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PORTSMOUTH CAREERS STRATEGY 2015–2020

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This strategy demonstrates our commitment to carers and gives direction for developing local support and services over the next five years

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1 Foreword

Introduction from:



Dr Jim Hogan
Chief Clinical Officer
NHS Portsmouth Clinical
Commissioning Group



Robert Watt
Director of Adult Social Care
Portsmouth City Council

We are confident this strategy will build upon the advances already made and achieve better outcomes for Carers in Portsmouth

As the Carers' Champions for the city, we are pleased to announce the publication of the Portsmouth Carers Strategy 2015–2020.

A carer is anyone who cares, unpaid, for a family member or friend, who due to illness, disability, a mental health condition or an addiction cannot cope without the carer's support.

We recognise that without the support of carers our health and care system simply could not cope with the demands placed upon it. This strategy demonstrates our commitment to carers and gives direction for developing local support and services over the next five years.

The strategy has been developed in partnership with:

- carers
- Portsmouth City Council (PCC)
- NHS Portsmouth Clinical Commissioning Group (CCG)
- Portsmouth Hospitals NHS Trust
- Solent NHS Trust
- other stakeholders

According to the most recent census (2011)¹ there are more than 17,000 people in Portsmouth providing unpaid care and support to relatives, friends and neighbours who are disabled, frail or vulnerable. During our lifetime most of us will either be a carer or know someone with caring responsibilities.

Both the Care Act 2014² and the national carers' strategy (*Carers Strategy: Second National Action Plan 2014–2016*)³ mark a significant shift in the approach to how carers are supported, acknowledging the important contribution they make and placing them on the same legal footing as the person they care for when it comes to accessing services they may need.

We are confident this strategy will build upon the advances already made and that with this framework we will achieve better outcomes for carers in Portsmouth.

2 Introduction

1 in 10

adults provide unpaid care
at any given time*

2.1

A joint local carers strategy

This strategy for Portsmouth has been developed jointly by Portsmouth City Council, NHS Portsmouth CCG, Solent NHS Trust and Portsmouth Hospitals NHS Trust and includes strategic support to both adult and young carers. It combines national and local intelligence to inform future developments for carers' services and has contributions from carers who are residents and caring for someone in Portsmouth.

The strategy has been written in response to the national carers strategy, the implementation of the Care Act 2014 and Children and Families Act 2014⁴ and in acknowledgment of the needs of the 17,000 carers who live in Portsmouth.

The main purpose is to provide a coordinated approach to carers services and support in Portsmouth to ensure that all health and social care agencies working

with carers are able to provide a consistent approach to identifying carers, signposting them to advice and support and including and respecting carers as expert partners in care.

It also aims to build on the work already undertaken during the roll out of *Portsmouth Carers Strategy 2011–2015*⁵ and to strengthen already established partnership working between health and social care agencies, as well as voluntary and private sector organisations.

The strategy will identify the distinct ways in which health and social care services can, and do support carers. It also recognises that health and social care services operate in an ever-changing environment and therefore it is not the intention that this strategy is 'set in stone' but that it will provide a frame work for future developments and direction.

*estimated, 2011 Census

2.2 Our local priorities 2015–20

We have based our priorities on the four priorities laid out in the national carers strategy, *The Second National Action Plan 2014–2016*, these are:

1

Identification and recognition

Carers will be respected as expert partners, and identified at an early stage to secure comprehensive, personalised services to support them in their caring role.

- Support carers to identify themselves
- Engage early
- Not labelling carers as carers
- Engage with underrepresented groups
- Professionals to value carers as expert partners
- Involve carers in care planning

3

A life alongside caring

Personalised support both for carers and those they support, enabling them to have a family and community life.

- Drive towards personalised support for both the carer and the cared for.
- Secure the provision of good quality information, advice and support.

The way in which we will achieve those priorities are laid out in an action plan in section 9 of this strategy and are based not only on the national action plan but also on the views of local carers and locally available data. A more detailed explanation of each of these priorities is laid out later in this strategy.

2

Realising and releasing potential

Making sure that a carer is not disadvantaged by their caring status.

- Support for young carers and young adult carers
- Promote and provide support for working age carers

4

Supporting carers to stay healthy

Supporting carers to stay mentally and physically well.

- Acknowledge carer stress and understand health data.
- Promote prevention and early intervention to help carers stay well.
- Support carers to look after their own health.

2.3 Who is a carer?

A carer is anyone who cares, unpaid, for a family member or friend, who due to illness, disability, a mental health condition or an addiction cannot cope without the carer's support. This is a definition used by the Carers Trust⁶ and a commonly used definition locally.

This strategy relates to carers who are:

- residents of Portsmouth who care for someone who lives in Portsmouth.
- people who live outside Portsmouth who care for someone who lives in Portsmouth.
- people registered with NHS Portsmouth CCG GPs who are carers of someone living in Portsmouth (even if they themselves live out of Portsmouth).

Most of us will have caring responsibilities at one stage or more in our lives. The 2011 Census found that 5.4 million people in England were providing unpaid care – that is 1 in 10 adults at any given time – although Carers UK estimates a higher figure at 6.5 million that equates to 1 in 8 adults.

Unpaid carers in the UK are an essential component of the health and social care economy and nationally save the government approximately £119 billion per year – more than the annual costs of the NHS (*NHS England's Commitment to Carers 2014*).

In Portsmouth, the contribution of more than 17,000 carers is estimated to be worth

£310m per year

In Portsmouth, the contribution of more than 17,000 carers could be worth around £310 million per year, (based on national estimates). The care they provide to help keep people living in their own homes and in their own communities is absolutely vital. Without it, our health and social care systems simply could not cope with demand. However, as a result of caring, carers are at risk of suffering negative impacts to their health, wellbeing and income.

Without effective support, the caring role itself can become unsustainable. For this reason Portsmouth City Council, NHS Portsmouth CCG, Solent NHS Trust and Portsmouth Hospitals NHS Trust have coordinated and agreed a strategic plan to secure comprehensive support and services for Portsmouth carers.

Although we recognise that each carer is an individual, from the responses from the Carers survey 2014/15 we have been able to develop a profile of Portsmouth carers (Appendix A).



2.4

Top 5 of what carers want in Portsmouth

Easy access to up-to-date information about carers services in a range of formats.

Carers survey 2014

All professionals, including health professionals, who have contact with carers need to understand how to identify carers and ensure they are signposted or supported with accessing carers' services.

Carers survey 2014

A carers centre or hub where carers' activities can be accessed via a one-stop-shop.

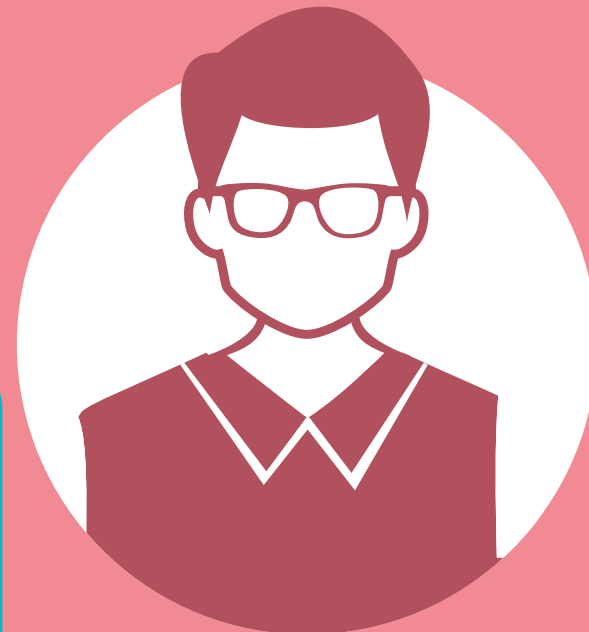
Carers consultation event 2014

Support services for both carer and the person cared for need to be easier to navigate and more user friendly.

Carers survey and consultation event 2014

Young carers to be identified, recognised and supported across education, health, community and social care services.

Young carers consultation 2014



2.5

Current support for carers in Portsmouth

The Carers Centre in Portsmouth is a community resource dedicated to supporting carers in the city. The team is based within and funded by Adult Social Care (ASC) and provide support to carers via a self-assessment process and by building capacity within the community for carers support.

The Joint Assessment Service and breaks fund is jointly financed by Portsmouth City Council and NHS Portsmouth CCG.

Support for individual carers can include emotional support, providing information on a range of issues, carers' breaks, training, signposting to specialist services and carers' groups, support for young carers and adult mental health carers.

The Carers Centre team undertake a range of partnership working with key organisations across the city. They co-locate with certain teams and run outreach sessions. Venues include:

- Queen Alexandra Hospital
- GP surgeries
- Pharmacies
- Healthy Living Centre
- John Pounds Centre
- Kestrel Learning Disabilities Team
- St Marys Hospital Mental Health Team
- Civic Offices

If we need any help we know that the Carers Centre is only a phone call away and we know we can always come down and talk to someone.

Carer



The Carers Centre Contact details

117 Orchard Rd, Southsea, PO4 0AD

Opening hours:
Monday–Thursday 9am–5pm
Friday 9am–4.30pm
Saturday Café 10am–2pm

If you are unable to visit the centre, please phone **023 9285 1864**, email carerscentre@portsmouthcc.gov.uk or write to us.

Alternatively visit
www.portsmouth.gov.uk/carerscentre or
www.facebook.com/portsmouthcarerscentre



3 The national context

Now, through the Care Act 2014 carers have been put on the same legal footing as the person they care for.

3.1 Background

Since the Carers (Recognition and Services) Act 1995⁷ was introduced, the government has continued to recognise the essential role that carers have in supporting people with a disability or illness. Carers have been included in a variety of legislation over the last 20 years and the government has gradually raised the profile of carers through this legislation, guidance, national service frameworks and strategies.

Our previous Joint Strategy was based on two national carers strategies:

- *Carers at the heart of 21st-century families and communities* (June 2008)⁸
- *Recognised, Valued and Supported: next steps for the carers strategy* (November 2010)⁹

Now, through the Care Act 2014, carers have been put on the same legal footing as the person they care for and the government have issued a second national strategy.

Much has been published in the last few years about demographic changes and the impact they're having, and will continue to have on all our lives. People with lifelong

disabilities and people with long-term health conditions which develop as they grow older, are living longer.

In line with the *Carers Strategy: Second National Action Plan 2014–2016*, young carers and those caring for someone under the age of 18 years have been considered and included throughout this strategy alongside adult carers.

3.2 Carers strategy

The *Carers Strategy: Second National Action Plan 2014–2016* builds on the previous government's national carers strategy 2008 and the coalition government's update (*Recognised, Valued and Supported: next steps for the carers strategy*, 2010).

It retains the strategic vision for recognising, valuing and supporting carers from 2008, which has been the vision of successive governments, and the four areas for priority action identified in 2010.

3.3

The Care Act 2014 – the law for carers

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

The Care Bill 2013 in many respects marks a quiet revolution in our attitudes towards, and expectations of, carers. At last, carers will be given the same recognition, respect and parity of esteem with those they support. Historically, many carers have felt that their roles and their own well-being have been undervalued and under-supported. Now we have a once-in-a-lifetime opportunity to be truly acknowledged and valued as expert partners in care.

Dame Philippa Russell,
Chair of Standing Commission on Carers



3.4

What does the Care Act 2014 do?

a) Assessments

The Act gives local authorities a responsibility to assess a carer’s need for support, where the carer appears to have needs. This replaces the existing law, which says that the carer must be providing “a substantial amount of care on a regular basis” in order to qualify for an assessment. This will mean more carers are able to have an assessment, comparable to the right of the people they care for.

The local authority will assess whether the carer has needs. This assessment will consider the impact of caring on the carer. It will also consider the things that a carer wants to achieve in their own day-to-day life. It must also consider other important issues, such as whether the carer is able or willing to carry on caring, whether they work or want to work, and whether they want to study or do more socially.

If both the carer and the person they care for agree, a combined assessment of both their needs can be undertaken.

b) Eligibility

When the assessment is complete, the local authority must decide whether the carer’s needs are eligible for support from the local authority. The threshold is based on the impact a carer’s need for support has on their wellbeing. This approach is similar to that used for adults with care and support needs.

c) Support planning

The local authority and the carer will agree a support plan, which sets out how the carer’s needs will be met. As an example this might include help with housework, buying a laptop to keep in touch with family and friends, or becoming a member of a gym so that the carer can look after their own health. Any allocated support, that has a financial or resource cost, will be determined on an individual basis via an assessment.

It may be that the best way to meet a carer’s needs is to provide care and support directly to the person that they care for, for example, by providing replacement care to allow the carer to take a break. It is possible to do this as long as the person needing care agrees. Other carers may just need information, advice or a little support.

d) Personal budgets for carers:

If assessed as requiring services that require funding, carers should receive a personal budget, and a statement showing the cost of meeting their needs, as part of their support plan. Support for young carers comes under the law relating to children. The Children and Families Act 2014 gives young carers (and parent carers) similar rights to assessment as other carers have under the Care Act.

Regulations under the Care Act set out how assessments of adults must be carried out to ensure the need of the whole family are considered. This could include assessing what an adult needs to enable them to fulfil their parental responsibilities towards their children, or to ensure that young people do not undertake inappropriate caring responsibilities.

e) Adults caring for disabled children

An adult caring for a disabled child, often called parent carers, can get support through children's services. This is usually the best way to meet their needs and so they are not covered by this Act.

However, there is provision in the Act for an adult carer of a disabled child to ask for an assessment of their caring needs before the child reaches 18 years. Where a local authority carries out such an assessment, it has the power to provide support to the carer even though they are caring for a child not an adult. This would, for example, enable a local authority to provide support that is available through an adult carers' centre.

f) Transition to adult services

The Act requires that adult social care professionals need to be involved in planning the support and care needs that a young carer may need once they reach 18 years. This also applies to adult carers of children where it appears likely that the adult carer will have needs for support after the child turns 18 years old.

g) Young carers

The Children and Families Act 2014, in conjunction with the adult-focused Care Act, seeks to make sure young carers and parent carers get the support they need.

Under the Care Act 2014 local authorities are expected to try and identify young carers so they can be offered support and both adult and children's social services will need to work together in supporting young carers and transitioning from children services to adult services.

Adult social care should be considering the needs of young people in the household when reviewing support for adults and children's social workers should also undertake whole-family assessments in such situations.

3.5 NHS England's Commitment to Carers April 2014¹⁰

Before the publication of the *Carers Strategy: Second National Action Plan 2014–2016* in October 2014, NHS England published its commitment to carers. This document, mandated by the Department of Health, sets out a series of commitments that NHS England makes to support carers, reflecting the views of carers from a series of engagement events.

Carers are a hugely important asset to the NHS. However, too often carers do not receive the recognition and support that they need and deserve from the NHS. We need to do more to help identify, support and recognise their vital roles. Helping carers to provide better care and to stay well themselves will contribute to better lives for those needing care and more effective use of NHS resources.

NHS England's Commitment to Carers 2014

Based on the emerging themes, NHS England has developed 37 commitments around eight priorities, which are within NHS England's remit to deliver:

1. Raising the profile of carers
2. Education, training and information
3. Service development
4. Person-centred, well-coordinated care
5. Primary care
6. Commissioning support
7. Partnership links
8. NHS England as an employer

3.6 National data

While the 2011 Census found that 5.4 million people in England were providing unpaid care (the same proportion of the population as reported in 2001), over a third were providing 20 or more hours care a week; an increase of 5% on 2001 figures.

2011 Census also found that there were over 166,000 young carers aged 5–17 years in England – an increase of over 26,000 since 2001.

The majority were providing 1 to 19 hours care but over 8% were providing 50 or more hours of care. In the adult age groups, more women than men in the age group 50–64 years were providing unpaid care. But there has been a shift in the age group of 65 years and above with higher proportions of men providing unpaid care than women in 2011.

The Health Survey for England 2012¹¹ provides useful insights into the nature and extent of caring responsibilities. The survey found:

- Care was most commonly provided to a parent (46% men and 47% women).
- Most of those providing care did so for one person (11% men and 14% women, while 3% and 4% respectively reported caring for two or more people).
- Adults in the 45–64 year age range were most likely to report caring for two or more people (5% men and 7% women).
- The majority of care was provided to someone in a different household (60% men and 67% women).
- Older men aged 65 years and over were more likely to care for someone in the same household (52%) reflecting that many were caring for a spouse. There were fewer women carers in the same age group (39%) compared to men carers.

Unpaid Caring Rates

Portsmouth	2001		2011		% Increase in rate
	Number	Rate per 1,000 population	Number	Rate per 1,000 population	
Providing unpaid care					
1–19 hours per week	9,988	53.5	10,794	52.6	-1.60
20–49 hours per week	1,569	8.4	2,239	10.9	29.93
50+ hours per week	3,426	18.4	4,103	20.0	9.04
Total number of carers	14,983	80.3	17,136	83.6	4.13
Total population	186,701		205,056		
% carers of population	8.03%		8.36%		

Source ONS 2001 Census and 2011 Census

4 Portsmouth carers: how we consulted with carers

We routinely collect carer contact data... and this informs the focus for work allocation and development projects.

Portsmouth City Council

4.1 Portsmouth City Council

Since launching the local Joint Carers Strategy in 2011 we have worked with carers to establish a variety of ways that they can contribute and support developments and have their voices heard.

We recognise that carers in Portsmouth want the same things that carers want regionally and nationally and we continue to seek the opinions of our local carer population.

To secure regular, formalised carer input to the roll-out of the original carers strategy, the local authority commissioned a voluntary sector organisation, Carers Together¹² to support carers to have their say.

This group has met regularly for the duration of the 2011–2015 strategy, championing carers issues and supporting carers to have a voice. From January 2015 a new organisation, Action Portsmouth¹³ has been commissioned to continue with this role and to also review the current structure and delivery format of the Carers Council.

In order to specifically inform the development of this strategy, we held a carers consultation event at Highbury

College on 16 October 2014. The views collected at that event have been included in the development of this strategy.

In October 2014, to fulfil the requirements of the bi-annual national carers survey¹⁴, Adult Social Care distributed a survey to carers who had undertaken an assessment within the previous 12 months. The local response rate was 55%. Local analysis of local data has informed the development of this strategy; however national comparator data will not be available until summer 2015.

Our carers activity via the Joint Assessment Service meets the comprehensive Key Performance Indicators (KPIs) set by NHS Portsmouth CCG. This informs service development and priorities for the coming year.

We routinely collect carer contact data at the Carers Centre and this informs the focus for work allocation and development projects.

Carers have contributed feedback on an individual basis via the carers assessment and assessment review process. These assessments tell us about carers' personal circumstances and together the carer and the worker determine what support the carer requires to ensure they are able to continue in their caring role, that they are

able to have a break and that their own wellbeing is prioritised.

Since May 2014 we have been running a carer identification project in Queen Alexandra Hospital. In summer 2014 we began collecting user experience information for Portsmouth Hospitals NHS Trust who has collated this feedback for staff training and service developments.

We regularly undertake ad hoc consultation for specific service developments such as new leaflets, web pages, small scale operational changes to service and support to groups.

Portsmouth City Council delivers a magazine, called *Flagship* to every home in Portsmouth (PO1 to PO6) six times a year and for the duration of the 2011–15 strategy we purchased two pages for carers information/articles. This has proved to be a good way of providing information to carers and receiving views back.

Portsmouth City Council employs a worker who supports the 29 peer-led groups and carer volunteers. These cohorts of carers are regularly asked for opinions and views by the council and by a range of health partners.

4.2 Solent NHS Trust

Solent NHS Trust specialises in providing community and mental health services to people living in Portsmouth, Southampton and parts of Hampshire, working in over 100 clinical sites spread across these locations.

In Portsmouth, the Trust provides a range of specialist clinical services including children's and family services, sexual health services, community adult nursing and therapy services, specialist dentistry, substance misuse services and it is the main provider of mental health services to people living in Portsmouth.

Our vision is to be patient-focused, actively seeking the views of our patients and carers and engaging them in shaping and developing our services.

Our vision is to be patient focused, actively seeking the views of our patients and carers and engaging them in shaping and developing our services.

Solent NHS Trust

In order to achieve this vision we need to work with our patients and carers so that together we can make a difference to the experiences of our current and future patients and design and provide our services around their needs.

Solent NHS Trust's 5 year *Integrated Business Plan 2012–2017*¹⁵ includes the quality promise that "we will improve experience by putting people at the heart of services and listening to people's views, gathering information about their perceptions and personal experience and using that information to further improve care".

We will consult and involve carers by working with our local authority and other health partners, raising awareness and signposting to available support.

Our marketing communications team provide support and guidance on how best to engage with stakeholders. This support generally includes developing a communication and engagement plan.

We normally use a variety of modes of engagement to ensure information reaches the relevant audiences, these include:

- mainstream media
- social media
- websites
- public meetings (including workshops, forums, AGM, board meetings, events)
- letters and emails
- publications e.g. *Shine* (our newsletter); stakeholder newsletter; GP newsletter, other corporate documents
- surveys

4.3 What engagement activities Solent NHS Trust undertook in 2014–15

During this year we have raised the awareness of the needs of carers with our staff and the public by contributing to Carers Week and Carers Rights Day. To highlight the needs of carers, Solent services were involved in a number of events in various locations:

- In collaboration with Carers Together, we provided an information stand in a public shopping area where we spoke with 58 members of the public.
- During Carers Week a number of Solent services had information stands at the Mountbatten Centre.
- Our Talking Change Service held a stress workshop for carers during Carers Week.

These activities raised the profile of the needs of carers via our communications with staff and the public events we attended.

The process of updating our regional strategy for carers has begun and we are taking forward this work in partnership with our key partners, including the local authorities in Portsmouth and Southampton.

4.4 Portsmouth Hospitals NHS Trust

Portsmouth Hospitals NHS Trust

Portsmouth Hospitals NHS Trust provide acute hospital services to the population of Portsmouth, South East Hampshire and beyond. The trust is committed to providing services to patients that are safe, effective and caring, which meet and aim to exceed their expectations and that of their families and carers. Our Quality Improvement Strategy was developed through listening to our patients, their families and carers, our partners and

stakeholders to understand what is important to them. Our ambition to achieve excellence in all that we do provides the foundation for the development and delivery of our services.

We recognise the importance of the active involvement of carers of people who use hospital services and have developed a positive working relationship with the carer community in Portsmouth. Recent changes to the way we involve patients, families and carers have enabled more meaningful participation in the identification of quality improvement priorities. Carers were asked to tell us what would be the thing that would most improve their experience of a hospital stay for the person they care for. They told us we need to improve our communication between staff, the cared for person and the carer. This is now one of the three key experience improvement priorities for 2015–16.

The trust is committed to providing services to patients that are safe, effective and caring which meet and aim to exceed their expectations.

Portsmouth Hospitals NHS Trust

The Trust has a significant contribution to make in the early identification of carers who contribute towards the provision and sustainability of health and social care services. An acute hospital admission of someone who is cared for can be a sign of a carer struggling to provide the support needed. Many of these carers will be 'hidden' carers, not receiving any support. Early identification and provision of, or signposting to, support services has a positive impact on the health and wellbeing of the carer. This results in them being able to continue their role as carer and supports them to live a fulfilled life.

Portsmouth Hospitals NHS Trust Carer Engagement Activities 2014–15

This year, the trust has taken the opportunity to promote engagement as an on-going

process rather than a one-off event. To achieve this the Patient Experience Steering Group, which is responsible for directing and monitoring experience improvements, has a permanent carer representative.

The Trust is also an active member of the Portsmouth Carers Executive and uses this as an opportunity to speak with and listen to carers. We are a member of the Fareham and Gosport Community Engagement Committee on which there is representation from the carer community from across SE Hampshire. Supporting the Portsmouth City Council pilot project for on-site carers has helped us better understand what is important to carers during the hospital stay of the person they care for. All carers are offered the opportunity to participate in a simple survey which has helped us identify areas of good practice and areas for improvement.

The council's carers team, based at QAH implemented a carer feedback survey in June 2014 and in the first nine months there were 51 respondents.

Portsmouth City Council

Carers Centre Queen Alexandra Hospital (QAH) Project

Portsmouth City Council's carers team, based at QAH implemented a carer feedback survey in June 2014 and in the first nine months there were 51 respondents. The survey asks a series of questions relating to how much the carer felt included and supported while the person they cared for was in hospital.

A snapshot of the headline results is as follows:

- 54% of carers felt their caring role was considered important by hospital staff
- 56% of carers felt they were kept up to date with the care/treatment of the person they care for

- 48% reported that they were offered support and advice during the stay of the person they care for

When asked 'how do you think your experience as a carer could be improved if the person you care for had to be admitted again?'

- 60% said better communication between healthcare staff, patient and carer
- 37% said better post discharge services for the carer
- 65% said having a point of contact for information for the carer
- 44% said having an advocate to assist the carer when needed

Many carers also commented that the key issue they faced was not being able to speak to the relevant medical professional to get an accurate update on the condition and care of their loved one.

4.5 Young carers

Young carers services based in Portsmouth City Council's Adult Social Care and Public Health department carried out a consultation exercise in 2014.

Consultations took many forms from informal chats to group activities at the Carers Centre, in schools and at the colleges – in total 28 young carers contributed.

We found that young carers in Portsmouth are generally very happy with the service and support offered.

Young carers in Portsmouth are very happy with the service and support offered.

Portsmouth City Council

Common themes are:

- Young carers found staff very supportive, especially where they felt that they were not supported by other professionals.

"Without the carers service I probably wouldn't be here today. This place has helped me cope with difficult moments in my life."
- Young carers reported that they had been able to take up opportunities that they would not otherwise have access to including the chance to socialise with peers.

"If I didn't come here I would never go out."

"I have had experiences, such as the carers' festival (I still have friends from this!) and going abroad, that I never had before. These made me feel good about myself."

"Gives me a chance to do things I wouldn't normally do"

- Young carers felt supported to attend school.

"The worker was brilliant and listened to me when my school had given up; no one asked me why I was not happy. She helped me to settle back into school and was my voice when I needed her to be."

- Young carers reported that services helped them to stay or get back on track.

"Without young carers I would been on the streets fighting and taking drugs, the support from staff and other young carers has helped me a lot and helped me stop self-harming and taking substances that can damage me."

"The worker helped me a lot last year when my relationship broke down after my girlfriend had a miscarriage. I got into drugs and lost my way. He talked me through this and gave me the insight to work through it."



- The opportunity to relax in a supportive environment is valued highly.

“The group is a place where I can socialise and relax at times where other things in life are causing me a lot of stress and anxiety.”

“The service I have received from the young carers is absolutely outstanding! When I first came to the meeting back in November 2013 I was at rock bottom, but gradually I have been feeling better about myself and feeling better about being a young carer.”

- Parents living in the north of the city identified transport and cost of public transport/fuel as being a barrier to their children accessing the service.
- Parents’ perception of whether their child was a young carer could impact on their attendance at provision.

“If I was a support worker I would have made more house visits with the people that care for family members so I would know how to help them make a better chance for themselves and help them improve on problems they have.”

Portsmouth carers reported higher scores and percentages across all five outcome measures in the ASCOF than the national average.

Portsmouth City Council

4.6 Carers survey 2014: summary of results

Questions from the 2014–15 carers survey are used to monitor the performance of Adult Social Care at national and local levels. Responses to certain questions are used to populate outcome measures in the Adult Social Care Outcomes Framework (ASCOF)16. (Appendix B)

Carers eligible for inclusion in the survey are:

- those carers aged 18 years or over
- those helping or looking after someone aged 18 years or over
- those who’ve been assessed or reviewed, either separately or jointly with the cared for person by social services during the past 12 months before 31 July 2014.

Full data from the Carers Survey 2014 will become available on the Portsmouth City Council website in summer 2015, but we have included some provisional highlights from the local data below.

In 2012/13 Portsmouth carers reported higher scores and percentages across all five outcome measures in the ASCOF than the national average and local comparators (Hampshire and Southampton). However, provisional data from Portsmouth carer’s survey in 2014–15 shows a decrease across all the domains since the last survey. The greatest decrease was for carers reporting they had enough social contact with people they like (decrease from 57.0% to 47.1%).

This data is shown in the table opposite.

	2012–13				2014–15
	England	Hampshire	Southampton	Portsmouth	Portsmouth Provisional
Carer reported quality of life	8.1	7.2	8.5	8.9	8.4
Carers with social contact				57.0%	47.1%
Carer satisfaction	42.7%	39.4%	40.2%	44.3%	43.3%
Carers reporting involved in discussions	72.9%	71.7%	76.3%	77.5%	71.2%
Accessible information	71.4	70.3	68.4%	74.0%	69.2%

The score for **carer reported quality of life** has decreased since the last survey by 0.5 points. The Portsmouth 2014–15 score is still 0.3 points above the England average in 2012–13.

Carers and social contact – just under half of respondents stated that carers had enough social contact with people they like. Although a new domain in 2013–14 the question has been asked in previous surveys and has dropped by 10 percentage points since 2012–13.

Carer satisfaction – just under half of carers (44.3%) for 2013/14 stated that they are very or quite satisfied, this was lower than the previous survey in 2012–13 (44.3), and higher than the England average of 42.7% (1.6 percentage points).

Proportion of **carers who report that they have been included or consulted in discussions** about the person they care for, just under three quarters of carers always or usually felt involved in discussions. This is a little below the England average for 2012–13 (1.7 percentage points).

Carers who find it easy to get information –

59% of carers find information very or fairly easy to find. This is below the 2012–13 England average by 2.2 percentage points and a drop of 4.8 percentage points since Portsmouth 2012–13.

Of those who responded to the survey the majority of cared for people were over 65 (69%) and of those, just over a quarter of cared for people were over 85 (28%). Compared to previous years, the older proportion of cared for people has reduced by 5 percentage points (over 65s in 2009–10 was 75%).

A new question for 2014–15 was included to assess the implications of the Care Act 2014, which allows local authorities to charge for carers’ services. Most (68%) respondents stated that they would not be prepared to pay for carers’ support services.

Most respondents stated that they would not be prepared to pay for carers’ support services.

Carers survey 2014

5 Priority 1: identification and recognition

Carers will be respected as expert partners, and identified at an early stage to secure comprehensive, personalised services to support them in their caring role.

The single, most important priority of all. We cannot do anything to support carers if we do not know who they are and what they need.

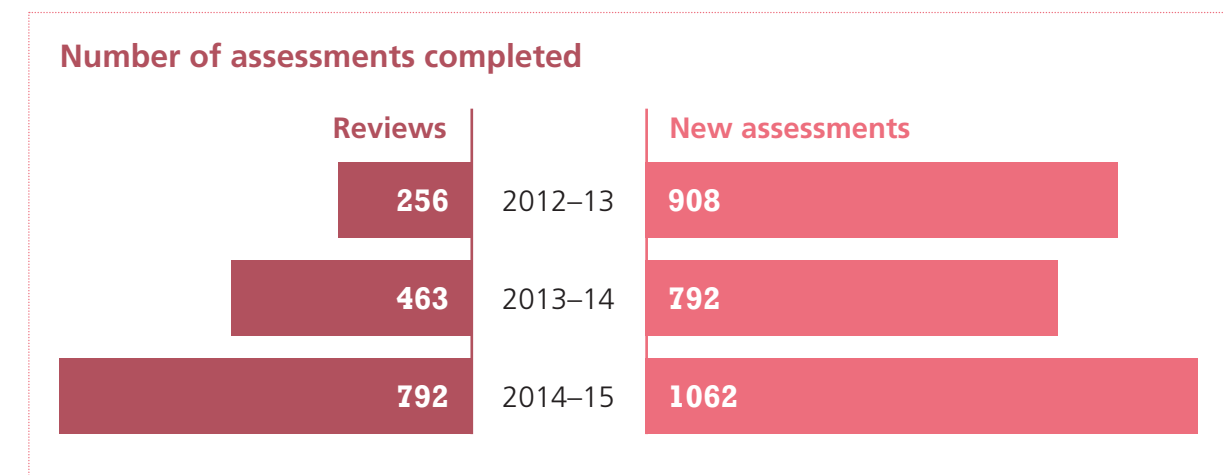
Carers strategy 2011–15

5.1 Why this priority is important?

In our strategy 2011–2015 we said that identifying and including carers was “The single, most important priority of all. We cannot do anything to support carers if we do not know who they are and what they need”. This is still our first priority and since the launch of the strategy in 2011 we have continued to strive to identify carers in a range of settings, through a range of campaigns and media. The number of carers known to services has increased year-on-year.

In summary the national *Carer’s Strategy: Second National Action Plan* requirement is to:

1. Support carers to identify themselves and understand their legal entitlements, access information and advice on different elements of caring at different times, early access to information and advice to make informed decisions.
2. Early engagement with new carers and not labelling carers as such (as this often alienates people), engagement with those new to the caring role needs to be constantly reviewed.
3. Ensuring that young carers and other under-represented groups do not fall ‘under the radar’.



4. Professionals need to value carer experience and knowledge. Recommendation that professionals should make use of carer insights from carers of all ages in order to provide good quality, efficient support.
5. Carers should be involved in planning individual care packages including families and young carer involvement. Carers of all ages should be involved in strategic planning.

Locally, we know that once carers are identified, either by themselves or by professionals, then their situation can be assessed and support can be accessed to maintain the caring role and meet their own needs. Early intervention and prevention is the key to this.

Working with schools to identify young carers, finding appropriate ways to share information between education and carer services, will ensure that all school-age carers are given the guidance and support they need in order to fulfil their caring role and reach their maximum educational potential.

My daughter searched the internet for information for me as I do not have access to a computer. More information needs to be in public places e.g. doctors, libraries.

Carer



5.2 What evidence do we have to support the priority?

In their May 2014 policy briefing, Carers UK¹⁷ state that nationally two million carers cease caring and the same number become carers each year. They also predict that by

2037 the national care population is likely to reach nine million.

The 2014 Carers UK State of Caring¹⁸ report is based on a survey of 5,000 carers sharing their experiences to build a picture of the state of caring nationally.

- 69% find it difficult to get good night's sleep as a result of caring
- 50% were affected by depression after taking on a caring role
- 54% struggle to pay household bills
- Of the working carers who responded to the survey 44% have reduced their working hours and 32% had refused promotion
- 62% said the stress of caring meant they gave up work
- 49% felt that society does not think about them at all

This snapshot of findings from the State of Caring survey illustrates the need to secure comprehensive recognition and identification for carers.

5.3 Who is most affected by this priority

This priority affects all carers but it is particularly pertinent to carers who are 'hidden' either because they haven't been in contact with a service that has identified them as a carer, or because they are simply not aware of the services which they may be entitled to or which are available to them.

There are particular groups that have been previously targeted because they are under-represented amongst the carers already known to us, these include:

- people who care for someone, or are themselves from a stigmatised group such as people with mental health problems or those that have substance misuse issues.
- people with disabilities including autism, sensory impairment, learning disability and physical disability.

- people from lesbian, bisexual, gay and transgender (LBGT) communities
- people from Black, Asian, Minority Ethnic (BAME) communities
- people who are looking after someone who is at the end of their life
- young and older carers

5.4 The commitments made in the previous strategy

Commitments made in the previous strategy have largely been met and achievements are detailed in Appendix B. Actions that weren't met were due to a change in focus or a change in the required action.

Any actions that were not achieved during the lifetime of the 2011–15 strategy have been carried forward. Some actions are ongoing as they are still relevant to the 2015–20 strategy.

5.5 The future: our commitment to you

To implement the priority:

- We will continuously audit and review our modes of engagement and communication via media, web pages and campaigns and use associated data to further develop these opportunities and ensure our publicity is accessible to a range of carers.
- Carers will be involved in care planning via their assessments.
- Family and young carer involvement in assessments and care planning will be developed.
- We will investigate and invest in social media to secure the most effective ways to promote carers services.
- We will further develop opportunities where carers can be identified; we will identify gaps and develop identification avenues in health, community and other settings.



I don't like asking for help or advice. However if someone gave me the push I need, e.g. make me an appointment with someone, then I would get the advice and help that I needed and I would finally open up.

Carer

- Continue with focussed work programmes, linking in with established groups and training opportunities for carers from under-represented groups; this will specifically include sensory impairment, end of life, ex-service personnel and autism spectrum disorder.
- Understand the local picture around carers becoming carers and then ending their caring responsibility and understand local carer demographics to inform how we develop future services.
- Training for professionals will be continuously reviewed to ensure themes and current issues are embedded in training and that training methods are accessible and easy to access.
- Identification in GP settings will be further encouraged.
- Solent NHS Trust has committed to developing a system for identifying carers (including young carers) alongside patients who are accessing their services and patients who are also carers. They will initially focus on adult mental health, substance misuse and those with long term conditions.
- Carer awareness raising training for Solent NHS Trust staff to be rolled out, starting with a mandatory induction and then rolling out to current staff
- Solent NHS Trust will strengthen working partnerships between carer delivery services to secure effective signposting into services.
- Consult on the Solent NHS Trust patient experience strategy which includes specific objectives related to carers.

6 Priority 2: realising and releasing potential

Making sure that a carer is not disadvantaged by their caring status and able to have a life of their own alongside caring.

Around one in 20 young carers miss school because of their caring responsibilities.

6.1 Why this priority is important

Young carers and young adult carers

Some facts about young carers:

- The 2011 Census revealed there were 166,363 young carers in England, compared to about 139,000 in 2001. However, this is likely to be an under-representation of the true picture as many remain unnoticed by professionals.
- One in 12 young carers is caring for more than 15 hours per week.
- Around one in 20 miss school because of their caring responsibilities.
- Young carers are 1.5 times more likely than their peers to have a special educational need or a disability.
- The average annual income for families with a young carer is £5,000 less than families who do not have a young carer.
- There is no strong evidence that young carers are more likely than their peers to come into contact with support agencies, despite government recognition that this needs to happen. Young carers have significantly lower educational attainment

at GCSE level, the equivalent to nine grades lower overall than their peers i.e. the difference between nine Bs and nine Cs.

- Young carers are more likely than the national average to be 'not in education, employment or training' (NEET) between the ages of 16 and 19 years. (Children's Society *Hidden from View: The experiences of young carers in England 2013*¹⁹).

Working-age carers

The Carers, Employment and Services (CES), *Managing Caring and Employment* study²⁰ found that worrying numbers of working carers were in poor health and struggling to make ends meet. Only about a quarter of those surveyed felt that they had adequate support from formal services to enable them to combine work and care. Significant numbers of working carers stressed that, although they were keen to continue in work, they had considered giving it up to care.

The 2011 Census showed that in Portsmouth, the proportion of carers in full-time employment is 34.9% compared to 40.4% of non-carers. Carers are more likely to be in part-time employment; 18.4% of carers are in part-time work compared to 13.7% of non-carers.

As you would expect, the proportion of carers in employment declines as the

intensity of their caring role increases, 28.3% of carers providing care for 50 or more hours a week are in employment, compared to 63.7% of carers providing 1–19 hours of care a week.

Employed includes full and part time employees, those who are self-employed and full-time students aged 16–74 years old. Economically inactive includes those who are retired, students, long term sick or disabled and those looking after home or family.

The impact of caring on a young carer or young adult carer is widely reported and in addition to those highlighted above the responsibilities of caring for another person at a young age can lead to isolation, lack of confidence, financial hardship and reduced opportunities for education and employment.

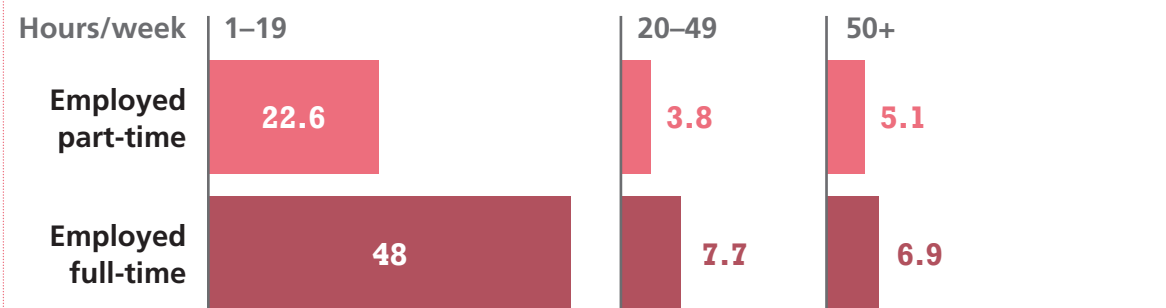
Many carers of working age experience major challenges in remaining in paid employment.

We want to ensure that having a caring responsibility is not a barrier to living a fulfilled and active life.

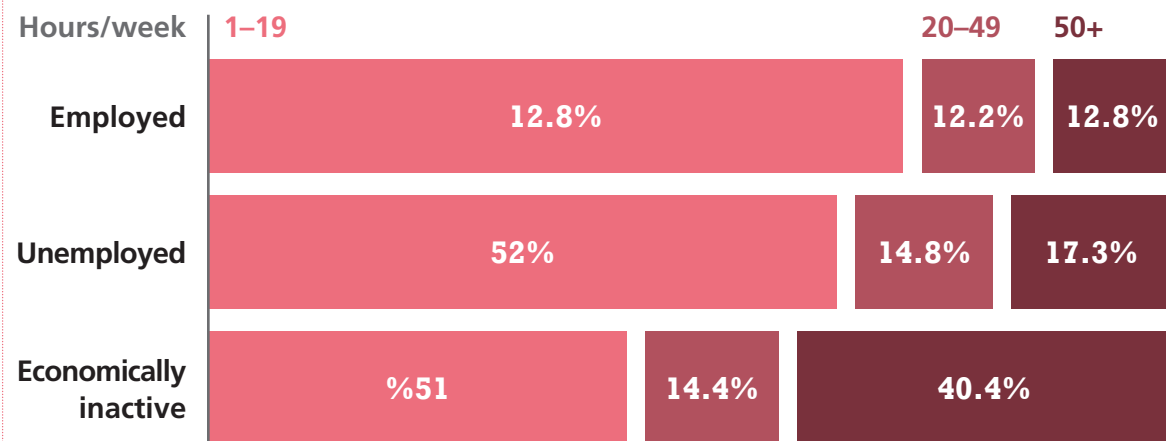
Many carers of working age experience major challenges in remaining in paid employment. Some employers are aware of these issues and working proactively to support their staff to continue their caring responsibilities but there are many who do not. Enabling carers to stay in work not only benefits them in terms of income, self-esteem, personal development and security it also supports the local economy and reduces the cost of public expenditure. Once a carer has left the employment market it can be challenging for them to return. They have a wealth of skills that employers could and should make use of but the transition from a full time unpaid caring role back into paid employment or further education can be a difficult one to make.

This priority in the Portsmouth strategy over the next five years is aimed at supporting young carers, young adult carers and working age carers to realise and release their potential as these groups often do not access support services. Carers outside of these priority groups can access a full range of assessment and support services which take training and employment needs into consideration. We want to ensure that having a caring responsibility is not a barrier to living a fulfilled and active life.

Carers, per 1,000 employed population by type, and hours per week provided of unpaid care, Portsmouth, 2011



Percentage of hours of unpaid care provided a week by economic activity group for Portsmouth residents aged 16–74 years, 2011



6.2

What have we achieved so far?

The *Portsmouth Carers Strategy 2011–2015* set out a number of actions to support carers to fulfil their potential. Listed below are Portsmouth's achievements to date:

Data recording to help us understand what's happening in Portsmouth

- Better recording of carer occupation
- Identification and tracking of young carers in education

Targeted outreach and support

- Work with large employers and their Human Resource teams to improve support for carers in employment
- Providing support for carers at times that are more convenient for people in work
- Dedicated young carer schools worker
- Provision of young carers support group in every secondary school in the city
- Greater links with schools and the introduction of 'Teacher Champions'
- Young adult carer mentors in Highbury College and Portsmouth College
- Targeted support for young carers at risk of dropping out of education

Supporting wellbeing, inclusion and skills development

- Recruitment of additional posts at the carers centre
- Initial assessment of employment potential and referral to careers advice with partner agencies
- Opportunities for carer Volunteers at the Carers Café to increase skills and confidence
- Improved identification of young carers
- Highbury College has young carer bursaries to help sustain education resulting in increased uptake in the last three years
- 18–25 years young adult carers support group up and running at the Carers Centre
- New specialist projects for young carers supporting parents with mental illness or substance misuse through Cornerstone and Roundhouse
- University of Portsmouth Health and Wellbeing team now linked with the carers team
- Assessment of carers training needs in every carers assessment

6.3

The future: our commitment to you

We've listed below the work that we feel will provide greater support to carers of all ages with regard to realising and releasing their potential. We will therefore work to provide:

- a new carers assessment, in line with the Care Act 2014. We expect an increase in the number of assessments which will help us gain a clearer idea of carers needs with regards to training, education and employment.
- support to employers to ensure they are aware of the number of employees with caring responsibilities and how best they can support them to stay in employment. Through making links with employers we also hope to identify ways of engaging with them as a group e.g. Chamber of Commerce events.
- a partnership approach to our work with the Department for Work and Pensions and others to improve support for carers' employability and access to employment and progress to better paid employment, with a particular focus on young carers and those aged over 40 years.

- increase welfare benefit uptake to reduce the risk of poverty among carers
- a 'Peer Network' of former carers to offer advice and support to current carers and improve the transition for those whose caring responsibilities reduce or cease.
- peer support groups across the whole carer population, building on existing provision and developing new ones where this is needed.
- continue with our work to support young carers and young adult carers in every school, Further Education and Higher Education provider and reduce the number of young carers aged 16–19 years who are not in education, employment or training
- improved identification of young carers and ongoing monitoring of their educational achievements – to be achieved through gaining consent to share information at the earliest opportunity.



7 Priority 3: a life alongside caring

Personalised support for carers and for those they support, enabling them to have a family and community life.

I live with my husband who has Parkinson's Disease and various other ailments and therefore needs 24hr care. I get two sets of three hours relief by sitters in which I manage to fit in my shopping and also a meal on most of these occasions. I sometimes find the intense caring very harrowing; I would find it very hard to cope without this care.

Carer



Key Issues

- Personalising support for carers and the people they support
- Availability of good quality information, advice and support

Carers support has been in place in Portsmouth since 2002 and has been prioritised as we know that when carers are well supported then a good quality of life can be secured, the caring situation can be sustained and there is less reliance on higher level health and social care services.

7.1 Why this priority is important

The Carers UK 'State of caring' survey 2014 found that:

- 55% of carers felt unable to get out of the house much, rising to 64% for those providing 50 hours or more care a week
- 61% just didn't have time for social activities
- 36% were not comfortable talking to friends about their caring role

- 54% were struggling to pay household bills
- 35% cut back on essentials of food and heating
- 14% of carers said they or their loved one had been the victim of harassment or crime therefore some families may choose to stay at home and forgo social activities or other opportunities to get involved with the community.

When a person becomes a carer they often give up many of the opportunities that non-carers take for granted. Carers' lives can become closely aligned with the person they care for, which limits the opportunities they have for a life outside their caring role. They may lack full access to services, leisure, paid work and to general involvement in their community.

They may also find themselves outside the mainstream of society, simply because of their caring role.

Carers who are well informed about the support and services they need to have a life outside caring often report a better quality of life and the caring situation is more sustainable.

We want the law to focus on the person and their needs, their choices and what they want to achieve. It should put them in control of their lives and the care and support they receive.

Care Act Factsheet

7.2 Personalisation

Personalisation is a social care approach described by the Department of Health as meaning that “every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings”.

We know that the circumstances of individual carers and the people they care for vary enormously, and this means that the ‘one size fits all’ approach will not meet their needs. Personalising support so that it fits around the carer and their family is critical to supporting them personally, both in their caring role, and in maintaining their own health and wellbeing.

Personalising assessment and support for the cared-for person is also important. If services meaningfully support the whole family situation then there will be a positive effect on the carer.

“We want the law to focus on the person and their needs, their choices and what they want to achieve. It should put them in control of their lives and the care and support they receive. The care and support

planning process is the way of making this happen. It will provide people who use services, and carers, with clear legal rights to a care and support plan.” *Care Act Factsheet 4*²¹

For carers to experience personalised support we have designed an assessment that looks at their needs and that can be accessed in a way that suits them; this can be online, over the phone, in person with a Carers Centre worker or with another trusted professional.

If the carer needs to have a break from their caring role, an assessment will enable them to access information and (if eligible) a contribution to pay for a break via a direct payment. The breaks offer should be as flexible as possible to allow individual carers choice of what will help them achieve the outcome they want.

There are so many different organisations and departments that it is difficult to understand their responsibilities and interplay between them. Sometimes advice conflicts between departments.

Carer



7.3 Getting services right for the cared for person

Carers often report spending a significant proportion of their time supporting their loved one with appointments and negotiating the health and social care system. This can be a time consuming and frustrating process and waiting for appointments can make it difficult to plan, remain in employment or carry out leisure or other activities. ‘Better Care’²² plans to transform the health and social care system into one that is more efficient, with services which are more joined up. This should have a significant positive impact on people using those services and their carers.

Portsmouth City Council and NHS Portsmouth Clinical CCG have joined forces to develop the Better Care programme in Portsmouth – part of a national initiative to better integrate health and social care services to help people to stay healthy and independent for longer.

We know more people are living longer. The over 80s are the fastest growing group in our communities and many of them have complicated health conditions that are

difficult to manage, especially when they have to deal with lots of different health and social care professionals. Better Care will join up health and social care services to make life easier, to help people better manage their conditions and stay well for longer.

Alongside the Better Care initiative, NHS England published *NHS England’s Commitment to Carers* (May 2014). This should see all NHS services respecting and engaging with carers as expert partners in care. It also commits services to support carers to stay healthy by enabling access to NHS services and offering NHS Health Checks.

Young carers

Both the Care Act 2014 and the Children and Families Act 2014 make special provision for the use of whole family assessment where that is appropriate to the needs of all family members. This marks a significant change in the way that adults’ and children’s services have worked in the past and presents a new option for carers which in many cases will meet their needs in a more efficient and effective way.

Professional staff explain the way their bit works but don’t realise how this affects the rest of the process. In particular there is a total mismatch between services for children and those for adults, as well as a lack of coherence between the process for one-off incidents and chronic situations.

Carer



7.4 Information

I'm not on the internet and I rely on information from leaflets, magazines and articles I read. For instance after three years as a carer I was informed that I could have had a reduction in our council tax. I have now applied.

Carer



Local and national carer feedback tells us that access to information remains one of the biggest concerns for carers and the people they are looking after. When people have the right information, in a format they can access, at a time they need it, they're empowered to take control of their situation and are more likely to achieve the best outcome.

The Care Act 2014 places extra duties on local authorities:

"Local authorities will need to provide comprehensive information and advice about care and support services in their local area. This will help people to understand how care and support services work locally, the care and funding options available, and how people can access care and support services." *Care Act Factsheet 1*

7.5 Carers assessments

A good quality assessment of the caring situation is key to identifying any support needs a carer might have and to help to identify outcomes and how they might be achieved.

Through the new provisions around Carers Assessments in the Care Act, local authorities will have to proactively offer assessment on the appearance of need. Through that assessment they must explore whether the carer is willing or able to provide that care and they must establish the outcomes that the carer wished to achieve in day to day life.

Portsmouth has a well-established carers Self-Assessment process which is being updated in partnership with carers to ensure it is as flexible as possible for carers to use whilst ensuring it meets the requirements of the Care Act.



7.6 The future: our commitment to you

We will:

- provide good quality information and advice at the right time and in the right way to help people make informed decisions, maintain independence and manage a life alongside the caring role
- work towards information being provided at first contact whether that be with a GP, employer, school/college or other professional
- provide information on what to expect at each part of the process and what to do if things change
- signpost to additional sources of advice and support including other services and peer support
- support digital inclusion, to ensure that carers can benefit from the increased opportunities available online, including information, social contact, employment and skills development

Assessment

- Supported self-assessment flexible to carer needs
- Empowering approach from trained and skilled professionals
- Support to access sources of specialist training and skills development to improve self-management – e.g. good employment practice, self-advocacy training, understanding what health and social care services are available and how to access them
- A light touch review process which enables people who are managing well to self-review and provides scalable support as required
- Solent NHS Trust will join up with partners to make effective use of resources for example web pages, promotion campaigns etc.



8 Priority 4: supporting carers to stay healthy

Supporting carers to stay
mentally and physically well

Key Issues:

- Impact of caring on health and wellbeing
- Prevention and early intervention for carers within local communities
- Supporting carers to look after their own health and wellbeing

8.1 NHS Commitment to Carers – May 2014

“Carers are a hugely important asset to the NHS. However, too often carers do not receive the recognition and support that they need and deserve from the NHS. We need to do more to help identify, support and recognise their vital roles. Helping carers to provide better care and to stay well themselves will contribute to better lives for those needing care and more effective use of NHS resources.”

When looking after someone, carers often neglect their own health. Whether it be the physical impact of broken sleep, moving and handling, missed medical appointments, or the long term result of stress worrying about how to juggle caring and other

I feel that Adult Mental Health needs to communicate with carers and pay more attention to what they say the person does/is like on a day-to-day basis. I don't feel GPs (mine personally) understood the constant stress emotionally and physically carers go through daily...

Carer



commitments, caring can, and does, mean that carers report worse health than non-carer peers.

Poor health and stress can lead to carers reaching crisis point which can lead to sudden interventions by health and social care services and sometimes resulting the admission of the cared for person to hospital or residential care.

Carers who provide high levels of care for sick, or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities, with nearly 21% of carers providing over 50 hours of care, in poor health compared to nearly 11% of the non-carer population.

84% of carers surveyed for the Carers UK State of Caring Survey, 2013 said that caring has had a negative impact on their health (an increase from 74% in 2011–12).

We know that when carers feel supported in their caring role, they are better able to take care of their own health and wellbeing. Carers attribute their health risk to a lack of support, with 64% citing a lack of practical support.

Health professionals could provide a key role in identifying and supporting carers

as 70% of carers come into contact with health professionals. Despite the opportunity presented by this, health professionals only identify one in ten carers – with GPs, more specifically, only identifying 7%.

In order to support carers to achieve the best health possible it is vital that health services and community wellbeing opportunities are designed in a way which makes them accessible to carers taking into account their specific needs. This will not only improve carer wellbeing but also reduce dependence on higher level health and social care services both for the carer and cared for person.

The National Carers Strategy Action Plan reports that the two groups of carers most affected are young male carers from the ages of 18–24 years and young carers under the age of 18 years. This potentially demonstrates the long term impact of caring through childhood and a lack of awareness amongst young people of how to look after their own health and wellbeing. These groups will become a key priority for this section of the strategy.

8.2 The Portsmouth picture

Portsmouth historically has high levels of deprivation and poor health outcomes. It covers 15.5 square miles and is the most densely populated local authority in the UK and the twelfth most populated in Europe. Male life expectancy is nearly 11 years shorter in the most deprived areas compared to male life expectancy in the least deprived areas. The more deprived areas have low rates of adult skills and unemployment and high rates of smoking, alcohol consumption and mental ill-health. It is fair to assume that due to the poor health of Portsmouth residents in general the carer population is likely to be affected proportionally.

Significant progress has been made in terms of offering carers support in health settings, supporting health professionals to identify carers and refer them to appropriate services and supporting carers to access community opportunities to improve and maintain their own health.

The Carers Centre assessment team have staff located at a variety of health settings and with teams across the city such as Queen Alexandra Hospital, GPs, pharmacies, Paulsgrove Healthy Living Centre, Adult Mental Health services, Older Persons Mental Health Services and Learning Disability Services.

A range of approaches are used including providing carer awareness training, running carers drop in sessions, reviewing systems to ensure they are carer friendly and support the identification of carers and setting up direct referral processes so that health staff can easily refer carers into support services. The comprehensive range of partnership working has shown a huge increase in the number of carers being identified and wanting to access an assessment or review.

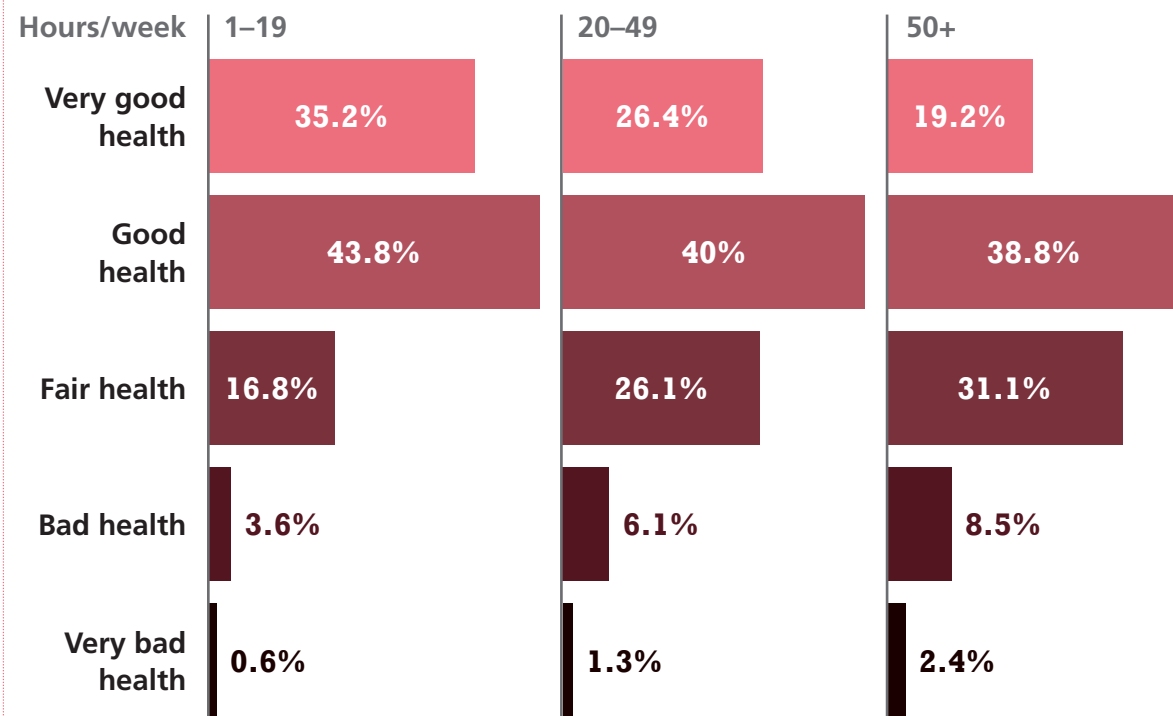
The Carers Centre team has also established partnership working with community health providers such as Health Trainers to provide health checks, Talking Change to provide talking therapies and emotional wellbeing courses and local providers of tai chi and yoga to link in with free taster sessions.

The carers self-assessment process takes a holistic approach and gives carers the opportunity to identify if there are issues around their health and wellbeing and staff are able to signpost to services as appropriate.

Through the NHS Commitment to Carers, NHS England will:

- include an offer of a health check for carers in a revised GP Enhanced Service for dementia
- repeat the survey of bereaved people to measure quality of care provided to people at end of life and their relatives and carers
- include carers in health and social care integrated locality teams (Better Care Fund initiative)
- embed joint working in a range of health settings and seek sustainable funding for this work
- trial new and innovative approaches with GPs and other community health providers
- improve access to acute hospital services via the Portsmouth Hospitals NHS Trust equalities work
- improve training provided to Adult Mental Health staff to ensure carers are engaged as expert partners in care
- focus on male carers aged 18–24 years and young carers to understand the health needs and how to meet them
- ensure carers are able to access the new Public Health wellbeing service
- ensure young carers needs are considered in the new healthy child programme
- further explore opportunities around replacement care both to ensure carers have access to a break and to enable attendance at medical appointments
- reduce poverty among carers, which is associated with a range of health inequalities and poor outcomes
- reduce fuel poverty among carers to reduce the risk of excess winter death among carers and those they care for

Percentage of health of carers and hours of unpaid care given



Source: ONS Crown Copyright Reserved [from Nomis on 19 March 2015]

8.3 The future: our commitment to you

Since the publication of Portsmouth's first carers strategy in 2011, much progress has been made in terms of identifying and supporting carers in health settings. However, it is clear that significant culture change is still needed to ensure all health professionals are actively identifying carers, recognising them as expert partners in the care of their loved one and providing flexible health services to meet carers needs.

2015–17: our commitment to carers

Priority 1 identification and recognition

Carers will be respected as expert partners, and identified at an early stage to secure comprehensive, personalised services to support them in their caring role.

Carers Strategy: Second National Action Plan 2014–2016 summary of requirements:

- Support carers to identify themselves and understand their legal entitlements; access information and advice on different elements of caring at different times; early access to information and advice to make informed decisions.
- Early engagement with new carers not labelling 'carers' as such (as this often alienates people), engaging with those new to the caring role need to be constantly reviewed.
- Ensuring that young carers and other underrepresented groups do not fall 'under the radar'.

- Professionals need to value carer experience and knowledge. Recommendation that professionals should make use of carer insights from carers of all ages in order to provide good quality, efficient support.
- Carers should be involved in planning individual care packages including families and young carer involvement. Carers of all ages should be involved in strategic planning.

Our actions:

- 1.1** We will continuously audit and review our modes of engagement and communication via media, web pages and campaigns and use associated data to further develop these opportunities and ensure our publicity is accessible to a range of carers.
- 1.2** Carers will be involved in care planning via their assessment.
- 1.3** Family and young carer involvement in assessments and care planning will be developed.
- 1.4** We will investigate and invest in social media to secure the most effective ways to promote carers services.
- 1.5** We will further develop opportunities where carers can be identified; we will identify gaps and develop identification avenues in health and community settings.

- 1.6 Continue with focussed work programmes, linking in with established groups and training opportunities for carers from under-represented groups; this will specifically include sensory impairment, end of life and autism spectrum disorder.
- 1.7 Understand the local picture around carers becoming carers and then ending their caring responsibility and compare local and national carer comparative demographics to inform how we develop future services.
- 1.8 Training for professionals will be continuously reviewed to ensure themes and current issues are embedded in training and that training methods are accessible.
- 1.9 Identification in GP settings will be further encouraged
- 1.10 Solent NHS Trust has committed to developing a system for identifying carers (including young carers who are alongside patients who are accessing their services, and patients who are also carers. They will initially focus on adult mental health, substance misuse and those with long term conditions.
- 1.11 Carer Awareness raising training for Solent NHS Trust staff to be rolled out, starting mandatory induction and then rolling out to current staff
- 1.12 Solent NHS Trust will strengthen working partnerships between carer delivery services to secure effective signposting into services.
- 1.13 Consult on the Solent NHS Trust patient experience strategy which includes specific objectives related to carers.

Priority 2 Realising and releasing potential

Making sure that a carer is not disadvantaged by their caring status and able to have a life of their own alongside caring.

- Support for young carers and young adult carers – understanding young carer demographics and the impact of caring on attainment at school and college.
- One in 20 young carers miss school due to caring. Young carers achieve the equivalent of nine grades lower at GCSE.
- Promoting and providing support for carers of working age. There is evidence that employers are not meaningfully flexible despite the Equality Act 2010 and that Carers are significantly worse off financially as a result of having to give up work.
- There is statutory guidance in Children and Families Act around young carer assessments and the need to consider the risk of young carers becoming NEET (not in education, employment, or training).

Our actions:

- 2.1 A new carers assessment, in line with the Care Act 2014. We expect an increase in the number of assessments which will help us gain a clearer idea of carers needs with regards to training, education and employment.
- 2.2 Support to employers to ensure they are aware of the number of employees with caring responsibilities and how best they can support them to stay in employment. Through making links with employers we also hope to identify ways of engaging with them as a group e.g. Chamber of Commerce events.
- 2.3 A partnership approach to our work with the Department for Work and Pensions to improve support for carers employability and access to employment.

- 2.4 Increase welfare benefit uptake to reduce the risk of poverty among carers.
- 2.5 A 'peer network' of ex-carers to offer advice and support to current carers and support them in the transition from their caring responsibilities.
- 2.6 Peer support groups across the whole carer population, building on existing provision and developing new ones where this is needed.
- 2.7 Continue with our work to support young carers and young adult carers in schools, Further Education and Higher Education
- 2.8 Improved identification of Young carers and ongoing monitoring of their educational achievements to be achieved through gaining consent to share information at the earliest opportunity.

Priority 3 A life alongside caring

Personalised support both for carers and those they support, enabling them to have a family and community life.

- There is a drive to personalise support for carers and the people they support. One size does not fit all. More evidence is provided around caring demographics.
- Availability of good quality information, advice and support is key to help carers in their caring roles. Need to improve information provision both for people engaged with services and those who are not. The universal information and advice offer is highlighted in the Care Act.

Our actions: Information

- 3.1 Provide good quality information and advice at the right time and in the right way to help people make informed decisions, maintain independence and manage a life alongside the caring role
- 3.2 Work towards information being provided at first contact whether that be with a GP, employer, school/college or other professional
- 3.3 Information on what to expect at each part of the process and what to do if things change
- 3.4 Signpost to additional sources of advice and support including other services and peer support
- 3.5 Support digital inclusion, to ensure that carers can benefit from the increased opportunities available online, including information, social contact, employment and skills development

Assessment

- 3.6 Supported self-assessment flexible to carer needs
- 3.7 Empowering approach from trained and skilled professionals
- 3.8 Support to access sources of specialist training and skills development to improve self-management e.g. good employment practice, self-advocacy training, understanding what health and social care services are available and how to access them
- 3.9 A light touch review process which enables people who are managing well to self-review and provides scalable support as required
- 3.10 Solent NHS Trust will join up with partners to make effective use of resources for example web pages, promotion campaigns etc.

Priority 4 Supporting carers to stay healthy

Supporting carers to stay mentally and physically well.

- The negative impact of caring on health and well-being is now well understood and evidenced. Professionals must acknowledge carer stress, and understand health demographics within the caring population.
- Prevention and early intervention for carers within local communities to help carers stay physically and mentally well.
- Supporting carers to look after their own health and well-being. Support to attend appointments, information and advice to stay well, understanding the condition of the person who is cared for, support to cope at end of life and bereavement.

Through the *NHS Commitment to Carers*, NHS England will:

- 4.1 include an offer of a health check for carers in a revised GP Enhanced Service for dementia
- 4.2 repeat the survey of bereaved people to measure quality of care provided to people at end of life and their relatives and carers
- 4.3 include carers in health and social care integrated locality teams (Better Care Fund initiative)
- 4.4 embed joint working in a range of health settings and seek sustainable funding for this work
- 4.5 trial new and innovative approaches with GPs and other community health providers
- 4.6 improve access to acute hospital services via the Portsmouth Hospitals NHS Trust equalities work
- 4.7 improve training provided to adult mental health staff to ensure carers are engaged as expert partners in care

- 4.8 focus on male carers aged 18–24 years and young carers to understand the health needs and how to meet them
- 4.9 ensure carers are able to access the new Public Health wellbeing service
- 4.10 ensure young carers needs are considered in the new Healthy Child Programme
- 4.11 further explore opportunities around replacement care both to ensure carers have access to a break and to enable attendance at medical appointments
- 4.12 reduce poverty among carers, which is associated with a range of health inequalities and poor outcomes
- 4.13 reduce fuel poverty among carers to reduce the risk of excess winter death among carers and those they care for



10 How we will make sure the strategy is being implemented?

10.1 Monitoring

Carer activity will be monitored at both a national and local level through the following bodies and frameworks:

- National reporting via the Adult Social Care Outcomes Framework (ASCOF)
- Carer related activity will be monitored through Care Act 2014 implementation returns
- National Carers Experience Survey, next due 2017
- Continue to monitor local health identification targets through the Memorandum of Agreement with NHS Portsmouth CCG or through the Better Care Fund work stream under a section 75 funding agreement.
- The local strategy action plan and future developments to be monitored through Carers Executive

10.2 Updating carers

We will continuously update carers about the strategy roll out and developments relating to carer services through:

- regular reporting to Carers Council and regular updates on the Carers Council Facebook page
- a regular page in *Flagship* magazine, an in-house publication that is delivered to every home in the PO1 to PO6 area with six editions each year. We have committed to continuing carer articles in *Flagship* as 55% of respondents to the Carers Survey told us "I read *Flagship* and find the Carer information useful".
- regular mail outs to carers groups
- maintained carers web pages on the Portsmouth City Council web pages and weekly updates on the Carers Centre Facebook page
- carer-focussed events.

11 Appendices

Appendix A: Profile of Portsmouth carers known to adult social care

Appendix B: Action plan 2011–15 and achievements

Appendix C: Strategy references and additional carer information

Appendix A Profile of Portsmouth carers known to adult social care

- A typical carer who is known to Adult Social Care (ASC) is likely to be a woman aged 55–74 years caring for someone with a physical support need.
- 81% of carers are aged 45–84 years, with 45% of carers being over 65 years.
- 3% of carers known to ASC identify as black or ethnic minority (BME) (compared to 16% of Portsmouth population being of black or minority ethnicities)
- 18% of carers received a personal budget or direct payment in the last 12 months
- The majority of carers known to ASC, care for someone whose care is funded by ASC either wholly or in part (91%).
- The majority of carers were assessed separately to the cared for person (99%).
- 29% of carers received a service funded by ASC in the last 12 months, the other 71% received advice or signposting to other universal services.
- The carers receiving a service funded by ASC were most likely to be aged 45–74 years (65%)
- Most carers (62%) support someone with a physical support need
- Caring for someone with mental health support needs is the second most reported primary support reason for the cared for person for all age groups of carers aged 18–84 years. For carers aged over 85 years the second most reported primary support reason was sensory support.
- Carers caring for someone who has social support needs are most likely to be aged 45–74 years (77%)
- Carers aged 65+ were less likely to have a personal budget or direct payment (11% of 65+ compared to 24% of under 65s.)
- Carers who identify as a BME were more likely to have a direct payment (25%) compared to the average of all carers (18%)
- There was little difference between carers of a black or ethnic minority group and carers of white British/ethnicity not stated groups in terms of receiving a service funded by ASC (30% and 29% respectively)
- Those carers who receive a personal budget or direct payment are most likely to care for someone whose primary support reason is mental health (38%). Carers who support someone whose primary support need is physical support were least likely to have a personal budget or direct payment (16%).

Appendix B

Action plan 2011–15 and achievements

Priority 1: Identifying and including carers	
Actions	Achieved
<p>1.1 Planning a broad range of activities in order to reach out to all carers, especially those groups that are known to be hard to reach.</p>	<p>Focussed work programmes, linking in with established groups and training opportunities for carers including people from BAME, substance misuse, people with disabilities, LGBT and young and older carers.</p>
<p>1.2 Further exploring, improving and establishing pathway points for giving information and support to new and existing carers. This will include areas that we have already thought about or started to work on, such as; on hospital discharge; via GPs; in schools; in BME and other minority communities; but we will also look to expand this to other contact points across the whole community.</p> <p>This will involve keeping records so we can better understand how people access services and what works best.</p>	<p>All methods of communication have been audited and reviewed. We have promoted carers services for the lifetime of the 2011/15 plan in <i>Flagship</i> pages and have embraced social media by developing a Facebook page for Portsmouth carers. Carers Centre web pages have been improved and carers strategy pages developed. Contact points have increased across the whole of the community, health venues, schools and colleges. Opportunities to use other media for promotions such as local radio, local newspapers and TV have been utilised and young carers have developed training DVDs for professionals. Data collection has been advanced and monitoring is undertaken via the CCG.</p>
<p>1.3 Continuing the roll out and publicity of the supported self-assessment process and use it as a key engagement tool to both help carers identify themselves and their needs and to encourage the wider professional community to be more aware of carer issues.</p>	<p>Achieved and currently being reviewed to ensure the assessment process is Care Act compliant to be in place by April 2015. There are different routes to access the self-assessment process to meet all needs. Pre-loaded cards have incentivised access to a full assessment. Outreach in health and community venues has been comprehensive and has resulted in an increase in the number of assessments and reviews undertaken by more than 40% in 2014–15.</p>
<p>1.4 Reviewing health and social care workforce development and training plans to ensure that carer awareness and support are highlighted and included. This will include ensuring that training for other groups in contact with carers is developed and delivered, e.g. training for GPs, housing staff etc.</p>	<p>Review undertaken. Carer aware eLearning for all professionals working with carers available. Carer aware also delivered to a variety of other health and social care teams and voluntary sector organisations, examples include: PCC housing, Advice Portsmouth, Citizen Advice Bureau, First Wessex, DWP, Roberts Centre, Food banks and Talking Change.</p>
<p>1.5 Ensuring that we have protocols and services in place to support smooth transitions for carers, e.g. transitions from young to adult and from adult to older people's services; hospital admission/discharge; when caring role ends etc.</p>	<p>Protocols are in place for young carers transitions and there are clear pathways for professionals to make referrals. Interventions have been developed in areas where young carer identification was perceived to be lacking AMH and substance misuse. Links into end of life care have also been established.</p>

<p>1.6 Reviewing the systems and processes we have in place so that all staff working with adults know how to identify young carers and what actions to take to ensure their needs are met.</p>	<p>Young carers are referred by a variety of sources into young carer services, the majority of referrals are made via children's social care, education and colleges.</p>
<p>1.7 Promoting and establishing the role of carers champions across all services.</p>	<p>Link workers have been established in health in social care settings. Professionals updated about carer developments – initially this was done via carer link worker meeting and this has now been over taken by attendance to carers planning group.</p>
<p>1.8 Reviewing contracts and service level agreements with other organisations and groups to ensure carers' needs are considered and recognised.</p>	<p>This was achieved via workgroups in year one of the 2011–15 strategy, carers are considered as part of tender specification development where appropriate.</p>
<p>1.9 Reviewing the Carers Centre. This will include a review of the centre's role and function, the quantity, quality and range of the services provided and lead to the development of a framework for future commissioning and service monitoring. We will use the demographic information and intelligence to forecast future demand. Carers will be fully involved in the review process.</p>	<p>Carers services in Portsmouth were reviewed by national Carer UK organisation in 2013 and an action plan was delivered between the completion of the review in the summer of 2013 and March 2015.</p>
<p>1.10 Working more closely with GPs, using the quality and outcomes framework (QOF) indicator, in order to identify and improve current practice, quality measurement and outcomes.</p>	<p>ASCOF and NHS Outcomes framework and Public Health Framework. See Appendix B which details 2015–16 outcome measures?</p> <p>Good working relationships have been established with six GP practices. Operational resource allocation decisions have prioritised other healthcare settings but further resources have been allocated to this area in 2015–16</p>
<p>1.11 Carrying out equality impact assessments when commissioning, changing or developing any services so that the impact on carers is carefully considered.</p>	<p>Carers are considered where appropriate when equality impact assessments undertaken.</p>

Priority 2: Information, advice & advocacy	
Actions	Achieved
<p>2.1 Maintaining and developing the Carers Centre website.</p>	<p>Carers Centre website has been developed, initially hosted external to the Portsmouth City Council website the pages have now transferred to the local authority website. A Carers Centre Facebook had also been developed.</p>
<p>2.2 Reviewing the content, focus and effectiveness of <i>Take Care</i> magazine and explore ways in which it can be more widely distributed.</p>	<p>Review was undertaken and resource was redirected to fund pages in the local authority magazine <i>Flagship</i>. This was because <i>Take Care</i> was only provided to known carers but <i>Flagship</i> is delivered to every household in the PO1 to PO6 area. Feedback for this change has been positive.</p>

2.3	Quantifying the need for advocacy services for carers as part of the Carers Centre review (see action 1.9).	Carers services review did consider advocacy, it concluded that short term advocacy advice was covered by the Carers Centre, for example low level benefits advice, but that more complex advocacy requirements are covered by referring on to other agencies as appropriate. These are either commissioned services or specialist services.
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Priority 3: Caring and support training

Actions	Achieved	
3.1	Making sure carers' training needs are assessed during all carers assessments and that identified needs inform the development of future training.	There is a training section on the carers self supported assessment and all carers are asked if they have any training requirements.
3.2	Maintaining, developing and keeping carers aware of all training opportunities. This will include mapping and promoting any related training available in the wider community.	Through the assessment we collate training requirements and respond accordingly. Training opportunities via the Carers Centre are regularly offered and advertised and a worker identifies any specific training opportunities to carers in the wider community.
3.3	Making sure any training that is developed locally is flexible and that carers are able to access it. This will include involving carers in training development and evaluation, providing training in different ways and supporting Carers to access respite or flexible working if necessary.	Through assessment process and consultation we develop training programmes to meet the specific needs of carers. Carers are asked to complete evaluation sheets regarding any training sessions they have accessed, training delivery varies to meet different learning styles.

Priority 4: Carers shaping policy and services

Actions	Achieved	
4.1	Developing a joint approach to caring which considers how Carers are supported and valued when consulted or involved.	The previous and this joint strategy support organisations to share best practice in this area and help to achieve the best outcomes for carers.
4.2	Reviewing consultation and involvement across all services to identify gaps and improve how we listen and communicate with carers.	Carers have been involved and consulted throughout the lifetime of the 2011–15 strategy either through carers council or standalone events, this approach will continue.
4.3	Reviewing the membership, structure and role of the carers council so that it represents all carers, carers groups and stakeholders; so that it is understood and managed by carers; and so that it has a say in how carers services are commissioned, monitored and developed.	Administration of Carers Council was originally undertaken by Carers Together a user led organisation based in Hampshire. This support role was retendered and since January 2015 is now being undertaken by Action Hampshire (Portsmouth branch) and a review is currently being undertaken.

Priority 5: Peer and community support

Actions	Achieved	
5.1	Identifying and offering appropriate support and advice to Carers support groups to help them maintain their independence and be self-sustaining.	There are 29 peer support Carers groups in the city, these are all led by Carers but are supported by a Carers centre worker. Each group has had input to support them to achieve self-sustainability

5.2	Carrying out a demand analysis to ensure the Carers Centre opening times meet carers needs (as part of the Carers Centre review).	Data relating to contact and use of the Carers Centre by carers is recorded and analysed. This data has informed how we staff our reception area and provide a duty service and more recently had informed the development of a Saturday Carers Café. The Carers Service review also recommended that further outreach options were explored and implemented, this has been done and we regularly review our outreach work to secure a comprehensive carers offer across the city.
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5.3	Mapping current leisure and community discounts for carers, negotiating more and setting up a carers leisure card (ID).	A scoping exercise was undertaken, a discount card was considered to be resource-heavy compared to the benefits achieved therefore we encourage carers to seek discount vouchers online or use Groupon opportunities. Occasionally the centre will promote discounted leisure activities via distribution lists.
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Priority 6: Breaks

Actions	Achieved	
6.1	Developing the joint council and health carers breaks service.	This has been achieved and is a critical part of the joint assessments service. This offer is jointly funded by Portsmouth City Council and Portsmouth CCG.

Priority 7: Access to work and training

Actions	Achieved	
7.1	Completing the actions set out in the employment sub group action plan (see 4.66) and adding the following actions to the plan: <ul style="list-style-type: none"> • Developing a skills audit for carers. • Drawing up carers job description. • Developing a return to work pathway. • Raising awareness amongst carers of Job Centre Plus services. • Developing partnerships with third sector providers. • Informing carers and employers of the legal right to request flexible working. • Raising awareness of new rights for carers under Equality Act 2010. • Promoting the use of carers staff groups. 	<p>Carry over to 2015–17 action plan</p> <p>Carry over to 2015–17 action plan</p> <p>Carry over to 2015–17 action plan</p> <p>This is routinely considered where appropriate with carers</p> <p>The Carers Centre has a comprehensive range of joint working arrangements in place</p> <p>This is routinely considered where appropriate with carers</p> <p>Included in training as presentations as appropriate</p> <p>The only staff group known to the Carers Centre is in place at Portsmouth City Council and this group receive support as required from a Carers Centre worker</p>
7.2	Reviewing the employment sub group to ensure it has the right membership and through this forge stronger links with other agencies, e.g. JobCentre Plus.	The employment subgroup was disbanded following the achievement of some of the key goals and an acknowledgement that there was a lack of capacity to take forward goals which were a lower priority.
7.3	Identify an existing, or create a new, good practice guide for employers and distribute widely.	Achieved in 2012 but take up was minimal. Further work is needed to identify how best to engage with employers.

Priority 8: Access to benefit	
Actions	Achieved
8.1 Mapping the support services across the city that can give information and advice to carers about benefit entitlement, identifying any gaps, and reviewing our own support services in order to meet any gaps – in particular looking at how carers can receive support filling out benefit forms.	Low level information and advice regarding benefits are available at the Carers Centre and via the carers joint assessment, more complex cases are signposted to community and voluntary sector providers. Community based services available have been mapped. Community based provision commissioned by the local authority has been reviewed and a new provider is in place and quality and volume of provision to all community has increased. Carers Centre has direct links and referral processes with relevant providers of benefits and financial advice.
8.2 Working with local partners to improve carer awareness and understanding, for example the council's housing department.	This is an ongoing process that requires continuous updating as services change. Partners in the statutory, voluntary and private sectors have received visits, training or can access eLearning opportunities to improve carer awareness.
Priority 9: Access to work and training	
Actions	Achieved
9.1 Reviewing current crisis support processes for both service users and carers to identify problems and improve responses.	Emergency planning and crisis support is discussed via the carers self-assessment process in whatever level of detail the carer requires, information about services available will be offered where needed.
9.2 Developing better contingency care planning processes for both service users and carers.	Contingency planning is now undertaken via the carer assessment process and this is updated on their records. We have also implemented a carers emergency card that carers can carry with them that provide emergency service information about them being a carer and signposting them to their contingency plans.
9.3 Exploring options for 24 hour telephone support for carers (not a duty or emergency service).	Emergency arrangements and a 24 hour telephone service has been explored. Previous investment in a 24 hour carers helpline proved to be an inefficient use of resource (rarely used). Current Adult Social Care provision for the service user and AMH crisis line should cover user emergencies.
Priority 10: Access to work and training	
Actions	Achieved
10.1 Looking for ways that we can improve the health of carers through community health and GP services.	Extensive work has been done with GPs and other community health providers. The Carers Centre has had an increase in the number of assessments and reviews undertaken of more than 40% which is in the main attributable to this work.
10.2 Ensuring that replacement care is available to allow carers to attend hospital appointments and screening.	Replacement care via a sitting service is now available to carers and uptake has nearly doubled in 2014–15.
10.3 Developing ways in which we can improve carers' health and wellbeing through health promotion initiatives, e.g. encouraging carers in high intensity roles to have health checks.	Health checks, weight management, stress management etc. now offered through the Carers Centre.

10.4 Reviewing the provision of emotional support and counselling available for carers, especially at important life stages, e.g. bereavement, transition from childhood to adulthood etc..	Counselling services for carers have been reviewed and there is now a strong partnership approach between the Carers Centre and Talking Change who provide talking therapies free of charge in Portsmouth.
Priority 11: Access to work and training	
Actions	Achieved
11.1 Establishing ways to widen the responsibility for identifying young carers across a range of disciplines and ensure that young carers have access to appropriate services regardless of which professional has identified them.	Identifying young carers has widened and referrals are now received from a range of professionals and disciplines, these include Health visitors, Solent NHS trust, community and school nurses, hospitals, voluntary and community sector services working with children and families, secondary schools, primary schools, colleges and children and adult social care services.
11.2 Implementing a joint working protocol between adult and children's services to improve identification and referral rates from adult services.	A Memorandum of Agreement (MOA) between children's and adult services was worked on however due to national legislative changes, local arrangements and restructures this protocol was delayed until a refreshed MOA became available in March 2015.
11.3 Identifying pathways for young carers to access appropriate assessment of their needs. This should include schools undertaking CAFS with young carers where appropriate.	All 10 secondary schools and 13 junior/primary schools have been and continue to be supported by a young carers specialist worker. This work includes raising staff awareness around identifying and supporting young carers and ensuring young carers have access to an assessment of their needs as appropriate.
11.4 Ensuring young carers have access to a range of needs led opportunities to enable them to take a break from caring and socialise with other young carers.	Young carers breaks groups operate twice a week and a young adult carers group meets once a week. One off events are arranged and school holidays activities and trips are arranged. Young carers are always involved and consulted on the range of activities offered.
11.5 Identifying how schools are going to be supported to understand how to identify and support young carers to achieve their potential and enjoy their school years.	Specialist project support is funded by the CCG and public health and is delivered by public health. Each of the secondary schools has a named lead professional and each school operates a support system to enable young carers to reach their full potential in the school environment.
11.6 Developing specialist services for young carers of parents and family members with substance misuse issues and identifying ways to encourage uptake of mainstream young carers services both amongst this group of young carers and young carers of parents or family members with mental health problem.	Specialist substance misuse and mental health projects have been successfully developed, taking whole family therapeutic approaches.
11.7 Ensuring there is adequate support and that services are accessible for young adult carers.	Young adult carers provision has been reviewed and a peer support group developed.

Appendix C

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Additional carer information

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