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**SCRUTINY INQUIRY PANEL - CARER FRIENDLY SOUTHAMPTON**  
**MINUTES OF THE MEETING HELD ON 8 OCTOBER 2020**

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**Present:** Councillors Coombs, McEwing, Prior, Savage, White, Windle and B Harris

1. **ELECTION OF CHAIR AND VICE-CHAIR**

**RESOLVED** that:

- (i) Councillor Savage be elected as Chair for the Municipal Year 2020/21; and
- (ii) Councillor Prior be elected as Vice-Chair for the Municipal Year 2020/21.

2. **INQUIRY TERMS OF REFERENCE**

The Panel received the report of the Service Director, Legal and Governance and noted the inquiry terms of reference and approved a final version of the outline inquiry project plan.

3. **CARER FRIENDLY SOUTHAMPTON - INTRODUCTION, CONTEXT AND BACKGROUND**

The Panel considered the report of the Director of Legal and Business Operations requesting that the Panel consider the comments made by the invited guests and use the information provided as evidence in the review.

**Summary of information provided:**

**Unpaid carers: Who, how many and differences during COVID 19 - Emily Holzhausen OBE, Director of Policy, Carers UK**

A presentation was delivered by Emily Holzhausen OBE, providing an introduction to the challenges experienced by carers in the UK. Key points raised in the presentation included the following:

- Unpaid carers were the largest part of the care system
- 6.5 million or 13.6 million carers? - Additional 4.5 million since COVID-19
- Value of support: £132 billion
- 58% women, 42% men, women do more
- Peak age, 45-54, can be any age - Most don't call themselves carers
- 1 in 4 workers were juggling work and care and 2.6 million gave up work to care
- Average of 2 years to be recognised as a carer
- Carers were twice as likely to be in poor health
- Lack of correct information and involvement at the right time has made caring harder and those who care poorer
- Young carers - Between 170,000 and 800,000 – Young carers can experience developmental and educational challenges
- Common goals of carers included – Being identified, valued, involved, and feeling in control
- Opportunities to make progress included:

- Improved recognition – Taking advantage of the increased profile due to COVID-19
- Developed local work strategies
- Joint working with Health professionals
- Supporting young carers and young adult carers
- Carers' learning and development
- Go digital, offering a blended approach
- Carer involvement

**The caring landscape in Southampton – Adrian Littlemore, Senior Commissioner and Kirsten Killander, Service Development Officer, Integrated Commissioning Unit**

A presentation was delivered by Adrian Littlemore and Kirsten Killander providing an overview of the landscape for carers in Southampton. Key points raised in the presentation included the following:

- Carers in Southampton were commissioned by the Council to undertake carers assessments and to provide information, advice and support. The Young Carers service was subcontracted to No Limits.
- Carers UK estimated that 1 in 8 people were providing unpaid care in the UK. This would represent approximately 32,000 unpaid carers in Southampton.
- In Southampton only 4,068 adult carers had been identified and 2,428 had been in contact with Carers in Southampton within the past 2 years. The number of young carers (8-18) in contact with the Young Carers Service was 420.
- The current Southampton Strategy for Unpaid Carers and Young Carers commenced in 2016 for four years (2016-2020). The strategy was considered appropriate; however, it had not resulted in the required step change in performance. Governance issues were identified as one of the key factors in the failure to deliver the expected improvements.

**Overview of support for carers in Southampton – Linda Lawless, Service Manager, Carers in Southampton**

A presentation was delivered by Linda Lawless providing an overview of support provided by Carers in Southampton. Key points raised in the presentation included the following:

- Carers in Southampton offered a free support service for adults caring for adults providing:
  - Statutory carers assessments for adults (on behalf of SCC) were designed to evaluate need and eligibility for support, services and discretionary award
  - Guidance, signposting and referrals
  - Carer identity cards
  - Emergency planning
  - Monthly social contact and guest speakers
  - Projects on healthy behaviours, mental health and bereavement support
  - Recent Covid-19 wellbeing support
- Referrals or self-referral by individuals were currently 45%, self-referral 30% and external agencies 25%

- All carers were entitled to advice and information, some were eligible for additional support When a carer provided necessary care meeting the caring role affected their physical and/or mental wellbeing.
- Carers in Southampton database: there was a high percentage of mental health, LD/Autism, compared with a low percentage of sensory and physical disability
- Effect of Covid 19 – there had been an acute rise in searches for food support, assisted shopping support, legal advice and hospital parking costs.
- Life after caring - CiS supported carers moving towards a life after caring with regular support sessions (currently online)
- **What works well?** - Partnership and referral; Self referrals (30% of total referrals); Website; Carers Card very popular as method of self-identification; Carers lunches; Life After Caring support.
- **Ambitions** - Inbound referrals from medical departments, GPs, other support agencies, self-referrers; Outbound referral from CiS service to others; Wider provision of support for form filling; Increase in emergency planning; More TLC provision.
- **Barriers** - Time to explain the services offered to medical departments, GPs, other support agencies; Referrals arriving too late to be useful; Delivering support to ageing carers who were digitally excluded and unable to access facilitation; Transport deficiency for carers to attend appointments and events within restricted timeframes; Meeting demand for Carers Assessment (10 week waiting list); Anticipated growth in demand (King's Fund project 61% increased demand by 2030 by the number of older people with care needs).
- **Future Ideal** - Employers identifying and referring employee carers; Automated referrals; additional support for self-funders; Formalised partnerships of 3rd sector agencies, potential to be facilitated by the Council; Recognition of Councils Carers Card e.g. At city leisure and cultural services (equivalent to MAX card) & priority public transport and parking for carers at hospitals.

### **Support for Young Carers in Southampton – Michelle Young, Project Manager, No Limits**

A presentation was delivered by Michelle Young providing an overview of support for young carers in Southampton. Key points raised in the presentation included the following:

- Definition of a young carer (Children and Families Act 2014 Section 96) “...a person under 18 who provides or intends to provide care for another person”
- Service Delivered by two 30-hour Young Carers workers
- No Limits received 126 referrals in 2019/20 and currently support 80 Young Carers across the City. There are more Young Carers in the City than the service could be provided for.
- Young Carers Services provide a range of services, including - Family Assessments; Young Carers Assessment; Delivering regular groups to provide the young people with knowledge, skills, respite, fun and soft outcomes sessions; Tailored workshops to the young people relating to their caring roles and their own needs; 1:1 support for young carers with high levels of need in terms of their caring role; Matching young carers

with volunteer befrienders; Providing fun activities; Working with schools to develop Young Carers support in school.

- Young carers had significantly lower attainment at GCSE. The equivalent of nine grades lower overall than their peers. Caring could also have a negative impact on young carers physical, emotional and social development.

### **How we all fit into the jigsaw that is health and social care – Anne Meader, Carers Together**

A presentation was delivered by Anne Meader. Key points raised in the presentation included the following:

- Carers Together was a Hampshire wide carer-led organisation
- It provided a voice for relatives, friends or neighbours who were caring for, or arranging care for, someone else.
- It represented carers views and needs locally and nationally.
- It was an independent organisation run by carers, with carers and for carers.
- There was no single, simple way of defining a carer because all carers were different individuals supporting different people with different needs.
- Since Covid 19 the term 'carer' had confusingly been adopted by the public, care agencies, health and social care as referring to paid care workers.
- No single organisation or individual had all the answers for anyone – commissioning needs should be innovative and flexible, creative and reliable, work in partnership and in coproduction.
- Carers Support work should identify and look at carers holistically
- Carers Support could be 'Direct', 'Indirect' or 'Community
- **Points to consider** - Carers were people first! People were individuals with individual needs; Carers had a range of needs as people, and as carers!; Some of their caring needs could be met as people, some need specific expertise and caring support; Approximately 1 in 8 people were identified as a carer (that could include an eighth of any workforce), 74% are older people, 75% of older people do not actively receive health and social care support. It was estimated that the number had increased during the pandemic.
- **Suggestions** - Find out from carers what was most important to them and what would make a difference; Encourage GPs to develop their register of carers – and signposting carers to services that can support them; Organisations and businesses should be encouraged to identify the carers in their work force and wherever possible offer flexibility and support to help carers remain in work; Having a Carers Champion in each organisation would help; Look at other ways communities can support carers – some identified through the Pandemic.
- Health and care was held together by carers, and the people they care for - without them, health and community care services would collapse.