

# CARERS STRATEGY DELIVERY UPDATE

<b>Committee name</b>	Health and Social Care Select Committee
<b>Officer reporting</b>	Gary Collier – Adult Social Care and Health
<b>Papers with report</b>	<b>Appendix 1:</b> Case Studies <b>Appendix 2:</b> Carers Strategy Delivery Actions Influences <b>Appendix 3:</b> Joint Carers Strategy Delivery Plan Actions
<b>Ward</b>	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 September 2024. 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. The Committee is reminded that Cabinet requested an annual update in 2015 and this practice has continued. The Committee has previously agreed to align carers strategy delivery updates to the annual Cabinet reporting cycle.

3. At its November 2023 meeting the Committee considered the draft strategy, consultation on which was delayed but has now concluded. Officers will provide a verbal update to the Committee on feedback received. This report updates the Committee on the implementation of the 2023/24 delivery plan that was aligned to the priorities in the draft strategy. The report also identifies the priorities for 2024/25 for the Committee's consideration.

4. 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. The Committee is reminded that 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 [Social care and wellbeing - Hillingdon Council](#)

9. References to the 'review period' in this report means the period from 1 April 2023 to 31 March 2024 unless otherwise stated.

10. The report is structured as follows:

- A. Strategic Context
- B. 2023/24 Delivery Plan Update Highlights
- C. 2024 – 2025 Carer Support Priorities.

## RECOMMENDATIONS

**That the Health and Social Care Select Committee:**

- 1. notes progress against the carers strategy delivery plan activity for 2023/24;**
- 2. notes the carer support priorities for 2024/25 (Appendix 3);**
- 3. comments, and question officers and partners, on any aspects of the report; and**
- 4. identifies any comments it wishes to include in the annual delivery plan update report to Cabinet.**

## SUPPORTING INFORMATION

### A. Strategic Context

11. Unpaid carers play an important role in our society. They provide vital care, and many carers derive satisfaction and pride from their roles. However, caring can come at a personal cost to carers in terms of their own health, financial situation, employment position and personal independence. 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 to enable them to continue in their caring role for as long as they are willing and able to do so.

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.

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
<b>TOTAL</b>	<b>25,905</b>	<b>22,465</b>

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
<b>TOTAL</b>	<b>22,465</b>

- *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. There were 1,453 young carers and 5,193 adult carers registered on 31<sup>st</sup> March 2024, which compares with 1,187 young carers and 4,790 adult carers registered on 31<sup>st</sup> March 2023. This 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 2023/24 showed that 590 carers received support from the Council during that year. The main need being supported by this group of carers is learning disability (41%) followed by personal care need related to physical disability (33%).
- *Carers Allowance recipients:* This benefit is available to people providing 35 hours of unpaid care a week or more to a severely disabled person. People providing this level of care are most vulnerable to experiencing a deterioration in their own health and wellbeing without support. Data published by the Department for Work and Pensions showed that in November 2023 (the most recent period for which data is available) there were 4,125 people entitled to receive Carers Allowance (CA) and 4,125 in payment, which represented an increase of 23.5% since 2018. However, the value of CA as an indicator of the number of carers is limited as the 2021 census identified 9,105 carers delivering 35 hours of care or more a week, which suggests that there are a significant number of carers who do not qualify for this additional benefit.

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 2023 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 (DHSC) and the Care Quality Commission (CQC) and the data sample, which is carers who received a carer's assessment in the previous twelve month period, and collection methodology are determined nationally.

14. 563 of Hillingdon's adult carers were sent a survey questionnaire and 30% (170) were returned, which was considered to be statistically valid by DHSC and CQC. The survey return rate was lower than in 2021/22 (4.4%) and also lower than the mean for other English local authorities with Adult Social Services responsibilities (32.2%). The Committee may wish to note that the survey identified that the percentage of carers able to take a break away from caring for

more than 24 hours (34%) was higher than in 2021/22 (20.6%) and also higher than the mean for England of 16.7%, which indicates that Hillingdon's carers are better supported. London and North West London comparisons will not be available until October 2024. The survey is scheduled to be repeated in November 2025.

15. The main actions identified from the survey results are unchanged from the 2021/22 survey and include:

- 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.

### **Carer Support Offer Summarised**

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 and Ealing (CTHE), 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 funding for this service, i.e., £670k, is included in the Better Care Fund (BCF).

### **Carers Strategy Group**

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. This includes as members carer representatives in their capacity as experts by experience.

## **B. 2023-24 Delivery Plan Update Highlights**

### **2023/24 Challenges**

18. The challenges for carers previously reported to the Committee have not significantly changed and include:

- The increase in the number of carers experiencing mental health issues seen during the pandemic continued during 2023/24 and can be seen by the number of carers accessing Hillingdon's Mind Family Support Service, which increased from 83 in 2022/23 to 207 in 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 the number of permanent admissions to care homes seen in 2023/24.
- Convergence of pressures on mental health of carers from caring role, anxiety about financial concerns and impact on physical health.

### **2023/24 Delivery Plan Updates**

19. This section includes delivery plan updates additional to what was reported to the Committee in November 2023. Actions are aligned to the outcomes in the draft Joint Carers Strategy.

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

20. **Re-establish carer leads in six GP Primary Care Networks (PCNs).** **Completed (Green).** The report considered by the Committee in November reported that the number of practices with GP leads had reduced to 33. Since that report all 41 practices that are members of The Confederation have identified leads.

### 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, e.g., carer health checks.
- Attending any training/information sessions that relate to the support of carers within General Practice.

21. **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):** This is part of a large digital technology project and full implementation is expected to be completed by the end of 2024/25.

## Outcome 2: Carers have access to quality information and advice at any point in their caring journey and know where to find this.

22. **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):** A mechanism has now been put in place to ensure that stocks of the *Are you a carer?* booklet are maintained.

### Achievements

23. Partner achievements during the review period that are in addition to the specific actions within the 2023/24 delivery plan are highlighted below for the Committee's consideration.

### Council Achievements

24. **Carers Assessments (Adults):** There were 875 carers' assessments undertaken in 2023/24, which includes 244 assessments completed by Carers' Trust. This compares to 851 assessments in 2022/23 and 286 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 2023/24 Carers' Trust referred 35 carers to the Council for a full assessment.

25. Nearly 84% of carers assessments for adult carers were declined in 2023/24, which reflects the pattern of previous years. At the November 2023 meeting the Committee requested that officers look into this in more detail and the intention is to review Hillingdon's experience from a broader NWL perspective. The Committee is reminded that reasons given previously 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.

26. Options for making the assessment form more accessible for carers are being explored; however, it should be noted that the key purpose of the form is to identify whether a person meets the national eligibility criteria for carers, which therefore impacts on the extent to which it can be simplified. 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.

27. **Respite and other carer-related service provision:** During 2023/24 4,789 carers were provided with respite or another carer service at a cost of £2,442k. This compares to 3,970 Carers being supported at a cost of £2,004k during 2022/23. This includes bed-based respite and home-based replacement care funded arranged via the Council as well as supported provided through the Carer Support Service contract and other voluntary sector provided services. It also includes directly purchased services via Direct Payments.

28. The Committee may also wish to note that 2023/24 saw an increase in the number of carers receiving Direct Payments in their own right to address all or part of their assessed needs from 170 in 2022/23 to 204.

### **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**

29. The section of the report summarises some of the achievements of the Hillingdon Carers Partnership in 2023/24. It is important to note that these achievements relate to activity and targets funded through the Carer Support Service contract.

30. **New carers registered:** 910 new adult carers joined the carers register during 2023/24 against a target of 750 and 438 left. 321 new young and young adult carers joined the register in 2023/24 against a target of 50 and 55 left.

31. **Additional income for carers raised:** £1,590,549 carer-related benefits were secured against a target of £500k, which benefitted 233 Hillingdon families. This is the largest amount

secured in a single year since the start of the Carer Support Service contract in 2016.

32. **Replacement care:** 106 adult carers were supported with 8,440 hours of replacement care received by adult carers against a target of 7,000 hours to 120 carers.

33. **Short breaks (adult carers):** 2,596 breaks from caring against a target of 1,000 were provided through carer cafés, trips (e.g., visits to arts, crafts, and cultural activities), social groups, and workshops.

34. **Short breaks (young and young adult carers):** In 2023/24 there were 2,596 individual breaks from caring including:

- 4 residential weekends away for 56 young people.
- 29 different activity sessions as part of CTH school holiday programme.
- 104 Young Carer and Young Adult Carer Club sessions.
- 4 whole family trips attended by 144 family members.

35. **Psychotherapeutic and family support:** Via Hillingdon Mind, 91 carers in 2023/24 received psychological crisis counselling support and 207 carers received family support.

36. **Outreach events:** 43 outreach events were held in 2023/24. At its meeting in November 2023 the Committee expressed an interest in receiving more information about the outreach work undertaken by the Hillingdon Carers Partnership. HCP partners will be present at the July meeting and will be able to address any queries that the Committee may have.

37. **External funding attracted to support carers:** In 2023/24 £827k additional funding was secured from external funders, i.e., not local statutory organisations, against an annual target of £100k, and this included £530k from the Big Lottery for adult carers and £189k to support young carers from the Henry Smith Charity, which is an independent charity founded in 1628 to combat disadvantage and poverty.

### **CNWL Community Adult Mental Health Service Achievements**

38. **Triangle of Care roll out across community mental health teams:** £40k was 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. The new Carers Engagement Lead started in January 2024 and in the period to 30<sup>th</sup> June 2024 63 carers of people with mental health needs were referred.

#### **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.

39. **Mental health carer welcome pack:** CNWL and Hillingdon Mind coproduced a new information pack with mental health carers, i.e., carers supporting people living with serious

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mental illness. The purpose of the pack is provide mental health carers with the information they need to navigate statutory services as well as making them aware of the support available from third sector organisations.

## C. 2024/25 Carer Support Priorities

40. Key influences for actions within the strategy delivery plan and supporting 2024/25 priorities are summarised in **Appendix 2**. Consultation on the draft strategy will have concluded by the time of the July meeting and it will be possible for officers to update the Committee on feedback received.

41. Priorities for 2024/25 that extend beyond business as usual can be found in **Appendix 3**.

## PERFORMANCE DATA

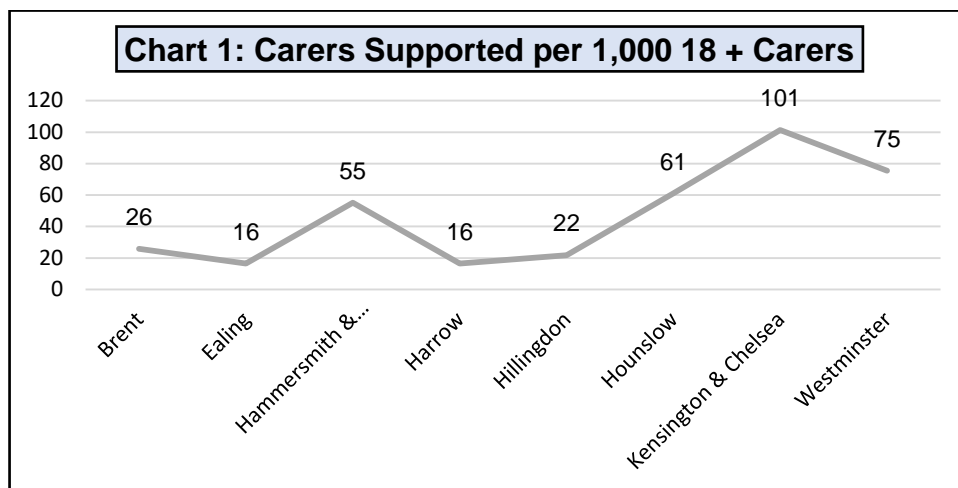
### Current Performance Information

42. The Committee is reminded that there are no comparative metrics in respect of young carers. There are two key sources of comparative data in respect of adult carers. One of these is the carer quality of life measures within the Adult Social Care Outcomes Framework (ASCOF), which is 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 are 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.

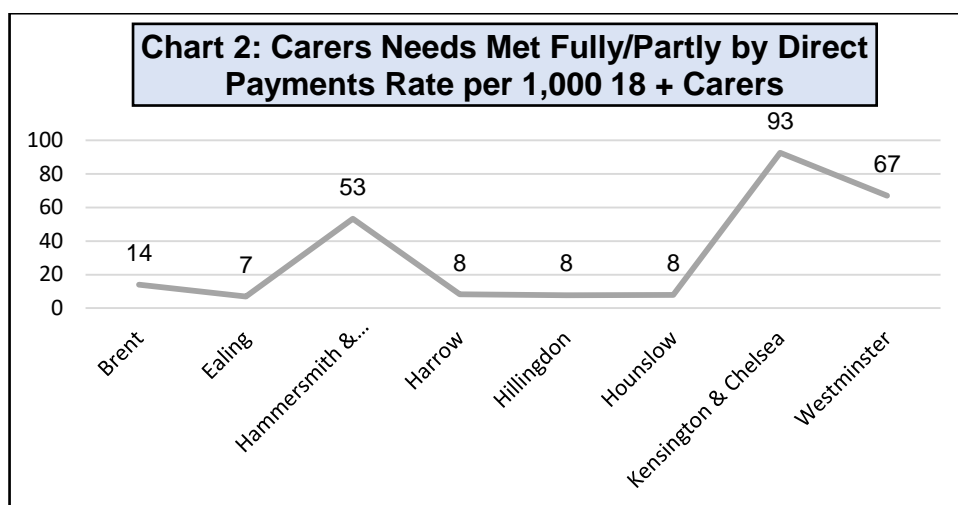
43. Consequently, the most recent comparative data is for 2022/23. Chart 1 shows Hillingdon's position in comparison with other NWL boroughs. This shows a higher rate of carers supported in Kensington & Chelsea, Westminster, Hounslow, and Hammersmith & Fulham than Hillingdon. With the exception of Hounslow and as shown in chart 2 below, these boroughs have much higher actual numbers of carers having their assessed support needs met wholly or partly by Direct Payments. The Committee is asked to note that the data in chart 1 is based on SALT definitions and does not, for example, reflect the carers supported by the Hillingdon Carers Partnership under the Carer Support Service contract. It also does not take into consideration carers who benefit from an adult social care service provided to the cared for person. There is, however, a piece of work to be undertaken to identify if all NWL boroughs are counting carers supported in the same way and also whether there is learning from neighbouring borough practice that could be adopted locally. The Committee can see in **Appendix 3** that increasing the numbers of carers receiving their support via a DP is one of Hillingdon's priorities for 2024/25 and Members may wish to note that numbers increased from 170 in 2022/23 to 198 in 2023/24.

44. The higher numbers of carers supported by the local authorities referred to in paragraph 43 means that by implication they have higher numbers of carers assessments being completed. There are currently no national measures in respect of carers assessments and officers will be discussing with other NWL boroughs scope for agreeing a measure based on the rate of assessments per 1,000 adult carers. Carers assessment practice in other boroughs will also be investigated to see if there is any learning that could be applied in Hillingdon.





Source: NHS Digital (09/07/24)



Source: NHS Digital (09/07/24)

## RESIDENT BENEFIT

45. The report identifies how carers have been supported by the Council and partners in 2023/24 and identified priorities for 2024/25.

## FINANCIAL IMPLICATIONS

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

## LEGAL IMPLICATIONS

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

## BACKGROUND PAPERS

*2022 – 2025 Joint Health and Wellbeing Strategy*

*2024 – 2029 Draft Joint Carers Strategy*

## Appendix 1 – Case Studies

### Case Study A: Young carer for mother with disabilities

A is 10 and cares for his mother (Ms A) who is a single parent and has physical disabilities and mental health issues. A has a club foot and has undergone a number of operations to improve his mobility. The family were referred to Carers Trust by A's school due to his poor attendance. When Carers Trust first began supporting the family, they were sleeping on the floor in A's grandmother's flat, having been evicted from temporary housing in another London borough. Ms A was struggling to cope with day-to-day life, was facing a potential custodial sentence due to not attending community service and A's school attendance was 25%. The family had a social worker but Ms A was very mistrusting of professionals and was reluctant to work both with Carers Trust and Social Services.

Ms A experienced frequent periods of depression leading to A having to provide support to *'calm mum down and help her to stop crying'*. When Ms A was unable to function, A would make simple meals for them both, which is something that he had done since a very young age. As Ms A has a bad back, A has had to do all the carrying and lifting for her.

#### Actions:

- Carers Trust undertook a home visit and gradually built a relationship with Ms A and A.
- A legal aid solicitor was sourced to work with Ms A to resolve their long-standing housing issue, which ultimately resulted in the Council agreeing to accept responsibility to house the family.
- Ms A was supported to view potential properties and helped to furnish the accommodation with the provision of hardship grants.
- Carers Trust also liaised with the Community Service Team to arrange for Ms A to complete her community service hours during school hours so that she was still available for A when needed.
- A has recently undergone another foot surgery which further affected his attendance and Ms A's ability to safely get him to and from school. Carers Trust worked with the school to ensure he had work sent home weekly and also to ensure that there was regular communication between school and Ms A.
- Carers Trust organised a wheelchair so that A could return to school as soon as possible. His school was 20 minutes walk away and not accessible by public transport. A relative took him to school whilst he was in plaster and non-weight bearing but the wheelchair supported him after this period.

#### Outcomes:

- Ms A has been offered a voluntary role with the possibility of progression to a paid permanent position, and she is absolutely delighted as she has been out of work since A was born.
- A's school attendance is now 70% and Carers Trust continue to work with the family to improve this further.
- Both A and his mum have their own space at home and feedback is that they feel positive about the future.

### Case Study B: Young adult carer with dual caring responsibilities

B is 16 and is a dual carer for both her mother (Mrs B) who has physical disabilities and mental health needs, and her 2 younger siblings who have Special Educational Needs and Disabilities

(SEND). As a result of her needs Mrs B has frequent periods where she is unable to keep up with household chores, provide meals and wash clothes for the family and B undertakes these tasks. Mrs B, who is divorced from B's father, is also frequently unable to take her younger children to school, which B does on her behalf and with the result that she is then late for school.

Being very busy at home B was unable to find time for herself and this has impacted on her mental and physical health. This has shown in her over eating and gaining excess weight, which has also contributed to her depression. Difficulties with sleeping also means that she constantly felt tired. B came to Carers Trust its School Outreach Project.

### **About the School Outreach Project**

This project offers:

- School staff training.
- A comprehensive information pack including materials for School notice boards.
- 1:1 sessions with young carer pupils.
- Small group work with wellbeing and personal development sessions.
- Support for Schools to achieve national accreditation through the Young Carers in School Programme (YCiS).
- A mentoring programme for young carer pupils including 1:1 tutoring sessions.
- Referral to our range of carers services including whole family support.
- Home-School liaison.

#### **Actions:**

- During their school support sessions Carers Trust focused on B making time for herself and managing her own wellbeing and studies. As a result, she decided to use her passion for baking and cooking to try to make healthier meals.
- Carers Trust worked with B to agree achievable goals for her including participation in exercise to aid her physical and mental health.
- Through partnership working with the School Outreach Project, intensive family support and pastoral staff, Carers Trust were able to provide on-going support and praise to B.

#### **Outcomes:**

- B has made significant efforts and is now feeling the benefits - she has lost weight, feels fitter and her sleep has improved.
- B particularly responds to regular catch ups at school which provides a space for her to be herself, to talk about herself, discuss her feelings, and stay on top of her goals.

### **Case Study C: Adult carer of person living with dementia**

Mr C self-referred to the Alzheimer's Society, one of the organisations within the Hillingdon Carers Partnership. Mr C is 35 years old and cares for his mother who has been diagnosed with dementia and with whom he lives. He works full-time from home but was finding it difficult to juggle both work and caring for his mother who needed constant supervision. Mr C contacted Alzheimer's Society because he was struggling in his work and wanted help for his mother to enable him to keep his job. He felt without support he would have to stop working.

Mr C's mother needs help with personal care and all other day-to-day tasks. She was unable to tell whether something was hot or cold and was therefore at risk of harm. She was also prone to

wandering. Mr C explained that both he and his mother were becoming isolated and they were only seeing family members when they visited. He was reluctant to ask family members for help as he felt it was his responsibility to look after his mother but due to the difficulties of living with and supporting his mother Mr C felt overwhelmed in his caring role. Social isolation was a major part of this as he was not going out with his friends as before.

**Actions:**

- The Alzheimer’s Society visited Mr C and his mother at home and undertook a full assessment. Mr C was advised of his options, including support available through Social Services.
- The possibility of other family members providing support for him was explored with him.
- He was also advised of the benefits that he could access such as Attendance Allowance and Council Tax discount but felt able to complete the applications himself without assistance.
- Mr C was given details of local services such as the Dementia Café and Friends Coffee Group.

**Outcomes:**

- Mr C was able to arrange a package of care for his mother and is now able to focus on his work without feeling overwhelmed or worried about giving it up.
- Mr C’s mother now attends social activities, with the help of a paid carer, which also enables him to have a break.
- Mr C’s family agreed to support him to allow him to go out socially when he wants to.
- Both the Attendance Allowance and Council Tax discount are now in place.

**Case Study D: Adult carer of person with mental health needs**

Ms D is the carer for her adult daughter who has mental health needs. Ms D is living with depression and was referred to Hillingdon Mind. Ms D also has her adult son living with her. She is not working at the moment as she is concentrating on caring responsibilities.

During the initial assessment Ms D identified that there was a lack of understanding around her daughter’s mental health condition and the impact of this on day-to-day functioning. One of her goals was to understand more about her daughter’s mental health need and how best to communicate and support her during psychotic episodes. Ms D felt that there were issues related to the standard of care received by her daughter and wanted advice on relevant advocacy support. Her daughter felt unsupported in the community and Ms D wanted to understand what support was available and how to access it.

Ms D identified that she had her own care needs and felt that she was neglecting her own self-care – she wanted to access activities to help her wellbeing.

**Actions:**

- To learn more about her daughter’s mental health issue and how to support her in a crisis, Ms D was supported by Mind’s Family Support Service to attend the peer support group, i.e., the ‘*Check-in and Chat Group*’, to meet other carers sharing similar experiences.

**Outcomes:**

- Ms D has reported that she feels more confident when supporting her daughter during a recent psychotic episode. She drew on her learning from the workshop and the psycho-educational resources provided by Mind and, as a consequence, reported that she was able to manage the situation better than before the intervention of the Family Support

Service.

- Ms D also stated that she was more aware of the support available in the community and contacted the Crisis Café for help ensuring timely support for her and her daughter.
- Through accessing support from peers at the weekly “Check in and Chat” group, Ms D reported that she felt “less alone” coping with her caring role. She continues to attend the peer support group and is now supporting others caring for someone in a similar situation.
- Ms D shared information about support available in the community with her daughter. As a result, the daughter self-referred to an employment support service and is now receiving support to volunteer and engage in meaningful activities as part of her recovery.

### **Case Study E: Adult carer of person with a learning disability.**

Mrs E is a carer to her adult daughter, Ms E, who has a learning disability. Recently there have been safeguarding concerns about a relationship Ms E has with her partner. There is strong evidence that this maybe a domestically abusive relationship. After raising this with the Adult Learning Disability & Autism Service, a series of safeguarding home visits took place in order to meet with both Mrs E and Ms E and to build a relationship of trust with them. Both of their views were taken jointly and separately. It was identified by the social worker that while the relationship concerns are being addressed with Ms E, Mrs E would benefit from a carer’s assessment.

This carer’s assessment took place with an interpreter, as Mrs E’s first language is not English. Mrs E greatly appreciated having this assessment directly with a social worker who knew her situation in her own home, rather than needing to tell her story once again to Carer’s Trust Hillingdon, to whom carers are usually signposted.

In the assessment Mrs E was able to tell her story candidly, outside of the earshot of her daughter and she found the opportunity to speak at length and talk about the impact of her caring role on her life to be therapeutic. She was given information on the services offered by the Carer’s Trust but also the Disablement Association Hillingdon (DASH), our local disability charity who can provide benefits assistance and advocacy.

#### **Outcome:**

- Mrs E was provided with a Direct Payment that has enabled her to take a break from her caring role.
- The referral to Carers Trust has enabled Mrs E to also access a peer support group.
- This intervention has provided some support to Mrs E, while Ms E’s needs and mental capacity is assessed and appropriate interventions can be considered and made.

### **Case Study F: Parent carer of person with learning difficulties and autism**

Mrs F is the main carer for her 19 year son who has learning difficulties and autism. He is physically very strong and has the energy expected of a person of his age but no sense of risk or danger. He seeks to build relationships and closeness with others, including on social media and in person, and this has led to abuse and exploitation by his peer group that has resulted in Police involvement. His high risk taking profile means that he cannot be left alone and needs a lot of help to plan his daily living activities. He has an active Education Health and Care Plan (EHCP) in place, which reflects that he needs a lot of help to explain how he can do things that he wishes to do as safely as possible.

As well as looking after her son, Mrs F is also coming to terms with a diagnosis of Multiple

Sclerosis (MS) that she received in 2023 and the related treatment to manage some of the symptoms. Mrs F informed the Council's Preparing for Adulthood Team that managing her own health needs contributed to her feeling increasingly overwhelmed and depressed. Mrs F's husband does share some of the caring responsibility for their son when he can but he works full-time and the scope for him to do so is limited.

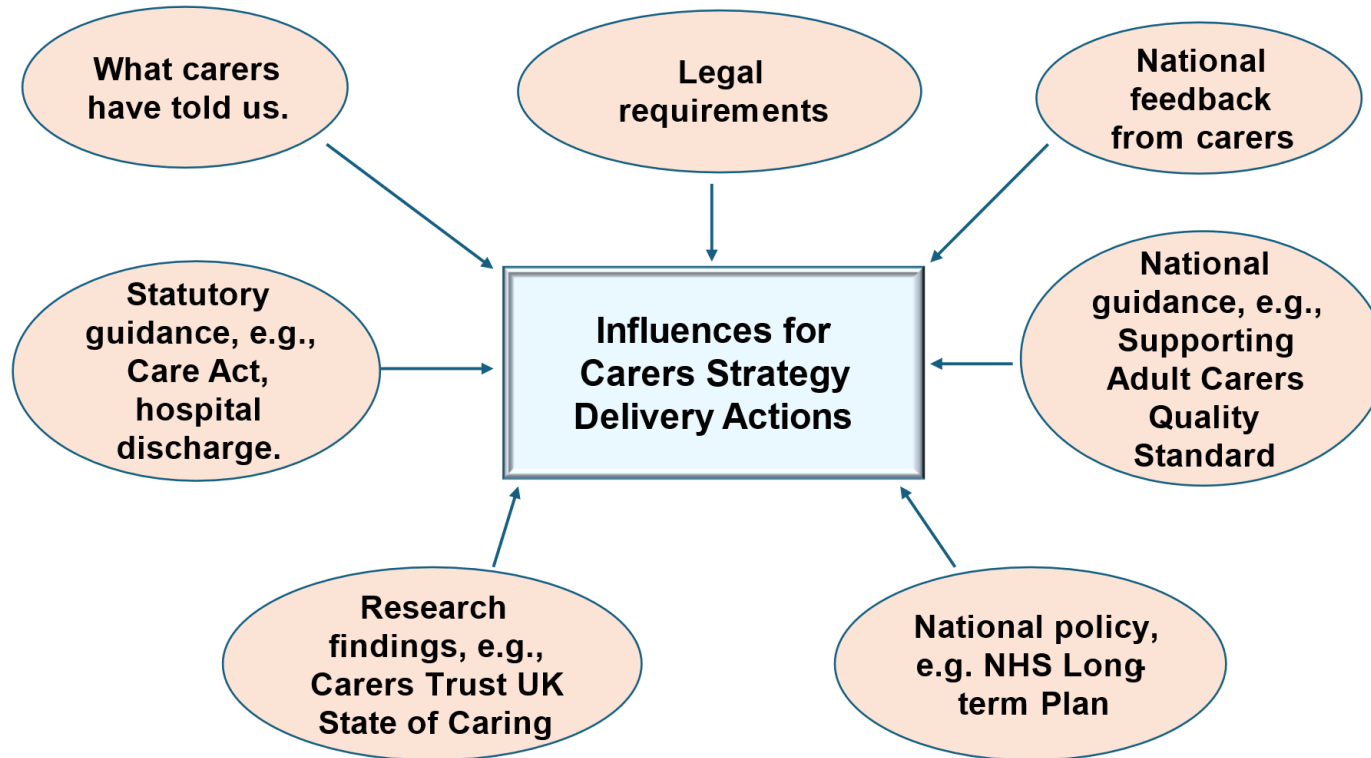
**Actions:**

- Mr F junior was reassessed and a direct payment offered to include home based respite. The reassessment included an assessment of Mr and Mrs F's needs and a separate carer's direct payment was offered to enable Mrs F to take a break away from the home.
- Mrs F was referred to Carers Trust Hillingdon to explore other support options.
- Although Mr and Mrs F are prepared to support their son until he is ready to progress the planning process has started for him to move into supported living with people closer to his own age. Mr F junior is involved in this planning process.

**Outcomes:**

- Feedback from Mrs F is that she feels less overwhelmed as she is now able to get breaks from caring.
- Mrs F has also reported that her GP has been very supportive following her MS diagnosis.
- The referral to Carers Trust has enabled Mrs D to access a peer support group and she finds being able to talk to other people in similar circumstances therapeutic.
- Mr D junior is also receiving support with accessing educational activities that assist with independent living skills as part of a progress plan to supported living.

## Appendix 2 - Carers Strategy Delivery Actions Influences



## Appendix 3 - Joint Carers Strategy 2024/25 Delivery Plan

Key	
<b>CTH</b>	Carers Trust Hillingdon
<b>HCP</b>	Hillingdon Carers Partnership
<b>LBH</b>	London Borough of Hillingdon
<b>THH</b>	The Hillingdon Hospitals Trust

### More About the Accelerated Reform Fund

This is non-recurrent government funding to support innovation projects developed collaboratively with others such as the NHS, care providers, voluntary and community sector groups to support priority groups such as unpaid carers.

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

	Activity	Lead Organisation
1.1	Implement the Carers Card Plus + project funded through the Accelerating Reform Fund for Adult Social Care	LBH/CTH
1.2	Expand the number of GP practice members of The [GP] Confederation with identified carer leads.	The [GP] Confederation
1.3	In consultation with adult carers and parent carers, review needs assessment process to simplify it as much as possible.	LBH
1.4	Make changes to the new electronic patient record system at Hillingdon Hospitals to support identification of carers.	THH
1.5	Continue the roll out of ' <i>open visiting</i> '* across wards at Hillingdon Hospitals.	THH

\**Open visiting* refers to the principle of unrestricted visiting hours in a hospital setting to enable carers, relatives, and friends to visit at any time.

### **Outcome 2: Carers have access to quality information and advice at any point in their caring journey and know where to find this.**

	Activity	Lead Organisation
2.1	Include information about support for carers on web pages of 100% GP practice.	The Confederation



2.2	Develop a programme to ensure that information and advice is accessible to Hillingdon's diverse communities.	CTH
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**Outcome 3: The physical and mental health and wellbeing of carers is supported and have a life alongside caring.**

	Activity	Lead Organisation
3.1	Retender the Carer Support Service contract to comply with procurement regulations and secure service stability for up to eight years.	LBH
3.2	Explore options for increasing the percentage of adult carers supported by the Council having needs met via Direct Payments.	LBH

**Outcome 6: Young carers are supported from inappropriate caring and provided with the support they need to learn, develop, and thrive and enjoy being a young person.**

	Activity	Lead Organisation
6.1	Working with young carers, review the young carer assessment process to ensure that it is fit for purpose.	LBH
6.2	Increase the number of schools participating in a young carer recognition programme.	CTH
6.3	Support schools to develop their own support provision for young carers.	CTH
6.4	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.	CTH