supported by the Council had support from people identified as their 'main carer'. These carers were not identified as receiving a service directly themselves or as benefitting from a service being provided to the cared for person. The chart below shows that the main support need (known as 'primary support reason') of people with a 'main carer' was physical support (57%).

Main Support Reason of People with a Main Carer



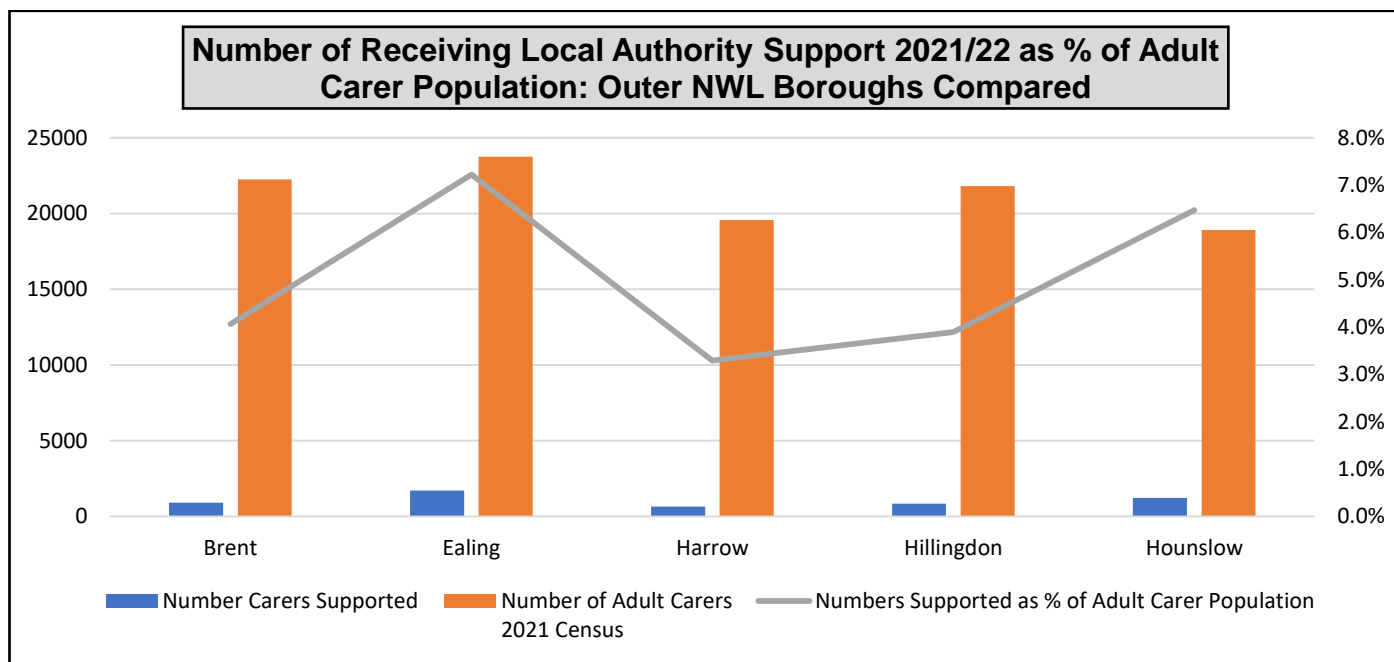
NHS Digital data shows that on the 31st March 2022 the Council was supporting 630 adult carers who were receiving direct support following a carer’s assessment in their own right or jointly with the person they were caring for. An additional 220 adult carers were identified as benefitting from respite or other forms of carer support delivered to the cared-for person in 2021/22.

About Carers Assessments

A carer’s assessment is for carers over 18 years old who are looking after another adult over 18 years old who is disabled, ill or elderly. It is an opportunity to record the impact caring has on their life and what support or services they need. The assessment will look at, for example, physical, mental and emotional needs, and whether they are able or willing to carry on caring.

Carers’ assessments are completed either by the Council or on the Council’s behalf under the Carer Support Service contract by Carers Trust Hillingdon.

When comparing Hillingdon’s position with near neighbours it is possible to see from the chart below that the percentage of the carer population supported by the Council in 2021/22 (2.8%) was broadly comparable with Brent and Harrow but significantly below that of Ealing and Hounslow. The difference with Ealing and Hounslow may be attributable to interpretation of SALT return requirements.



Source: NHS Digital (Jan 2023)

Factors that are not reflected in these figures are the number of carers in Hillingdon who decline a carer’s assessment. For example, in 2021/22 81% (3,299) of the 4,655 people offered a carer’s assessment declined. This trend has continued into 2022/23 with 77% (2,429) of assessments offered during the period April to December 2022 refused. Anecdotally the reasons for refusal include:

- The services offered through the Carer Support Services contract met their need.
- Carers do not feel that the service offer available from an assessment justifies the time taken to complete it.

The percentage of carers directly supported by the Council whose needs were met wholly or in part by Direct Payments in 2021/22 was 21.4%, which was significantly below the NWL borough average of 47.9%. This is an area for further development.

Carers and Covid-19

2020/21 and 2021/22 were dominated by the Covid-19 pandemic, which has had a significant impact on carers. Some of the challenges that this 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.

The legacy of the pandemic on the health and wellbeing of carers will continue to be monitored. A key issue identified by the census is, however, that it would seem that many of the people who undertook caring responsibilities during the pandemic did not identify themselves as carers and may continue not to do so where this is a continuing responsibility.

Listening to Carers: National Carers' Survey

The National Carers' Survey is commissioned by the Department of Health and Social Care (DHSC) and the Care Quality Commission (CQC) and takes place every two years. This was most recently undertaken in November 2021 as the survey scheduled for 2020/21 was postponed due to the pandemic.

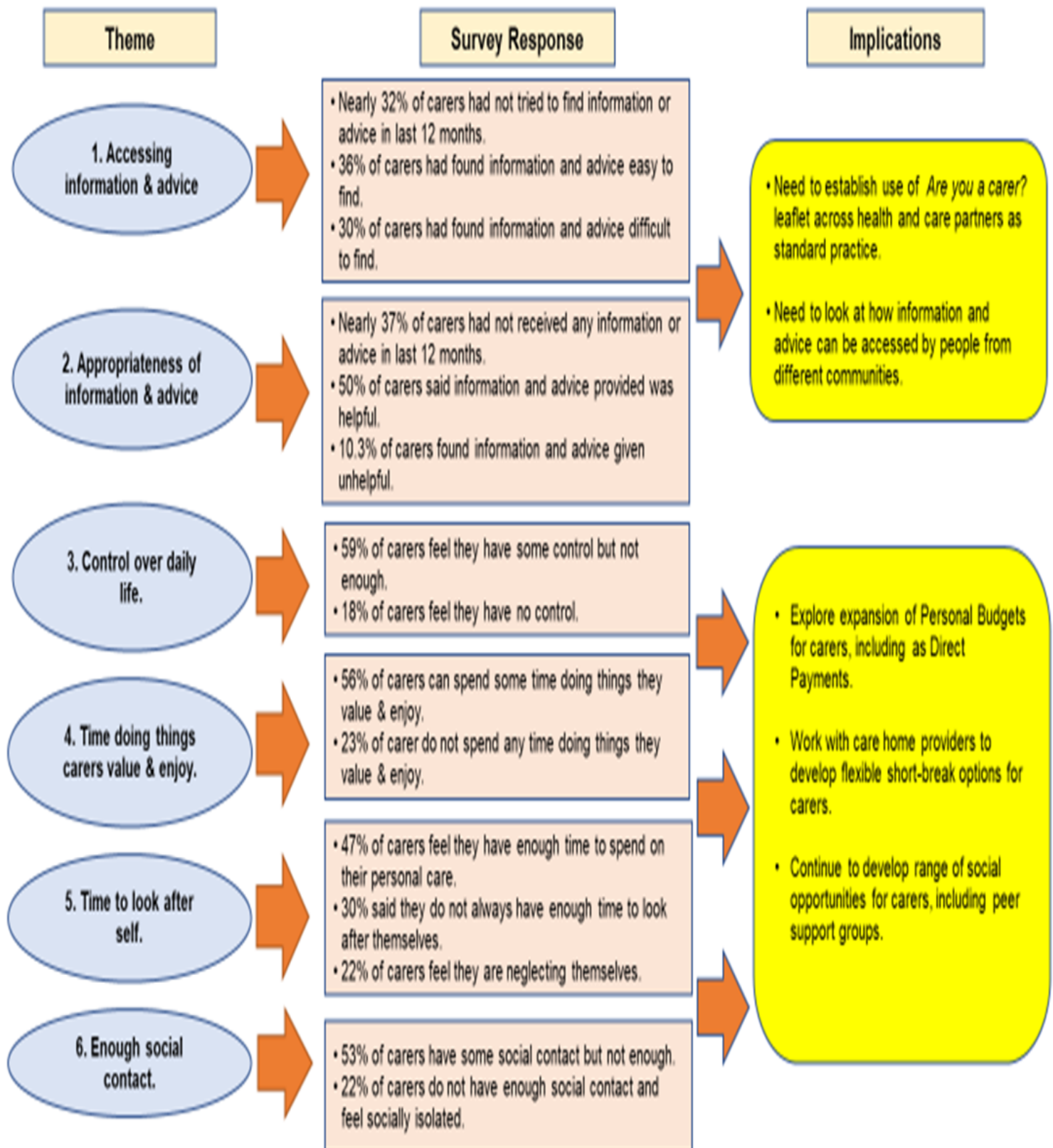
The survey data sample and collection methodology were determined nationally, and 677 survey forms were issued to adult carers who had received a carer's service, assessment, or review during 2021/22. 233 (34%) completed forms were returned, which is considered to be statistically valid by DHSC and CQC.

The main conditions that carers were supporting the people they were caring for with were physical disability (nearly 50%); learning disability (42%) and dementia (33%). The main tasks being undertaken by carers were keeping an eye on the cared for person to make sure that they were OK (95%); other practical assistance (95%); and help with paperwork and other financial matters.

Some key facts from the survey include:

- **78% of carers who responded live with the person they care for.** This is a small reduction, i.e., 4%, on the results from the 2018/19 survey but it is difficult to say whether this can be attributed to the Covid-19 pandemic.
- **45% of carers spend over 100 hours a week caring.** This is a 6% reduction on the 2018/19 survey and may be attributable to the Covid-19 pandemic leading to more people taking on caring roles.
- **43% of carers have been performing caring duties for over 20 years.** This is nearly 7% higher than in 2018/19 and it is expected that the percentage will increase as the numbers of carers in the 25 to 64 age group get older.
- **49% of carers are aged 65 and over.** This represents no change on the 2018/19 survey results. The 2021 census shows that 18% of carers are within this age group.
- **25% of people looked after by carers are aged 85 and above.** The census shows that 2% of carers are within this age group.
- **64% of carers are satisfied with the support and care services they receive for themselves and the person they care for.** This represents no change on the 2018/19 survey results and was the third highest out of the eight boroughs in North West London, with the highest score being 71%.

The main results of the survey and their implications are shown below.



Listening to carers: How carer views are collected

Current partners supporting carers obtain feedback from carers in many different ways and this is illustrated below. Some of the feedback that we have had from carers is shown in section 8: Better Outcomes for Carers.

Council	Hillingdon Carers' Partnership	Other Partners
<p>Parent carers</p> <ul style="list-style-type: none"> • Day to day social care contact. • Through the Parent Carer Forum. <p>Young & Adult Carers</p> <ul style="list-style-type: none"> • Day to day social care contact. <p>Adult Carers</p> <ul style="list-style-type: none"> • Carer forums held twice a year. • Biennial National Carers' Survey. 	<p>Adult Carers</p> <ul style="list-style-type: none"> • Carers' forums held twice a year. • Rolling annual 'We care' Survey. • Post activity questionnaires for one-off events. • Pre- and post-training evaluations. • 'Big Listen' events using interactive feedback methods. • Carer Cafés. • Impact and evaluation framework – baseline assessment as part of Carers Assessment and review after 6 months. • Website <p>Young/Young Adult Carers</p> <ul style="list-style-type: none"> • Questionnaires – hard copy & Survey Monkey annually: <ul style="list-style-type: none"> - Parental Survey - Young carers (5-9 years) - Young carers (10-15 years) • 'Chicken and Chat' and 'Pizza and Planning' events. • Guided discussion workshops. 	<p>CNWL Mental Health</p> <ul style="list-style-type: none"> • Hillingdon service user and carer involvement group that meets every two months and has a carer as co-chair. • Co-production activities which include transformation of services. • Head of service and senior manager team regular visits to local carer support group. • Carer involvement in clinical meetings. <p>CNWL Community</p> <ul style="list-style-type: none"> • Centrally run carers' forum chaired by a carer. • Central patient and carer involvement team. <p>https://www.cnwl.nhs.uk/patients-and-carers/patient-and-carer-involvement</p> <ul style="list-style-type: none"> • Check in and chat service for carers. • Dedicated websites. <ul style="list-style-type: none"> https://www.cnwl.nhs.uk/patients-and-carers • Carer involvement in quality improvement and research. • Carer involvement in serious incident investigations. <p>THH</p> <ul style="list-style-type: none"> • Day to day via discussions regarding patient care. • Via contact with PALS. • Patient engagement forum and Patient engagement review group development to include carer input. • Coproduction within the Clinical Modelling Programme from April 2022 – March 2024 to review and improve service delivery.

The views of carers collected through the channels shown above feed into the multi-agency Carers Strategy Group (CSG) to help shape priorities in the delivery plan intended to implement the vision and outcomes for carers within this strategy. People who are carers or former carers

are members of the CSG as experts by experience and are supported in this role by the Carer Support Service provider.

7. Partners Supporting Carers: Our story so far ...

The diagram below shows current partners involved in supporting carers in Hillingdon.

Partners Supporting Carers



Key

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

Partner Achievements

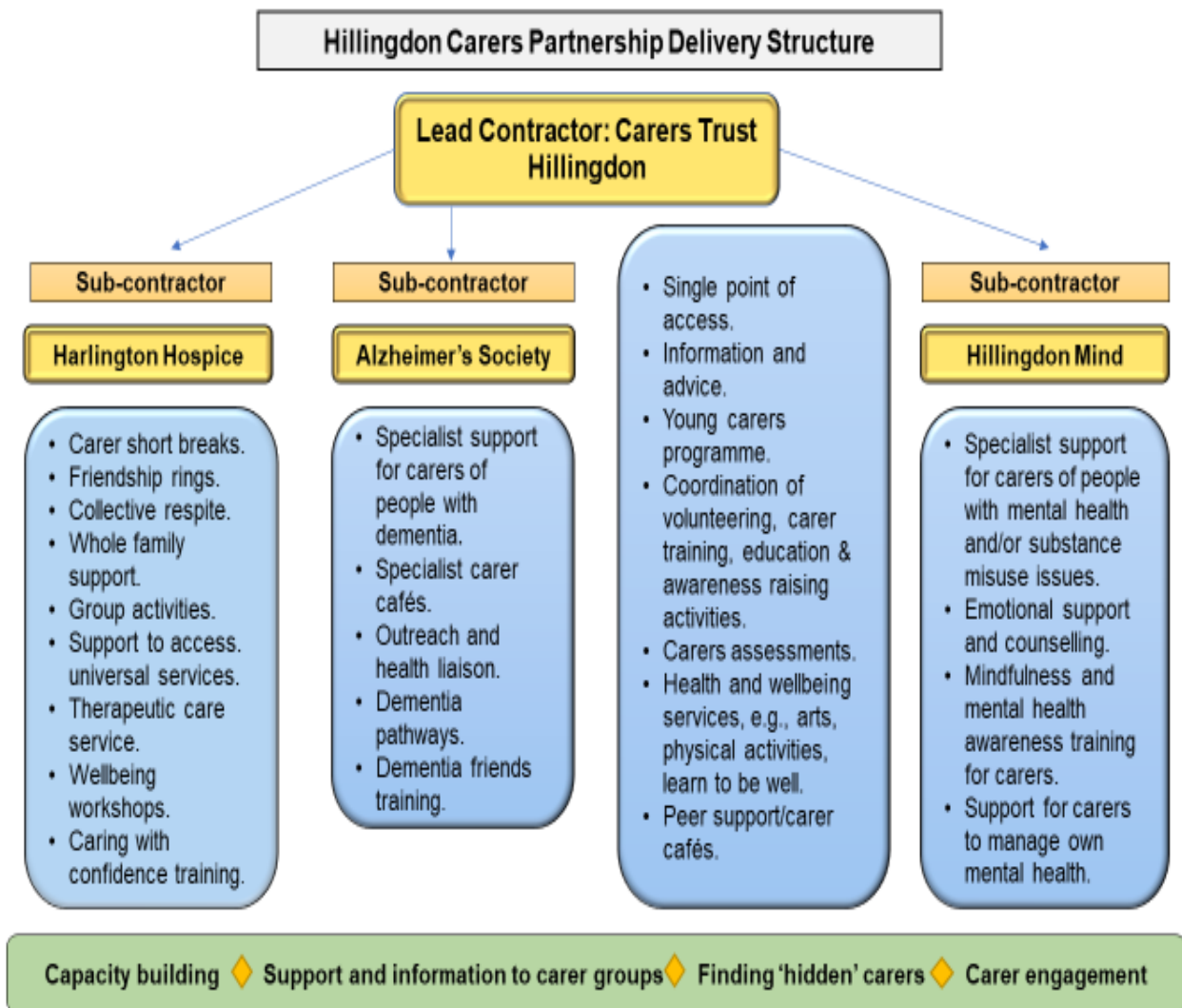
Achievements arising from the 2018 – 2021 Joint Carers' Strategy include:

- One stop shop support service for carers delivered by the Hillingdon Carers' Partnership embedded.
- A rise in the number of carers identified and referred to the Carer Support Service for support by partner organisations across Hillingdon. Of 583 new carers registered in the 12 months from 1.10.21-30.9.22, 223 were referred by partner organisations from outside HCP. By far the greatest rise was from H4All, and the majority of others were from Social Services.
- 27 GP practices with identified carer leads: This increased to all 45 practices in Hillingdon until the Covid-19 pandemic, which resulted in the number reducing to 27.
- Since the pandemic emergency planning is offered to all newly registering carers and following a carers assessment.
- Co-production and distribution across partners of the 'Are you a carer?' information booklet.
- A professionally designed information pack for schools has been developed to that has gone to all schools to raise awareness of young carers so that teachers and staff are better placed to support them. This is supported by a schools outreach programme delivered by HCP.

- £1.7m in additional external funding has been secured by the Hillingdon Carers' Partnership to fund additional services for carers.
- £4,413,856 in additional carer-related benefits has been secured by the Hillingdon Carers' Partnership between April 2018 and September 2022 to enable carers to manage the financial implications of caring.
- Roll out of the Triangle of Care (see glossary in Annex 1) within secondary mental health services.
- People with multiple caring responsibilities: Systematic identification of people with multiple caring responsibilities established in Adult Social Care to inform social care reviews.
- Improved systems and processes that assist in joining up support and decision making between the Carers' Support Service, the Council's Adult and Children's Services and local health services are in place.
- Development and implementation of the Carer Recognition Scheme.

Support For Young and Adult Carers

The main offer of support to young, young adult and adult carers in Hillingdon is through the Carer Support Service, which is currently being delivered by the Hillingdon Carers Partnership. The diagram below shows how the service is being delivered.



Support for Parent Carers

The support needs of parent carers are considered as part of a child and family assessment. The support available prior to and/or following an assessment is reflected within the Council's published local offer for people with Special Educational Needs and Disabilities (SEND), which can be accessed via this link [SEND local offer - Hillingdon Council](#). A child and family assessment could conclude that a short break is required to give the parent carer and the child or young person some space from one another, which would lead to a short break assessment being undertaken as part of EHCP. The specialist short breaks provider is currently Community Connex Limited.

Challenges for the 2023 – 2028 Strategy

Some of the key challenges that this strategy will seek to address include:

- Ensuring carers receive recognition and respect in the care of their loved one (s).
- Involving a range of carers at a strategic level to comment on the quality of services and shape what services look like in the future.

- Identification of young carers.
- Identification of ‘hidden’ adult carers.
- Identification of carers from under-represented communities, e.g., male carers.
- Ensuring services work together to support the whole family.
- Ensuring that parent carers are recognised and supported.
- Provision of a variety of short break options for carers.
- Identification and support for carers through primary care.
- Offering carer assessments in a way that works for all carers.
- Ensuring carer registers are established and maintained in primary care.
- Managing the impact of the cost of living crisis on carers.
- Exploring how technology can be used more to help carers carry out their role.

8. Better Outcomes for Carers

This section describes the outcomes for carers that the strategy is seeking to achieve. It also summarises the work that will be undertaken to achieve the outcomes and deliver the vision for carers by 2028.

Outcome 1: Carers are identified, recognised and able to make a positive contribution.

<p style="text-align: center;">What carers have told us</p> <p><i>‘Help carers to identify themselves as carers if they wish to’.</i></p> <p><i>‘Health services should recognise when we’re a carer and help us to recognise this too, especially at the point of diagnosis of the person we’re caring for’.</i></p> <p><i>‘Carer needs sometimes ignored by the Hospital’.</i></p> <p><i>‘Parent carers often aren’t recognised. You’re just seen as a parent rather than a carer and your needs aren’t seen.’</i></p>	<p style="text-align: center;">What we will do 2023 – 2028</p> <ul style="list-style-type: none"> • The Carer Support Service provider will develop and maintain a Hillingdon Carer Register for all carers supporting residents of Hillingdon to register themselves. This will enable information that may be of assistance to carers to be targeted to them more easily. • Linked to the Hillingdon Carer Register, we will promote the Hillingdon Carer Card to enable carers to identify themselves as carers if required, for example, to health and care professionals. • We will work with Hillingdon’s communities (including the business community) to increase to value to carers of having the
<p style="text-align: center;">Measuring Delivery</p>	

- % of adult carer population on the Carer Register for Hillingdon.
- % adult carers of adults receiving a carer's assessment.
- Number of identified carer champions in GP surgeries/PCNs
- A minimum of 2 Carer Forum meetings taking place each year.
- An annual carer fair held to raise awareness.

Hillingdon Carer Card.

- Options for improving access to needs assessments for parent carers will be explored.
- The feasibility of establishing a measure for the percentage of parent carers receiving a triage assessment will be explored.
- The Carer Support Service provider and health and care partners will work in partnership to ensure the development and maintenance of an understanding by health and care professionals about the role of unpaid carers.
- Carer champions will be identified in all GP practices.
- Carer registers will be established in GP practices.
- In GP practices people with long-term conditions will be proactively asked to identify if they have a carer and who this is.
- Carer passports will be introduced in the Hillingdon Hospitals and '*John's Campaign*' will be promoted to ensure that carers are involved and able to support patients during a hospital stay.
- We will ensure that the Cerner electronic patient record (EPR) system is developed so that asking if a patient at Hillingdon Hospitals has a carer or is a carer is a mandatory aspect of assessment and triggers appropriate care planning (where possible and appropriate).
- A mechanism will be established at The Hillingdon Hospitals to ensure that, where appropriate, carers are involved in shared decision making alongside patients.
- The Triangle of Care will be embedded in CNWL mental health services and rolled

	<p>out across community health services.</p> <ul style="list-style-type: none"> • We will explore ways to obtain the views of carers from under-represented communities. • Borough-wide publications such as <i>Hillingdon People</i> will be used to raise awareness of support options available to carers. • Views of carers will be fed to the multi-agency Carers Strategy Group to shape priorities.
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Outcome 2: The physical and mental health and wellbeing of carers is supported.

<p style="text-align: center;">What carers have told us</p> <p><i>‘Ability of carers to cope with caring varies from carer to carer – everyone has a different breaking point’.</i></p> <p><i>‘I am always on alert and feel exhausted, there is no recognition of how caring impacts our health through constant worry about loved ones’.</i></p> <p><i>‘Making relationships is hard for carers as I can’t easily leave the house’.</i></p> <p><i>‘Too many assumptions are made about your willingness to care and the types of support available’.</i></p>	<p style="text-align: center;">What we will do 2023 – 2028</p> <ul style="list-style-type: none"> • Using 2021 census data we will compare the profiles of carers supported under the Carer Support Service contract with the profile of carers on GP registers to identify gaps in support that may require targeted interventions. • We will renew the memorandum of understanding between statutory health and care to agree an integrated approach to identifying and assessing carer need in Hillingdon. • We will ensure the continuation of a one stop support service for carers through the retendering of the Carer Support Service contract. • Carers will be screened in primary care for depression and other health problems. • Carers will continue to have access to CNWL Recovery and Wellbeing courses. • We will use new digital technologies to support carers where this is appropriate and will be of assistance, e.g., telecare and telemedicine.
<p style="text-align: center;">Measuring Delivery</p> <p>Carer quality of life metrics, i.e., % of adult carers to say:</p> <ul style="list-style-type: none"> • <i>I’m able to spend my time as I want, doing things I value or enjoy.</i> • <i>I have as much control over my daily life as I want.</i> • <i>I look after myself.</i> • <i>I have no worries about my personal safety.</i> 	

<ul style="list-style-type: none"> • <i>I have as much social contact as I want with the people I like.</i> • <i>I feel I have encouragement and support.</i> 	<ul style="list-style-type: none"> • To prevent loneliness and isolation we will continue to develop a range of opportunities for carers to meet with other people, including other carers. This will be delivered through the Carer Support Service contract, the promotion of Direct Payments for carers who meet the National Eligibility Criteria for carers and social prescribing. Social prescribing will also assist carers who do not meet eligibility criteria. • We will facilitate access to education for adult carers who wish to continue or restart structured learning. • Partners will liaise with the Council's Safeguarding Adults Team to ensure that safeguarding issues identified are responded to appropriately. This may, where necessary and appropriate, include liaison with the Metropolitan Police Service.
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Outcome 3: The financial impact of being a carer is minimised.

<p style="text-align: center;">What carers have told us</p> <p><i>'When I became a carer, I had no idea how I was going to manage financially'.</i></p> <p><i>'I took a part time job to try and fit in with my caring role but was often unable to pick up the shifts due to the priority of caring'.</i></p>	<p style="text-align: center;">What we will do 2023 – 2028</p> <ul style="list-style-type: none"> • Access to information, advice and support about allowances and benefit entitlements will continue to be delivered through the Carer Support Services contract. • We will ensure that information and guidance to employers about the rights of people with caring responsibilities is available. • We will relaunch guidance for employers on how to support working carers.
<p style="text-align: center;">Measuring Delivery</p> <ul style="list-style-type: none"> • Value of benefits/allowances secured for carers. 	

Outcome 4: Carers have a life alongside caring.

<p style="text-align: center;">What carers have told us</p> <p><i>'Ability of carers to cope with caring varies</i></p>	<p style="text-align: center;">What we will do 2023 – 2028</p>
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from carer to carer – everyone has a different breaking point’.

‘I am always on alert and feel exhausted, there is no recognition of how caring impacts our health through constant worry about loved ones’.

Measuring Delivery

- Number of adult carers in receipt of short break opportunities.
- Number of short break opportunities available.
- % of carers supported by Adult Social Care receiving support in full or in part via Direct Payments.
- Number of carers having health needs met through Personal Health Budgets.

- We will promote the use of Direct Payments to secure more personalised options for addressing the social care needs of carers.
- We will also explore options for Personal Health Budgets in the form of Direct Payments to meet assessed health needs as well integrated budgets to meet health and social care needs.
- We will work with care home providers to develop more flexible respite options to respond to the needs of carers.
- We will continue to develop flexible short break options as the needs of carers change over the lifetime of the strategy.
- We will review the short break options available to parent carers.
- The Carer Support Service Provider will work with the Council and Neighbourhoods to support carers to develop emergency replacement care plans.
- We explore options to support carers and former carers into employment. Examples of support included would be help with job-searching, applications & CVs, and interview techniques; wellbeing support; IT skills; and access to training.
- Through the Carer Support Service, we will support carers to access volunteering opportunities in or near their communities.
- People who are carers or former carers will be supported to be members of the Carers Strategy Group as experts by experience.

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

What carers have told us

What we will do 2023 – 2028

<p><i>‘Provide us with someone to talk to who knows the relevant system/processes inside-out and can make this easier for us to ask the right questions’.</i></p> <p><i>‘What happens when you don’t know your way around social care? Or if you do, you don’t know what to say’.</i></p> <p><i>‘Understand that Black, Asian and minority ethnic carers may not be familiar with the support offered by services or may not be able to access them’.</i></p> <p><i>‘Allowances need to be made carers who aren’t confident using a computer’.</i></p>	<ul style="list-style-type: none"> • Good quality information and advice will continue to be provided through the Carer Support Service contract. • Through the Carer Support Service contract, we will continue to keep health and care professionals updated about sources of help and onward referral. • We will explore different approaches to the delivery of information and advice to ensure access from Hillingdon’s diverse communities. • We will ensure that carers have access to information, advice and support about the hospital discharge process and what to expect after discharge. • We will ensure that the Patient Advisory and Liaison Service (PALS) at The Hillingdon Hospitals has the necessary information and resources to sign-post carers and patients with carers to access support.
<p style="text-align: center;">Measuring Delivery</p> <ul style="list-style-type: none"> • % of adult carers who have found it easy to access information and/or advice. • % of adult carers who are satisfied with the information and/or advice they have received. 	

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

<p style="text-align: center;">What carers have told us</p> <p><i>‘When you become a carer for a loved one, assumptions are often made that you know what to do and how to do it and this isn’t always true’.</i></p>	<p style="text-align: center;">What we will do 2023 – 2028</p> <ul style="list-style-type: none"> • We will listen to what carers have to say about the skills they need to undertake their caring role. • We will inform carers through a Carer Register developed under the Carer Support Service contract about new skills that they may need, e.g., infection prevention and control measures, manual handling, etc. • The Carer Support Service provider will work with the Council and health and care partners to develop training opportunities for carers so that they have the skills to continue in their caring role safely.
<p style="text-align: center;">Measuring Delivery</p> <ul style="list-style-type: none"> • Number, range and utilisation of training opportunities for young, adult and parent 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.

<p>What young carers have told us</p> <p><i>‘Our role as young carers should be acknowledged when we are supporting a member of our family’.</i></p> <p><i>‘It should be recognised that I am a carer and still young’.</i></p> <p><i>‘I need people to talk to me about being a carer in a way that I will understand’.</i></p>	<p>What we will do 2023 – 2028</p> <ul style="list-style-type: none"> • We will continue to work with schools to ensure that young carers are identified and can access appropriate support. • Working with young carers we will keep the young carers’ assessment process under review to ensure that it is fit for purpose. • We will continue to develop the range of age-appropriate short break opportunities for young carers. This will mainly be delivered through the Carer Support Services contract and partnership working with the voluntary and community sector. • To guard against young carers providing inappropriate levels of caring or otherwise experiencing abuse or neglect, we will ensure that there is an awareness among stakeholders of the signs to look out for and action to take if they spot, such as a referral to the Stronger Families Hub.
<p>Measuring Delivery</p> <ul style="list-style-type: none"> • % 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. 	

9. Delivering Better Outcomes for Carers: Monitoring Delivery

The Delivery Plan

The delivery plan that summarises the actions that will be undertaken during the lifetime of the strategy can be seen in Annex 2. This shows the actions that will be delivered in the short-term (2023/24), medium-term (2024/26) and the longer-term (2026/28). The expectation is that the delivery plan will be a living document and priorities may change over the lifetime of the strategy in response to evolving need.

The multi-agency Carers Strategy Group has responsibility for monitoring implementation of the actions within the delivery plan, the content of which will be reviewed on an annual basis to ensure that it is responsiveness to the changing needs of carers in Hillingdon. An annual update on the implementation of the delivery plan as well as emerging challenges for carers will be reported to the Council’s Cabinet and the Delivery Board for Hillingdon’s borough-based partnership. Annex 3 shows how delivery of carers strategy fits into the management of

Hillingdon's health and care system.

Measuring Delivery

The metrics that will be used to test the success of the strategy in supporting carers in Hillingdon are shown above in section 8: *Better Outcomes for Carers*. It is expected that metrics will evolve during the lifetime of the strategy.

Annex 1 – Glossary of Terms Used in Strategy Document

This annex is intended to explain terms used in this strategy document that have not been explained elsewhere.

Term	Explanation
Carer passports	A carer passport in a hospital is a simple tool which identifies someone as being in a caring role for one of the hospital's patients, involving them more fully in the patient's care, and connecting them with further support.
Carer Recognition Scheme	This was a scheme introduced by the Council in 2018 that enabled people to nominate carers for a recognition certificate awarded by the Mayor of Hillingdon.
Education, Health and Care Plan (EHCP)	An EHCP is for children and young people aged up to 25 who need more support than is available through special educational needs support. EHCPs identify educational, health and social needs and set out the additional support to meet those needs.
H4All	This is a consortium of local voluntary and community sector organisations that includes Age UK, Carers Trust Hillingdon, the Disablement Association Hillingdon (DASH), Harlington Hospice and Hillingdon Mind.
John's Campaign	John's Campaign is a campaign for extended visiting rights for family carers of patients with dementia in hospitals in the United Kingdom. It applies to all hospital settings (acute, community, mental health).
NHS Digital	NHS Digital is the trading name of the Health and Social Care Information Centre, which is the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care in England, particularly those involved with the National Health Service of England
Neighbourhood Teams	Local areas of often 30,000-50,000 people supported by primary care, other health partners and the Council to improve the health and wellbeing of the community and tackle health inequalities.
Primary Care	Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice (GPs), community pharmacy, dental, and optometry (eye health) services.

<p>Primary Support Reason</p>	<p>Means one or more of the following categories of need set out in the guidance for the statutory annual Short and Long Term (SALT) return to the NHS Digital:</p> <ul style="list-style-type: none"> • Physical Support: Access & mobility only • Physical Support: Personal care support • Sensory Support: Support for visual impairment • Sensory Support: Support for hearing impairment • Sensory Support: Support for dual impairment • Support with Memory & Cognition • Learning Disability Support • Mental Health Support • Social Support: Substance misuse support • Social Support: Asylum seeker support • Social Support: Support for Social Isolation/Other
<p>Social Prescribing</p>	<p>In Hillingdon this is where H4All Wellbeing Officers working with Neighbourhood Teams link up residents with community groups and activities to provide practical and emotional support to address their needs.</p>
<p>Triangle of Care</p>	<p>The Triangle of Care guide was launched in July 2010 by The Princess Royal Trust for Carers (now Carers Trust) and the National Mental Health Development Unit. There are six standards to the Triangle of Care, and these are:</p> <ol style="list-style-type: none"> 7. Carers and the essential role they play are identified at first contact or as soon as possible thereafter. 8. Staff are '<i>carer aware</i>' and trained in carer engagement strategies. 9. Policy and practice protocols re: confidentiality and sharing information, are in place. 10. Defined post(s) responsible for carers are in place, e.g., Carers' leads or champions. 11. 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. 12. A range of carer support services is available.

Annex 2 – Joint Carers’ Strategy 2023 – 2028 Delivery Plan

Outcome 1: Carers are identified, recognised and able to make a positive contribution.					
	Activity	2023/24	2024/26	2026/28	Lead Organisation
1.1	Relaunch the Carer Support Service Carer Register to encourage carers to register.	√			LBH/Carer Support Service Provider
1.2	Develop the Hillingdon Carer Card to improve its attractiveness to carers.	√	√		Carer Support Service Provider
1.3	Re-establish carer leads in 100% of GP practices that are members of The [GP] Confederation.	√	√		The [GP] Confederation
1.4	Explore options for improving access to needs assessments for Parent Carers.	√			LBH
1.5	Introduce Carer passports at Hillingdon Hospitals.	√	√		Hillingdon Hospitals
1.6	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).	√	√		Hillingdon Hospitals
1.7	Establish a ‘ <i>colleague as a carer</i> ’ support group as part of Hillingdon Hospitals’ staff wellbeing workstream.	√			Hillingdon Hospitals
1.8	Roll out the Triangle of Care across community health services.	√	√	√	CNWL
1.9	Review the role of the carer forums.	√		√	LBH
1.10	Explore ways of obtaining the views of ‘ <i>hidden</i> ’ carers across Hillingdon’s diverse communities.	√	√	√	Carer Support Service Provider

1.11	Explore options for re-establishing a Carer Recognition Scheme.		√		LBH
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Outcome 2: The physical and mental health and wellbeing of carers is supported.

	Activity	2023/24	2024/26	2026/28	Lead Organisation
2.1	Subject to availability of suitable permissions, complete comparison of carers on GP registers with those on the Carer Register developed by the Carer Support Service provider to identify gaps in support.	√	√	√	Carer Support Service Provider/The Confederation
2.2	Refresh the Memorandum of Understanding between health and care partners on an integrated approach to identifying and assessing carer need in Hillingdon.	√			LBH
2.3	Complete development of 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 identified from the 2021 census.	√			LBH
2.4	Retender the Carer Support Service contract to comply with procurement regulations and secure service stability for up to eight years.	√			Carer Support Service Provider
2.5	Implement the <i>Carers and Hospital Discharge: Toolkit for London Hospitals and Community Providers</i> across Hillingdon Hospitals.	√	√		Hillingdon Hospitals
2.6	Roll out screening of carers for depression and other health problems in GP practices.	√	√	√	The Confederation
2.7	Complete pilot of bespoke bereavement counselling service for carers supported through caring at end of life.	√			Carer Support Service Provider

Outcome 3: The financial impact of being a carer is minimised.					
	Activity	2023/24	2024/26	2026/28	Lead Organisation
3.1	Develop web-based information for employers about the rights of people with caring responsibilities.		√		Carer Support Service Provider
3.2	Explore re-launch of the guidance for employers of carers in employment.		√		LBH

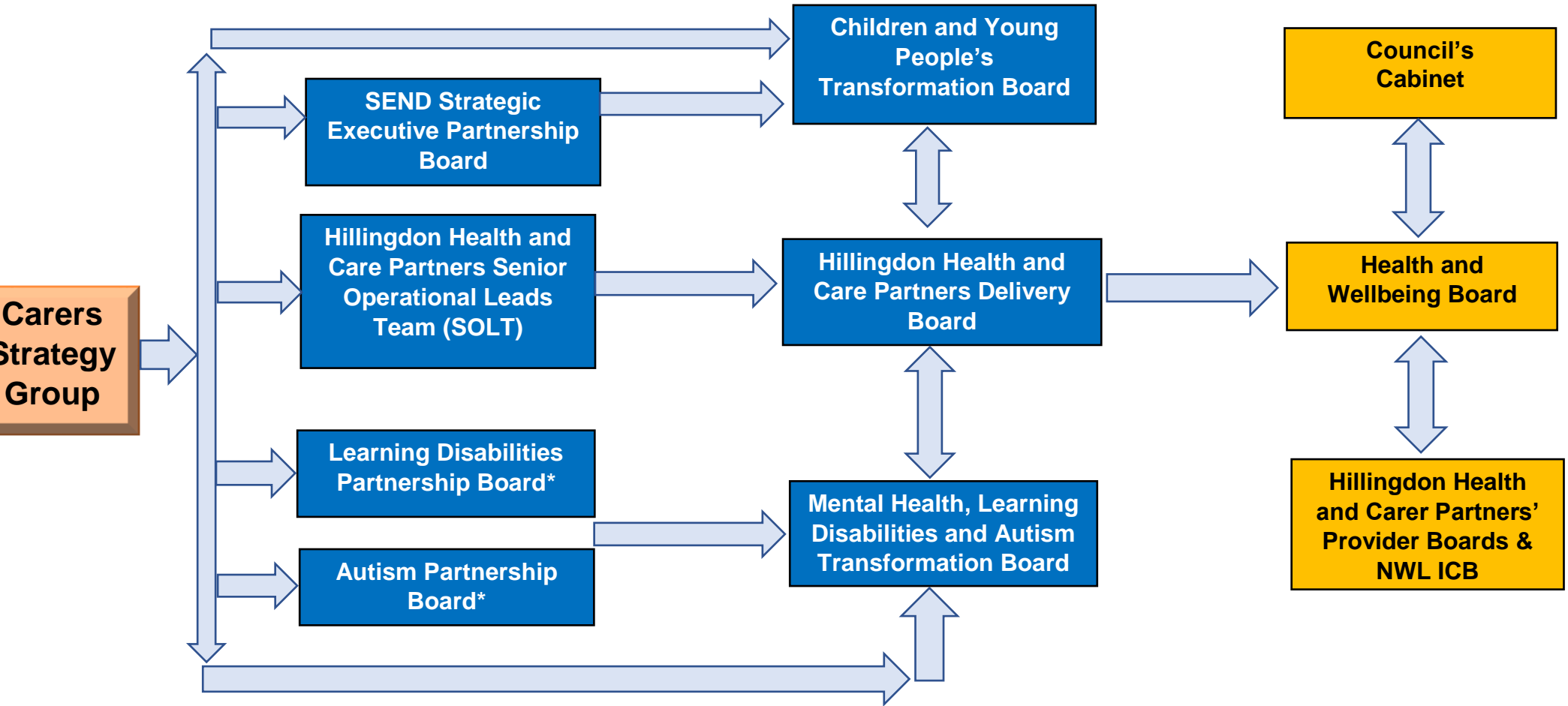
Outcome 4: Carers have a life alongside caring.					
	Activity	2023/24	2024/26	2026/28	Lead Organisation
4.1	Explore options for increasing the percentage of adult carers supported by the Council having needs met via Direct Payments.	√	√		LBH
4.2	Explore scope for health needs of carers being addressed through Personal Health Budgets taken as Direct Payments and Integrated Budgets.		√		NWL ICB

Outcome 5: Carers have access to quality information and advice at any point in their caring journey and know where to find this.					
	Activity	2023/24	2024/26	2026/28	Lead Organisation
5.1	Include information about support for carers on web pages of 100% GP practice.	√	√		The Confederation
5.2	Establish a means of ensuring that the information held by the Patient Advisory and Liaison Service (PALS) at Hillingdon Hospitals is kept up to date.	√			Hillingdon Hospitals
5.3	Develop a programme to ensure that information and advice is accessible to Hillingdon's diverse communities.	√	√	√	Carer Support Service Provider

Outcome 6: Carers have the skills they need for safe caring.					
	Activity	2023/24	2024/26	2026/28	Lead Organisation
6.1	In consultation with carers, keep under review their training needs and develop an annual training programme with health and care partners.	√	√	√	Carer Support Service Provider
6.2	Develop an end of life training programme for carers that is reviewed annually.	√	√	√	Carer Support Service Provider

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.					
	Activity	2023/24	2024/26	2026/28	Lead Organisation
7.1	Working with young carers, review the young carer assessment process to ensure that it is fit for purpose.	√			LBH
7.2	Increase the number of schools participating in a young carer recognition programme.	√	√	√	Carer Support Service Provider
7.3	Support schools to develop their own support provision for young carers.	√			Carer Support Service Provider
7.4	Develop and deliver support sessions in school for the most disadvantaged young carers, e.g., those caring for a parent with mental ill health and/or substance misuse.	√	√	√	Carer Support Service Provider

Annex 3 – Carers Strategy Delivery Governance Arrangements



Key

	Statutory Bodies
	Governance Group
→	Reporting line
*	Boards also reporting to the SEND Strategic Partnership Board