1. Improving Identification of Carers	See **Partners** tab for names of agencies and partners columns							Complete		In progress		Not started		Ongoing
								21-22	2022-23				23-24	24-25
N°	**Actions**	**Lead agency**	**Lead officer**	**Partners**	**Progress**	**Next Steps**	**Outcome**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**23-24**	**24-25**
1.1	**Objective: Raise public awareness of carers and caring to increase the number of people who identify themselves as carers**													
1.1.a	Develop Carer Awareness Campaigns focusing on localities, inequalities, care groups with low representation to increase: public awareness of carers people identifying themselves as carers awareness of their rights	SCC	KK		25 Nov 21 Carers Rights Day - joint event with stakeholders June 2022 Carers Week saw separate and combined campaignes between health and social care providers and carers support services using the Carers Comms Group as a conduit. The Carers Comms Group is set to work together for each of the 3 national campaigns: Young Carers Action Day (Jan), Carers Week (June) and Carers Rights Day (Nov) A Marketing Campaign has been proposed by SCC Comms Team with gold, silver and bronze options. The gold option would cost c£30K and funding needs to be found for this or any of the other levels.	Carers Comms Group to develop a low / no cost marketing strategy with dates: take to the Carers Steering Group and Carers Partnership Board Implement campaign	Significant increase in carer identification and registration with carer support services (adult and young carer)							
1.1.b	Engagement with local charities and support groups to identify carers such as The Stroke Association, Headway, Age UK. Linking them with Carers in Southampton & Carers Steering Group	SCC	KK			This will be included within the marketing strategy. Present to Friday Forum at SVS - to gain interest from individual charities to implement								
1.2	**Increase the number of carers who are identified in primary care and the number of patients who are registered with their GP practice as a carer**													
1.2.a	Develop carers awareness training for receptionists, pharmacies, dentists and social prescribers	PCNs	AL	CCG CiS VS	This is already available as 'Carers Aware E-learning course'. AL to make links with dental leads and community pharmacy	Identify with the following networks, if this most appropriate way for their workforce to learn: Dentistry forum Community pharmacy forum PCN Clinical leads Social Prescribers Community Navigators	Awareness and identification of carers will enable correct coding in appropriate settings.							
1.2.b	Each practice/Primary Care Network to develop an improvement plan for wider implementation	PCN's & CCG	tbc			Pilot to show benefits of joining the scheme	GP Practices identify, listen to and support carers using a consistent approach							
1.2.c	Carers included within Make Every Contact Count (MECC), training and awareness raised across health social care and voluntary sector services.	SCC	AL/RC	All statutory services and voluntary sector	Initial conversations with PH and it is being established whether carers can be included in the MECC training.	Timescale and details to be identified.								
1.3	**Objective: Increase the number of carers who are identified through social care needs assessments of the people they care for**													
1.3.a	Undertake awareness raising sessions with all social care staff in SCC and providers	ASC	Kate Concannon (KC)	CiS	KC and CiS worked together to hold an event during Carers Week 2022 where carers and ASC staff were able to meet and talk.	KC to develop an ongoing programme of awareness raising								
1.3.b	Promote the Carers Aware E-learning course	SCC	KK	All statutory services and voluntary sector	Children's and ASC Principle Social Workers have agreed that the e-learning Carers Aware course will be part of their induction programme. They have also promoted it to existing staff. UHS promote the course to their staff. The course is promoted widely by all organisations in the Carers Comms Group during promotion of national campaignes. There are links to the course on a number of partner websites including CiS	Discussions to be held with the following to include this training as part of staff induction and continuing professional development: Home Care lead ICU Quality Team Silas Russell Identify via System Workforce Forum what they currently have already in relation to training staff around carers.								

1.4	**Objective: Increase the number of organisations proactively identifying people in their workforce who balance their paid employment with caring** **NB: Correlates with Priority 3.4**													
1.4.a	Southampton City Council to join Carers UK 'Employers for Carers' scheme as an unbrella organisation	SCC	AL		Agreed with HR this work will begin in the autumn	Review Carers UK employers scheme programme, discuss with HR colleagues best way to progress across the ICS.								
1.4.b	To develop a local plan with Council and local NHS organisations, with support from national Carers UK team	SCC	AL	AC		Set up a forum of wider employers to share best practice To work with the local branch of the Chartered Institute of Personnel and Development to enrol and support local small to medium sized business to the project								
1.5	**Objective: Align approach to carers across health and social care organisations and education**													
1.5a	To work with SCC procurement leads across Directorates to identify opportunities for social value in support of local carers when procuring products and services	SCC	AL	AC	Work with procurement leads to include support of unpaid carers within the social value aspect of contracts									
1.5.b	To ensure that the Patients Hub at Southampton General Hospital and Primary Care new role of Social Prescribers are able to use Refernet system and to explore with local NHS organisations a wider role out of the system.	SCC	AL	AIG Service	Patient Hub has access to refer net									
1.5.c	To work with neighbouring local authorities across Hampshire to develop a joint project to develop a Carers page within CHIE.	ICU	AL	Carers & ICS	To be aware this runs parallel to priority 3.3 d - e	There has been no further development Form a Task and Finish Group to do 1.5 c - g Investigate suitability of NHS Stay Connected app instead of CHIE or if they can integrate	Practitioners have instant access to information in emergencies							
1.5.d	Agree a common data set that will be pulled from existing clinical and social carer systems to make up the carer record	ICU		Carers & ICS										
1.5.e	To work with IT lead to develop carer access to their records to enable carers to review their records, including the uploading of their emergency/contingency plan.	ICU		Carers & ICS			Carers medical records and emergency plans are accurate and up-to-date							
1.5f	Monitor practitioners access to CHIE	ICU		Carers & ICS			System is used							
1.5.g	Standardised recording of carers across health & social care services, with data being pulled into a central register in CHIE offering a central place to support health & social care staff deliver focused care.	ASC	AL	ICS		Agree with leads across wider ICS data set for collection Indentify across providers how data is coded and gathered. Work with CHIE Team to present Carers data								
1.6	**Objective: Explore whether the identification of a community hub/venues will make it easier for carers to access support when needed, including info and support, a place to meet other carers and access to replacement care. Or using existing council/NHS buildings for outreach might be helpful.**													
1.6.a	To undertake an review of national Carer Hub models to explore best practice	SCC	CIL	AC										
1.6.b	To define the functions and estates requirements and cost/benefits of a potential Carers Hub	SCC	CIL	AC										

2. Information & Support		Partners						Complete	In progress			Not started		Ongoing
								21-22	2022-23				23-24	24-25
N°	**Actions**	**Lead agency**	**Lead officer**	**Partners**	**Progress**	**Next Steps**	**Outcome**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**23-24**	**24-25**
2.1	**Objective: Increase the number of carers who receive information and advice from the NHS, Social Care and education, as well as from specialist carer and carer services**													
2.1.a	For the Council to develop an animated carer pathway story, with linked appropriate service available on the Councils website	SCC	JM		This is now completed and on the council website.									
2.1.b	For the Council to review Southampton Information Directory to develop a specific offer for carers	SCC	JM/RC		This is a separate project and the Carers Steering Group has been directly linked in.	Is in progress.	The project is anticipated to finish by (tbc confirmed by James Marshall)							
2.1.c	To work with SO:Linked to ensure the carers offer is available to access via the SO:Linked and Southampton Information Directory (SID) web pages.	SCC	AL		This is in progress, SO:Linked developing view of assets directory to draw out resources that are relevant to carers.	SOLinked has produced information that allows carers to search for their https://www.solinked.org.uk/community_services								
2.1.d	Carers in Southampton & No Limits to work with Advice Southampton providers to develop a specific offer for carers to access focused advice, information and guidance, ensuring that the offer developed can be linked to national sources and local help	CiS/NL	AL	AS		Meeting being arranged with Carers in Southampton and CAB to scope the work. AL to attend.	Advice Southampton has trained Carers in Southampton staff to provide advice first aid. Additionally Carers in Southampton has access to Refernet to allow electronic referrals to both ways							
2.1.e	Work with Care pathways and service providers to map available carer information and resources and create a library of information	CiS/NL	AL	AS		SOLinked has produced information that allows carers to search for their https://www.solinked.org.uk/community_services								
2.2	**Objective: Develop a clear information pack and introductory sessions to share with carers.**													
2.2.a	Develop clear information packs and introductory sessions to share with carers covering; • Your rights • How the health and social care system works • How carers views should be taken into account, particularly on discharge from hospital care. • What might your caring journey be focusing on, things you may need to plan for, gain skill and knowledge about…. • Introduction to local and national support groups • How to stay healthy and what you can expect from services • Benefits and allowances you can claim for e.g. council tax reductions, carers allowance, where to get help to access benefits and allowances	SCC	CIL											

2.3	**Objective: Explore different apps for Carers. Consider buying access to Carers UK 'Digital Resource for Carers'. This would give all carers in Southampton free access to training, the Jointly app designed by Carers UK to help store and to share information and manage care and other digital support.**													
2.3.a	Work with a group of carers to trial a number of available apps, to review and evaluate.	SCC	Kirsten Killander		Apps have been trialled. A proposal is being put forward at the Jan 22 Carers Partnership Board.									
2.3.b	Work with SCC and NHS service leads how the using the app could improve communication between carer and services, common emails.	SCC	Adrian Littlemore Kirsten Killander				NHS England has bought 'Jointly' and if a carer asks gtheir GP they get a code and will be able to get the app free of charge							
2.3.d	Work with Council and NHS organisations to improve communication processes and standards between carers and professional e.g. team email accounts	SCC	CIL		Working closely with members of LD Carers Coproduction Group to improve communications around finance. Also, linking in with NHS orgs to identify their approach around communication.	LD Carers Coproduction work is ongoing Working with NHS orgs is ongoing								
2.4	**Objective: Identify support within the local community so carers know what help is available.**													
2.4.a	Provide a map of available community resources that carers can access to help them in their carering role and to improve their own health and wellbeing: SO:Linked Local solutions groups to develop a specific offer for carers living in their neighbourhood				See 2.1.e									
2.4.b	For SO:Linked to develop a defined carers offer for all localities/neighbourhood areas, to define the health and wellbeing opportunities and support, available through voluntary, faith groups and local business.	CN			See 2.1.e									
2.4.c	SO:Linked and Carers in Southampton to work with the City of Culture Bid Team to explore opportunities for carers to be included within the planned programme of events and activities running up to the bid and during the City of Culture programme.	CN		AC & YC	Southampton were not successful in the City fo Culture Bid									
2.4.d	To work with SO:Linked to engage with local business to identify opportunities cares to be supported through corporate responsibility													

3. Help & Support		Partners						Complete	In progress			Not started	Ongoing	
								21-22	2022-23				23-24	24-25
N°	Objective	Lead agency	Lead officer	Partners	Progress	Next Steps	Outcome	Q4	Q1	Q2	Q3	Q4	23-24	24-25
3.1	**Objective: Provide assessments that understand carers and family's needs alongside the person they care for.**													
3.1.a	Health and Social Care services across Southampton agree a set of common principles that define the role of health professionals to support carers and agree system standards	SCC and other NHS agencies	Adrian Littlemore	All health, ASC & CS & carers	SH has successfully achieved level 1 of Triangle of Care. UHS and SFT both have policies similar to Triangle of Care. SCC is at the beginning of this journey.	Map principles in each policy to identify common areas and any gaps. This action also correlates to 5:2 Quality Marker awarded to GP Practices (see 3.3)								
3.1.b	Review the current carers assessment process and incorporate into the development of Care Director IT system	ICU & SCC	CIL	CiS	New assessment developed with Carers in Southampton, Principle Social Worker and Care Director Project Team.	Implement new assessment.	Assessments use a strength based approach							
3.1.c	Develop a carer led audit process for carer assessments	ICU & ASC Audit Team	tbc	Carers & AC										
3.1d	Provide carers with training such as lifting, etc	SCC	CIL		This has been discussed alongside workforce training. It had been on hold because of the residual issues around the pandemic. It needs to be restarted.	Restart								
3.2	**Objective: Increase the number of carers assessments completed and recorded**													
3.2.a	Produce a development plan and define how carers assessments will be undertaken	ASC	tbc		Discussions with the new Principle Social Worker have started.	This has been delayed because the reprocurement of the Carerss Service has taken a lot of time. Invite Carers are to discuss this further.								

3.3	**Objective: Introduce new arrangements which will support more carers to develop unplanned breaks and/or emergency plans**													
3.3 c	Explore whether the identification of a community hub/venues will make it easier for carers to access support when needed, including info and support, a place to meet other carers and access to replacement care. Or using existing council/NHS buildings for outreach might be helpful.	SCC	CIL	AC	Sure Start Centres and community rooms in housing have been identified.	Share list of buildings with AC to see if there is any appetite for use. Identify potential buildings for a Hub. This is being slightly delayed because of work on reprocurement of carers services.								
3.3 d	Design an identification mechanism and access to available emergency plans	SCC	CIL	Carers & all	1st workshop with carers and urgent and emergency care services to look at available identification systems and ways emergency plans could be accessed. Following discussions with telecare colleagues, carers can be offered an emergency card/bracelet/key fob for £10 registration and £25 annually to get 24/7 access to helpline.	Way of taking this forward with telecare and careres to be explored								
3.3e	Increase number of carers developing emergency plans. NB: This also correlates to Priority 5.	SCC	CIL	Carers & all	Examine the reticence behind carers developing emergency plans.	A Carer Led course is being developed, likely to comprise 8 sessions, 2 hours each, every fortnight, supporting a maximum of 16 carers per course. It is still to be explored the best way of delivering these courses to suit the breadth of carers. Models being looked - face to face; facilitated online learning; or recorded sessions for those who may prefer to do the learning themselves, with the option of support to compete the plan at the end. This will iterative and develop as learning comes from each cohort of carers to help improve subsequent programmes. There will an initial funding bid for this work being made to the IBCF.									
3.4	**Objective: Enable carers to stay in employment while they care or return to work after a caring role**													
3.4.a	Southampton City Council to join Carers UK 'Employers for Carers' scheme	ICU	Adrian Littlemore		Costs to be identified and agreement with HR at SCC to be explored.									
3.4b	SCC and Local NHS providers to develop and implement a carer employee support scheme	E&S/HR												
3.4 c	Small to medium sized businesses supported to develop carers schemes	E&S		CofC										
3.4 d	To establish a best practice group for carer friendly employers for the City	E&S												
3.4 e	Explore with the further education sector how support and courses can be adapted to enable caring and learning to happen													
1.4.c	To work with the Councils and Local NHS providers to develop and implement a carer employee project with support from the national carers UK team.	SCC	KK	All partners	Discussions are taking place with colleagues to look at possible work placement opportunities for young carers, possible apprenticeships reaching across the integrated care system	Identify firm possibilities and implement around young carers and apprenticeships. Talk to Carers UK team to see how to progress identifying former carers who are looking to get back into work								

3.5	**Objective: Support to carers after their caring role has ceased**													
3.5.a	Support carers back into work, training or education	E&S		DWP & AC										
3.6	**Objective: Support carers to have the opportunity to have planned breaks from caring**													
3.6.a	Review of respite care	ICU	Adrian Littlemore	SCC data team and carers										
	Develop:													
	Access to respite across all care groups													
	Mix of home and away respite.													
	Development of Shared Lives scheme to offer support to carers													

4. Carers Voice and Involvement		Partners						Complete	In progress			Not started		Ongoing
								21-22	2022-23				23-24	24-25
N°	Actions	Lead agency	Lead officer	Partners	Progress	Next Steps	Outcome	Q4	Q1	Q2	Q3	Q4	23-24	24-25
4.1	**Objective: Ensure that carers are acknowledged as partners in care, and their skills and knowledge are valued and used when planning care for the person they care for**													
4.1.a	Hold a conference/workshop to bring together organisations and businesses from across Southampton to agree a Carers Charter for the City.	ASC			All four organisations (NHS & LA) have Carers Strategy's, they are very similar to a carers charter. It makes more sense to highlight specific actions and then get formal sign to those actions from organisations and business across the city.	Discuss with carers and Carers Partnership board to agree approach								
4.2	**Objective: Provide more opportunities for carers to be involved in strategic planning and commissioning decisions**													
4.2.a	Establish a Carers Partnership Board for the City to bring together carers and a broad range of services to improve the health and wellbeing of carers, parent carers and young carers in the City.	CPB					Ongoing							
4.2.b	To work with the Carers Steering Group to broaden engagement so that it reflects the needs of all carers in the City						Ongoing							
4.2.c	To work with HealthWatch to support the development of the Carers Steering Group						Ongoing							
4.2.d	To explore how further leadership development opportunities can be offered to carers to strengthen the carers voice in the City													
4.3	**Objective: Embed the practice of working in co-production with carers and people with lived experience, as well as other stakeholders, to ensure they are involved in the development, design and provision of services to meet their real needs.**													
4.3.a	Share across the Council, the Coproduction principles/guide developed by the Integrated Commissioning Unit with service users and community organisations.	ICU	Moraig Forrest-Charde James Marshall		Shared across council and other stakeholders	None	Coproduction principles/guide shared widely							
4.3.b	Carers to be involved in service review and evaluation, redesign and procurement evaluation	SCC ICU	Adrian Littlemore Kirsten Killander	Carers UHS Southern Health Solent Voluntary Sector	As part of the procurement for the new carers service starting April 23, carers have been involved in the public workshops reflecting on what good looks like and aspirations for the service.	Info coming out of those workshops to be shared with Carers Steering Group for observation. Carers to be invited to take part in the formal evaluation of the initial tenders and on the final panel. Training to be given to those participating.								

4.4	**Objective: Carers to be involved in service review and evaluation, re-design and procurement evaluation**													
4.4.a	To review available data sources from across SCC and Health providers	SCC ICU	Kirsten Killander Paul Fuller		This detailed piece of work has been discussed. Gathering too much information creates a) a great deal of work b) not a necessarily clear picture	Work with analytics colleagues to produce a practical dashboard								
4.4.b	To match key carer outcomes to available data to identify key measures, and explore how gaps data gathering can be covered													
4.4.c	Measure the impact of changes to carer support in the City, to be reviewed quarterly by the Carers Partnership Board and the local integrated care system leads.													
4.5	**Objective: Promote carer involvement in delivering training to others**													
4.6.a	Undertake a training and development needs assessment for unpaid carers to inform integrated care system workforce plans				Discuss the best approach with Principle Social Worker to help develop meaningful training that can dovetail into existing continued professional development	Crystallise the best approach in line with the wider work being done within the workforce								
	Develop a workforce and Development plan which will address training and development needs of carers													
	a) For the local Integrated Care System to include unpaid carers and part of their workforce development plans													
	b) To map the existing training available to carers across health & social care providers e.g. domiciliary care and NHS provision													
	c) To work with Carers groups in the City to survey what training and coaching would benefit them													
	d) To devise an annual programme of training and development open to unpaid carers													

Planning for the future		Partners						Complete	In progress		Not started			Ongoing
								20-21	2022-23				23-24	24-25
N°	Actions	Lead agency	Lead officer	Partners	Progress	Next Steps	Outcome	Q4	Q1	Q2	Q3	Q4	23-24	24-25
5.1	**Objective: Review *transition practice to ensure that policy is implemented**													
* Transition applies to many different situations e.g.: Young carer becoming an adult carer Cared for young person becoming an adult Cared for adult moving out of home to live independently Adult moving into older peoples services End of life plans														
5.1	Identify the most common transitions, then replicate the following actions:	SCC	CIL ASC CS	UHS Solent Southern Health VS										
5.1.a	Map transition issues for carers and cared for	SCC	CIL ASC CS	UHS Solent Southern Health										
5.1.b	Review policy, does it address the issues mapped? If so, compare practice and identify areas for change	SCC	CIL ASC CS	UHS Solent Southern Health VS										
5.1.c	Develop with each group support which meets their needs	SCC	CIL ASC CS	UHS Solent Southern Health VS										
5.1.d	To coproduce through a workshop with carers what suppport would meet their needs	SCC	CIL ASC CS	UHS Solent Southern Health VS										
5.2	**Objective: Ensure transition processes undertaken are within agreed standards, so carers and cared for are able to plan appropriately.**													
5.2.a	Work with colleagues to implement Assoc Directors of Adult Social Services (ADASS) & Assoc Directors Children's Services (ADCS) guidance supporting young carers transitioning to adult carers.	SCC	Kirsten Killander CIL ASC CS	tbc	Two workshops have been held to start to establish the different pathways for young carers into adult carers	Final pathways understood Share with all stakeholders to confirm Shape implementation plan Begin implementation								
5.2.b	Work with local services to identify areas for improved patient and carer journeys when new services become involved	SCC	CIL ASC CS	UHS Solent Southern Health VS										
5.2.c	Hold a workshop to scope issues and opportunities. Use data from 5.1.a	SCC	CIL ASC CS	UHS Solent Southern Health VS										
5.3	**Objective: Map current transition issues between age related or condition specific services to ensure carers are supported when those they care for move**													
5.3.a	Use information from 5.1 and 5.2 to inform this objective													
5.4	**Objective: Explore possibility of using housing options (e.g. domiciliary care/care homes/supported living/shared lives) as respite to 'practice' for the future**													
5.4.a	Use information from 5.1 and 5.2 to inform this objective													

NB: This is the full legislative picture

Appendix I: Relevant Legislation and policy – national, regional and local

Carers were first mentioned in social care legislation through the Disabled Persons (Services, Consultation and Representation) Act 1986. Since then, a number of
obligations have been placed on both social care and health to enable people to care whilst maintaining their own lifestyle, livelihoods, social life and many other important aspect of day to day life and personal wellbeing. Carer specific provisions have been mainstreamed in Government legislation with the following examples being the most significant:

- Mental Capacity Act 2005
- Work and Families Act 2006
- The Children's Act 2010
- The Equalities Act 2010
- The Health and Social Care Act 2012
- The Children and Families Act 2014
- The Care Act 2014

The Care Act 2014 –

The Act outlines key components that local authorities must act or take into consideration when they come into contact with carers:

Wellbeing Duty – The 'wellbeing principle' is an overarching approach that local authorities should take when exercising their responsibilities under the Act.

Wellbeing covers a range of outcomes such as physical and mental and emotional wellbeing. It also covers participation in work, education and training and social and economic wellbeing. Wellbeing can relate to:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and
- support)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal relationships
- suitability of living accommodation
- the individual's contribution to society

Prevention Duty

The Act requires local authorities to provide information and advice relating to care and support locally. The requirement is that local authorities provide an information and advice service in relation to care and support for adults, and support for carers.

This information can include types of care and support, the providers people can choose from, how to access care and support and how to raise concerns about safeguarding etc.

Assessment

Both adults (needs assessment) and carers (carer's assessment) should be assessed on the appearance of need and regardless of what the local authority thinks is the level of their need and regardless of their financial resources. The assessment must consider how the person's needs impact on their wellbeing and the outcomes that they wish to achieve in day-to-day life. The adult's needs assessment must focus on outcomes of the person and the authority must also consult the carer.

It removes the requirement to ask for an assessment which has been in previous legislation and the Care Act removed the requirement for the carer to be providing substantial care on a regular basis. The only requirement is that the carer 'may have needs for support –whether currently or in the future'. The requirement to assess a carer on the appearance of need puts the carer's assessment on the same footing as the disabled person's assessment. The Act requires local authorities to consider whether the adult would benefit from preventative services, information and advice or anything which might be available in the community.

Whole family approach

The local authority has to give regard to the family needs of the person being assessed, for instance the need to ensure that a child is not undertaking an inappropriate caring role for the adult concerned. The Act makes clear that a local authority may combine a needs or carer's assessment with another assessment it is carrying out on the individual or another person with their agreement. A local authority, when carrying out a needs or carer's assessment, may work jointly with another body which is carrying out another assessment.

Self-funders

Since the Care Act came into force self-funders have been able to ask the local authority to arrange services, but not residential care, on their behalf. Local authorities also have responsibility for providing information and advice to self funders.
Duty of cooperation and integration
This makes integration, cooperation and partnership a legal requirement on local authorities and on all agencies involved in public care, including the NHS, independent or private sector organisations, some housing functions and the CQC.

The Children's Act 1989

A parent carer is defined as an adult who provides or intends to provide care for a disabled child for whom the person has parental responsibility. Section 17ZD (14) requires local authorities to take reasonable steps to identify the extent to which there are parent carers within the area who have needs and support. The Act also obliges local authorities to assess parent carers on the appearance of need. The assessment must have regard for the wellbeing of the parent carer which has the same meaning as the definition in the Care Act 2014. The assessment must also take into account the need to safeguard/promote the welfare of the disabled child and any other child for whom the parent carer has parental responsibility. Under section 7 the local authority may request the co-operation in specific cases to

support needs of a carer of a child. The duties within the Children's Act also supports young carers and will further explained within the Young Carers Strategy.

The NHS Long Term Plan

The NHS Long Term Plan places a strong emphasis on improving early intervention
and support for patients and for carers. Arising from commitments in the plan there are key commitments relating to carers:

1.19. Carers will benefit from greater recognition and support. We will improve how we identify unpaid carers and strengthen support for them to address their individual health needs. We will do this through introducing best-practice Quality Markers for primary care that highlight best practice in carer identification and support.

2.33 Continue to identify and support carers, particularly those from vulnerable
communities. Quality marks for carer-friendly GP practices, developed with the Care Quality Commission (CQC), will help carers identify GP services that can
accommodate their needs. We will encourage the national adoption of carer's
passports, which identify someone as a carer and enable staff to involve them in a
patient's care, and set out guidelines for their use based on trials in Manchester and Bristol. These will be complemented by developments to electronic health records that allow people to share their caring status with healthcare professionals wherever they present.
2.34. Carers should not have to deal with emergencies on their own. We will ensure that more carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it.

2.35. Young carers. The NHS will roll out 'top tips' for general practice which have
been developed by young carers, which include access to preventive health and
social prescribing, and timely referral to local support services.

1.40 and 1.41 We will ensure that initiatives around personalised care including
personal health budgets and social prescribing are fully reflective of carers' needs.

5.20. Patients, clinicians and the carers working with them will have technology
designed to help them. There will be a digital service for managing interactions with the NHS, ready access to personal records, care plans, expectations, appointments and medications, to enable care to be designed and delivered in the place that is most appropriate for them.

Other important policy includes:
- NHS People Plan 2020
- Government Carers Action Plan 2018-2020

Joint NHS and solely NHS duties:
- Joint adult social care and health duties to promote wellbeing
- NHS responsibilities at hospital discharge
- NHS Continuing Healthcare (CHC) are required to consider carer needs and funding for short term breaks
- Forthcoming publication on NHS legal responsibilities towards carers

Young carers and parent carers

- Adult Social Care have responsibilities to identify and support young carers
- Children Act 1989/Children and Families Act 2014 - Duties upon the local authority to carry out both young carers needs assessments and young carers transition assessments before the young carer turns 18 years old and when it would be of “significant benefit” to the individual.
- Parent carers – Parents of a disabled child have the same right to support as carers who look after an adult. There is a duty on councils to offer a carer’s assessment to any parent of a disabled child under the age of 18.

As an employee: Equality Act 2010

- Right to request flexible working
- Right to emergency time off for dependents

Overarching

- Equality Act 2010 – Employers and providers of goods and services must not treat carers less favourably than those without caring responsibilities.
- Human Rights Act

NHS Long Term Plan - places a strong emphasis on improving early intervention and support for patients and for carers. Within the plan there are key commitments relating to carers:

- Carers will benefit from greater recognition and support. The NHS will improve how we identify unpaid carers and strengthen support for them to address their individual health needs. We will do this through introducing the NHS England Carers Quality Markers standards for primary care that highlight best practice in carer identification and support; and by continuing to identify and support carers, particularly those from vulnerable communities.
- Carers should not have to deal with emergencies on their own. We will ensure that more carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it.
- Young carers - The NHS will roll out ‘top tips’ for general practice which have been developed by young carers, which include access to prevention services which avoid or better manage health conditions, through new social prescribing services, and timely referral to local support services.
- We will ensure that initiatives around personalised care including personal health budgets, which offer patients the opportunity to personally manage a pot of funding for their care and social prescribing, are fully reflective of carers’ needs
- Patients, clinicians and the carers working with them will have technology designed to help them. There will be a digital service for managing interactions with the NHS, ready access to personal records, care plans, expectations, appointments and medications, to enable care to be designed and delivered in the place that is most appropriate for them.

Carers Action Plan 2018-2020. This previous action plan builds on the 2008 National Carers Strategy. Carers action plan 2018 to 2020 - GOV.UK (www.gov.uk)

Analysis of evidence submitted by carers, identified that carers need:

- To be recognised and valued
- Access to information and support targeting unpaid carers, so they can offer the best care possible
- To be helped to balance their caring responsibilities with their own employment and to preserve their personal health and wellbeing.

NICE guideline on Supporting Adult Carers - January 2020 (Overview | Supporting adult carers | Guidance | NICE). This guideline covers support for adults (aged 18 and over) who provide unpaid care for anyone aged 16 or over with health or social care needs. It aims to improve the lives of carers by helping health and social care practitioners identify people who are caring for someone and give them the right information and support. It covers carers' assessments, practical, emotional and social support and training, and support for carers providing end of life care

Partners

Commissioned Services	
Adult carers	AC
Young carers	YC
Community navigation	CN
Parent Partnership	PP
Advice, information and guidance	IAG
Voluntary sector	VS
Partnerships/Boards/Groups	
Carers Steering/Co-production Group	CSG
Carers Partnership Board	CPB
Learning Disability groups	LD
Mental Health groups	MH
Transition Group	TG
Start Well	SW
Live Well	LW
Age Well	AW
Die Well	DW
Chamber of Commerce	CofC
Health & Social Care	
Primary Care Networks	PCN
University Hospital Southampton NHS Foundation Trust	UHS
Southern Health NHS Foundation Trust	SHFT
Solent NHS Trust	ST
Integrated Care System	ICS
Clinical Commissioning Group	CCG
Southampton City Council	SCC
Carers Strategy Improvement Lead	CSIL
Public Health	PH
Adult Social Care	ASC
Communications	Coms
Childrens Services	CS

Employment and Skills Team / Human Resources	E&S/HR
SCC & CCG: Integrated Commissioning Unit	ICU
Emergency Services	
South East Coast Ambulance Service NHS Foundation Trust	AMBS
Hampshire Constabulary	Police
Hampshire & Isle of Wight Fire and Rescue Service	Fire