

## CONTENTS

1. Introduction
2. Ealing Carers' Strategy - the story so far - and the next episode
3. The Needs of Carers in Ealing
4. Ealing's Approach
5. What matters most to people?
6. What is already happening -
  - a. What do people think of services? What is working well?
  - b. What could be better? Where are the gaps?
  - c. What targets should we set ourselves?
  - d. What are the biggest challenges? How can we address them?
7. Priorities for Action

### **Annex 1: National Policy and Background**

### **Annex 2: Local Policy Context**

Transformation: What is happening and planned?

Link to other strategies and partnerships, care groups

### **Annex 3: Strategy consultation and contributors**

### **Annex 4: Current Services**

## 1. Introduction

Caring is something that increasingly affects us all at some point in our lives. Caring without enough support in place can have a huge impact and it is taking its toll on millions of families throughout the UK. Whether caring is full-time, or it is part of a stressful mix of work and other family responsibilities, many carers find they don't have the time or energy to maintain relationships, stay in work, or look after their own health and wellbeing<sup>1</sup>.

The National Carers' Strategy defined a carer as someone who spends a significant proportion of their life providing unpaid support to family or potentially friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems<sup>2</sup>.

The causes of someone taking on caring responsibilities are varied but can include<sup>3</sup>:

- Serious physical illness
- Long-term physical disability
- Long-term neurological conditions
- Mental health problems
- Dementia
- Addiction
- Learning disabilities/difficulties
- Alcohol/substance misuse

Just as the reasons why someone becomes a carer vary greatly, the variety of tasks that a carer fulfils is diverse. They can include the following duties:

- **Practical household tasks:** such as cooking, cleaning, washing up, ironing, paying bills and financial management.

---

<sup>1</sup> Carers UK. State of Caring 2015. <https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2015> (accessed May 2016)

<sup>2</sup> HM Government. Carers at the heart of 21st-century families and communities. 2008. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/136492/carers\\_at\\_the\\_heart\\_of\\_21\\_century\\_families.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136492/carers_at_the_heart_of_21_century_families.pdf) (accessed May 2016)

<sup>3</sup> Carers Trust. <http://www.carerstrusttw.org.uk/about/carers/> (accessed May 2016)

- **Personal care:** such as bathing, dressing, lifting, helping someone to eat, administering medication and collecting prescriptions.
- **Emotional support:** such as listening, offering advice and friendship.

The 2011 Census shows there are approximately 5.8 million people providing unpaid care in England and Wales, representing just over one tenth of the population.

The number of people caring around-the-clock is also growing rapidly; there has been a 25% increase in the number of carers providing 50 or more hours a week of unpaid care in just 10 years.<sup>4</sup>

Carers are estimated to save the UK economy £119 billion per year in care costs. This is equivalent to £18,473 per year for every carer in the UK<sup>5</sup>.

National research has found that one in five carers report that their health suffers as a direct result of caring, as personal health needs are often neglected when faced with the priority of caring for somebody else<sup>6</sup>.

Carers often end up as patients themselves or requiring care and support. There are many problems associated with caring responsibilities including mental and physical health problems, social isolation, and increased mortality as a result of mental or emotional distress, especially in older carers. The Government White Paper 'Healthy lives, healthy people' highlights carers as a group who experience health inequalities<sup>7</sup>.

---

<sup>4</sup> Office for National Statistics. 2011 census unpaid care snapshot  
<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/census/2011/carers-week/index.html> (accessed May 2016)

<sup>5</sup> Local Government. Economic case for local investment in carers support.  
<http://www.local.gov.uk/documents/10180/5756320/The+Economic+Case+for+Investment+in+Carers/a39c3526-c8a4-4a18-9aa4-b5d8061df8a2> (accessed May 2016)

<sup>6</sup> Carers UK. <http://www.carersuk.org/professionals/resources/research-library/item/496-carers-in-crisis> (accessed May 2016)

<sup>7</sup> Department of Health. Healthy lives healthy people. <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england> (accessed May 2016)

2011 census information shows that carers who provide high levels of unpaid care (more than 50 hours per week) for sick or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities.<sup>(iii)</sup>

Commonly reported conditions amongst carers are arthritis and joint problems, back problems, heart disease, cancer and depression. One third of older carers have reported having to cancel their own treatment or an operation because of their caring responsibilities<sup>8</sup>.

Our rapidly ageing population and longer life expectancy mean that the number of older people in need of care and support is now estimated to outstrip the number of working age family members able to provide it. More of those born with disabilities are surviving into adulthood and later life and many are surviving serious illness like cancer or stroke. The number of us living with long-term conditions is increasing creating new demands for our health and care service.

Carers represent a significant part of our community. Consequently we must ensure that their needs are understood and addressed in the interests of themselves, the people they care for, and the whole health and care system which relies upon them.

This has been acknowledged in national policies since 2008 (see Annex 1) and is a key feature of the Care Act 2014 which established that carers are also entitled to an assessment to determine whether they have support needs, and what those needs may be. The duty set out in the 2014 legislation did not require (as the previous provision did) that the carer must be providing "substantial care on a regular basis".

The Care Act 2014 emphasised:

- 'Parity of esteem' for carers & cared-for
- Principles of well-being & personalisation
- Universal rights to information & advice

---

<sup>8</sup> The Princes Royal Trust for Carers. Always on call, always concerned.  
[https://www.carers.org/sites/default/files/always\\_on\\_call\\_always\\_concerned.pdf](https://www.carers.org/sites/default/files/always_on_call_always_concerned.pdf) (accessed May 2016)

- Right to carer's assessment & support plan

This Strategy builds on the previous Ealing Carers' Strategy, taking account of the new duties established by the Care Act, and the growing recognition of the important role which carers play in our community.

DRAFT

## **2. Ealing Joint Carers' Strategy 2012-18 ,Ealing Council & Ealing Clinical Commissioning Group( ECCG)**

An Ealing Joint Carers' Strategy was developed in 2012, building on the national policy direction as well as local issues and was centred on delivering the following outcomes:

- Being respected and supported - a whole family approach to care
- Balancing caring with a life apart from caring
- Improving access and involvement
- Development of local services to meet need
- Children and Young People to be protected from inappropriate caring and have the support they need to learn, develop and thrive to enjoy positive childhoods
- Provision of support to parent carers

The strategy identified a number of areas for development to address these outcomes:

- Better identification of carers through primary care
- Improved access to and experience of the carer assessment process
- Continued improvement and access to information
- Advice support and training for carers
- Ensuring appropriate access to services in the context of personalisation
- Better involvement of carers in some specific service developments, in particular the Out of Hospital Strategy
- End of life care and support to young carers.

The areas identified as a priority in the strategy were:

- Finance and economic well-being
- Carer Identification

- Training to support carers in skills to care and increase confidence
- Information and support
- Support carers in employment, education or leisure
- Engagement in service development
- Develop pathways with primary care
- To improve choice and flexibility in support services available
- To promote carer involvement as expert carer
- Young Carers identification and support
- Parent carers support

### **Ealing Joint Carers Strategy - progress since 2012**

Ealing Council and ECCG recognised the significant level of unpaid care provided by parent carers, young people who care for a family member and adults who care for a family member. The strategy aimed to ensure that services were commissioned in an effective, efficient manner taking into account the expressed wish of service users and their carer, enabling resources to be used to maximum impact.

Carers, NHS and Local Authority front line staff and the voluntary sector played a large part in developing shared priorities and strategies across social care, the NHS and public health.

During the period 2012 to 2017 Ealing has introduced a number of changes to service provision and this has achieved the following:

**Carer Identification has been increased**, The Carers' Centre employed a co-ordinator to help promote the carers agenda within primary care GP practices, raising awareness and setting up systems to identify and signpost carers to support. ECCG funded the Carers' Centre to provide carers' training to GP surgeries to raise awareness of carer issues. In 2017 Ealing GP has more than 6500 carers registered in GP surgeries representing 1.5% of Ealing's registered population. This is an increase compared to the number of carers registered on the carers register in 2014 when less than 1% of carers were recorded on the GP carer register. While this is an improvement it falls short of the 10% of population target and will be developed

further through the new primary care GP contract due to go live in April 18 which has the following requirements of GP practices: Identify a carers lead; Offer staff carers awareness training; Data cleanse their carers register.

In addition the Young carers in schools award has been rolled out and promoted in all schools encouraging schools to take an active role in identifying and supporting young carers. Children services in Ealing record 166 young people who are carers aged 4 - 18, an increase of 5% from 2015-16.

**Pathways were developed within primary care to ensure that** carer health assessment take place, advertised and are promoted; the Care coordinator service has been rolled out across Ealing GP networks helping to advice and support the most vulnerable patients and their carer; GP surgeries have introduced registers identifying Adult carers and young carers and use e-learning resources available from the Royal College of General Practitioner (RCGP).

**Considerable training has been provided to carers to support carers in skills to care and increase confidence ,this has included:-**

- Training opportunities with Ealing Council advertised to carers.
- On line training options advertised by Ealing Council to carers
- Alzheimer's Society provided additional training course for carers of people with dementia
- WLMHT specific training course for carers of people with mental health issues
- Online training available on KIDS TRAINING for parent carers
- worked with carers of people with learning disabilities to offer more support, particularly for carers of young people transitioning from children's to adult services
- Special parenting classes for parents of children with Autism
- E-learning course available for level 1 in dementia
- Raising carers confidence though ECCG
- self-care agenda.

**Carers have been engaged in an extensive range of service development with consultations with different carers groups involved in various projects and events which benefit Carers. This has promoted carer involvement as an expert carer :**

- Involved in the planning and development of the Ealing Early Start Service which brought together professionals into three integrated teams. Each of the locality teams deliver home, Children Centre and community based services for prospective parents and parents of young children.
- Public Health Grant Funding: for projects to support the delivery of the Ageing Well action plan including an exercise programme to prevent falls in older people, projects to improve outcomes for socially isolated older people and carers.
- Integrating Health and Adult Social Care through use of the Better Care Fund: included a number of schemes designed to support a reduction in hospital or care home admissions and, when hospital admission does occur, to enable patients to return home as quickly as possible.
- Like Minded – Working together for mental health and Wellbeing across North West London: A programme of work to improve mental health services.
- Primary Care Transformation Programme: The transformation programme allows more local patient and public involvement in developing services, with a greater focus on prevention, staying healthy and patient empowerment. This will enable accessible provision, coordinated and proactive care.
- Self-Care Strategy: To support patient empowerment and self-management, there are a number of initiatives that support the movement towards offering people more choice and control. This includes providing motivational training for patients and carers and in other languages for hard to reach communities and supporting the voluntary sector.
- Mental Health Transformation: Carers of people with mental health problems, and of people with dementia, have been involved in a programme of work to improve mental health services in the borough, and represented on the Ealing Mental Health Partnership Board and the Dementia Partnership Board.

- Transforming Care for People with Learning Disabilities and/or Autism with Challenging Behaviour: Carers of people with learning disabilities and autism have been involved in developing the Transforming Care Plan and represented on the Ealing Learning Disabilities Partnership Board.
- Carers have been part of the Older people consultative forum, the Older People and Long Term Conditions Partnership Board, Dementia Partnership Board, Carers Partnership Board, Carers Forum, and, Ealing parent carers forum.
- Work undertaken between children's services and adult's substance misuse services to try to identify more effectively the needs of children of substance misusing parents some of whom are young carers
- Carer representatives involved in a variety of ECCG events to improve community services
- Parents Forum played an active role in planning for Children and Families Act implementation

**Information and support has been increased through various initiatives including:**

- Health and social care grant funding for information service included support to carers for benefit advice and included support with filling in forms
- Information and Advice Network increasing the ways for carers to access information
- Health and Social Care Grant funding for Being Part of the Community Includes befriending support to both vulnerable adults and isolated people which includes carers
- Expanded the handyperson service to 6 visits per year to allow three visits for vulnerable adults and further three visits for the carer
- Care coordinators rolled out across Ealing GP networks helping to advice and support the most vulnerable patients and carers
- Emergency Cards routinely offered after social work assessment
- Increase in Adult services expenditure on carers respite

- Established the Carers Information Page [www.ealing.gov.uk/Carers](http://www.ealing.gov.uk/Carers)
- Re commissioning of the Carer Support Service in April 2017 with the aim of increasing outreach through the existing voluntary sector partners to increase the access to information and quality of the information provided to carers.
- Information for young carers and stakeholder organisations developed
- The Impartial Information and Support and Guidance Service provided by a voluntary organisation under the local name of ISAID, works with both parent/carers and young people (0 to 25) providing advice on education, health and care plans and disability more broadly in schools.

**Supporting carers in employment, education or leisure :** The Leisure pass was extended to carers to encourage increased take up of physical exercise; Health and social care grant funding extended leisure and support opportunities for carers across the borough increasing options for choice of respite, voluntary sector support, peer support and social activities; Dementia café events for carers, cared for and family on a regular basis ;the commissioning of the new Carer Support Service in April 2017 to increase information to carers on employment options and opportunities.

**Improved choice for carers and flexibility of service through:** the Health and Social care Grant funded respite ; increased opportunities for other social activities and peer support by including carers in the being part of the community grant funding. The number of carers receiving Direct Payments or carers grant have both been increased to improve choice and flexibility to carers. 46 carers were receiving direct payments to purchase support in March 2017. In addition 233 carers have receive one off carers grant payments in 2016/17

**Improvements have been made in identifying young carers and supporting young carers** .In March 2017 166 young carers were known to social services . To improve services to young carers the following have been implemented:

- A memorandum of understanding “ No Wrong Door” for young carers agreed between children and adult social services including WLMHT and Adult substance misuse to ensure young carers are identified and supported

- Young carers in schools award promoted in all schools encouraging schools to take an active role in identifying and supporting young carers
- Information for young carers and stakeholder organisations developed
- The young carer support service provided by Brentford Football Trust.

**Improvements have been made to services to Parent carers through:**

- The Local Offer website modernised to improve information available
- The Impartial information and Support and Guidance service , ISAID working with both parent/carers and young people (0 to 25). The service provides advice etc. in relation to education, health and care plans and disability more broadly in schools
- A voluntary organisation KIDS commissioned to provide mediation (an essential part of the pre Tribunal process)
- Short breaks in the community are available
- Ealing council fund the Parents Forum, a self-organised group
- Establishment of an Advocacy service to support parent carers.

**Improved Finance and economic Wellbeing through:**

Increase in the number of Carers' grant available for carers not entitled to carer assessment. The £150 carer grant payment contributed towards supporting carers with their caring role. The number of carers receiving Direct Payments has also increased. In addition, Health and Social Care Grant funding for information services includes requirement to provide information on benefits, debt counselling, and training and employment options for carers. Community Benefit Team (CBT) established to support vulnerable adults, carers and family members to claim welfare benefits. CBT was established to support vulnerable adults, carers and family members to claim welfare benefits. CBT is part of Ealing Adults' Services Finance is a welfare benefits and adult social care advice, and visiting service, free on demand to all residents of Ealing. The majority of clients are referred via social workers requesting a home visit to gain financial information required to carry out a financial assessment and to maximise benefit entitlement. GPs, voluntary organisations and Council Members can also refer cases directly . The Mental Health service refer

cases at one of the monthly advice surgeries held at the Community Mental Health Resource Centres.

**Conclusion:**

We now want to review the progress made, and identify the next steps to be taken in improving the health and wellbeing of carers in the borough.

The information above illustrates how Ealing has addressed the areas identified as a priority in the carer strategy 2012-2017:

Considerable effort has been made to increase Carer Identification. Carer registers for GPs in Ealing now records 6500 carers. In addition children services in Ealing record 166 young people who are carers aged 4 - 18, an increase of 5% from 2015-16. This still falls short of the estimated number of cares and needs to continue to increase the identification of carers.

Training to support carers in skills to care and increase confidence have been provided across a range of services.

The range of Information and support has been increased .For example through the Health and Social Care Grant funded ESAS targets information and advice service for welfare benefits, money management, debt counselling and housing advice to older people, carers and people with physical and learning disabilities and sensory impairment. However the carer survey results indicate that carers are still have difficulty finding information.

There has been a significant increase in the number and variety of opportunities to engage carers in service development and this will continue.

Carers grant and direct payments have succeeded in allowing some carers to have more choice and flexibility in support services available

A range of initiatives have increased the support available to Parent carers.

Support has been increased for carers in leisure through both the leisure pass and the health and social care grant funded activities. Effort has been made to improve employment, education through the employment fairs but it is difficult to assess the impact of these events or whether they have proved successful for carers.

Finance and economic well-being has been increased with **233** one off carer grant payments were made in 2016-17 and 46 carers were receiving direct payments at the end of March 2017. When carrying out home visit, all CBT visiting officers not only assess needs of the individual referred to service but also that of the household including Carers: In 2016/17 the CBT opened **908** new episodes. The team dealt with **827** new clients. The total gain in unclaimed or incorrectly awarded benefits in 2016/17 was **£1,301,249** (Weekly equivalent of **£25,024**).

Despite the various services introduced since 2012 to support carers the bi annual carers surveys and recent consultation events indicate that carers continue to find significant difficulties in balancing their caring with having a life apart from caring; feeling they are respected and the majority of carers have not been identified.

### **3. The Needs of Carers in Ealing**

During 2015 the Ealing produced the Joint Strategic Needs Assessment chapter on Carers which has provided us with the latest population data and evidence of good practice to inform the carers strategy. The full chapter can be seen on the Council website at:

[https://www.ealing.gov.uk/downloads/download/3593/joint\\_strategic\\_needs\\_assessment\\_jsna\\_2015](https://www.ealing.gov.uk/downloads/download/3593/joint_strategic_needs_assessment_jsna_2015)

#### **Provision of unpaid care by Ealing residents according to Census data**

*According to the census, "a person is a provider of unpaid care if they look after or give help or support to family members, friends, neighbours or others because of long-term physical or mental ill health or disability, or problems related to old age. This does not include any activities as part of paid employment. No distinction is made about whether any care that a person provides is within their own household or outside of the household, so no explicit link can be made about whether the care provided is for a person within the household who has poor general health or a long term health problem or disability."*

National evidence shows that carers providing regular and substantial care are at greater risk of poverty, poor health and loss or inability to secure or maintain work. Carers UK report that people caring for more than 20 hours per week are twice as likely to have poor mental health. Many are family carers helping to provide care and support to someone with a disability or long term condition or illnesses. A growing number are also known as 'sandwich carers', which often means they look after a relative with an illness or disability as well as care for other dependents such as a child. Census data indicates that Ealing has the highest concentration of carers in Southall, Greenford and Northolt. Based on local data more than 5,300 carers in

Ealing provide more than 20 hours care and in addition more than 6,070 provide more than 50 hours of care a week.

**Information from the Census 2011 (ONS) shows that in Ealing:**

- The number of unpaid carers increased between 2001 and 2011 from 25,736 to 28,773.
- 8.5% of residents provide unpaid care to a friend, relative or neighbour.
- The proportion of individuals who provide unpaid care increases with age, until decreasing slightly in the 65 and over age group. The age group with the largest proportion of unpaid carers is 50-64 year olds at 16.5
- Among individuals aged 16 and over, the highest rate of unpaid care provision is seen among those looking after their home/family 18.2%.
- A higher proportion of females provide unpaid care compared with males (9.5% females compared to 7.6% males)
- One in ten (10%) Asian/Asian British people provide unpaid care. This is higher than in any other ethnic group. Nearly one third of all Ealing residents are from this ethnic group.
- The majority of individuals in receipt of carer's allowance had been receiving the benefit for more than 2 years; 40% having claimed for more than 5 years.
- Projections of the number of unpaid carers aged 65 and over in Ealing indicate a rise of 42% by 2030; this increase is consistent across all hours of unpaid care.

*Source: Census 2011 (ONS)*

**Information obtained from the Adults Performance & Management Team, London Borough of Ealing.** The London Borough of Ealing data on the number of carers who access services within the borough in the twelve month period from April 2015 to March 2016 shows:

- a total of 1,851 carers accessed services. The majority (60%) of carers accessed services through voluntary organisations.

- Nearly all carers accessing services were 18 or over. The majority (61%) were aged 18-64 years; 16% are aged 65-74; 12% are aged 75-84; 10% aged 85 and over.
- The majority of carers accessing services were female (68%).
- The rate of carers accessing services is higher in Southall (7.1 per 1,000 population) than any other area within the borough.
- Ethnic groups with a higher than average rate (per 1,000 populations) of accessing services are: Indians (8.4); Black Caribbean (7.6); other (7.3); and Pakistani (5.4)

*Source: Adults Performance & Management Team, London Borough of Ealing; GLA Ethnic Group Population Projections.*

### **Evidence of what works/Good practice**

There is a good evidence base on the problems that may be associated with caring responsibilities including mental and physical health problems<sup>9</sup>, social isolation and lowered social functioning, and increased mortality as a result of mental or emotional distress, especially in older carers. There is some evidence of financial savings in supporting carers<sup>10</sup> since enabling people to be cared for in the community can reduce the need for inpatient care in hospitals and residential or nursing home care.

The evidence from research shows that effective support to carers usually goes beyond a single intervention and encompasses good quality mainstream services, and sensitive and carer-aware professional practice (across health, social care, education and all local services). As importantly, evidence shows that a joint strategic approach by health, local government and voluntary organisations is needed for a local population to develop and commission a range of local services suited to the local needs of carers and people using services.

---

<sup>9</sup> Hirst, M. (2004) Health inequalities and informal care, Social Policy Research Unit, University of York, York

<sup>10</sup> Local Government. Economic case for local investment in carers support.

<http://www.local.gov.uk/documents/10180/5756320/The+Economic+Case+for+Investment+in+Carers/a39c3526-c8a4-4a18-9aa4-b5d8061df8a2> (accessed May 2016)

In terms of effective carer-specific services and interventions, quality standards were developed as part of the first national strategy for carers in 1999. These were based on research evidence of what works and what is important to carers.

The standards relate to five outcomes that carers identified as key to their well-being:

- Being informed
- Having a break
- Accessing emotional support
- Maintaining their own health
- Having a voice.

In the reformed adult social care system, the Government expects people receiving adult social care to be able to articulate clear outcomes from their experience through “I” statements<sup>11</sup>:

The I statements are what older and disabled people, carers and citizens expect to feel and experience when it comes to personalised care and support.

“I am supported to maintain my independence for as long as possible”;  
“I understand how care and support works, and what my entitlements and responsibilities are”;  
“I am happy with the quality of my care and support”;  
“I know that the person giving me care and support will treat me with dignity and respect”;  
“I am in control of my care and support and I have greater certainty and peace of mind knowing about how much I will have to pay for my care and support needs

The Triangle of Care: Carers included: A Guide to Best practice in acute mental health care

<sup>11</sup> Care Act 2014 an overview.

<http://www.futureyears.org.uk/uploads/files/Care%20Act%20Overview%202014%20%20FINAL.pdf> (accessed June 2016)

The 'Triangle of Care' is a therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains well being

The key elements to achieving a Triangle of Care. To clearly identify the six key elements required to achieve better collaboration and partnership with carers in the service user and carer's journey through a typical acute episode.

The six key elements state that:

- 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.
- 5) A carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway.
- 6) A range of carer support services is available.

#### **4. Ealing's Approach**

Over the last few years, and through the implementation of the Ealing Carers' Strategy, a range of services have been developed in the borough, the majority commissioned by the Council or by the NHS, although some are independent or funded through national or local grants.

Details are contained in Annex 4 and include services which are provided for people with particular care needs, such as learning disabilities or dementia, as well as services directly provided for carers themselves. This is because the provision of respite care or day opportunities for people with care needs can, at the same time, provide a break for their carers.

#### **The Care Act 2014**

Meeting needs is an important concept under the Act and moves away from previous statutory terminology of 'providing services'. This enables a greater variety of approaches in how needs can be met. The intention behind the legislation is to encourage this diversity, rather than point to a service or solution that may be neither what is best nor what the person wants. Acknowledging the willingness and ability of an informal carer to sustain their current caring tasks remains a key factor of this process.

The Act places personal budgets into law for the first time, making them the norm for people with care and support needs. It is anticipated that there will be an increasing demand for direct payments from carers as a result of the Care Act duties to support carers.

Local Authorities now have duties to meet the needs of carers who provide care to adults in the Local Authority's area even if the carer lives outside the area.

The Care Act outlines the local authority's duty on identifying carers, assessing their needs and providing support, but also involving them in service planning, development and monitoring as a partner.

The Care Act duty requires that :

- Carers Assessments are outcome based and acknowledging the separate but inter-dependent needs of carers and users.
- Carers need to access reliable information, advice, advocacy and brokerage around more creative and personalised options for care and support.
- A new national eligibility framework for carers
- Shift to personal budgets and direct payments and flexibility in care and support
- Carers of all ages are expected to report positive outcomes as a result better quality of life, improvements in physical health and well-being
- Need to develop key role for carers in local market shaping (e.g. building community capacity, pooled personal budgets)
- Responsibilities for identifying and supporting young carers are placed on the local authority as a whole. From April 2015, local authorities are legally required to offer all young carers an assessment of their needs irrespective of which service is involved.

Under the Act carers can be eligible for support in their own right. The national eligibility threshold for carers is set out in the Care and Support (Eligibility Criteria) Regulations 2015. The threshold is based on the impact caring has on their wellbeing.

The circumstances specified for carers are

The circumstances and specified outcomes for carers are:

- a. The carer's physical or mental health is, or is at risk of deteriorating;
- b. The carer is unable to achieve any of the following outcomes
  - Carrying out 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 carers home (whether or not this is also the home of the adult needing care)
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training education or volunteering
- Making use of necessary facilities or services in the local community, including recreational facilities or services and
- Engaging in recreational activities

Since the Care Act 2014 came into force Ealing have introduced a new carers assessment, self-supported assessment, support plan and Direct Payments offer . The offer of information and advice and respite continue to be the main assessed needs. Ealing Council has focused also on extending the 'prevention offer' to carers (through the extension of the handy persons schemes, leisure passes, emergency card schemes, and an increase in budget for one off grants of £150). Ealing Council have promoted information about the Care act, through the development of a specific web page, public facing documents and events for and with Carers.

Carer identification has been progressed by additional funding to the Carers' Centre to employ a co-ordinator to help promote carers agenda within primary GP practices, raising awareness and setting up systems to identify and signpost carers to support. Primary care pathways have developed through the Carers Centre work with GP surgeries and through the introduction of Carers Co-Ordinators. There are a range of training and personal development opportunities available to Carers through the Council, Carers Centre, WLMHT and others. Carers' engagement in service development has continued, particularly in developing the Care Act assessment and extending subsidised leisure services to Carers following feedback. Carers have been involved in the transformation programme in Dementia services. Carers were consulted on and informed the final specification for the carer support service commissioned since April 2017. Carers feedback and experiences are captured through the Carers Forum and Partnership Board.

The CCG and LBE have jointly commissioned voluntary sector led services for carers through the third sector grants process which went live in October 2015. Information and support has been increased through the Health and Social Care grant funded services which include carers support services ,specifically, befriending support to both vulnerable adults and isolated people which can include carers, and a requirement to provide information on benefits, debt counselling, and training and employment options for carers and respite services. In 2016/17 1580 carers have been supported through the voluntary sector either through respite or information services.

The ESAS service provide information and advice, signposting and customer representation service to vulnerable adult social care groups in line with the Care Act requirements to ensure that people in greatest need have better access to information and advice services that help them to avoid or overcome disadvantage, and improve their lives. The service contributes to a wide range of strategic priorities including reduction in health inequalities, preventing homelessness, reducing financial exclusion, reducing pensioner and fuel poverty.2162 people were supported In 2016/17 through the ESAS service with 8924 sessions provided . the monitoring shows that service users have reported a Reduction in poverty and increase in income through benefits maximisation, debt reduction, and prevention of arrears 48% of respondents stated that they had an increase in their benefits or income. Older people / carers without additional needs accounted for 34% followed ;Physical disabilities / mobility issues 35% ;Learning disabilities / Autism 4% ;Mental Health (inc. dementia)18% ;Sensory impairment 10% .

Analysis of the 37 new direct payments made to carers in 2016/17 shows that services agreed to meet their assessed needs include: sitting service 73%, massage 32%, gym membership 22%.

In addition 233 carers one off payment were issued in 16/17. These payments of £150 have been used for a variety of purposes. The largest area of expenditure was on contributing to the cost of short breaks/day trips at 57%.

Currently Ealing Young Carers Service has 166 young people on their books aged 4-18, an increase of 5% from 2015-16. The majority of young carers, 119, care for an adult/parent (58% mother, 10% father and 4% grandparent). 47 care for a sibling (17% brother and 10% sister).

The BCF in 2016/17 included nearly £1m of pooled funds geared towards supporting the joint development of the Carers Offer in Ealing. This funding was allocated to meet the cost of residential respite, carers direct payments, dedicated support planning support for carers, funding for the local Dementia Alliance, the local carer centres, and the development of a new residential respite unit for people with learning disabilities. This complements the CCGs direct contribution to carers services, through the Dementia Concern contract which is also in the BCF.

The council have commissioned a new Carers Support Service in place since April 2017 which includes the Carers Centre, information and advice, peer support, training and carer awareness across the borough, working with independent and statutory partners. The service supports carers of people of all ages with all conditions. This will include, amongst others, parent/carers of children and young people with disabilities and Young Carers aged 8 to 18. The Carers Support Service includes: Carers Centre, Outreach services available at other locations around the borough; carers information and advice; support for carer self-assessment; training for carers; training for professionals about the needs of carers; peer support groups for carers (general and condition specific if required); policy input on carers' issues; carers forum to provide infrastructure for ongoing carer co-production in service development. The service reaches out to carers within the wider population through innovative approaches that reach out to specific community groups such as faith-based groups, local events and activities across the borough, raising carer recognition and self-identification. The service works closely with the voluntary sector and other groups to reach a wider group of carers, particularly those who have not yet self-identified.

There is growing focus on the need to identify and support Young Carers, outlined into the Care Act which has spurred further joint working between Children's Services and Adults. Between April 2015 and March 2016, 25 young carers were

referred to LA Children Services and 40 referred to the Young Carers Project. The majority of these were caring for an adult in the family through a relatively small number (9) were caring for a sibling. The young carers that were referred were overwhelmingly in the 5 to 15 years age range. 157 young carers were reported as receiving support during the same period.

The CBT Officers not only look at the needs of the individual referred to the service but also that of the household, partner, family or carer, including identifying any children who may provide a caring role. They provide advice and support to next-of-kin, carers, financial representatives and signpost callers to other departments and organisations to assist with issues or claims outside of the CBTs expertise. They undertake home visiting, casework, holding community based advice clinics and providing a daily telephone advice line service. The team also undertakes casework on issues of a complex nature.

In 2016/17 the Team opened **908** new subjects (episodes). The team dealt with **827** new clients. The total gain in unclaimed or incorrectly awarded benefits in 2016/17 was **£1,301,249** (Weekly equivalent of **£25,024**).

**1,337** callers used the telephone Advice Line service in 2016/17 (total includes 173 calls from carers), averaging approximately 111 callers per month.

The service delivered face to face advice and follow-up casework for clients booked into each of the 4 clinics delivered every month at the Mental Health Resource Centres: Avenue House, Cherrington House, two clinics held at The Limes (Southall (STH) and Greenford, Northolt, Perivale (GNP)).

Throughout 2016-17 the number of clients/representatives required to attend Department for Works and Pensions (DWP) Appeal hearings .Although Appeal attendance has almost doubled since 2015/16 CBT officers have continued to gain 100% successful outcome for clients at Appeal representation.

The financial gains to carers and vulnerable adults include :

Attendance Allowance Total payments of           £208,588

## Ealing Carers' Strategy Draft

Carers Allowance	£24,740
Housing/Council Tax Benefit	£76,478
Income Support	£10,425
Pension Credit	£174,433
DLA Total	£57,313
PIP Total	£175,051
ESA Total	£337,256
State Pension	£190,405
Other	£46,560
Total welfare benefit	£1,301,249

Ealing's Council Tax Support (CTS) scheme allows residents of working age to receive up to 75% of their council tax liability and in cases of vulnerable residents up to 91.5% of their council tax liability.

Housing benefit (HB) /council tax benefit case workers routinely advise all claimants if it is thought that they should be claiming any benefits that they might be entitled to. The Local Welfare Assistance(LWA) team based within HB carries out Personal budgeting advice and will go into detail with customers about the various benefits they may be entitled to. The (LWA) deal with HB customers who are having difficulty managing their finances and may have been identified as a result of being benefit capped or have made an application for a Discretionary Housing Payment.

Carers are designated as vulnerable under CTS scheme if they get the Carer Premium included within their state benefits.

Pensioners are protected and can still receive CTS up to 100% of their liability.

Social Housing Bed-size criteria were implemented on 1st April 2013. At the end of June 2017, 1056 households are affected by the bed size criteria.

## 5. What Matters to Carers?

The Council and the NHS try to involve carers in the development and ongoing monitoring of services as well as in individual care planning. From time to time during the year there are specific consultations with carers about certain topics or more generally about their experience. The table below sets out the key themes which we have heard about in our consultations with carers over the last few years.

Group of carers	Themes
All carers	<p>There is a national survey of carers, carried out every two years, which enables us to track progress against certain key questions asked of a representative sample of carers. Below we compare the responses between the national survey in 2012; 2014 and in 2016 and identify where the same issues are continuing to occur, and where an improvement has been made.</p> <p><u>Comparison of the responses from the carer survey show that since 2012 :</u></p> <ul style="list-style-type: none"> <li>• Overall satisfaction with support or services received is the area that needs most improvement across all the borough services.</li> <li>• The proportion of carers who report they have been included or consulted on discussions about the person they care for has fallen. In 2012 the scores was 72.5%; in 2014 the score was 60.3% and in 2016 the score was 63.3%</li> <li>• The proportion of people who use services and carers who find it easy to find information about services has fallen from a score of 66.0% in 2012 to 62.3% in 2014 and 59% in 2016. There has been an increase in the number of carers who find it difficult or fairly difficult to find information while there has not been a significant improvement in how helpful carers find the information and advice received.</li> <li>• The Proportion of people who use services and carers, who reported that they had as much social contact as they would like has risen from 29.4% to 36.7%</li> <li>• The more positive responses were received form carers using the voluntary sector services funded by Ealing council and Ealing CCG</li> </ul>

Group of carers	Themes
	<ul style="list-style-type: none"> <li>• There has been an increase in the number of carers stating that they receive support services.</li> </ul> <p>Concerns raised by carers in the 2016 survey on services provided included :-</p> <ul style="list-style-type: none"> <li>• Communication / Support</li> <li>• Respite</li> <li>• Homecare</li> <li>• Information / Other</li> <li>• Lack of Communication and Information was the highest incidents of complaints by carers</li> </ul> <p>The 2016 carer survey responses from carers on quality of life show that :</p> <ul style="list-style-type: none"> <li>• The more positive responses came from those carers receiving services from the voluntary sector organisation funded by Ealing council and Ealing CCG</li> <li>• Having time to do the things they want, having control over their daily lives and social participation are the top three outcomes that need improving the most.</li> <li>• 39% said they spent over 100 hours per week looking after the cared for person</li> <li>• 15% of carers felt isolated, not able to have enough social contact with the people they liked.</li> <li>• 46% said they felt able to look after themselves, but 53% reported this to be a challenge.</li> <li>• 26.3% are not in paid employment because of caring responsibilities</li> <li>• 5.19% stated that they are in paid employment but don't feel supported by employer</li> <li>• 2.77% stated that they are self-employed but unable to balance work and caring responsibilities</li> <li>• 23.81% have a long standing illness</li> </ul>

Group of carers	Themes
	<ul style="list-style-type: none"> <li>• 16.33% have A physical impairment or disability</li> <li>• 13.95% have Sight or hearing loss</li> <li>• 7.14% have A mental health problem or illness</li> <li>• 2.38% have A learning disability or difficulty</li> </ul> <p><u>Feedback from other carers consultation events held to develop services in response to Care Act duties.</u></p> <ul style="list-style-type: none"> <li>• More funding for social care to support the care Act</li> <li>• No Charging for Carers</li> <li>• More breaks for Carers/respice/sitting services</li> <li>• Carers with Mental health issues, must be key partners</li> <li>• Carers of people with Dementia must be supported properly</li> <li>• Young carers must be identified and supported</li> <li>• More support for Adult carers</li> <li>• More events looking at raising awareness with cares</li> </ul>
Young carers	<p>A young carers day round table event was held in Ealing in January 2016</p> <ul style="list-style-type: none"> <li>• One of the prevalent themes that came out was ‘being understood’; the young carers wanted to be understood by others and they wanted help understanding things</li> <li>• The young carers also expressed the frustrations they face in their everyday lives that others do not even have to consider. Frustrations like going to pick up their parents prescription but being told they cannot because they are not 18.</li> </ul>
Parent carers of children with additional needs	<p><b><u>Information at the time of diagnosis</u></b></p> <p>The impact of the news of a child’s additional needs is critical to the lives of parents, children and their families. While there have been improvements over the past couple of years there is still scope for improvement around</p> <ul style="list-style-type: none"> <li>▪ The way by which the child’s diagnosis was given</li> <li>▪ Clarity of information provided to parents</li> <li>▪ Ease of access to services</li> <li>▪ Getting help at the right time</li> </ul>

Group of carers	Themes
	<p><b><u>Satisfaction with services</u></b></p> <p>Improved satisfaction with services over the years however there is further room for improvement</p> <p><b><u>Communication with services</u></b></p> <p>This has shown some improvements but parental comments demonstrate it can still be patchy; parents felt some services were poor at responding to phone calls and emails. Parents also indicated that some services were poor at communicating the processes and criteria for accessing service</p> <p><b><u>Coordination and key working</u></b></p> <p>Past research on the experiences of families with disabled children found that one of the most common causes of problems for families was lack of coordination of services and lack of key workers.</p> <p><b><u>Information Sharing</u></b></p> <p>Parents indicated concerns within the professional network and during transition to schools within and outside the borough.</p> <p><b><u>The voluntary sector and information to families</u></b></p> <p>Talking and working with parents in Ealing gives clear evidence that services from the voluntary sector are highly valued by parents.</p> <p>Access to information is still a concern for families. As part of the Aiming High initiatives this was addressed and an information officer post is now provided as part of Ealing Council's Family Information Service. The Ealing Help website is very helpful in providing up to date information and the PESTS handbook has been updated and augmented as it provides a valued alternative to online information.</p> <p><b><u>Care Packages and Short breaks</u></b></p> <p>Not many respondents in this survey used existing short break and leisure</p>

<b>Group of carers</b>	<b>Themes</b>
	<p>opportunities. Families who receive direct payments generally felt that it enhanced the quality of life for their child in terms of accessing suitable provision, which allowed the parent's choice and respite.</p> <p><b><u>Disability Network register</u></b></p> <p>There has been an Increase in the number of names now on the register which is encouraging, but still not enough to make it effective as a planning tool.</p>
<b>Carers of people with learning disabilities</b>	<p>There were three events with carers and people with learning disabilities</p> <p>Some of the feedback was</p> <ul style="list-style-type: none"> <li>• Carers reported ignoring their own health until it becomes an emergency. The logistic of trying to fit in appointments with their caring role make things very difficult</li> <li>• A few carers said that they had been told that due to the complexity of their relative condition it was not possible to have optician checks. They were not aware of the reasonable adjustments that are made for people who don't use speech to communicate</li> </ul>
<b>Carers of people with mental health problems</b>	<p>Carers of people with mental health problems meet regularly and provide peer support to one another, as well as taking up generic issues with service providers and commissioners. They have identified a number of issues which they want addressed:</p> <ul style="list-style-type: none"> <li>• a discrete service for mental health carers, with a team to address their needs</li> <li>• family therapy services</li> <li>• family help before, during and after sectioning/hospitalisation of a family member/friend</li> <li>• training for carers with information, communication skills and coping strategies</li> <li>• respite care</li> <li>• peer support/befriending</li> <li>• liaison with carers' groups and carer support workers</li> <li>• 24/7 advice line</li> </ul>

<b>Group of carers</b>	<b>Themes</b>
	<ul style="list-style-type: none"> <li>• working with care coordinators</li> <li>• advocacy</li> </ul> <p>Carers have participated in the West London Mental Health Transformation Board and identified an action plan for including carers appropriately in strategic commissioning and development of services.</p>
<b>Carers of people with substance misuse problems</b>	<p>Previous carer support group ceased but a new group has been established once a week in the evenings at Sycamore Lodge Acton.</p>
<b>Carers of people with dementia</b>	<p>Carers have been involved in North West London in developing a specification for dementia care which includes a set of "I statements" identifying the needs of carers of people with dementia.</p>
<b>Carers on line questionnaire issued in June 2017</b>	<p>19 Adult carers responded to the questionnaire issued during carers week 2017</p> <p>The response to the survey questions show that the most difficult issues facing a carer are:</p> <ul style="list-style-type: none"> <li>• Always feeling tired</li> <li>• No time for myself</li> </ul> <p>The three things carers stated that would find most helpful are:</p> <ul style="list-style-type: none"> <li>• regular planned breaks - someone sitting in with or accompanying the person you care for outside for period during the day</li> <li>• emergency or irregular residential stays for the person you care for to enable you to get away</li> <li>• Information and advice about services available for the person that you care for.</li> </ul> <p>The three things that carers identified which would make their life better are:</p> <ul style="list-style-type: none"> <li>• Exercise, sports, swimming, getting fit</li> <li>• financial help, more money, Better pay</li> <li>• Emergency or irregular residential stays, Respite, short breaks.</li> </ul>

Group of carers	Themes
	<p>The three areas of training that carers would most like to have training or support are:</p> <ul style="list-style-type: none"> <li>• coping strategies</li> <li>• looking after yourself</li> <li>• financial issues</li> </ul>

**Identified Gaps -**

We know that there are around 35,000 carers in Ealing. We think that there are particular communities where carers do not self-identify or seek support. We know that our services are not spread across the whole geography of the borough.

The issues that have been raised by carers over the last few years are not new, and in some cases the services are there but they may not have enough capacity (for example limited access to respite care) or be flexible enough to meet people's needs. NHS and Social Care Staff may still not always be aware of carer needs and may focus solely on the client, neglecting to work in partnership with the family or friends of the client. We need to explore and expand the use of personal budgets for carers and for clients to increase the flexibility and responsiveness of their care package and involve family and friends in the planning and implementation of care, with the consent of the client.

In particular, people may not realise the impact caring has on young carers in a family, whether they are caring for a parent or sibling. Information and communication is a repeated theme from all types of carers, and a request for respect and acknowledgement of their role in the "care plan" of their family member.

Carers are an enormous asset to the community, both in their direct caring role and in their support for one another. In contributing their wisdom and experience to the local health and social care team they can help us improve our response to people's needs. Our strategy going forward must be to support and build on these assets, and involve carers at every level; in individual care planning and implementation; in

service development and monitoring; in strategic planning and transformation; to ensure that future services are fit for purpose and meet the needs of our whole community.

### **Recommendations from the Ealing Joint Strategic Needs Assessment (JSNA) for/Carers**

The outcomes for carers identified in the current Ealing Carers' Strategy are as relevant today as in the past. Within these outcomes some progress has been made, but it is clear that there are still gaps to be addressed, both in relation to the number and type of carers being offered and provided with support, and in relation to the range and capacity of services being delivered.

From the information gathered on needs, services, policies and practice, we have identified the following recommendations for commissioners.

The following recommendations are made to achieve the agreed outcomes.

#### **Outcome 1 - Carers as Partners in Care - A Whole Family Approach**

Ensure that health and care staff take a whole family approach and consider the needs of carers when developing a care plan to meet an individual's needs including, where possible, a clear and continuous point of contact. To address this Ealing needs to develop and implement a cultural change programme with health and social care staff so that they understand and apply it in working with individuals and their families and friends. The Triangle of Care approach in Mental Health emphasises carers as partners in care and similar approaches should be applied for other care groups.

Carers' rights to an assessment and services should be made clear to them and made available as required under the Care Act, through Carer Support Workers or other mechanisms.

Statutory organisations should each identify a "Carers' Champion" to ensure that the approach is understood and applied throughout the system and that reasonable adjustments are made to accommodate the needs of carers.

This could be measured through successful implementation of Carers' Champions across organisations; increased level of Carer Assessments offered and/or undertaken or contact with Carer Support Workers ; evaluation of carer satisfaction with involvement in care planning.

### Outcome 2 - Improving Carer Awareness and Access to Support

Increase carer awareness and identification, access to carer support, and involvement in service monitoring and development across the whole borough and all communities. This would require a continuing campaign on Carer Awareness with different parts of the community including schools, faith communities and local centres; and encouragement of carers to access carer support services and establish peer support networks.

This could be measured by an increase in the total number of carers of all ages and backgrounds who self-identify and who access information and support; and a growth in carer support networks in different settings.

### Outcome 3 - Balancing caring with a life apart from caring for all carers

Continue to encourage health and care professionals to identify carers and signpost them to a carer assessment or to carer support services to enable carers to balance their caring responsibilities with life away from caring. This should include effective use of direct payments, assistive technology and information/training tailored to the needs of the family. This would require the implementation of a rolling programme of training and briefing to staff on services available and monitoring referrals and care plans for outcomes to ensure they are making use of all available options. Options such as direct payments, assistive technology and appropriate information, training and counselling should be made available.

In addition it will require continuing contact between Carer Support Services and health and care staff so that routes for referral are well used and new staff are aware of the need to identify carers and refer them for support.

This could be measured by increased use of direct payments and assistive technology and higher satisfaction from carers in relation to care planning and

contact points; an increase in referrals received by the Carer Support Services from different professionals and an overall increase in carers linked to the carer organisations.

#### Outcome 4: Development of Information, Training and Peer Support

Increase the amount of training, information and peer support available, tailored to the needs of different types of carers (e.g. young carers; carers of people with dementia; carers of people with substance misuse problems) and using different modes of communication. This will require Ealing to build information and training for carers into care pathways for people with particular conditions or needs; link carers with other carers in the same position so they can support one another.

This could be measured by audit of appropriate reference to carers in care pathways and guidance on materials to inform the carer; an increase in peer support groups for particular carers; carer satisfaction within particular groups of carers (were you given information, training, support, a link to other carers?).

#### Objective 5: Development of Respite Care

Additional respite care – including a range of offers including sitting in services, short breaks and residential respite, flexibility to meet different needs and greater confidence in quality of care provided. This will require that the Council and providers work together to develop a more flexible and responsive range of high quality respite care offers, including sitting in services, short breaks, residential respite and expanding the Shared Lives approach.

Carer views on the quality of care should be taken into account in monitoring services.

This could be measured by carer satisfaction with time available to do what they want in their lives, and reduction in care package breakdown.

#### Objective 6: Supporting Young Carers

Protect children and young people from inappropriate caring, and ensure they have the support they need to learn, develop and thrive and enjoy positive childhoods. This will require raising the awareness of young carers, and will focus on developing promotional material, such as a DVD, leaflets and events involving young carers to ensure their voice is heard.

Training courses for young carers - Consider holding training courses for young carers, so that they are educated on various conditions and illnesses that affect the people they care for and also useful courses such as health and safety, First aid / CPR.

We will develop a training plan for frontline staff so that they are educated and aware of what the needs of the young carer are.

Ealing will Explore how CCG and LBE can ensure that the health of young carers is a priority after some of them shared that when they are unwell there is no one to care for them.

#### Objective 7: Provision of Support to Parent Carers

Expand the provision of short breaks services and advice, information and counselling to parent and other carers of children with disabilities and complex health needs. Ealing will consider how to make use of limited resources to continue to make this service available as far as possible, and to improve the quality and responsiveness of services.

#### Objective 8: Carers Involved in Service Monitoring, Design and Strategic Development

To Ensure that carers are involved in service monitoring, design and strategic development. Service transformation or changes should include an assessment of the impact of the proposals on carers, as part of the Equalities Impact Assessment, with appropriate mitigating actions.

Ensure an effective carer recruitment and training programme for involvement in work to monitor, design or develop services and sustain the Carers Forums or mechanisms for bringing carers together.

Enable carers to participate in planning and monitoring of services through: recruitment of volunteers; training; peer support; reimbursement; reasonable adjustments to meeting times and locations and funding should be made available to facilitate this.

Statutory and voluntary organisations should work with Carers to identify ways in which social media can be used to communicate with and involve carers in care, and in service development.

Include Carers in Equalities Impact Assessments; carer recruitment and training programmes in place and functioning; Carers' Forum in place and functioning; carer voices heard in all appropriate boards and committees; social media being used effectively to communicate with carers; carer satisfaction.

DRAFT

## Annex 1

### Key national policies and legislation:

**'Putting People First'**<sup>14</sup> communicated a shared vision and commitment to the transformation of Adult Social Care, across the NHS, Local Authorities and central Government. Published in 2007 by the Department of Health, it was the first communication of a vision for reform based on prevention, early intervention, reablement, personalisation and information, advice and advocacy.

### **Carers at the heart of 21<sup>st</sup> Century Families and Communities', Department of Health, 2008**<sup>12</sup>

The revised National Carers Strategy (2010)<sup>13</sup> set out priorities for carers and identified the actions required to ensure the best possible outcomes for carers and those they support, including:-

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

---

12 HM Government. Carers at the heart of 21st-century families and communities

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/136492/carers\\_at\\_the\\_heart\\_of\\_21\\_century\\_families.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136492/carers_at_the_heart_of_21_century_families.pdf) (accessed May 2016)

13 HM Government. Recognised, valued and supported. Next steps for the Carers Strategy.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213804/dh\\_122393.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213804/dh_122393.pdf) (accessed May 2016)

**The Triangle of Care**,<sup>17</sup> launched in 2010, second edition 2014 is based on a guide developed by carers. There are six key standards that will see carers included, informed and better supported when they are caring for someone with a serious mental health problem. The standards state that:

- carers and the essential role they play are identified at first contact or as soon as possible thereafter
- staff are 'carer aware' and trained in carer engagement strategies
- policy and practice protocols re: confidentiality and sharing information, are in place
- defined post(s) responsible for carers are in place
- a carer introduction to the service and staff is available, with a relevant range of information across the care pathway
- a range of carer support services is available

**“Our NHS care objectives: a draft mandate to the NHS Commissioning Board”, Department of Health, 2012<sup>14</sup>**

This document highlights carers, focusing on early identification of carers, positive experience of caring, working collaboratively, enhancing quality of life for carers of people with long term conditions, improved co-ordination, opportunities, information and support to take an active role in decisions about care and treatment, etc.

**Care Act 2014<sup>15</sup>**

The Care Act 2014 represents the most significant legislation in adult social care in over 60 years, bringing together law, including legislation related to carers, into a single statute.

The Act aims to create an outcome-focused, person-centred, clear and fair care and support system to support people's health and wellbeing focusing on prevention.

---

14 NHS England. Health and high quality care for all, now and for future generations.

<https://www.england.nhs.uk/2012/07/care-objectives-draft-mandate/> (accessed May 2016)

15 Legislation UK. Care act 2014. <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm> (accessed May 2015)

The core purpose of adult care and support is defined as helping people to achieve the outcomes that matter to them in their life. The Act emphasises integration of social care and health as well as working with people and organisations to achieve this.

The Act recognises the support provided by carers and aims to support them to care effectively and safely; look after their own health and well-being; fulfil their education and employment potential; and have a life of their own alongside caring responsibilities.

The Care Act relates mostly to adult carers – people aged 18 and over who are caring for another adult. Young carers (aged under 18) and adults who care for disabled children are assessed and supported under children’s law.

However, regulations under the Act allow the government to make rules about looking at family circumstances when assessing an adult’s need for care, which means, for example, making sure the position of a young carer within a family is not overlooked.

The Act also contains new rules about working with young carers who are approaching adulthood and adult carers whose disabled children are approaching adulthood to plan an effective and timely move to adult care and support.

The Act creates the requirement for a single, consistent route to determining people’s entitlement to care and support and extends the same entitlement to carers. As part of the Care Act carers are also entitled to an assessment in line with current practice. The aim of the assessment is to determine whether the carer has support needs and what those needs may be. The new duty does not require (as the previous provision did) that the carer must be providing “substantial care on a regular basis”.

## **Children and Families Act 2014**

Seeks to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background.

The Act consolidates the rights of all young carers under the age of 19, young adult carers and their families under a single law. Young carers now have a right to an assessment of their need (no matter whom they care for, what type of care they provide, or who often they provide it).

## **NHS England, An integrated approach to identifying and assessing Carer health and wellbeing<sup>16</sup>**

Published in May 2016, this builds on work started by NHSE Commitment to Carers in May 2014. It addresses changes to the way in which Carer health and wellbeing needs are identified, assessed and supported, as a result of changes introduced by the Care Act 2014 and the Children and Families Act 2014. It is a resource to help promote working together between adult social care services, NHS commissioners and providers, and third sector organisations that support carers of all ages, with a specific approach to the identification, assessment and support of carers and their families across health and social care.

## **NHS England has developed 37 commitments around the following eight priorities:**

- Raising the profile of carers
- education, training and information
- Service development
- Person-centred, well-coordinated care
- Primary care
- Commissioning support
- Partnership links
- NHS England as an employer

---

<sup>16</sup> <https://www.england.nhs.uk/ourwork/pe/commitment-to-carers/>

## **National carers strategy – the second national action plan 2014-16 sets out the Government’s actions to support carers in four priority areas:**

- Priority area 1: identification and recognition
- Priority area 2: realising and releasing potential
- Priority area 3: a life alongside caring
- Priority area 4: supporting carers to stay healthy

### **‘Transforming Primary Care’**

Underlines NHS England’s commitment to provide people caring for family or friends with greater support and information, both to help them care for others and to support their own health and wellbeing.

### **Supporting carers to remain in employment**

‘Supporting working carers’ calls for joint working between local authorities and care providers, and sharing of best practice on how they can work with Local Enterprise Partnerships (LEPs), Health and Wellbeing Boards, Chambers of Commerce, local business and other stakeholders in their area to support carers to remain in employment.

In March 2016, the Government launched a call for evidence to be used in the new national carers’ strategy. The national strategy is expected to be published towards the end of 2017.

**The NHS Five Year Forward View**<sup>21</sup> published in October 2014 proposed a ‘radical upgrade in prevention and public health’ and that when people do need health services, they should have greater control of their own care. It included an early focus on targets for access to Psychological therapies and for support being provided quickly to people first experiencing psychosis.

### **Five ways to Wellbeing**

Public Health England, along with Public Health services in local areas, concentrates on prevention of ill health and promoting health and wellbeing. The national and local focus consists of the Five Ways to Wellbeing, evidence-based actions which promote wellbeing.

- Connect (with others, with communities)
- Be active
- Take notice (be interested, get involved)
- Keep learning
- Give (take part, volunteer)

### **Equalities Act 2010**

Brings together all previous equalities legislation, and legally protects people from discrimination in the workplace and in wider society. There are nine 'protected characteristics – age; being or becoming a transsexual person; being married or in a civil partnership; being pregnant or on maternity leave; disability; race including colour, nationality, ethnic or national origin, religion, belief or lack of religion/belief; sex, sexual orientation.

### **The Welfare Reform and Work Act 2016**

Since 2010 Central government has been implementing a major programme of Welfare Reform. This programme has continued to make significant changes as new legislation brings in further changes. The Welfare Reform and Work Act 2016 has made further changes.

The benefit cap sets a limit on welfare payments. As capping is applied against Housing Benefit and Universal Credit this can immediately cause the household difficulty in paying their rent. The DWP had introduced exemptions for recipients of Carer's Allowance and Guardian's Allowance. The government has also changed the discretionary housing payment guidance to encourage local authorities to prioritise carers affected by the cap.

You're not affected by the cap if anyone in your household qualifies for Working Tax Credit or gets any of the following benefits:

- Armed Forces Compensation Scheme
- Armed Forces Independence Payment
- Attendance Allowance
- Carer's Allowance
- Disability Living Allowance (DLA)
- Employment and Support Allowance (if you get the support component)
- Guardian's Allowance
- Industrial Injuries Benefits (and equivalent payments as part of a War Disablement Pension or the Armed Forces Compensation Scheme)
- Personal Independence Payment (PIP)
- Universal Credit payments towards carer's costs or for 'limited capability for work and work-related activity'
- War pensions
- War Widow's or War Widower's Pension

The Act place a freeze on the level of certain working-age social security benefits and tax credit amounts for the next four years.

The Act introduced a limit to entitlement to the child element to a maximum of two children in each household.

Disabled children in receipt of disability living allowance are eligible for a disabled child element in child tax credit or a severely disabled child element for universal credit. However, if the disabled child is a third or subsequent child, a reduced element will be paid, reflecting the difference between the existing disabled child element and the child element.

The same restrictions detailed above relating to the inclusion of up to two children also apply to HB for children born on or after 6/04/2017/ Any number of children born

before this date will be included in the assessment but not a third or subsequent child born on or after 06/04/2017.

The Act increases conditionality for responsible carers (ie, lone parents and main carers in couples) of children under five. Parents of three- and four-year-olds will be expected to be available for and actively seeking work. Parents of two-year-olds will be required to attend work-focused interviews and will be subject to a work preparation requirement, while parents of one-year-olds will continue to be required to attend work-focused interviews.

The government has announced that 30 hours of free childcare will be available from September 2017.

The Secretary of State can reduce the expected number of hours for which a responsible carer must search for work to a number that is compatible with her/his caring responsibilities.

DRAFT

## **Local Policy and Financial Context**

Both the continued austerity measures and rising demand and cost pressures due to demographic pressures continues to be increasingly challenging for social care and the National Health Service.

Ealing continues to experience significant demographic pressures. We have an ageing population that includes more people with complex care needs, who are living longer, and require ongoing social care services. This considerable increase in demand for services is taking place at the same time as local government is facing unprecedented budget reductions.

In Ealing Adult services there has seen a marked increase in home care referrals primarily related to discharges from hospital. During 2016/17 there were approximately 950 additional referrals for home care services in the borough. As a result of inflationary pressures and rising demand for services, placement costs continue to increase.

Ealing Children's Services have continuing significant pressures primarily as a result of increasing numbers of placement costs for children with additional needs.

### **Ealing Joint Health and Wellbeing Strategy 2012-2016 (and refresh – 2020)<sup>17</sup>**

The Health and Wellbeing Strategy describes a number of actions to implement four overarching priorities:

- Ensure all partner organisations work better together to improving health and wellbeing across the borough
- Take every opportunity to improve health and wellbeing through contacts with residents and in key settings such as schools and the workplace
- Create and sustain an urban environment that helps people to make healthy choices

---

<sup>17</sup> [https://www.ealing.gov.uk/downloads/download/3755/health\\_and\\_wellbeing\\_strategy](https://www.ealing.gov.uk/downloads/download/3755/health_and_wellbeing_strategy)

- Support residents and communities to manage their health, prevent ill health and build resilience

### **Ealing Vision for Public Health**

- More people will have better wellbeing and good mental health and fewer people will develop mental health problems – by starting well, developing well, living well, working well and aging well.
- More people with mental health problems will recover and have a good quality life.
- More people with mental health problems will have good physical health
- Fewer people will experience stigma and discrimination.

### **The Ealing Council Corporate Plan<sup>18</sup> for 2014 – 18 emphasises four areas:**

- Growth, employment and skills
- Health, well-being and independence
- Housing quality, affordability and supply
- Place and public realm

It has been a challenging year for the NHS across the nation and the Ealing CCG is not exempt from the need to find a solution to the challenge of how the NHS can marry finite resources with escalating demand.

### **Future Ealing**

Future Ealing is the long-term vision and shared sense of ambition for Ealing Council. The work undertaken in relation to Future Ealing is likely to help shape future iterations of the Council's Corporate Plan. The drivers behind it are to

- Focus on outcomes that matter the most to our community
- Make best use of resources
- Manage the increasing demand for services

---

<sup>18</sup> [https://www.ealing.gov.uk/downloads/download/233/corporate\\_plan](https://www.ealing.gov.uk/downloads/download/233/corporate_plan)

It will shift how the council work to focus on outcomes so that the residents experience one council / one public service. Outcomes that address inequalities are central to this.

The principle aims of the Future Ealing agenda are to deliver outcomes that are better for all citizens, and enable better outcomes for the most disadvantaged and the most vulnerable. This will have a direct impact on how the council seeks to close the gaps in terms of inequalities to make the borough fairer and more equitable. Each of the Future Ealing outcomes will have an Outcome Delivery Plan.

The outcome delivery plans are currently being developed together with specific measures and targets, which will be used to assess the progress being made. The plans will also have Transformation Targets. They will also identify the key population groups that we need to prioritise in order to deliver.

Benchmarking was undertaken against Ealing's statistical neighbours. It showed that Ealing has opportunities to reduce local dependency on social care through:

- Building on the very effective early help activity (e.g. reablement, floating support) to reach a greater number of people
- Improving the information, advice and support offered at first contact with the Council, and other key front line advice providers, to reduce or delay needs for assessments for formal care
- Reducing the number of people in long term care, particularly for cases in care longer than 12 months
- Increasing the number of reviews undertaken of clients receiving long term support

Case reviews were undertaken to understand levels of demand, and if these can be addressed differently. This has identified a significant level of potentially preventable and avoidable demand..

The major transformation opportunities for the “Better Lives” programme emerge from developing a radically different way of engaging with customers, meeting needs in a more proactive and timely way, and developing a different support pathway.

Key features of the new model include:

- Increased use of community offer, which is more effectively accessed by the service throughout the customer journey. The community offer will be wide-ranging, including input from the voluntary sector, faith and community groups, public health amongst others. It will range from national organisations to local community groups and pop-up services, and include council services such as leisure, parks and libraries.
- Early help becomes the default response to enable independence where possible. Early Help in this context includes time limited and low level support that prevents the need for formal social care. This includes the reablement service, floating support, telecare and equipment, and support for carers.
- A corresponding shift over the period 2018/19 to 2021/22, to reduce proportion of resources spent on formal and long term packages of care
- Telecare and equipment used to more effectively as early help as well as facilitating more creative ways of delivering formal support that promotes independence.
- Shorter more targeted assessments and prioritisation of regular reviews shifts balance of social worker activity to the latter

**The North West London Sustainability and transformation Plan (STP )** will form a part of the solution.

NHS planning guidance for the period up to 2020-21 outlines the need for new approaches to ensure that health and social care services are built around the needs of local populations. To do this, multi-year Sustainability and Transformation Plans (STP) are produced to illustrate how services will evolve and become sustainable over the forthcoming years – ultimately delivering better patient care and improved whole system efficiencies. The North West London STP sets out the priorities for our sub-regional area, including Ealing.

Ealing CCG priorities for improving care are split into five Delivery Areas (DAs).

These Delivery Areas are:

- Improving your health and wellbeing
- Better care for people with long-term conditions
- Better care for older people
- Improving mental health services
- Safe, high quality and sustainable services.

Local policy in Ealing has a strong focus on wellbeing, prevention, self-support and community and commits to working with others to achieve the best for Ealing residents.

**Health and social care integration** -Ealing's shared vision (and planning) for local health and social care integration aims to focus on:

- Transforming the quality of care for young people, adults in need, and carers and families
- Empowering people to gain, regain or maintain their independence and lead full lives as active participants in their communities.
- Shifting resources to where they will make the biggest positive impact

Health and social care commissioners are seeking to procure services that embed integrated models of practice and service delivery. It is envisaged that these coordinated systems will improve lifestyle, health and social outcomes in a seamless and timely manner, by ensuring:

- Better health outcomes for people, delivering improved quality of life and independence
- A reduction in the need to attend hospital by receiving care in community settings or own home
- If hospital admission becomes necessary, then lengths of stay will be shorter as we will ensure discharge is supported, with people going home as soon as their medical condition allows

- When at home, patients will receive appropriate support to feel safe and secure
- Early intervention and preventative care will help minimise deterioration of conditions, and help people remain healthy for longer and receive help as early as they feel is necessary
- People will only need to tell their story once - rather than have to repeat their history with every professional they come into contact with
- Advocacy services will be available for those people who need them
- People and carers will be coached on the management of chronic conditions, making them more confident and able to self-care, and to know when there is cause for concern and when there is not.

### **Co-production of Mental Health Services - What about Carers? West London Mental Health Transformation Board 2016**

The transformation of Mental Health Services needs to take account of the impact of any changes on family, friends and carers to ensure that the transformed system is sustainable. The following recommendations should be followed:

- The Triangle of Care approach needs to be understood and adopted by mental health service commissioners and providers as part of a cultural change programme, including clarification of when and how information should be shared between staff and carers.
- Commissioners and providers should each identify a “Carers’ Champion” to ensure that the Triangle of Care approach is understood and applied throughout the system.
- Carers’ rights to an assessment and services should be made clear to them and made available as required under the Care Act, through Carer Support Workers or other mechanisms.
- The WLMHT; ECCG and Ealing Council need to have an effective carer recruitment and training programme for involvement. Carers should be

logged on IT systems with an indication as to whether they would wish to be involved more broadly, so that they can be invited to participate.

- A Carer Forum or mechanism for bringing carers together.
- Carers' representatives should be enabled to participate in planning and monitoring of services through: recruitment of volunteers; training; peer support; reimbursement; reasonable adjustments to meeting times and locations and funding should be made available to facilitate this.
- Service transformation or changes should include an assessment of the impact of the proposals on carers, as part of the Equalities Impact Assessment, with appropriate mitigating actions.
- Statutory organisations should work with Carers to identify ways in which social media can be used to communicate with and involve carers in care, and in service development.

DRAFT

**Services for Carers in Ealing at April 2017**

The table below describes the services according to the target group they serve. However, it is sometimes difficult to disentangle services which are provided for people with particular care needs, such as learning disabilities or dementia, from services directly provided for carers themselves. In reality, the provision of respite care or day opportunities for people with care needs can, at the same time, provide a break for their carers. The list below includes both types of services, i.e. those directly aimed at carers, and those aimed at people with care needs where the service provides respite to their carers.

**Service mapping**

<b>Target Group</b>	<b>Service name</b>	<b>Provider</b>	<b>Commiss-ioner</b>	<b>Description</b>
Parent – Carers  Children with Additional needs	Family Links Sitting Service	LBE	LBE	Provides short break support to disabled children and their families. The children are aged between 0-18 and will have severe to profound learning, neurodevelopmental and/or physical disabilities, which delay their development. Some may have medical conditions.  The support is provided through:  1. Home Sitting service  2. Provides respite outside of the home during the day and evening and may include overnight stays.
Parent Carers	Family Information Service	LBE	LBE	Provides relevant information on childcare and early years education and other support services for children aged 0-19.
Parent Carers - Children with	Ealing Local Offer	LBE	LBE	Online services directory and information resource for children, young people and families living with additional needs and disability

## Annex 4: Current Services

Target Group	Service name	Provider	Commissioner	Description
Additional needs				<a href="https://www.ealingfamiliesdirectory.org.uk/kb5/ealing/directory/localoffer.page?localofferchannel=0">https://www.ealingfamiliesdirectory.org.uk/kb5/ealing/directory/localoffer.page?localofferchannel=0</a>
Children with Additional Needs Short Breaks	Afterschool Club	MENCAP	LBE	A weekly afterschool club for young people with additional needs supporting 10 to 15 young people.
Children with Additional Needs	Short Breaks	Log cabin	LBE	An afterschool and holiday club for children and young people aged 4-15 years with additional needs provides short breaks
Children with Additional Needs -	Information advice and support	MENCAP	LBE	Ealing HELP Website. <a href="http://www.ealinghelp.org">www.ealinghelp.org</a> provides impartial information and advice for parents and carers of children and young people with disabilities on national and local policies; and programmes.
Children with Additional Needs -	Information advice and support	Contact a Family	LBE	An independent information and advice service to families of children with additional needs aged 0 to 18 years. The project helps families understand their child's condition and provides information and advice on the support networks and services available
Children with Additional Needs -	Information advice and support	P.E.S.T.S Parents of Ealing Self Help Training Group	LBE	Provides free, impartial and confidential advice, support and guidance to parents and carers of children with disabilities, complex health and additional needs aged 0-5.

## Annex 4: Current Services

Target Group	Service name	Provider	Commissioner	Description
Children with additional needs	Ealing Parent Forum		LBE	Run by parents and works with the council to ensure that parents voice are heard in the delivery and development of services.
Children with additional needs	ISAID Parent Partnership	Family Action	LBE	Independent advice and support service for children and young people with additional needs and disabilities
Young carers	Ealing Young Carers Project	Brentford FC	LBE	Ealing Young Carers Project. Provides one to one support as well as a programme of fun activities offering young carers a break from their caring role and to meet other young carers who are in a similar situation.
Young Carers	SAFE – Service	LBE	LBE	Provide the young carers needs assessment. Children and Young People that are identified as young carer should be referred to SAFE for a young carers assessment of need
Older people with dementia	Call & Care Service Respite	Dementia concern Ealing	LBE/CCG	Call & Care provides Care Attendants to give regular short breaks (normally 3 -4 hours) in the home for carers of people with dementia.
Older people with dementia	Week Ends Respite	Dementia concern Ealing	LBE/CCG	Weekend Day Care is offered to carers for one day per weekend
older people with dementia	Michael Flanders day centre (MFC)	LBE	LBE	Provides respite to carer who are assessed by social services as in need of respite by providing day care
Older people	Dementia cafe	1.LBE staff volunteer	Not commissi	Provides social events for carer and the person with dementia .While at the same time making

## Annex 4: Current Services

Target Group	Service name	Provider	Commissioner	Description
with dementia		2. Dementia concern Ealing 3. Age uk Ealing	oned Not commissi oned LBE/CCG	information available for carers on services and support available. One located at MFC. Second located at Ealing Town Hall (ETH).Third location at Greenford Community Centre
All Carers	Carer centre	Ealing Centre for Independent Living	LBE	Provides a range of events and activities for carer .information available for carers on services and support available. Service available at the carers centre and other locations across the borough.
Adults 18 onwards with physical disabilities	Short Breaks / Respite	The Asian Health Agency consortium	LBE	Short breaks/respite care service for carers incorporating: 24 hour 7 day a week domiciliary care including personal care, emergency care and hospital discharge care packages
Older people	Being part of the community	Neighbourly care consortium	LBE	Community Activities for Older People at 20 mini health hubs situated throughout the borough.
Older people but benefit co carers who are elderly	The Restore Plus Project	Age UK Ealing	LBE	Isolated people -support people who have either had a stay in hospital, a fall or bereavement. Home visits and provide support and activities such as falls prevention support and day activities.
Older people but benefit co carers who are elderly	Borough-wide Befriending Scheme	Neighbourly Care	LBE	Reaching socially isolated older people in their own homes via home visits and follows up phone contact. provides information and links about services, benefits, other support organisations, support with accessing health and social care services,

## Annex 4: Current Services

Target Group	Service name	Provider	Commissioner	Description
Learning Disabilities	Short-term respite breaks	Support for Living	LBE	Short-term respite breaks to families and carers of adults with learning disabilities. This service offers different centre and community based activities Monday to Sunday 9am-9pm, and bespoke holiday packages to people who wish to go away for 3 or 4 days.
Over 18 vulnerable adults including carers	counselling	Ealing Abbey Counselling Consortium	LBE	The service provide IAPT compliant psychological therapies and/or other BACP approved talking therapies for adults with mild to moderate mental health issues, depression or anxiety, working in partnership with statutory services to offer a choice of options for therapeutic support.
Over 18 All vulnerable adults and carers	Ealing Specialist Advice Service	Ealing Mencap consortium	LBE	2 key support functions for borough residents. ESAS deliver a customer representation service (including home visits) to people with learning disabilities, physical disabilities, older people, people with substance misuse issues, people with mental health issues and their carers Also deliver free information and advice services through appointments.
Learning Disability	19 Haymill Close	Certitude	LBE	Residential respite service for adults with LD and challenging needs. Service includes overnight, activity and community based respite.
Learning Disability	Short Breaks Service, Green Lane	LBE	LBE in-house service	Residential respite service for adults with LD including people with profound and multiple learning disabilities.
Learning Disability	Cowgate Centre	LBE	LBE In-house	Centre based day opportunities for people with LD and challenging needs living at home with

## Annex 4: Current Services

Target Group	Service name	Provider	Commissioner	Description
			service	their families.
Learning Disability	Northolt Centre	Seva Care	LBE	Resource centre providing day opportunities for adults with LD living at home with their families
Learning Disability	Dominion Centre and The ARC	Certitude	LBE	Resource centre providing day opportunities and activity based respite for adults with LD living at home with their families
Learning Disability	My Space	Yarrow	LBE	Resource centre providing day opportunities for adults with LD living at home with their families
Autism	The Acton Centre	National Autistic Society	LBE	Resource centre providing day opportunities and activity based respite for adults with autism and challenging needs living at home with their families
Learning Disability		Solutions Social Care	LBE	Community and centre based day opportunities and activity based respite for people with LD
Learning Disability	Abilities development, All Saints Hall	Abilities Development	LBE	Resource centre providing day opportunities and activity based respite for adults with autism and challenging needs living at home with their families
Learning Disability	Impact Theatre	Impact Theatre	LBE	Community arts theatre – creative and performance arts provides activity based respite
Learning Disability	Real Me	Ealing Mencap	LBE	Centre and community based day opportunities for people with LD living at home with their families
Learning Disability	Beadsew Crafty	Beadsew crafty	LBE	Social enterprise providing day opportunities for adults with LD living at home with their families

## Annex 4: Current Services

<b>Target Group</b>	<b>Service name</b>	<b>Provider</b>	<b>Commis-sioner</b>	<b>Description</b>
Learning Disability	Monthly drop in	Ealing Council / London North West Healthcare NHS	LBE	Monthly surgery for families hosted by Community Team for People with Learning Disabilities
Learning Disability	Peer support for Carers	Certitude and Ealing Council	LBE	Regular coffee mornings for carers using the Short Break service and 19 Haymills Close
Learning Disability	Carers Support Group	London North West Healthcare Trust	LBE	Bi-monthly support groups for carers, facilitated by LD psychologist
Substance misuse	Carer Support Service	Carer Trust Thames	LBE	Previous carer support group ceased but a new group has been established once a week in the evenings at Sycamore Lodge Acton.

### Carers' Project in Primary Care

In 2015 and 2016 ECCG funded the Carers Centre for a Carer friendly project to identify carers in primary care settings and offer them support and preventative services to improve carers' experience of health services and, consequently, reduce the risk of escalating needs and risks for both carers and the cared for.

#### Benefits for Carers:

- An increase in the number of carers registered with GP surgeries, enabling them to be invited to take part in health care opportunities (e.g. health assessments and flu jabs. This has also raised awareness in clinicians and practice staff with regard to the patient's caring role.
- Practices now encouraged to offer carers health checks, as well as flu jabs and to encourage carers to look after their own health (as well as the health of those they are looking after).
- Increase in the number of practice staff aware of the needs of and support available to carers. An increase in the number of carers referred for support to the Ealing Carers' Centre, referred for carer's assessments and signposted to the Carer's Emergency Card.
- Increased carer engagement in care plans.
- Increase in information for carers –through use of carer's notice boards in GP practices, messages on boards and screens, information provided on websites and updating leaflets/info packs available

#### Benefits for GP Practices:

- Increased understanding of carer's needs.
- The carer identification protocol includes an agreement form for the practices to adopt, which gives the carer consent to discuss the cared for person and have access to their correspondence.
- Training on referrals and coding for carers.

## Annex 4: Current Services

- Good practice and tips on System One were shared with practices.
- Improved referral process and form, making it clearer and quicker to complete and send in line with other templates on System One
- Improvements for CQC inspections-the training had proved particularly valuable as support and policies for carers were a priority area of inspections.

### Benefits for Cared for People:

- By encouraging the practices to include carers in the care planning for the cared for patient, this results in a positive effect on the patient.
- By providing support to the carer, the cared for person is also benefiting, ultimately reducing stress for both.
- Increased use and registration of the Carer's Emergency Card provides peace of mind to both the carers and the cared for patients.

DRAFT