
SCRUTINY INQUIRY PANEL - CARER FRIENDLY SOUTHAMPTON
MINUTES OF THE MEETING HELD ON 26 NOVEMBER 2020

Present: Councillors Savage (Chair), Prior (Vice-Chair), Coombs, B Harris, McEwing, White and Windle

6. **CARER FRIENDLY SOUTHAMPTON - CARERS IDENTIFICATION RIGHTS, RECOGNITION AND SUPPORT**

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:

A carers perspective – Jenny, Emma-May, Leah and Zunayrah

- Following a vox pop produced by No Limits featuring the views of young carers, and a vox pop by Carers in Southampton providing views of adult carers, 3 young carers, Leah, Ellie-May and Zunayrah, supported by Emma Jones and Emma Bowley from No Limits, informed the Panel about their experiences with regards to being recognised as a young carer.
- The lack of recognition and engagement from health services was identified as a challenge, with young carers often being ignored when wanting to be engaged in discussions with clinicians and the person they help to care for.
- Schools not knowing about the young carers role or understanding the responsibilities the young carer has outside of school, was also raised alongside not being able to access after school activities due to transport problems, and not discussing young carers in the school curriculum. This would help to normalise the role of being a young carer and could help self-identification by young people.
- Linda Lawless, Service Manager at Carers in Southampton, interviewed Jenny, a carer whose husband has dementia. Similar challenges about the need to repeatedly explain her caring role, not being listened to, and to be allowed to attend clinical appointments with her husband were raised by Jenny.
- Training in moving and handling was raised as was the lack of awareness by carers of the benefits and wider support that is available to them.

Identification of carers – Debbie Hustings - Partnership Manager (Carers) Surrey Heartlands Integrated Care System

- A presentation was delivered by Debbie Hustings providing an overview of how Surrey Heartlands ICS support the identification of carers.
- Key points raised in the presentation included the following:
 - 2011 Census identified 115,216 carers of all ages who live in Surrey. New data will be provided by the 2021 census. This should be seen in context of the GP Patient survey which estimates the real caring

population is nearer 17%. For Surrey this would mean our caring population is closer to 200,000.

- Carers are the largest source of care and support in the UK. As an example of what this means to our community, the University of Leeds estimate that carers in Surrey save the nation some £1.8 billion a year which would otherwise be spent on long term admission to hospital care, home placements or expensive home support packages (Valuing Carers 2015).
- The annual value of the joint budget for carers across Surrey based CCGs & Surrey County Council is £5.8m. Better Care Fund major source of funds.
- A Surrey priority is to increase the visibility of the role of the carer – Ensuring early identification of carers is important to achieve this.
- The NHS is key in identifying carers. The Surrey Carers Team has been collecting data on the number of carers registered within GP practices since 2008. There is now a Surrey Carers Key Performance Indicator for primary care (launched July 2019). The number of carers registered with Surrey GPs has increased every year and 90% of GP Practices are signed up to the GP Carer Quality Markers initiative outlined in the NHS England Long Term Plan.
- Recognition that other health professionals such as pharmacists are key partners in identifying carers.
- Carers details are entered onto the patients record to reduce the need to repeat their story to health professionals. This is outlined in the Surrey Carers Pathway, a 5-step pathway for carers signed up by Surrey County Council and NHS organisations in Surrey, co-produced with carers.
- An important element of the approach in Surrey is to identify and support carers working within NHS organisations. A Surrey Carers Workforce Task Group has been established alongside numerous initiatives to support carers.
- Carer Contingency Planning (Emergency Plans) – Importance recognised in Care Act and NHS Long Term Plan. Surrey have drafted a carer contingency planning process and are commissioning a new service from 1st Oct 2021. The plan is for each plan to be reviewed annually.
- Surrey Young Carers Pledge – Carers passport scheme helpful to identify young carers, school nurses are engaged to help identify and support young carers, schools can be a wonderful resource and Surrey recognises this with a Surrey Young Carers School Award.
- Surrey are still on a journey to improve outcomes and support for carers. They have been working on this for 20 years. Leadership is essential, integration across health and social care is required but it can be done.

A Southampton GPs perspective – Dr Karen Malone, GP at Old Fire Station Surgery in Woolston

- Key points raised by Dr Karen Malone included the following:
 - Pockets of good practice exist in Southampton GP surgeries with regards to identifying carers. Much of the identification of carers is ad-hoc.

- Doctors do not always know carers; carers may have to identify themselves.
- System 1, the clinical system used has the ability to record a patients caring role in the notes.
- Need to get better at carer identification, especially parents that are carers for children with additional needs, carers of people with mental health conditions and young carers (school nurses could help to let surgeries know).
- Time constraints on a GP is a challenge. Difficult to address needs of a patient as well as recognition of carers needs within a 10-minute appointment.
- Primary Care is more than just GPs. All staff in a surgery can help to identify carers and update the records.
- GPs do not always know who to contact to support a carer. Seems to be little on offer with regards to respite or breaks.
- Southampton GPs have collective training days (TARGET). Opportunity to have a session with carers services to improve awareness and connections.
- Townhill Surgery is in the same Primary Care Network (PCN) as the Old Fire Station Surgery. They have received PALS (Patient Advice and Liaison Service) funding (2 years) to improve patient support, including carers. Questions in the registration form, staff training to recognise carers, adverts in waiting room and website, contact from the PALS staff member to carers, as well as a carers pack, has helped Townhill to identify more carers.
- PCNs are being provided with extra funding to appoint additional roles to work across the surgery's in each network. Social prescribers are being funded, they could help to identify and support carers.

UHS work with carers – Ellis Banfield, Head of Experience & Involvement, University Hospital Southampton NHS Foundation Trust (UHS)

- Key points raised by Ellis Banfield included the following:
 - During the Covid lockdown UHS established a Patients Hub to help manage access to the hospital. The Hub is a single point of access for patients and carers, helping to signpost support.
 - A carers programme is run by the Patients Hub and a Carers Support Lead has been recruited.
 - UHS launched a Carers Card to be used in conjunction with the National Sunflower Lanyard scheme (designed to discreetly indicate, using a visible sign, that the wearer has a hidden disability and may require additional support). 250 Carers Cards have been dispensed already.
 - The card helps to identify carers and signing up to the card enables carers to be recorded on the Patient Administration System as carers.
 - Through the Carer Support Lead UHS are improving signposting to community support for carers. This will continue to develop.

- By identifying and flagging carers UHS are now in a position to be more flexible in offering outpatient appointments that meets the requirements of the patient's carer. This information can be sent to the patients GP.
- UHS are planning to develop a carers strategy to bring the initiatives together.
- Opportunity to link carers to the right support and ensure that the details of identified carers are shared across the health system. Recognition that more integration needs to occur.

Southern Health NHS Foundation Trust's work with carers – Dawn Buck, Head of Patient and Public Engagement and Patient Experience - Southern Health NHS Foundation Trust

- Following Southern Health's presentation at the previous meeting Dawn Buck raised the following key points:
 - A project to raise awareness of mental health in schools has resulted in more young people identifying as carers. A Youth Board has been created to look at these issues.
 - Programme of carer peer support workers being rolled out. They are proving effective. Southern Health are looking to a Patient and Carer Liaison Service, similar to PALS.
 - Extending services to include more support in Southampton.
 - Keen to work with UHS and Solent to join up approaches to identify and support carers, and to work with primary care to identify carers. Need to reduce duplication.

Carer's Breaks and Replacement Care

A carers perspective – Laura

- Following a vox pop produced by Carers in Southampton providing views of adult carers, Linda Lawless, Service Manager at Carers in Southampton, gave feedback from conversations with Laura, whose husband has dementia, about their experience of replacement care.
- Laura recently had 2 nights of replacement care at home. A total of 5 different people, with differing skill levels, provided support. This left Laura's husband confused and stressed. It was not a positive experience.
- Wider feedback from Carers In Southampton identified that not all carers are confident in the quality of care provided during replacement care. Carers want replacement care to be available to enable them to do things that they want to do, but they also want the person that they care for to have a good time as well.

Carers Breaks – Debbie Hustings - Partnership Manager (Carers) Surrey Heartlands Integrated Care System

- A presentation was delivered by Debbie Hustings providing an overview of how Surrey Heartlands ICS support carers to get a break from their caring responsibilities.
- Key points raised in the presentation included the following:
 - Surrey Carers Prescription Service - Originally developed as a referral platform for GPs to refer carers for a GP Carers Break in 2011/12.
 - GPs asked for alternative support options when their breaks money run out and the menu was expanded to include all carers services commissioned.
 - Formally rolled out to all NHS Providers since 2015 – Since inception 38,000 Carers Prescriptions Dispensed, 51,000 Carers Services provided.
 - All GP Practices in Surrey have signed up to the service and make referrals. Model can be delegated to a practice nurse.
 - Quick referral process to follow (a necessity stipulated by GPs) using GP Carer's Prescription Portal. Process and Carers Breaks Service are managed by Action for Carers Surrey.
 - Carer Breaks provide a one-off payment to carer of £300. Funding can be used on anything from golf, laptop or as contribution towards a holiday (83% choose this). £700k annual budget plus management fees.
 - Replacement Care provided by Crossroads Care Surrey (CQC Outstanding provider). Up to 3.5 hours in house replacement care per week. £1.8m contract (25,000 hours of replacement care) waiting list for service. 2,000 carers supported; demand increased during lockdown when other activities were cancelled. All diseases and conditions supported.
 - £300 is not a lot but gratefully received. Also helps to encourage carer identification by NHS.

Adult Social Care and carers – Sharon Stewart, Head of Service for Adult Social Care & Louise Ryan, Service Manager for Social Well-Being - Southampton City Council

- A presentation was delivered by Sharon Stewart and Louise Ryan.
- Following the Adult Social Care presentation at the previous meeting Sharon Stewart and Louise Ryan raised the following key points:
 - Recognition that ASC employees would benefit from training to help recognise and identify carers more effectively.

- Need to develop a joint approach for the carer and the cared for person. So important that both cared for and carers needs are considered at the same time -Taking a whole family approach.
- Range of different services we can use to support carers to get a break.
- Need to shift towards a strength based and community assets-based approach in supporting carers, linking people to maximising and building on their own social networks, tapping into what's available in their neighbourhood.
- Need to support individuals from different care groups that may currently get less access or type of support available to be equitable.
- Currently in Southampton between 400 to 500 carers receive direct payments of between £17- £42 per month (not means tested) if they meet eligibility criteria and resource allocation requirements, to take a break. This can be used on things such as gym memberships, a massage, gardening service, domestic support. Flexible and wide ranging.
- Carers direct payments can't be used to pay for replacement care which can be an issue in order to take a break
- Replacement care – The Care Act has made it clearer that replacement care should be provided to replace the care given by the unpaid carer to enable them to have a break.
- SCC recognise that there are a variety of ways in which you can provide replacement care including: Increased support at home; Sitting service or time with a carer to allow the carer to do something specific; Direct payments for increased support at home, respite or for flexible support; Opportunity to learn; Day service provision; and, Residential or nursing services.
- SCC's allocation of replacement care will be based on: Carer assessment (covers the impact of the unpaid caring role on the carer's mental and physical wellbeing); Current care package provided to (or self-funded by) the person with care needs (eligible or not); The level of necessary care being provided by an unpaid carer.