



# **SURREY CARERS STRATEGY 2021-2024**

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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)

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# 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 legislation<sup>1</sup>. 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.

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<sup>1</sup> 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 " <b>Together for Carers.</b> " 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, " <b>No Wrong Doors</b> " 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.



<b>You said</b>	<b>What we have done/are doing in response</b>
<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 <b>Surrey Carers Prescription Service</b> 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 <b>GP Carer Quality Markers</b> across our system and included these in our annual survey. 76 practices have completed a full assessment.</p> <p>We have introduced a <b>GP Carers KPI for GP Carer Registration</b>. 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>

<b>You said</b>	<b>What we have done/are doing in response</b>
<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 '<b>Carer friendly practice in hospitals</b>', hosting four workshops events annually</p> <p>In 2019, we launched an <b>NHS Carers KPI</b>. 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 <b>Hospital Carers Passport scheme</b>. 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 <b>carer friendly employment practice</b> 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 <b>Carers Workforce Action Plan</b>.</p> <p>In 2019/20, we co-produced a <b>staff carers survey</b> 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 <b>Carer Confident Level One Accreditation</b>. SCC are in the process of submitting their application.</p>

<b>You said</b>	<b>What we have done/are doing in response</b>
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 <b>Surrey Carers Flu Voucher Scheme</b> . 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 against<sup>2</sup>. 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 female<sup>3</sup>. Where organisations have moved toward ‘Carer friendly<sup>4</sup>’ 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

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<sup>2</sup> [www.carersuk.org/news-and-campaigns/features/sharon-coleman-fighting-for-her-rights](http://www.carersuk.org/news-and-campaigns/features/sharon-coleman-fighting-for-her-rights)

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

<sup>4</sup> [www.employersforcarers.org/carers-confident](http://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 Record<sup>5</sup>. 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.

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<sup>5</sup> [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](http://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 carer<sup>6</sup>. 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%<sup>7</sup>.

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 disability<sup>8</sup>. The Care Act 2014, and Department of Health and Social Care's care and support

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<sup>6</sup> This concept is not new and is laid down in the Care Act 2014.

<sup>7</sup> [www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf](http://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf)

<sup>8</sup> 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 themselves<sup>9</sup>. 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.

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<sup>9</sup> [www.nice.org.uk/guidance/ng150/evidence/e-providing-training-for-carers-to-provide-practical-support-pdf-7027747889](http://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 communities<sup>10</sup>.

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<sup>10</sup> 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.

<b>Surrey area</b>	<b>Carers budget</b>	<b>Value of carer contribution</b>
<b>East Surrey ICP</b>	£857,820	£266 million
<b>Guildford and Waverley ICP</b>	£1,032,980	£320 million
<b>North West Surrey ICP</b>	£1,797,420	£558 million
<b>Surrey Downs ICP</b>	£1,416,940	£440 million
<b>Surrey Heath CCG and Farnham practices</b>	£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](mailto: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.\*\***