

Scrutiny Inquiry Panel - Carer Friendly Southampton

Thursday, 26th November, 2020
at 5.30 pm

PLEASE NOTE TIME OF MEETING

Virtual Meeting

This meeting is open to the public

Members

Councillor Savage (Chair)
Councillor Prior (Vice-Chair)
Councillor Coombs
Councillor B Harris
Councillor McEwing
Councillor White
Councillor Windle

Contacts

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PUBLIC INFORMATION

Role of Scrutiny Panel Inquiry – Carer Friendly Southampton

The Overview and Scrutiny Management Committee have instructed the Scrutiny Panel to undertake an inquiry.

Purpose: To identify opportunities to improve support for carers in Southampton.

Use of Social Media:- The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting.

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Details of the Council's Guidance on the recording of meetings is available on the Council's website.

Southampton: Corporate Plan 2020-2025 sets out the four key outcomes:

- Communities, culture & homes - Celebrating the diversity of cultures within Southampton; enhancing our cultural and historical offer and using these to help transform our communities.
- Green City - Providing a sustainable, clean, healthy and safe environment for everyone. Nurturing green spaces and embracing our waterfront.
- Place shaping - Delivering a city for future generations. Using data, insight and vision to meet the current and future needs of the city.
- Wellbeing - Start well, live well, age well, die well; working with other partners and other services to make sure that customers get the right help at the right time

Public Representations

At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

Access – access is available for the disabled. Please contact the Democratic Support Officer who will help to make any necessary arrangements.

Dates of Meetings: Municipal Year 2020/202

8 October 2020
5 November 2020
26 November 2020
7 January 2021
28 January 2021
25 February 2021

CONDUCT OF MEETING

TERMS OF REFERENCE

The general role and terms of reference of the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules – paragraph 5) of the Constitution.

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE

The meeting is governed by the Council Procedure Rules and the Overview and Scrutiny Procedure Rules as set out in Part 4 of the Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

- a) the total nominal value for the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
- b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 12)

To approve and sign as a correct record the Minutes of the meetings held on 8 October and 5 November 2020 and to deal with any matters arising.

7 CARER FRIENDLY SOUTHAMPTON - CARERS IDENTIFICATION RIGHTS, RECOGNITION AND SUPPORT

(Pages 13 - 58)

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

Wednesday, 18 November 2020

Service Director – Legal and Business Operations

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Agenda Item 6

Minutes of Scrutiny Inquiry meeting held on 8 October 2020 and 5 November 2020.

Minutes of Scrutiny Inquiry Panel – Carer Friendly Southampton meetings held on:

- 8 October 2020
- 5 November 2020

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SCRUTINY INQUIRY PANEL – CARER FRIENDLY SOUTHAMPTON

MINUTES OF THE MEETING HELD ON 08 OCTOBER 2020

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

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

RESOLVED that:

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

2. **INQUIRY TERMS OF REFERENCE**

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

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

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

Summary of information provided:

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

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

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

- Common goals of carers included – Being identified, valued, involved, and feeling in control
- Opportunities to make progress included:
 - Improved recognition – Taking advantage of the increased profile due to COVID-19
 - Developed local work strategies
 - Joint working with Health professionals
 - Supporting young carers and young adult carers
 - Carers' learning and development
 - Go digital, offering a blended approach
 - Carer involvement

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

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

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

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

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

- Carers in Southampton offered a free support service for adults caring for adults providing:
 - Statutory carers assessments for adults (on behalf of SCC) were designed to evaluate need and eligibility for support, services and discretionary award
 - Guidance, signposting and referrals
 - Carer identity cards

- Emergency planning
- Monthly social contact and guest speakers
- Projects on healthy behaviours, mental health and bereavement support
- Recent Covid-19 wellbeing support
- Referrals or self-referral by individuals were currently 45%, self-referral 30% and external agencies 25%
- All carers were entitled to advice and information, some were eligible for additional support When a carer provided necessary care meeting the caring role affected their physical and/or mental wellbeing.
- Carers in Southampton database: there was a high percentage of mental health, LD/Autism, compared with a low percentage of sensory and physical disability
- Effect of Covid 19 – there had been an acute rise in searches for food support, assisted shopping support, legal advice and hospital parking costs.
- Life after caring - CiS supported carers moving towards a life after caring with regular support sessions (currently online)
- **What works well?** - Partnership and referral; Self referrals (30% of total referrals); Website; Carers Card very popular as method of self-identification; Carers lunches; Life After Caring support.
- **Ambitions** - Inbound referrals from medical departments, GPs, other support agencies, self-referrers; Outbound referral from CiS service to others; Wider provision of support for form filling; Increase in emergency planning; More TLC provision.
- **Barriers** - Time to explain the services offered to medical departments, GPs, other support agencies; Referrals arriving too late to be useful; Delivering support to ageing carers who were digitally excluded and unable to access facilitation; Transport deficiency for carers to attend appointments and events within restricted timeframes; Meeting demand for Carers Assessment (10 week waiting list); Anticipated growth in demand (King's Fund project 61% increased demand by 2030 by the number of older people with care needs).
- **Future Ideal** - Employers identifying and referring employee carers; Automated referrals; additional support for self-funders; Formalised partnerships of 3rd sector agencies, potential to be facilitated by the Council; Recognition of Councils Carers Card e.g. At city leisure and cultural services (equivalent to MAX card) & priority public transport and parking for carers at hospitals.

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

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

- Definition of a young carer (Children and Families Act 2014 Section 96) “...a person under 18 who provides or intends to provide care for another person”

- Service Delivered by two 30-hour Young Carers workers
- No Limits received 126 referrals in 2019/20 and currently support 80 Young Carers across the City. There are more Young Carers in the City than the service could be provided for.
- Young Carers Services provide a range of services, including - Family Assessments; Young Carers Assessment; Delivering regular groups to provide the young people with knowledge, skills, respite, fun and soft outcomes sessions; Tailored workshops to the young people relating to their caring roles and their own needs; 1:1 support for young carers with high levels of need in terms of their caring role; Matching young carers with volunteer befrienders; Providing fun activities; Working with schools to develop Young Carers support in school.
- Young carers had significantly lower attainment at GCSE. The equivalent of nine grades lower overall than their peers. Caring could also have a negative impact on young carers physical, emotional and social development.

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

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

- Carers Together was a Hampshire wide carer-led organisation
- It provided a voice for relatives, friends or neighbours who were caring for, or arranging care for, someone else.
- It represented carers views and needs locally and nationally.
- It was an independent organisation run by carers, with carers and for carers.
- There was no single, simple way of defining a carer because all carers were different individuals supporting different people with different needs.
- Since Covid 19 the term 'carer' had confusingly been adopted by the public, care agencies, health and social care as referring to paid care workers.
- No single organisation or individual had all the answers for anyone – commissioning needs should be innovative and flexible, creative and reliable, work in partnership and in coproduction.
- Carers Support work should identify and look at carers holistically
- Carers Support could be 'Direct', 'Indirect' or 'Community
- **Points to consider** - Carers were people first! People were individuals with individual needs; Carers had a range of needs as people, and as carers!; Some of their caring needs could be met as people, some need specific expertise and caring support; Approximately 1 in 8 people were identified as a carer (that could include an eighth of any workforce), 74% are older people, 75% of older people do not actively receive health and social care support. It was estimated that the number had increased during the pandemic.
- **Suggestions** - Find out from carers what was most important to them and what would make a difference; Encourage GPs to develop their

register of carers – and signposting carers to services that can support them; Organisations and businesses should be encouraged to identify the carers in their work force and wherever possible offer flexibility and support to help carers remain in work; Having a Carers Champion in each organisation would help; Look at other ways communities can support carers – some identified through the Pandemic.

- Health and care was held together by carers, and the people they care for - without them, health and community care services would collapse.

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SCRUTINY INQUIRY PANEL – CARER FRIENDLY SOUTHAMPTON

MINUTES OF THE MEETING HELD ON 05 NOVEMBER 2020

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

4. **APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)**

No apologies

5. **CARER FRIENDLY SOUTHAMPTON - CARERS HEALTH, WELLBEING AND SAFETY**

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

Summary of information provided:

A carers perspective – Rebecca Kinge, Alex, Leah, Jasmine and Zunayrah

- Following a vox pop produced by Carers in Southampton that provided view points from a number of adult carers on the impact of caring on their health and wellbeing, Linda Lawless, Service Manager at Carers in Southampton, interviewed Rebecca Kinge, a carer and parent to 3 children, 2 of whom have additional needs.
- Rebecca discussed her serious health condition caused by the stress of her caring responsibilities; the limited free time she has; the impact caring has had on her ability to work; the essential support she receives from friends and family; bouts of depression before working hard on her mental wellbeing; her wish that services had been available to prevent the crisis caused by her neurological disorder; the impact of caring on her job security, pension, financial independence. Rebecca praised the support offered by Re:Minds, a parent led support group for parents with children with mental health issues.
- Emma Jones and Emma Bowley from No Limits supported young carers Alex, Leah, Jasmine and Zunayrah to inform the Panel of the impact of caring on their health and wellbeing. The young carers discussed the impact on their social life; the impact on their emotional, physical and emotional wellbeing; the sense of loss because of their caring role, and; the support they had received.

Carer Wellbeing – Clare Rachwal, Team Manager, Portsmouth Carers Service, Adult Social Care

A presentation was delivered by Clare Rachwal providing an overview of the support for carers provided by the Portsmouth Carers Service. Key points raised in the presentation included the following:

- The NHS GP Patient Survey 2019 showed that carers' health and wellbeing was worse than the general population, 61% of carers reported a long-term condition, disability, or illness compared with 50% of non-carers.

- Research by Carers UK into carers' health and wellbeing found that most of those providing substantial care had faced mental ill-health and physical ill-health as a result of caring. Specifically, 6 out of 10 people (61%) say their physical health had worsened as a result of caring, while 7 out of 10 (72%) said they had experienced mental ill health.
- The national policy context in support of carers was strong and, pandemic permitting, getting stronger. This included the NICE Guideline Supporting Adult Carers published in Jan 2020: and the NHS England – GP Quality Markers & NHS England – Commitment to Carers.
- Portsmouth Carers Service is based within Adult Social Care, it was previously based in a joint public health and prevention service.
- It has been responsible for Carers Assessments since 2009. The Carers Centre is a community hub for a range of carer activity including groups, training, cooking activities, events.
- Early intervention and prevention ethos seeking to reduce social isolation, promote physical activity and healthy eating, increase carer knowledge
- Staff are aligned with key community organisations including Positive Minds, Re:Minds, Parent Carer organisations, Learning Disability services, Older Persons Mental Health.
- In 2017/18 they radically redesigned the assessment and support planning process based on what carers wanted. Carers assessments now: Start at first contact, are proportionate and scalable; Barriers are removed – no forms, open conversation in a way that suits the carer; Whole family approach where wanted, combined or joint assessments – work in progress; Focus on what matters - regularly includes health and wellbeing.
- Carers breaks and Personal Health Budgets (PHB) - Where breaks are provided through a prepaid card direct payment they are counted as a PHB.
- Portsmouth offers a wide range of breaks options e.g. weekly coffee, break away, hair/beauty services, sports/crafting/hobby equipment, part payment for gym membership, kindle, TV subscriptions.
- Replacement care includes 6 hours a week sitting service (maximum) or equivalent via direct payment, two block purchased respite beds chargeable at LA rate for self-funders. Telecare/tech-based solutions also available.
- The service benefits from being within Adult Social Care, opportunities for the social care team to help before crisis point is reached. Service still has a lot to do but it offers value for money, invest to save.
- Links with GPs are mixed. Some practices are excellent, some have adopted GP quality markers, some have not engaged. Working with Solent NHS Trust to increase identification of carers.

Solent NHS Trust's Commitment to Carers – Sarah Balchin, Associate Director Patient Experience, Solent NHS Trust

A presentation was delivered by Sarah Balchin providing an overview of Solent NHS Trust's commitment to carers. Key points raised in the presentation included the following:

- There has been an increase in demand for support from carers, especially during the pandemic.
- The commitment of the Trust to listen to, and hear from, carers.
- Involving carers in decisions about care and treatment.

- The value of early identification of carers in reducing barriers to health prevention activity.
- Improving identification and support for carers working for Solent NHS Trust.
- The need to improve support for people transitioning between services to make it easier and safer. The NHS is poor at this.

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

A presentation was delivered by Dawn Buck and Amelia Abbott on the work being undertaken by Southern Health to support carers. Key points raised in the presentation included the following:

- Southern Health are improving the support being provided to carers. For example, the Trust is delivering the Joint Carers Strategy for Carers (in partnership with Hampshire County Council); has established a Carers, Families & Friends group; Coproduced an organisation plan for Carers & their Families, and; developed carers webpages.
- Additional support has been provided to carers during the lockdown.
- Southern Health is working towards accreditation for the Triangle of Care initiative. 'Triangle of Care' is a national initiative launched by the Carers Trust. This initiative promotes the importance of involving carers, alongside service users and staff. Southern Health is working hard to embed the Triangle of Care standards within its work.
- So far in Southampton 176 members of staff have been trained in being carer aware and in engaging with carers, and, 27 carers leads have been identified.
- Moving forward the Trust will be coproducing a service model for Patients and Carers Advice, support & Liaison; sending letters to all GP practices regarding registration of carers in order to look after their health & wellbeing; supporting the implementation of the Trust's Carers Plan; developing toolkits to support staff to collaborate with carers; looking towards co-developing Carer Peer Support Worker roles within our services.
- The Trust needs to work closer with SCC and Carers in Southampton.

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

A presentation was delivered by Sharon Stewart and Louise Ryan. Key points raised in the presentation included the following:

- Adult Social Care (ASC) works in partnership with Carers in Southampton to provide assessments and support plans for those who are caring for people who reside in the city.
- The National Carer's Survey is conducted every two years. The 2018 survey results have not been as we had hoped in Southampton and it shows a need to improve. Overall, only 37 % of respondents were extremely or very satisfied with the support or services that they, and the person they care for, have received from Social Services in the last 12 months.
- An action plan is required to rectify and improve the outcomes for carers in Southampton.

- This cannot be just an ASC or City Council response. It needs to be broader working across the city, including housing, health, employees and the voluntary sector and moving beyond just delivering against our statutory duty.
- There is a need to learn from complaints and to address inconsistencies. To improve information, advice and guidance to carers, reflecting that carers are individuals and a one size fits all approach is not the solution to ensure that help and support is provided when carers need it.
- ASC recognise the need to listen more effectively to carers; To engage them in the development of the service offer; To consider wellbeing as a fundamental part of the Care Act Assessment; To link the Carers assessment with the person receiving support, and; To offer regular planned support and prevention such as telecare and housing to carers.
- ASC enjoy a good relationship with Carers in Southampton, this is enhanced by having an ASC employee working within Carers in Southampton.
- ASC also has strong relationships / partnerships with health colleagues.
- Services can be delivered in different ways by different local authorities. Portsmouth offer hours of free time to carers. In Southampton between 400 to 500 carers receive direct payments of between £15-£45 per month (not means tested) if they meet eligibility criteria and resource allocation requirements, to support their wellbeing in line with the carers support plan.
- This is probably just the tip of the iceberg however, reflecting on the potential 30,000+ unpaid carers in Southampton.

DECISION-MAKER:	SCRUTINY INQUIRY PANEL
SUBJECT:	CARER FRIENDLY SOUTHAMPTON – CARERS IDENTIFICATION RIGHTS, RECOGNITION AND SUPPORT
DATE OF DECISION:	26 NOVEMBER 2020
REPORT OF:	DIRECTOR – LEGAL AND BUSINESS OPERATIONS

<u>CONTACT DETAILS</u>			
Executive Director	Title	Deputy Chief Executive	
	Name:	Mike Harris	Tel: 023 8083 2882
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Author:	Title	Scrutiny Manager	
	Name:	Mark Pirnie	Tel: 023 8083 3886
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STATEMENT OF CONFIDENTIALITY

None

BRIEF SUMMARY

In accordance with the inquiry plan, for the third meeting of the ‘Carer Friendly Southampton Inquiry’ the Panel will be considering issues related to carers identification rights, recognition and support.

RECOMMENDATIONS:

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| | (i) | The Panel is recommended to consider the comments made by the invited guests and use the information provided as evidence in the review. |
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REASONS FOR REPORT RECOMMENDATIONS

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| 1. | To enable the Panel to compile a file of evidence in order to formulate findings and recommendations at the end of the review process. |
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ALTERNATIVE OPTIONS CONSIDERED AND REJECTED
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- | | |
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| 2. | None. |
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DETAIL (Including consultation carried out)
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- | | |
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| 3. | At the inaugural meeting of the inquiry the Panel were provided with an overview of the challenges carers are experiencing, and the commissioning landscape for carers support in Southampton. |
| 4. | At the second meeting the Panel considered issues related to the health, wellbeing and safety of carers. |
| 5. | The third meeting of the inquiry will focus on: <ul style="list-style-type: none"> ○ The role of professionals to identify ○ Self-identity ○ Planning for emergencies |

	<ul style="list-style-type: none"> ○ Access and quality of respite or replacement care, planned and unplanned breaks.
	Identifying carers
6.	Carers UK estimates that 1 in 8 people provide unpaid care in the UK. This would represent about 32,000 unpaid carers in Southampton.
7.	At the 8 October meeting the Panel were informed that in Southampton only 4,068 adult carers were known and 2,428 had been in contact with Carers in Southampton within the past 2 years. The number of young carers (8-18) in touch with the Young Carers Service was 420.
8.	It is a requirement of the Care Act 2014 for local authorities to have due regard to the importance of identifying carers who may have support needs and explain the advice and support available to them.
9.	<p>The NICE Guideline Supporting Adult Carers, published in January 2020, recommends that health and social care practitioners use every opportunity to identify carers, including GP appointments, flu jab appointments, home visits, outpatient appointments, social care and other needs assessments, including admission and discharge assessments and planning meetings.</p> <p>https://www.nice.org.uk/guidance/ng150/chapter/Recommendations#identifying-carers</p>
	Planning for emergencies
10.	Carers UK advises all carers to create an emergency plan for the carer and all those the carer looks after. Having important information in one place could be of immense support and help when needed at a critical time, when time might be limited. It is recommended that the plan is shared with trusted family members or friends and healthcare professionals.
	Respite and replacement care, planned and unplanned breaks
11.	Carers' breaks, which would include respite care, give carers a break by providing short-term care for the person with care needs in their own home or in a residential setting. This can mean a few hours during the day or evening, overnight, or a longer-term break. Carers' breaks may be one-off or more regular arrangements. They can also benefit the person with care needs by giving them the chance to try new activities and meet new people.
12.	<p>The NICE Guideline Supporting Adult Carers states that:</p> <p><i>'Health and social care practitioners should regularly discuss with carers the value of having a break from their caring role and explain the options available', and that 'Carers' breaks should:</i></p> <ul style="list-style-type: none"> • <i>meet carers' needs for a break, for example in duration, timing, frequency and type of break</i> • <i>be arranged in a way that provides reliable and consistent support to the carer (such as avoiding last-minute changes that could lead to additional stress for the carer).'</i> <p>https://www.nice.org.uk/guidance/ng150/chapter/Recommendations#social-and-community-support-for-carers 1.5.2 & 1.5.3</p>
13.	Replacement care is care that replaces the care normally given by a regular carer. It may be needed either on a planned basis or in an emergency. Replacement care may be offered by the local authority, if the person needing care has had an assessment and is entitled to care and support services, or if the carer is entitled to help. Otherwise, people may have to pay for it.

14.	<p>Good practice outlined in the previously referred to NICE Guideline Supporting Adult Carers recommends that:</p> <p><i>‘Commissioners should ensure that replacement care services are available locally for carers who need to access them to stay in, enter or return to work, education or training, including for those who fund their own support.’</i></p> <p><i>‘Ensure that replacement care is flexible and provides a choice of options to meet all levels of carer need, including for those who care for more than 1 person or who care for over 20 hours a week.’</i></p> <p>https://www.nice.org.uk/guidance/ng150/chapter/Recommendations#helping-carers-stay-in-enter-or-return-to-work-education-and-training 1.4.11 & 1.4.12</p>
15.	<p>To provide a carers perspective on the issues the Panel will once again hear from carers about their experiences related to carers identification rights, recognition and support, including access and quality of respite or replacement care, planned and unplanned breaks.</p>
16.	<p>Following the insight from carers a number of guests have been invited to provide the Panel with information on carers identification rights, recognition and support:</p> <ul style="list-style-type: none"> • Debbie Hustings - Partnership Manager (Carers) Surrey Heartlands Integrated Care System <p>Debbie Hustings has been invited to share with the Panel an overview of how Surrey approaches carers identification rights, recognition and support, including carers’ breaks.</p> <ul style="list-style-type: none"> • Dr Karen Malone – GP, Old Fire Station Surgery <p>Dr Malone has been invited to provide a perspective on the role primary care plays in Southampton to identify carers.</p> <ul style="list-style-type: none"> • Sarah Balchin, - Associate Director Patient Experience, Solent NHS Trust • Dawn Buck - Head of Patient and Public Engagement and Patient Experience, Southern Health NHS Foundation Trust • Ellis Banfield - Head of Experience & Involvement, University Hospital Southampton NHS Foundation Trust <p>Representatives from the NHS providers in Southampton will deliver a joint presentation on the work they are engaged in to improve the identification of carers and the promotion of emergency plans.</p> <ul style="list-style-type: none"> • Sharon Stewart, Head of Service for Adult Social Care & Louise Ryan, Service Manager for Social Well-Being - Southampton City Council <p>Sharon Stewart and Louise Ryan will be outlining how Adult Social Care are supporting the identification of carers in Southampton and the approach to respite or replacement care, planned and unplanned breaks.</p> <p>Representatives from Carers in Southampton and No Limits Young Carers Service will also be in attendance.</p>
17.	<p>The invited guests will take questions from the Panel relating to the evidence provided. Copies of any presentations will be made available to the Panel.</p>

18.	To provide context to the discussion, attached as appendices are a draft of the Surrey Carers Strategy 2021-2024, and examples of good practice related to carers Identification, rights and recognition.	
RESOURCE IMPLICATIONS		
<u>Capital/Revenue/Property/Other</u>		
19.	None	
LEGAL IMPLICATIONS		
<u>Statutory power to undertake proposals in the report:</u>		
20.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
<u>Other Legal Implications:</u>		
21.	None	
RISK MANAGEMENT IMPLICATIONS		
22.	None	
POLICY FRAMEWORK IMPLICATIONS		
23.	None	
KEY DECISION?		No
WARDS/COMMUNITIES AFFECTED:		None
<u>SUPPORTING DOCUMENTATION</u>		
Appendices		
1.	Surrey Carers Strategy - Draft	
2.	Review of good practice	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?		No
Data Protection Impact Assessment		
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?		No
Other Background documents available for inspection at:		
Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None	



**SURREY CARERS STRATEGY
2021-2024
Final draft for comment (v5.5):
October 2020**

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Foreword

We are delighted to introduce our new Surrey Carers Strategy.

Surrey partners recognise caring is an important part of life and it is unpaid carers - daughters, sons, partners or friends, for example - who hold families together and often fill the gaps statutory services are unable to provide. Although carers make an enormous contribution to our health and social care system, caring can be frightening and isolating and have a serious impact on the carer's own health and wellbeing. Many carers say their mental health suffers and they worry about the future.

The association between socio-economic deprivation and caring is now well established and we recognise caring can be a 'social determinant' of health. It is crucially important that carers are identified at the earliest opportunity to ensure they are recognised as partners in care and allow them access to advice and support.

Black, Asian and Minority Ethnic (BAME) carers are more likely to miss out on accessing timely support, less likely to receive practical and financial support with caring and the support that is available may not be culturally appropriate.

Taking on a caring role should not mean people have to face financial hardship and social exclusion or give up work. Carers who want to should be enabled to work and should not be discriminated against, yet the reality is that many find juggling work with caring responsibilities challenging. Supporting carers to remain in the workplace is important to avoiding financial hardship and social exclusion - new evidence that increasing numbers of carers are now reliant on food banks.

This strategy has been developed during the first wave of the COVID-19 pandemic 2020, which has brought the role and experience of carers into sharp relief.

[Carers UK research](#) at the time of writing evidences there has been a 28% increase in the number of carers resulting from the pandemic. For those already caring, we know they have struggled to manage additional hours of care whilst local care services were reduced or suspended (during lockdown) and many have felt the impact of anxiety, isolation, loss and loneliness. In addition, the pandemic has exposed fault lines of existing inequalities that many carers experience in their day to day lives.

This Carers Strategy 2021-2024 presents an opportunity to reset our carers agenda in Surrey, to reaffirm our recognition of the vitally important service that carers provide and to make specific commitments to how we will ensure that the support for carers is continually developed and improved.

Foreword (continued)

Signatories:

Alison Griffiths, Surrey County Council Deputy Cabinet Member for Place and Carers Champion

Vicky Stobbart, Guildford and Waverley ICP Director and Surrey Heartlands Executive Lead for Carers

Sue Tresman, Surrey Heartlands Independent Carers Lead

1. Introduction: About this strategy

Carers living in Surrey, alongside representatives of a number of organisations supporting them, have joined together to refresh our strategy for supporting adult carers. The Care Act defines a carer as an adult, aged 18 or over, who provides, or intends to provide, care for another adult who needs care because of a disability, health condition, frailty, mental health problem, addiction or other health or care needs. It excludes those who provide paid care or do so as voluntary work. A profile of carers in Surrey is provided as **appendix one**.

The strategy provides the chance to reaffirm our commitment and determination to help carers continue caring if that they are willing and able, and to support their health and wellbeing by achieving outcomes they have identified matter most to them.

This strategy has been developed in line with “Together for Carers”, a memorandum of understanding between health and social care and wide range of partners to work together to enhance support for carers of all ages, which is outlined in **appendix two**. The priorities identified build on those previously included in our strategy for 2016 to 2020, taking account progress towards them and feedback from our carers and many varied organisations supporting them within our Surrey network. The initiatives to support the development of this strategy are listed in **appendix three**.

There is a significant number of young carers in Surrey – children and young people who provide support and/or care. Surrey’s Carers’ Partnership is committed to providing them with the support they need and to protect them from caring responsibilities that are inappropriate. A separate strategy is being developed in Autumn 2020 that considers their specific needs and ensures that the support they can access is appropriate tailored and targeted. It dovetails with this document and the action plans to secure delivery will align.

This strategy is informed by Government legislation, national and local policies, National Institute for Excellence (NICE) Guidance and, most importantly carers’ views and wishes (see **appendix four**).

2. The strategy

2.1 Our vision

Health and social care work effectively in partnership with other providers of services to support carers of all ages in Surrey, ensuring that the voice of carers is centre stage and that their wellbeing and identified priorities are at the heart of all decisions.

To make this real for carers, all the partners work as a team to support carers and their families, involving them in service and product design, delivery and evaluation.

2.2 Values at the centre of the strategy

Carers have told us about the values they believe should underpin all action and we put them at the heart of the strategy. They have also been shaped by contributions from our partnership of NHS and social care, children's services, our borough and district councils, education, voluntary, and community and faith sector, comprising many local charities and groups.

These values are important to enable carers to continue caring if they so wish. They help carers to achieve a balance between caring and a life outside of their caring role, to maintain their wellbeing and determine how they manage their caring role. The values will protect young carers from undertaking inappropriate care.

i. Co-design

Carers are involved in all aspects of designing services and measuring how these services perform. Partners in Surrey have worked together for a long time to bring about successful multi-agency working, to achieve outcomes for carers based on priorities they have said make a real difference to them. Some key examples of initiatives that have been co-designed are included in **appendix five**. However, there is still much more to do and it is therefore an area that has been identified as needing priority attention and will sit within priority five, Strengthen Carer Voice.

ii. Personalisation and equitable support

Support packages for individuals who need health and/or social care need to be tailored to their own aspirations and personal circumstances, so too does the support provided to carers. Just as their own age, gender or ethnicity might be a factor, so too might those of the person they care for. Support for carers, provided by carers' organisations or the providers of services to the person they care for, needs to reflect the particular circumstances of that carer – their age, socio-economic background and ethnicity for example and/or other of the protected characteristics as

outlined in equalities legislation¹. We are aware there are additional groups of carers who are not identified within equalities legislation but who have particular needs. Examples include carers with specific linguistic needs, armed forces carers, and carers of people held in the justice system. We are committed to ensure that appropriate support reaches these cohorts: all our contracts now require data to be harvested around the protected characteristics.

iii. Whole family approach

The whole family are supported regarding the caring experience, including supporting the individual that receives the care to have a better understanding of where support might be sought, particularly for young carers.

iv. Integration of health and social care

There is a drive throughout England for healthcare, social care, district and borough councils and the voluntary, community and faith sectors to develop integrated approaches to designing and delivering services. In Surrey we have both the Surrey Heartlands Integrated Care System (ICS) and Frimley Health and Care ICS, along with their locality or place based Integrated Care Partnerships (ICPs) driving forwards a focus on the delivery of services in a local footprint. Promoting closer partnership working, these arrangements harness the potential of organisations that can link together to support carers and undertake their own action plans to align with the priorities in the strategy.

There is a robust track record of health and social care working in partnership to envelop the support available to carers. However we recognise that there is more to do, particularly to strengthen the governance that supports partnership work (please see **section 4.2**).

v. Early intervention and prevention

In recognition that caring is a social determinant of health, a significant proportion of our offer to carers continues to ensure that carers are identified and appropriately supported as soon as possible and that they are helped to maintain their own health and wellbeing.

¹ A Quality and Equalities Impact Assessment (QEIA) has been undertaken in preparing this strategy and is available upon request.

vi. Market management

The providers in Surrey that offer services solely to carers are small in number. The COVID-19 pandemic has led to many carers carrying a significantly greater portion of the care and support provided than was previously the case. This has brought the significance of the role that carers play under the spotlight and there is a heightened awareness of the need to ensure that carers themselves get the support they need. In compliance with The Care Act 2014, our procurement of carers services will aim to develop and enhance our offer, addressing the needs of the range and breadth of carers.

We recognise the potential effects of caring: financial, limiting the hours they can work or the feasibility of them working; carers' health and lifestyle; and the ability of carers to take advantage of opportunities for training and lifelong learning.

We want to see carers supported across the whole system with support for carers seen as everybody's business. To help achieve this, links are made to other strategies from partner organisations in Surrey to promote whole family approaches.

2.3 The journey so far: Our Carers Strategy 2016-2020

The priorities for this strategy have been built on the progress we have made against our commitments during the lifespan of the previous one. This section outlines this progress.

You said, we did

This table outlines some of the key initiatives that have been undertaken in response to what carers told us.

You said	What we have done/are doing in response
You wanted health and social care to work more closely	To respond to this, we have developed " Together for Carers. " This is an agreement between health and social care and wide range of partners to work together to enhance support for carers of all ages.
You wanted access to support to be much easier, particularly for young carers.	An agreement between Children's and Adult services, " No Wrong Doors " has been established. This seeks to ensure that all parts of the support system work together to support more effectively young carers and their families.

You said	What we have done/are doing in response
<p>You said that carers are not being identified and referred on to support services.</p>	<p>During the life span of the last strategy, we developed the Surrey Carers Prescription Service and promoted it across the system. This has raised the profile of carers and the services that are available to support them.</p> <p>It is a simple online system enabling general practices, health service providers and other partners, including Councils and Voluntary/Community Sector organisations, to make referrals for carers support. 167 organisations are now authorised to use the service and the Carers Prescription is now embedded in individual organisation's carer action plans.</p> <p>GP Carer Prescriptions have risen by approximately 17% and Generic Carer Prescriptions (Hospitals, Mental Health etc.) have increased by more than 50% during the life span of the previous strategy.</p>
<p>You said you wanted more recognition of carers within primary care</p>	<p>We have promoted the new GP Carer Quality Markers across our system and included these in our annual survey. 76 practices have completed a full assessment.</p> <p>We have introduced a GP Carers KPI for GP Carer Registration. We monitor this through our annual survey. Approximately 20% of the adult caring population is now registered with their GP, an increase of 19% in the life span of the previous strategy. We have also included categories for Young Carer and BAME Carer Registration.</p>

You said	What we have done/are doing in response
<p>You said you wanted more support and recognition for carers in hospital setting</p>	<p>Through a Surrey wide NHS Providers Network, we share best practice around 'Carer friendly practice in hospitals', hosting four workshops events annually</p> <p>In 2019, we launched an NHS Carers KPI. 22 Providers have now met the standard and have a Carers Policy in place. Three hospitals have established Carers Steering groups and forums to lead on implementing their 'Carer Action Plans'.</p> <p>All four hospitals now operate a Hospital Carers Passport scheme. This is a simple tool which identifies someone as being in a caring role for one of the hospital's patients, involving them more fully in the patient's care, and connecting them with further support. A Hospital Carer Passport scheme will usually include provision of a card, badge or booklet which is easily recognised by staff, and which names both the carer and the patient. In some circumstances it provides for unrestricted visiting times and concessions.</p>
<p>You said you wanted better support for those juggling work with a caring role.</p>	<p>Support for working carers through carer friendly employment practice is promoted in collaboration with the national Employers for Carers network.</p> <p>We have established a Multi-Agency Carers Workforce Task Group to implement a new Carers Workforce Action Plan.</p> <p>In 2019/20, we co-produced a staff carers survey for use across our system. Seven organisations have now implemented the survey with over 800 responses. A final report including recommendations has been published for Surrey Heartlands CCG and SCC.</p> <p>Surrey Heartlands CCG has obtained Carer Confident Level One Accreditation. SCC are in the process of submitting their application.</p>

You said	What we have done/are doing in response
You asked us to do more to support carer health and well-being	In collaboration with the Surrey and Sussex Local Pharmaceutical Committee we co-produced an annual Surrey Carers Flu Voucher Scheme . Over 20,000 carers have benefitted from this scheme to date.
You said you wanted more recognition for Young Carers and Young Adult Carers	<p>From 2016, there has been greater focus on a wide range of partnership working through a newly established Surrey Young Carers Strategy Group.</p> <p>This group has co-created new resources including Top Tips for Young Carers and GP Young Carer Registration process.</p> <p>It has also co-produced an NHS Young Carers Pledge and request that each health carer provider re-affirm their commitment annually aligned to Young Carer Awareness Day.</p> <p>Three of our hospitals have co-produced 'Hospital young carers information' leaflets. These were co-produced with Surrey young carers and Sutton young carer services as well as with the hospital carers steering groups.</p>

Measurable achievements 2019-20

In addition to the initiatives referenced above, important achievements in the financial year 2019-20 included:

- 28,667 people have their caring role recorded with their GP;
- 13,950 carers were helped by independent carers support;
- 2,251 carers had a GP Carers Break;
- 1,040 carers had breaks from Surrey Crossroads Care;
- 1,216 carers accessed moving and handling services;
- 473 carers received personalised benefits advice;
- 366 young adult carers were also helped by support services; and
- 5,500 Surrey Carer Flu Vouchers were dispensed.

Support provided

Finally, the set of services jointly commissioned to date (see **appendix six**) have been specifically developed to address important needs that carers have highlighted. For example, carers have told us that:

- They need to feel they can remain part of their community and maintain friendships and relationships.
- They want support to continue to participate in education: whether at school, college or adult learning.
- The caring journey is rarely static and often cyclical. There are potentially many stages of transition, young carer to adult carer, parent carers will similarly transition into caring roles for their adult children, transition from hospital, care homes, hospices. The assistance they need can be expected to change as they pass through different stages and experience changes during their caring journey.

2.4 Strategic priorities 2021-2024

The six priorities below build on progress to date with feedback from carers themselves and the varied organisations supporting them. As noted above, specific initiatives to support the development of this strategy are listed in **appendix three**. Identified under each priority is a set of initiatives that will help to delivery this priority.

i. Commission high quality services

As described above, we commission a range of services to ensure that carers are supported in their caring role and to have a life outside of their caring role. Carers have told us, however, that the current set of services doesn't address important needs and that the pathways between services can be difficult to navigate. The contracts for the range of services provided at the time of writing terminate at the end of September 2021; we will be refreshing the service specifications regarding exactly what needs to be provided and will ensure that the new set of services are well placed to meet carers' needs over the coming years, and are informed by feedback from carers themselves. We will ensure that the refreshed set of services is ready for carers in good time, with smooth transition.

The particular commitments are as follows:

a) Contingency planning:

Emergencies for carers can be overwhelming and stressful. Having a plan in place can help ease carers' worries if they are not able to care for those they look after at any point in the future. We will co-design and coproduce with carers and stakeholders a new joint Surrey Carer Contingency Planning Service. This new service will build on our existing Surrey Carers Emergency Card Scheme as well as our carer's assessment process. It will contribute to our delivery of the NHS Long Term Plan.

b) Carers breaks

These services provide short-term alternative care to the person a carer supports, enabling the carer to take an important break from their caring role to recharge their batteries. Breaks might take the form of a few hours during the day or evening, overnight, or a longer-term break. They might be in the home of the person with care needs or in a residential setting, and might be one-off or more regular arrangements. They can also benefit the person with care needs by giving them the chance to try new activities and meet new people. We are reviewing the range of short breaks available to ensure they offer an attractive choice and our health and social care practitioners will promote with carers the value of having a break from their caring role and explain the options available.

We will work with services that may have closed as a result of the COVID-19 pandemic to consider how they can reopen safely or be reconfigured to work in a COVID-19 secure way, and consider using the infection control fund to put in place infection prevention and control measures to support the resumption of services.

c) Improve the health and wellbeing of carers

With mechanisms such as 'Make Every Contact Count'. We will develop a Surrey Carers Health Check Voucher along the same lines as our annual Surrey Carers Flu Voucher Scheme, both of which link to our Surrey Carers Prescription service and social prescription scheme.

d) Ensure our services and their uptake is representative of our communities and their needs

Carers have told us that the pathways between healthcare, social care and third sector provision are often difficult to navigate. In response, a 'Carers Pathway' has been co-designed by the Carers Partnership Group (see **appendix seven**). This will be embedded, promoted and adjusted as necessary. As part of this work we will co-design a new reciprocal cross-border protocol with other local authority areas to allow distance carers to access Surrey early intervention and prevention services.

e) Carer's assessments

The Care Act 2014 entitles carers to an assessment in their own right, together with information and advice to help them make the best choices about support for their own health and wellbeing. We are keen to ensure they are undertaken for all eligible carers using personalised strength-based approaches.

- The Care Act states that carer's assessments must include an assessment of the ability and willingness of the carer to provide care. We will not make assumptions about the willingness and the ability of carers to carry out caring tasks when completing assessments for the carer or the person they care for.
- We will ensure that assessments are updated to reflect any additional needs created by COVID-19, of both carers and those in need of social care. Where people who use social care services can no longer access the day care or respite services that they used before the pandemic, work with them to identify alternative arrangements that meet their identified needs.

ii. Supporting working carers

Taking on a caring role should not mean that people have to give up work to care and this might lead to financial hardship and/or social exclusion. Carers

who want to work should be enabled to do so and should not be discriminated against². They should be supported in the workplace to maintain their employment status. This is essential to avoid poverty and social exclusion and it is particularly important in the light of the gender pay and pension gap in UK as 58% of carers are female³. Where organisations have moved toward ‘Carer friendly⁴’ employment practice they have been able to demonstrate strong business benefits such as significant savings made in unplanned absences and improved employee retention.

Over the course of the last strategy, 2016-2020, the numbers of carers who juggled employment responsibilities with their caring role increased and the awareness of the particular challenges they encounter heightened. In 2019, Surrey County Council and the Clinical Commissioning Group undertook a survey of all of their staff to identify those that are carers, the particular challenges they face and how their employer might adjust practice to support them more effectively.

All employers must ensure no carer is missed through lack of awareness on the part of its staff. As such we will undertake a complete review of all existing training materials and work with the local NHS Academies seeking new approaches to staff carers awareness training whilst ensuring that the ‘lived experience’ of caring remains integral to our programme.

A Surrey-wide Multi-Agency Carers Workforce Task Group was established in July 2020. Its aim is to work collaboratively, using an integrated approach, to provide a system-wide response to supporting those staff who are juggling work with care. This new workstream will be delivered against the life span of our new Surrey Carers Strategy (three years) but will be implemented by individual organisations at their own pace over an anticipated time frame of five years.

We will improve support to staff with caring responsibilities, promoting the new Working Carers Passport to ensure that all employers have timely, compassionate conversations about what support would be helpful, including establishing and protecting flexible working patterns.

iii. Increase visibility of the role of carer

Identifying carers is the first step to providing them with the support they need to maintain their own mental and physical health and wellbeing. Unfortunately, research, borne out by local feedback, suggests that many carers are not recognised

² www.carersuk.org/news-and-campaigns/features/sharon-coleman-fighting-for-her-rights

³ <https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/584/584.pdf>

⁴ www.employersforcarers.org/carers-confident

by health and social care services as having a caring role and so do not receive adequate support.

People themselves frequently do not see themselves as carers, rather they see caring as an extension of their familial role: they are daughters, sons or partners, for example, doing what families and friends do. As such the term carer does not always resonate with them. In addition, becoming a carer can be a gradual process, and carers may not recognise the changing nature of their relationship with the person they support.

a) Ensure early identification

Develop information sharing (with consent) between health, social care, carer support organisations and other partners. This might require a central data access point for individual carers data, building on both the Surrey Carers Prescription (see **appendix six**) and the Hospital Carers Passport schemes (see 'You said, we did' **section 2.3** above) Ultimately, we will add a 'carer marker' onto the Surrey Care Record⁵. We will consider what other measures might be constructive in ensuring that the carers agenda is effectively promoted within primary care.

b) Promote diversity

The identification of carers of all ages and backgrounds. We will ensure that our services for carers are inclusive and address the needs and preferences of diverse groups, such as lesbian, gay, bisexual and transgender carers, and carers from diverse ethnic, religious and cultural backgrounds.

c) Training

Surrey County Council will ensure that the right specialist resource is available to support social care staff to identify carers and to undertake carer's assessments as per their statutory duty. Additionally, the Local Authority will ensure that staff who carry out assessments for an individual with care and support needs are fully supported and trained to recognise the needs and aspirations of the carer.

Healthcare commissioners will ensure that practitioners who carry out or contribute to carers' assessments have training and skills in that role and access to specialist advice. To this effect we will ensure all staff are aware of the benefits of a carer's receiving a statutory carer's assessment.

⁵ www.surreyheartlands.uk/our-priorities/enablers/digital/surreycarerecord/#:~:text=The%20Surrey%20Care%20Record%20is%20a%20local%2C%20digital,and%20more%20coordinated%20local%20health%20and%20care%20service

d) Whole family approach

The key to effective support is to embed a whole family approach to offering co-ordinated assessments and services to support the person with care needs and their family as well as the young carer⁶. We will seek to dovetail our whole family approach in our forthcoming Young Carers Strategy.

e) The NHS Carers Key Performance Indicator (KPI)

This is just one of a range of mechanisms to improve our system's response to identifying and supporting carers. 70% of carers come into contact with health professionals yet health professionals only identify one in ten carers. More specifically, GPs are reported as only identifying 7%⁷.

The tool has been co-produced in response to the carers telling us that we need to:

- Improve outcomes for carers across our healthcare system, reducing unwarranted variation;
- Normalise caring within our standard NHS contracting and performance monitoring systems and processes;
- Ensure the sustainability of carers work through a systems response; and
- Prepare the ground for the NHS England Long Term Plan 'Carer Quality Markers'

The Surrey NHS KPI is a 'direction of travel KPI' to allow for incremental improvements to be made collectively across the healthcare system and will be reviewed and refreshed annually.

f) Local KPIs for social care providers commissioned by SCC

- These have been established. These will be embedded in all health care and social care provision during the life span of this strategy. The process of embedding the KPIs and monitoring providers' delivery will raise the visibility of carers with providers whose core business does not necessarily include the provision of support to carers.

iv. Promote carers' rights

There is strong evidence that caring is a social determinant of health: the European Court found that carers can be discriminated against by association with disability⁸. The Care Act 2014, and Department of Health and Social Care's care and support

⁶ This concept is not new and is laid down in the Care Act 2014.

⁷ www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf

⁸ Coleman v Law 2008

statutory guidance, seeks to address this, substantially strengthening the rights and recognition of adult carers within the social care system.

A key barrier to the provision of appropriate support to carers is that they are often not identified. Many carers do not think of themselves as carers and/or are not identified by health and social care practitioners as such. These are commonly termed 'hidden carers' – they do not access the support available, often because they do not know it is there.

We will seek to ensure that a greater proportion of carers are supported. There is a wide range of evidence suggesting that training can offer an opportunity for carers to gain important skills and confidence and help them to remain safe and well themselves⁹. Their understanding of the health condition, disability or needs of the person they care for can help significantly be. Training could include structured programmes or one-to-one guidance from a practitioner. We will commission carers training services based on local need and which enables carers to provide care safely.

We will actively seek to identify carers (in line with the requirements of The Care Act 2014) and ensure that they know about their right to a carer's assessment and what this is, the benefits of having one and how to obtain one.

We also recognise the value of peer to peer support. This involves carers sharing experiences, practical advice and emotional support. It can improve their understanding of the options available to them and the person they care for. Peer support can take a number of different forms, including one-to-one friendships and support based on lived experience and contact through third sector organisations, support groups or online networks. We commission peer support and will ensure this continues to be an element of the support that we commission, meeting the needs of carers of all ages, backgrounds and cultures.

v. Strengthen carer voice

We have a strong commitment to ensuring that carers can shape their own support and inform strategic planning. **Section 2.3** above outlines how we have responded to feedback received during the lifetime of the previous strategy (2016-2020).

We know, however, that we need to do more to ensure that carers and former carers of all ages, backgrounds and cultures are readily able to:

- Co-design and co-produce services
- Co-design evaluation mechanisms
- Co-design Surrey's strategic direction for carers.

⁹ www.nice.org.uk/guidance/ng150/evidence/e-providing-training-for-carers-to-provide-practical-support-pdf-7027747889

- Play an active role in evaluating the support delivered

This will be supported through the commissioning of an independent ‘Giving Carers a Voice’ service so that carers can feed back in their own words on their lived experience of caring in Surrey.

We will also improve on the way in which carers’ views shape services through our governance structure. During the life span of the previous strategy (2016-2020), we established the Carers Partnership Group that has met regularly and informed the development of this strategy. We will build on this partnership group, ensuring that it

- is better able to engage a wider range of carers in co-design of specific initiatives
- is better placed to shape the ongoing development of services, building on the voices of a greater range of carers
- has clear routes into the decision-making structures in both the Council and the CCGs.

vi. Develop effective communication and engagement channels

There are a number of mechanisms that seek to establish dialogue but we know that these need to be refreshed and additional ones need to be developed. This will ensure our communication and engagement channels are fit for the future and will improve our dialogue with carers who currently find it challenging to find appropriate support, enabling us to respond to their needs more effectively. A refreshed approach will also support our commitment to promoting carers’ rights and strengthening carer voice.

- a) We will develop our communication to carers: identifying appropriate mechanisms, which might differ for different cohorts, for different types of messages.
- b) We will ensure that advice, information and support activities are readily available, including digital support.
- c) We will take account of the needs of carers from vulnerable communities¹⁰.

¹⁰ The Equality Act 2010 refers to “discrimination by association”. This can protect carers from being treated unfairly because of their association with the person they care for. Vulnerable communities are not specifically defined, however the Act does refer to other factors which might lead to vulnerability, for example socio-economic factors.

3. Delivering our strategy

3.1 Turning our priorities into action with clear outcomes for carers

This document presents the commitments of Surrey Heartlands Integrated Care Partnership, Surrey Heath CCG and North East Hampshire and Farnham CCG. All parties will develop action plans to deliver these commitments, with priorities and timelines.

The contribution of our partners in the system, colleagues represented on the Carers Partnership Group are key and they will draw up their own actions plans, with priorities and timelines.

This ensures there is real action across the whole system. Agreed actions will be regularly monitored, updated and reported within their own governance frameworks. Oversight of progress against the actions plans of all parties will provide opportunities to share learning and good practice.

3.2 Testing what actually happens: how we will know the strategy is making a difference

Several systems of measurement are used to monitor how well Surrey's system provides support to carers (see **appendix eight**). Statutory bodies need to report on progress towards statutory and contractual obligations and will require commissioned providers to report against key performance indicators (KPIs).

In addition, each partner will decide on a set of measures to analyse outcomes for their carer services and timelines for achieving their targets. These will be monitored and reported on using their own governance procedures as well as the contractual governance arrangements.

Carers should be routinely involved in performance monitoring and evaluations in line with our commitment to co-design and co-production.

- a) We currently report quarterly through the Health and Wellbeing Strategy Prevention Agenda on carer activity and half yearly to the ICP boards. There are also separate performance reports taken through governance channels for social care and for health care. We are keen to develop a joint local Carers Outcomes Framework that addresses national performance measures and locally identified ones. A joint carers dashboard will draw all performance data together to monitor progress.
- b) Delivery of the strategy will be overseen by the Carers Partnership Group. The group is an effective mechanism to ensure that the support available to carers in Surrey is shaped by all partners – statutory agencies, voluntary and community sector organisations and carers themselves. As referenced in

priority five, in order to ensure that this group is as effective as possible and that the decisions it takes are transparent and accountable, the governance structure within which it sits will be refreshed (see **appendix nine**).

3.3 How is the strategy kept alive and relevant?

The Carers Partnership Group meets quarterly. A wider group of key partners will come together to review the strategy at regular intervals (to be agreed), checking to see if it has been effective in achieving good outcomes in a timely manner. This review will also propose areas that need to be refreshed to ensure that they reflect the future landscape.

APPENDICES

Appendix one: Who are carers?

A carer is someone who provides unpaid help and support to a family member, partner, friend or neighbour. Carers include adults, parents or children and young people. They might be adults looking after other adults, parent carers looking after children with a disability and young carers under 18 years of age. Carers may provide emotional as well as physical support, including care for those with mental health concerns and addictions. Without the care they give, those benefiting from their help would find difficulty managing or may be unable to cope, yet on average for 25% of carers it takes 5 years to recognise themselves as a carer.

Many carers combine caring with other responsibilities, for example, combining work or education with caring or looking after their children and older or disabled relatives. As such carers are distinguished from care workers who provide paid care.

Many people view their caring as an extension of their familial role such as husband, wife, son, daughter, friend or good neighbour and not as a carer. Although this is their prerogative, they still have a right to support, and the Health and Social Care Act (2012) places a duty on the NHS Commissioning Board and clinical commissioning groups to promote involvement of patients and carers in decisions about their care. Department of Health guidelines supporting this Act state 'we are clear that patient, their carers and families should be involved in decisions about their care along the patient pathway and this applies equally to decisions about their treatment, management and support. Similarly, the Care Act 2014 provides for a "Duty of cooperation and integration" this makes integration, cooperation and partnership a legal requirement on local authorities and on all agencies involved in public care, including the NHS, independent or private sector organisations, some housing functions and the CQC.

There is no typical carer, as each carer's situation is unique to them. There are, however, some issues that many carers share. Carers are more likely than the rest of the population to be affected by health problems such as depression, stress-related illness or back pain caused by moving or lifting the person they care for. Carers and the people they look after are also more likely to be on a low income. Many carers combine working with caring, with some caring for more than 50 hours on top of working full time: while others may give up work or reduce their hours because of their caring responsibilities.

Valuing carers

The scale of care provided is significant in two ways: The monetary value, along with a skilled personalised approach and high levels of expertise carers bring to the people they care for. Carers are the largest source of care and support in the UK.

As an example of what this means to our community, the University of Leeds estimate that carers in Surrey save the nation some £1.8 billion a year which would otherwise be spent on long term admission to hospital care, home placements or expensive home support packages (Valuing Carers 2015).

The total value of joint budget for carers is £5.8 million per year. The total value of the contribution delivered by carers across Surrey is approximately £1.8 billion. These amounts can be mapped across different geographical parts of Surrey, as shown below.

Surrey area	Carers budget	Value of carer contribution
East Surrey ICP	£857,820	£266 million
Guildford and Waverley ICP	£1,032,980	£320 million
North West Surrey ICP	£1,797,420	£558 million
Surrey Downs ICP	£1,416,940	£440 million
Surrey Heath CCG and Farnham practices	£694,840	£216 million

Investing in Surrey carers services is good value, reducing the impact on our health and care providers.

- It has been calculated that every £1 spent on carers saves the NHS £4 (Royal College of General Practitioner/Baker Tilly 2014)
- Every £1 spent on preventative support for carers saves Surrey County Council £2.97 in replacement care costs (Department Health/ADASS 2015).
- Each £1 invested in supporting young carers saves children's social care £3 (Ecorys 2019).

Who are Surrey's carers?

From the 2011 Census and subsequent population projection figures, there are an estimated 115,216 carers of all ages who live in Surrey including 31,850 people caring for more than 20 hours a week, while 68,943 juggle work with caring.

We have 18,870 carers from Black, Asian and Minority Ethnic (BAME) communities and there are also an estimated 14,700 young carers under the age of 18. Only 2,600 of the estimated number of carers based on the 2011 Census were under 18. However, research shows much higher numbers of young carers than identified in the Census.

Carers UK research undertaken by YouGov (June 2020) indicates that there are an estimated 4.5 million new carers nationally due to COVID-19 who are not reflected in the figures above.

New data will be provided by the 2021 census. This should be seen in context of the GP Patient survey which estimates the real caring population is nearer 17%. For Surrey this would mean our caring population is closer to 200,000 carers of all ages.

Appendix two: Together for Carers Memorandum of Understanding

A Memorandum of Understanding (MOU) has been established between health and social care partners within Surrey and local carers organisations. The purpose of the 'Together for Carers Memorandum of Understanding' is to support an integrated approach to the identifying, assessment and meeting of carers' health and wellbeing needs.

This MOU sets out an agreed approach to supporting the implementation of an integrated approach to the identification, assessment and meeting of carers' health and wellbeing needs across Surrey. The document has been developed from a national template published by NHS England and others. It has been supported by key partners in the health and social care system who are committed to working together for carers and young carers.

You can view the MOU in full on [Surrey County Council's website](#).

Appendix three: Initiatives to support the development of this strategy

Our main Surrey Carers Strategy engagement and involvement project was launched in January 2020.

A thorough review of our previous carers strategies has now taken place and a range of views sought; those of carers and young carers being the most significant. We have used a range of mechanisms, including existing meeting structures, and provided opportunities for carers to input via both an online survey (hard copies were provided for those who could not access online) and four independently facilitated carer focus groups without commissioners or existing service providers in the room.

Engagement has been overseen by the Surrey Carers Partnership Group and included:

- A review of all new carers data both national and local;
- An [Action for Carers Young Carers stakeholder event](#) with partner agencies (both statutory and independent);
- Separate surveys for professionals and carers;
- Input from Giving Carers a Voice and Surrey Young Carers Forum;
- Independently facilitated workshops for carers (health and social care commissioners will share a more detailed suggestion at the meeting);
- 15 presentation and feedback sessions through existing meeting structures (this included mental health groups including FOCUS, Surrey Heartlands CCG Equalities Group, Surrey Downs Integrated Care Partnership Board, the CCG Staff Health and Wellbeing Group, and the Surrey End of Life Care Carers Task Group);
- Two workshops hosted by the Surrey Carers Partnership Group;
- [Action for Carers Surrey Carers website campaign](#) and
- [Surrey Heartlands Have your say social media campaign](#)

This engagement process was interrupted by COVID-19 but was remobilised in May 2020.

In addition to the [Action for Carers – Making it real for young carers and young adult carers](#) findings, three reports have been generated capturing the feedback provided by both carers and stakeholders:

- Carers Services Quantitative Online Survey Report;
- Practitioners and Stakeholders Online Survey Report; and
- Carer Commissioning Strategy Engagement Report May 2020.

These reports are available on request (email carersstrategy@surreycc.gov.uk or call the Adult Social Care Contact Centre on 0300 200 1005).

Appendix four: Relevant legislation and policy - national, regional and local

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

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

The Care Act 2014

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

Wellbeing Duty – The 'wellbeing principle' is an overarching approach that local authorities should take when exercising their responsibilities under the Act. Wellbeing covers a range of outcomes such as physical and mental and emotional wellbeing. It also covers participation in work, education and training and social and economic wellbeing. Wellbeing can relate to:

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

Prevention Duty

The Act requires local authorities to provide information and advice relating to care and support locally. The requirement is that local authorities provide an information

and advice service in relation to care and support for adults, and support for carers. This information can include types of care and support, the providers people can choose from, how to access care and support and how to raise concerns about safeguarding etc.

Assessment

Both adults (needs assessment) and carers (carer's assessment) should be assessed on the appearance of need and regardless of what the local authority thinks is the level of their need and regardless of their financial resources. The assessment must consider how the person's needs impact on their wellbeing and the outcomes that they wish to achieve in day-to-day life. The adult's needs assessment must focus on outcomes of the person and the authority must also consult the carer. It removes the requirement to ask for an assessment which has been in previous legislation and the Care Act removed the requirement for the carer to be providing substantial care on a regular basis. The only requirement is that the carer 'may have needs for support –whether currently or in the future'. The requirement to assess a carer on the appearance of need puts the carer's assessment on the same footing as the disabled person's assessment. The Act requires local authorities to consider whether the adult would benefit from preventative services, information and advice or anything which might be available in the community.

Whole family approach

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

Self-funders

Since the Care Act came into force self-funders have been able to ask the local authority to arrange services, but not residential care, on their behalf. Local authorities also have responsibility for providing information and advice to self-funders.

Duty of cooperation and integration

This makes integration, cooperation and partnership a legal requirement on local authorities and on all agencies involved in public care, including the NHS, independent or private sector organisations, some housing functions and the CQC.

The Children's Act 1989

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

The NHS Long Term Plan

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

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

2.33 Continue to identify and support carers, particularly those from vulnerable communities. Quality marks for carer-friendly GP practices, developed with the Care Quality Commission (CQC), will help carers identify GP services that can accommodate their needs. We will encourage the national adoption of carer's passports, which identify someone as a carer and enable staff to involve them in a patient's care, and set out guidelines for their use based on trials in Manchester and Bristol. These will be complemented by developments to electronic health records that allow people to share their caring status with healthcare professionals wherever they present.

2.34. Carers should not have to deal with emergencies on their own. We will ensure that more carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it.

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

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

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

Other important policy includes:

- NHS People Plan 2020
- Government Carers Action Plan 2018-2020
- “Together for Carers” Surrey Memorandum of Understanding 2017 (**see appendix two**)
- Guidance from the Social Care Institute for Clinical Excellence concerning coproduction and strength based approaches.

Appendix five: Initiatives that have been co-designed

“Together for Carers”

- An agreement between health and social care and wide range of partners to work together to enhance support for carers of all ages.

Carers Prescription Service

- A simple online system enabling general practices, health service providers and other partners to make referrals for carers support.

Young carers and young adult carers initiatives

- Includes a wide range of partnership working through a Surrey Young Carers Strategy Group.

Carers GP Registration

- Makes doctors aware which patients are carers.

Hospital Carer Support

- There is a wide range of collaboration through a Surrey-wide NHS Providers Network.

Carers and employment

- Support for working carers through carer friendly employment practice is promoted in collaboration with the national Employers for Carers network.

The Surrey Care Record

- A local, digital shared care record for health and care professionals across Surrey. It allows the secure sharing of your health and care data between authorised health and care professionals for the purposes of delivering safer, quicker, more personalised and more coordinated local health and care services.

Carers Flu Voucher Scheme

- In collaboration with the Surrey and Sussex Local Pharmaceutical Committee this scheme is now fully embedded in an annual Winter Wellbeing Campaign.

Appendix six: Services and service providers (September 2020)

Action for Carers Surrey

- Adult Carers Support
- Young Carers Support
- Moving and Handling (in partnership with White Lodge Centre)
- Giving Carers a Voice

Crossroads Care Surrey

- Home based care breaks
- End of life carers support

Surrey Independent Living Council

- GP Carers Breaks Service
- GP Carers Prescription service
- GP Carer Care and Support Plans

Surrey Welfare Rights Service

- Carers Welfare, Benefits and Advice Service

Carers UK

- Employers for Carers
- Digital resource

Cyclix

- Carer Awareness E-Learning

Appendix seven: Surrey Carers Pathway

The [Surrey Carers Pathway](#) has been developed in partnership. Local NHS organisations and Surrey County Council each have their own separate strategic action plans to support carers, but all have agreed a shared five step pathway for carers. This pathway was co-produced with carers.

The Surrey Carers Pathway is a way of helping to ensure carers receive the type of support they need at the right time. Depending on their role, health care professionals may come into contact with carers face to face or be involved in planning services for them or the people they care for. The Surrey Carers Pathway has been designed to serve two purposes: to fit within existing pathways familiar to community health care and hospital staff; and to help health care staff identify, recognise and support carers. A checklist has been developed to support the practitioners to help ensure each stage is considered, together with links to relevant supporting information.

1. Identification

- Carer is identified at the earliest possible stage and their details recorded on the patient's record
- Carer confirms they are willing and able to care
- Any children in the household who might take on a caring role are identified

2. Welcome

- Carer is welcomed. The carer is given advice and information
- Carer is given the name of a member of staff who they can speak to when needed

3. Assessment and support

- Carer is informed they have the right to a statutory carer's assessment of their own needs (The benefits of this are explained. The support needs of the family and the children are identified as part of the assessment process)
- Carer is referred for support using the Surrey Carers Prescription Service
- Staff ensure carers are given the practical skills and training to allow them to care

4. Involvement

- Advice is given to carer about the partnership approach to delivering care where the patient, carers and health and social care professionals are all seen as equal partners

5. Transition

- Carers **have seamless experience when moving through service**

Appendix eight: Current systems of measurement include

NHS Surrey Carers KPI

- This key performance indicator ensures health partners put carers at the heart of the services they provide.

Carer's assessments

- As per the Care Act 2014, Carers may be entitled to services in their own right if they care for someone who is over the age of 18 years old who cannot live independently without their support. Eligibility is identified through an individual carer's assessment that will be offered to the carer when the person they care for receives their initial assessment and subsequent reviews. The Council is required to report nationally on the number of carers' assessments they undertake (Adult Social Care Outcomes Framework).

GP Carer Quality Markers

- A set of standards for working with patients with caring responsibilities developed by NHS England and the Care Quality Commission.

Secondary Care Quality Markers (anticipated 2021-2022)

- A similar set of standards are being developed for future use by hospitals.

NICE Guidelines

- These include a national set of standards relating to support for adult carers support set by the National Institute for Clinical Evidence (NICE).

Triangle of Care

- The Triangle of Care is a membership scheme promoting shared working between carers, professionals and people using services. It has produced a national set of good practice guidelines and a voluntary accreditation scheme with versions for adult carers and for parent carers and young carers.

Carer Confident Accreditation

- An accreditation scheme for carer friendly employment developed by Employers for Carers.

Young Carers Schools Guardian Angel scheme

- Evidence of improved identification and support for young carer in schools; including take up of the Young Carers Guardian Angel scheme.

Appendix nine: Governance structure

****This is currently being developed and will be included in the final strategy that is published.****

Review of Best Practice and Documents for Scrutiny Inquiry- Carer Friendly Southampton: 26th November 2020

Priorities with Inquiry Dates

<p>5th November</p> <p>1 Carers health, wellbeing and safety</p> <p>1.1 Time for yourself and isolation</p> <p>1.2 Health & wellbeing, including mental health needs</p> <p>1.3 Relationships support (family dynamics) and experience of loss</p>	<p>26th November</p> <p>2 Carers identification rights and recognition</p> <p>2.1 Role of professionals to identify</p> <p>2.2 Self-identity</p> <p>2.3 Planning for emergencies</p> <p>2.4 Access and quality of respite or replacement care: planned and unplanned breaks</p> <p>2.5 Assessments</p>	<p>7th January</p> <p>3 Access to information, advice and guidance</p> <p>3.1 Financial support and the DWP</p> <p>3.2 Access to practical support and help from the community</p> <p>3.3 Housing and adaptations issues</p>
<p>28 January</p> <p>4 Support to carers</p> <p>4.1 Access to health and social care services in the caring role</p> <p>4.2 Information advice and guidance for the caring role</p> <p>4.3 Support and training for a carer</p> <p>4.4 Experience and response to Covid-19</p>	<p>25 February</p> <p>5 Support in education and work</p> <p>5.1 Young carers protected and supported to learn and thrive</p> <p>5.2 Opportunities and challenges in work and education</p> <p>5.3 Access and availability for transport to support the caring role</p>	

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Some of the evidence given on the 5th November will also apply to the topics in this meeting: they have not been repeated.

Table 1: Carers Identification, Rights and Recognition

Local Authority	Priority (N°)	Brief description
Wiltshire County Council	2.1 4.1	Investors in Carers accreditation promotes innovative approaches by GPs to identify and support Carers as early as possible. It is funded by Wiltshire CC and CCG. It claims to be effective in encouraging surgeries to offer achievable support such as Carer Clinics and a Carers Register. They launched a platinum accreditation in 2017 for surgeries that met twelve key criteria (such as having a carers lead and flexible appointments).
Leeds CCG	2.1 4.2	The Yellow Card Scheme - All Leeds GP practices can refer carers to Carers Leeds by completing a 'Yellow Card Referral'. GP practices are encouraged to use the Yellow Card as a prompt to record a patient as a carer on their practice database thereby ensuring that carers can be identified when contacting their practice and offered appointment times and services that fit with their caring role, for example carer health checks and access to flu vaccinations.

Appendix 2

Agenda Item 7

Local Authority	Priority (N°)	Brief description
	2.1 4.2	Carer Awareness Training – Carers Leeds have two Carer Awareness Trainers to deliver brief carer awareness sessions to any staff based in GP practices or community-based health staff. These sessions are designed to help staff understand the vital role that carers play in healthcare, how to identify and support carers and an overview of the services that Carers Leeds can offer.
	2.1 4.2	Carer Clinics - Carers Leeds facilitates several carer clinics in GP surgeries across the city for carers who could not get to their city centre offices. (Carers in Southampton have tried this with limited success but could be re-visited in key locations across Southampton).
Derbyshire County Council	2.1 4.2	Carer Pledge – Derbyshire Carers Association have challenged GPs, Hospitals and Employers to sign up to a group of pledges to improve the lives of carers. Pledges include maintain a Carers register within their practice, ensure there is good quality and accessible information available for Carers, invite Carers for an annual flu vaccination, improve the way that Carers are identified, supported and signposted and nominate a Carers Champion who will be a point of contact for identifying and promoting carer support in the practice. In return, the DCA provide information, resources, training and certification to those services.
Oxfordshire County Council	2.1 4.1	Carers Assessments can be shared (with Carer permission) to primary care providers.
Hertfordshire County Council	2.1	Online resource packs that organisations can download to improve their understanding of carer needs and identification.
Surrey County Council Page 54	2.1 2.5	Implement the agreed 'Together for Carers Memorandum of Understanding' between social care, health and carer organisations with an action plan. Adult Social Care and Children's Safeguarding Service to publish clear pathways of referral and assessment of young carers and young adult carers that can be assessed and used by any referring agency. Set up 'information sharing' between health, social care and carer organisations to increase identification and improve assessment and support to young carers and young adult carers. This is particularly important to track those young carers who have been in contact/assessed by the services but who have been deemed not to be in need of support. It is also important to gather data on the types of help provided by the young carers and young adult carers to the person being cared for to ensure that services are tailored to their needs.
	2.2	Young carers forum: raise public awareness so that children, young people and their families recognise when they are a young carer and know where to seek support. This should include participation in activities for national young carers rights day on 25 January 2018.
	4.2	Carers Support Worker Substance Misuse - One example of good practice of joint working cited by The Children's Society is the implementation of a Carers Support Worker for Substance Misuse. The role increases awareness within substance misuse teams and could provide support for the whole family. The position was part of a new service commissioned for carers and families following a consultation process with carers, users and staff. The worker is able to support all family members including young carers and young adult carers. The service is also available when the cared for person is not in treatment.

Local Authority	Priority (N°)	Brief description
Liverpool	2.1 2.3	<p>The Health & Social Care Liaison & Training (HSCLT) Service Cluster will play a key role in supporting healthcare providers to adopt more effective and sustainable processes for identifying & supporting carers, while recognising the partnership role they play in providing care. Carers' Emergency Alert service – data to be entered on to Social Services data base – and carers to be given an ID card. Staff and volunteers to support completion of emergency plans.</p> <p>Data processing contracts have been agreed to share information about Carers, and their support needs, between agencies</p>
Salford Enhanced Carer Support	2.3 4.1	<p>Shared Care Record has been developed in Salford, under the Integrated Care Programme to support personalised care planning between health, mental health and social care. To identify carers who need support at a time of crisis and will benefit from intensive 6-week support package to ensure efficient discharge of cared for, preventing readmission and enable carers to be linked. Outcomes: Target met with 275 Carers identified. Challenges:</p> <ul style="list-style-type: none"> • embedding carer's services in health care setting where staff mainly patient-focused and may not always see the value of carer support or that this is part of their service model. • Practical challenges with lack of accommodation to work at hospital. • Data collection challenges, complexity and evolving data capture.
Midlands Partnership NHS Trust	2.1	<p>Our Service User and Carer Charter</p> <ul style="list-style-type: none"> • carer charter and carer engagement standards taken from the triangle of care. This includes Staff need to be "carer aware" and trained in carer engagement strategies • Clinical supervision should address carer engagement and awareness • The Trust should identify staff who are carer champions and who support staff and input into awareness training • A Carer Engagement Forum is in place to consider ongoing awareness and engagement issues • Every team and ward has a staff member with lead responsibility for carers, although all staff are responsible for involving carers.
Action for Carers Surrey, Surrey Independent Living Council (SILC)	2.1 2.4	<p>Encourages GPs to identify carers and the relevant benefits of doing so. Includes a GP Carer's Prescription which is a 'one-stop shop' – a secure online referral mechanism to a range of local carers' services. The support can be provided directly to the carer, or to the person being cared for, to help the carer have a better balance between their caring role and their life outside caring.</p> <p>Additionally, when GPs complete a Carer's Prescription, the carer may be entitled to a 'GP Carer Break'. This is a one-off payment at the GP's discretion, giving the carer household up to a maximum of £300 for a break.</p> <p>A scheme to improve the identification and support of young carers in schools. Young Carers in Schools is an England-wide initiative that equips schools to identify and support young carers. The award celebrates your school's commitment to young carers.</p>
Kent & Medway Councils and York Carers Centre	2.3	<p>Carers are issued with a credit card sized card. The carer carries it at all times, so that it can be used as an instant source of identification in case of accident or sudden illness. The card does not have any personal details on it, only a unique registration number and the telephone number of the central help line. In an emergency situation anyone can telephone the number on the card and quote the unique</p>

Local Authority	Priority (N°)	Brief description
		registration number printed on the card. The contact centre uses the registration number to easily access the carers pre-arranged emergency plan and puts it into action. The service is 24/7
Support For Carers Leicestershire	2.1 4.1	Some Carer support organisations have been commissioned to work specifically within general practice, in order to provide integrated support for Carers.
Wandsworth Borough Council	2.1 2.2, 2.3 2.4, 2.5 3.1,3.2 3.3, 4.1, 4.2, 4.4 5.1	<p>Care Place website details a vast range of information especially for those in a caring role. Wandsworth have a carers centre open for drop in: Monday - Thursday 10.00 - 5.00 and phone on Fridays. They work with GPs to:</p> <ul style="list-style-type: none"> • Keep a register of all patients identified as carers within their practice • Offer flexible appointments and longer consultation slots for carers • Refer carers to Wandsworth Carers' Centre and signpost them to other services based on the outcome of their consultation. <p>Detailed advice for carers regarding COVID including how to care for themselves and plan for emergency</p> <p>Work related rights detailed – as in CIS website</p> <p>Extremely comprehensive carers guide</p>
Liverpool City Council	2.1	Strategy aims to improve information sharing between different parts of the system, professionals, services and providers and improve communication between professionals and carers. Work in progress.
Salford NHS CCG & Salford Council	2.1 3.1 4.1	<p>Have a risk stratification tool to help identify carers who need extra help in their lives.</p> <p>Shared Care Record to support personalised care planning between health, mental health and social care. The Salford Integrated record (SIRC) will be a truly integrated record of care and will be available to all care services to include: GPs, Hospital Staff, District Nurses, Social Care and Mental Health. This saves carers having to keep repeating themselves</p>
Surrey & Borders Partnership	2.4 3.1 4.1 4.2	<p>Charter pledges to involve, support, give a voice and value carers.</p> <p>Signed up to John's Campaign which helps people who look after someone with dementia support them when they are admitted to hospital. Involving carers leads to better quality care because they are expert in the needs of that individual. If they are accepted as part of the care team they can provide insight and facilitate communication, leading to better outcomes.</p> <p>Their older adult units have signed up to the campaign and allow carers to stay overnight, to have flexible visiting hours and actively involve them in a person's discharge.</p>
Action for Carers Surrey	2.1, 2.3 2.4, 3.1 4.1, 4.2	The GP Carer's Prescription is a 'one-stop shop' – a secure online referral mechanism to a range of local carers' services. The support can be provided directly to the carer, or to the person being cared for, to help the carer have a better balance between their caring role and their life outside caring. When GPs complete a Carer's Prescription, the carer may be entitled to a 'GP Carer Break'. This is a one-off payment at the GP's discretion, giving the carer household up to a maximum of £300 for a break. This is an online referral form and the carer will be sent information and offered support.

Local Authority	Priority (N°)	Brief description
NHS England	2.4 2.5 3.2 4.2	A practical guide to healthy caring and is written to be particularly relevant for those who are about 65 years or older and are new to caring. Includes assessments, own health, taking a break, benefits of technology and planning for the end of the caring journey
Scottish Gov- Getting it right for young carers	2.1 2.5 3.2	Scottish Government have funded- that every area has developed a 'Carer Information Strategy'. This means that health staff are getting training and information about how to identify and support young carers. • The Royal College of General Practitioners Scotland is putting together information on identifying and supporting young carers. This will be sent to every doctor's surgery in Scotland. • NHS Education in Scotland will be looking at how they can raise awareness of young carer issues in staff training.
Surrey Young carers	2.1 4.1	Young carer training mandatory for all Surrey's health and social care professionals.
Carers Org- identifying YC	2.1	Workforce development: Implementation of training on young carer awareness, identification and local whole family practice, ensuring it is embedded across workforce development of key providers.

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