



SURREY CARERS STRATEGY 2021-2024

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Foreword

We are delighted to introduce our Surrey Carers Strategy 2021-24.

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 it is recognised that caring can affect health outcomes. We also know that carers from ethnic minorities¹ are more likely to miss out on accessing timely support, and are less likely to receive practical and financial support with caring. We want to do everything we can to enable carers to live well. It is crucially important that carers are identified at the earliest opportunity to ensure they are recognised and respected as partners in care, and to allow access to advice and support that is responsive and appropriate to their needs and circumstances.

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.

This strategy has been developed during the first and second waves of the COVID-19 pandemic, which has brought the role and experience of carers into sharp relief. [Carers UK research](#) during the first wave evidences that 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 and many have felt the impact of anxiety, isolation, loss and loneliness. The pandemic has exposed fault lines of existing inequalities that many carers experience.

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.

¹ In line with [GOV.uk guidance](#), we use 'ethnic minorities' to refer to all ethnic groups except the White British group. Ethnic minorities include White minorities, such as Gypsy, Roma and Irish Traveller groups.

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1. Introduction

Carers living in Surrey and representatives of a number of organisations supporting them have informed the refresh of 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 ill health, 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 they are willing and able, and to support their health and wellbeing by achieving outcomes they have identified matter most to them.

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

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 (see [appendix three](#)), taking account of progress made and feedback from our carers and many varied organisations supporting them within our Surrey network. The engagement and insight that supported the development of this strategy is summarised in [appendix four](#).

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 five](#)).

This strategy covers the general principles that apply to all adult carers. We want carers supported across the whole system, and for carers to be seen as everybody's business. In order to achieve this, the Carers Strategy seeks to take account of and link to other strategies. Equally, the expectation is that carers are reflected in all other system strategies, for example the Surrey Heartlands Palliative and End of Life Care Strategy; Dementia Strategy; Older People's Strategy; Learning Disabilities Strategy; and Physical Disabilities Strategy.

There is a significant number of young carers in Surrey – children and young people who provide support and/or care. We are committed to providing them with the support they need and to protect them from caring responsibilities that are inappropriate. A Young Carers Strategy is being developed in the first half of the financial year 2021-2022. This considers the specific experience of young carers and the needs they present. It commits to ensuring the support available to them is appropriate, tailored and readily accessible. The Young Carers Strategy will dovetail with this document to create a truly all-age approach. Action plans to secure delivery of the strategies will align. In year two of this Strategy's lifespan we will review the two strategies to merge them into a single all-age strategy.

2. Our vision

“Surrey should be a place where carers are recognised, valued and supported, both in their caring role and as an individual. Carers will be respected as partners in care, will have a strong voice that influences improvement, and will be able to access the support they need, when they need it, and in the way that works best for them. This support will be available equally to all carers.”

To make this happen, we will:

- Make sure carers are identified, recognised and offered support if they need it, at the earliest opportunity;
- Make sure carers with different needs are able to access the right support and information when they need it, in the way that works best for them;
- Make sure carers are aware of their rights, and remain willing and able to care;
- Make sure carers and families are able to thrive and develop educationally, personally and socially, and are protected from excessive or inappropriate caring roles;
- Make sure we work together with carers and those being cared for to develop services that are reflective of their needs and communities;
- Make sure that carers are able to express their views, share their experiences, and have their voices heard through an independent route;
- Make sure we have strong governance in place to support effective and responsive decision-making, and to oversee this strategy and carers services.

Carers in Surrey should be able to expect to:

- Be identified as a carer as early as possible and be assessed in the context of a whole family approach;
- Be encouraged to recognise their role and rights;
- Have their rights and those of the person/s they care for championed and protected;
- Have access to high quality information, advice and support that is personalised and which they can trust;
- Have choice and control in their caring role;
- Be informed, respected and included as expert partners in care;
- Be able to stay healthy and live well themselves, including accessing breaks to support them to maintain their own wellbeing;
- Have their own needs and wishes as an individual recognised and supported;
- Be supported to remain in work, training and/or education;
- Be supported in getting financial advice, including about welfare and benefits;
- Have access to support and training that will enable them to feel confident in their caring role;
- Have meaningful opportunities to have their voices heard, and be empowered to share their lived experience which will influence learning and change; and
- Be socially connected and not isolated.

3. Our values

Carers have told us about the values they believe should underpin all action and we have 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. 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 levels of care.

1. Carer focused

Carers will be considered in everything that we do. We recognise that carers have different needs, including those stemming from or related to mental ill health; learning disabilities; and age. It is essential that there is a personalised, holistic approach to information, advice and support. Services across Surrey will respect individual's aspirations, personal circumstances and choice, and be accessible to carers in the way that works best for them.

Greater awareness of carer rights and universal recognition of the contribution that carers make is integral to ensuring we value and empower carers.

2. Inclusivity

Partners in Surrey will continue to work together to support carers to achieve the outcomes they have said make a real difference to them. Carers will be involved in all aspects of designing services and measuring how these services perform, and will be recognised as expert partners in care.

It is acknowledged that inequalities exist across our communities and that these can affect access, experience and outcomes. All partners and services will value and evidence inclusivity, proactively reaching in to and engaging with the diverse range of communities in Surrey to help ensure that appropriate support is accessible and contributes to improved outcomes.

3. Whole family

It is important that the carer's family context is respected, and that a whole family approach to caring is embedded across Surrey. Carers will be assessed in this context. The whole family will be supported in the caring experience, with ready access to information and appropriate support services when they need to.

4. Collaboration

We will promote and continually grow closer collaboration and cooperation across health and social care, borough and district councils, and the voluntary, community and faith sectors.

This will harness the potential of organisations that can link together to better understand and support carers, sharing information about local need and provision to develop integrated approaches to designing and delivering services.

5. Every contact counts

Caring has a significant impact on individuals' physical, mental and financial health and wellbeing: it is therefore vital that carers are identified and recognised at the earliest opportunity. We will make every contact count by proactively seeking to better understand carers' individual circumstances and needs, and enable timely access to services.

6. Continuous improvement

We will strive to continually do the best we can for and with carers, working to deliver excellence in everything we do. We will be open and we will listen.

Carers will be empowered to influence the design and provision of services. Health and social care will work together to commission services, seeking to develop the market and enhance our offer. This will help ensure that high quality, flexible and reliable services for carers are available across Surrey.

4. Strategic priorities 2021-2024

The six priorities below build on progress made against the 2016-20 strategy (see [appendix three](#)), and have been developed with feedback from carers and the varied organisations supporting them, and with partners across Surrey. Specific initiatives to support the development of this strategy are listed in [appendix four](#).

1. Commission high quality services

We commission a range of services to ensure that carers are supported in their caring role and to have a life outside of caring. Carers have told us that a priority must be ensuring that services address important needs, and that the pathways between services are as easy as possible to navigate. The contracts for the range of services provided at the time of writing terminate at the end of March 2022.

As part of the process to commission services for April 2022 onwards, we have reviewed and revised the service specifications (which detail exactly what each service needs to provide) to ensure that the new set of services are well placed to meet carers' needs over the coming years. The specifications are informed by carer feedback and the commitments in this strategy. We will ensure that the refreshed set of services is ready for carers in good time, with smooth transition.

The particular commitments for commissioning high quality services are:

1.1 Carers breaks

Carers have told us that being able to have a break from caring is very important to them. It is therefore vital that we provide a range of carer breaks services. In line with our commitment to personalisation, breaks can take a number of different forms based on the need of the carer, for example: a few hours or a longer-term break from caring. Breaks can also benefit the person/s with care needs. We are reviewing the range of short breaks available to ensure they offer an attractive choice and meet carer needs.

Our health and social care practitioners will promote the value of having a break from caring² and explain the options available.

1.2 Improve the health and wellbeing of carers

In line with our value 'Every contact counts', we will support our health and social care practitioners and provider partners to ensure that the importance of carer health and wellbeing, and the information and support available, is included in every conversation with carers.

We will co-design with carers accessible training programmes that are designed to improve carers' knowledge and coping skills, and help enable them to carry out their caring role safely and confidently for as long as they choose to. This will

² The value of having a break has become even more evident as a result of the COVID-19 pandemic, which reduced access to many care and support services.

include provision of specialist information and training, such as moving and handling.

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 prescribing.

We will work in partnership to ensure carers have access to information and programmes that support wellbeing and physical activity, including developing stronger links with social prescribing.

We will commission services that provide appropriate information, advice and support regarding the potential financial impact of being a carer, including welfare and benefits.

1.3 Ensure that the pathways into and between services is clear

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

1.4 Emergency planning and Carer Passport

Emergencies for carers can be overwhelming and stressful. Having a plan in place can help ease carers' worries and ensure that those they look after continue to be cared for in an emergency. We will co-design and coproduce with carers and stakeholders a new Surrey Carer Emergency Planning Service. This new service will build on our existing Surrey Carers Emergency Card Scheme as well as our carer's assessment process.

The development of a Carer Passport will be an integral part of this service, and supports our commitment to improve carer identification and recognition. This programme of work will contribute to our delivery of the NHS Long Term Plan.

2. Promote carers' rights

The Care Act 2014, and Department of Health and Social Care's care and support statutory guidance, seeks to substantially strengthen the rights and recognition of adult carers within the social care system.

The particular commitments for promoting carers' rights are:

2.1 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 will work to ensure that carer's assessments are undertaken for all eligible carers using personalised strength-based approaches, and that the carer's assessment process is accessible.

We will actively seek to identify carers 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 will ensure that this information, advice and support is available equitably to all carers.

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 reviewed regularly, including carer health and wellbeing, and are updated to reflect changing needs. If services become unavailable (for example those which may have been created as a result of COVID-19, for both carers and those in need of social care) we will work with them to identify alternative arrangements that meet their identified needs.

Where a carer does not want or need a statutory carer's assessment, we will ensure that they are still offered information about how to access support.

2.2 Promote inclusivity and diversity

We will ensure that our services for carers are inclusive, culturally appropriate, and address the needs and preferences of diverse groups and communities.

People being cared for, their families and carers will be involved and recognised as equal partners in care. This includes identifying people's cultural needs and their choices and preferences, and looking at how these needs are met.

These needs will vary and are not only based on ethnicity and religion but on other factors such as age, sex, sexual orientation (for example lesbian, gay and bisexual people), gender identity (for example trans people), region in the UK, family and employment history etc. The way that people identify can also change through time, for example people with dementia may identify more strongly with the culture in their earlier years as they get older.

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 communication needs, asylum seekers, those affected by homelessness, Armed Forces carers, and carers of people held in the justice system. We are committed to ensure that appropriate support reaches these cohorts.

We will ensure our services and their uptake is representative of our communities and their needs. To support achieving this, we will build equality monitoring into all service specifications and contracts, and will monitor activity and outcomes, including workforce.

All partners and services will value and evidence inclusivity: with support from the Giving Carers a Voice service as needed, they will proactively reach in to and engage with the diverse range of communities in Surrey to help ensure that appropriate support is accessible and contributes to improved outcomes.

2.3 Training for carers

There is a wide range of evidence suggesting that training can offer an opportunity for carers to gain important skills and confidence, and to help them to remain safe and well themselves³.

We will co-design with carers accessible training programmes that are designed to improve their understanding of the health condition, disability or needs of the person they care for. 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. Training for carers will be accessible through a number of routes.

We also recognise the value of peer to peer support, with professional involvement and guidance as needed. 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 will 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.

2.4 Championing carers' rights through communications

We will identify and capitalise on opportunities to raise awareness of carers' rights, including aligning to and participating in national campaigns and events (for example: Carers' Week, Carers' Rights Day). These activities will be inclusive of all partners and providers.

We will encourage and work with partners and providers across the system to identify, train and empower Carers Champions who will help raise the profile of carers within their organisations and support local delivery of actions.

3. Increase visibility of carers

Identifying carers is the first step to providing them with the support they need to maintain their own mental and physical health and wellbeing. A key barrier to providing information and support for carers is that they are frequently not identified.

³ www.nice.org.uk/guidance/ng150/evidence/e-providing-training-for-carers-to-provide-practical-support-pdf-7027747889

People may not see themselves as carers, rather seeing caring as an extension of their familial role: 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. Similarly, many carers are not identified by health and social care practitioners. These are commonly termed 'hidden carers' – they do not access the support available, often because they do not know it is there.

The particular commitments for increasing visibility of the role of carers are:

3.1 Ensure early identification

We will actively seek to identify carers at the earliest opportunity. We will develop materials and communications to help those with caring responsibilities recognise their caring role and to understand the benefit of identifying as a carer and accessing the support services available to them. To support this, we will embed carer identification into practice across the system (for example: GP and hospital appointments, social care and other needs assessments, social prescribing, and borough and district services), and ensure robust mechanisms for this information, with consent, to be recorded and used to enable access to services.

Recognising that carer identification is likely to happen in the GP setting (70% of carers will start their journey in primary care), we will continue to build strong relationships with GPs through Primary Care Networks and make use of mechanisms such as the national GP carer quality markers to develop consistent carer friendly practice.

We will develop information sharing (with consent) between health, social care, carer support organisations and other partners, including borough and districts. This might require a central point for individual carer data, building on both the Surrey Carers Prescription (see [appendix seven](#)) and the Carer Passport schemes. Ultimately, we will add a 'carer marker' onto the Surrey Care Record⁴.

3.2 Whole family approach

In line with our 'Whole Family' value, it is important that the carer's family context is respected, and that a whole family approach to caring is embedded across Surrey.

Carers will be assessed using a whole family approach. The whole family will be supported in the caring experience, have ready access to appropriate information, and be able to access appropriate support services when they need to.

⁴ www.surreyheartlands.uk/our-priorities/enablers/digital/surreycarerecord/

Assessments and services should be co-ordinated to support the person with care needs and their family, including any young carers⁵.

The whole family approach will be reflected in the forthcoming Young Carers Strategy, and will be embedded as an all ages approach.

3.3 Young adult carers

Young adult carers (carers aged 18-24 years, inclusive) are likely to be in school, college, university and/or the workplace.

It is important that we recognise the specific needs of young adult carers, particularly at key points in the caring journey, such as entering or leaving college, university and/or work. Providers and partners will work together to help ensure that young adult carers are recognised, and are aware of and feel empowered to access the information and support available to them. This will include proactively identifying where specific information, support and services should be made available to and developed for young adult carers.

We will identify opportunities to proactively reach and work with young adult carers, for example in partnership with education institutions and employers. We will explore opportunities to provide focused support for young adults seeking to move into or develop in their employment.

3.4 Training for professionals

It is vital to ensure that all partners and providers have the skills, knowledge and understanding necessary in effectively identifying, supporting and working with carers.

We will develop and make available a range of training materials to suit the needs of different providers and professional communities. All professionals will be offered carer awareness training, including understanding and promoting carer rights (see Value 3: Promote carer rights), which will be available in a number of ways (for example, e-learning, podcasts/webinars, virtual sessions).

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 carer's 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 carers having a statutory carer's assessment.

⁵ This concept is not new and is laid down in the Care Act 2014.

3.5 The Surrey 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. Although 70% of carers come into contact with health professionals, only one in ten carers is identified through this route⁶.

The Surrey NHS Carers Key Performance Indicator (KPI) was co-produced in response to 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 introduction of Carer Quality Markers in line with the NHS Long Term Plan.

The Surrey NHS Carers 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. Review and update of the Surrey NHS Carers KPI will be carried out through a process of co-production.

3.6 Local carer 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.

4. Strengthen carer voice

We have a strong commitment to ensuring that all carers should have regular and meaningful opportunities to have their voices heard, share their experiences, and contribute to developing, evaluating and improving services and support in Surrey. We are committed to inclusivity and recognise the diversity of communities across Surrey. Carers will have the opportunity to be involved as much as they want to be.

The particular commitments for strengthening carer voice are:

4.1 Commission an independent Giving Carers a Voice service

This service will:

- provide a trusted route for carers to feed back in their own words on their lived experience of caring in Surrey;
- support delivery of our commitment to co-design and co-production;
- support developing and maintaining effective reach across and into communities in Surrey, recognising diversity and individuality; and

⁶ www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf

- take a strategic, coordinated approach so that carers feel empowered to voice their views and share their experiences, without being overwhelmed by different and/or multiple asks.

4.2 Ensure equitable and accessible routes to sharing feedback and experience

It is important that carers are able to share their views and experiences through a range of regular, meaningful and diverse opportunities. We will ensure that, across the system, there are accessible routes for carers to have their voices heard, taking account of their diverse needs and preferences.

In addition, we will proactively reach in to communities and groups across Surrey, and harness feedback from the diverse range of sources available.

4.3 Build on our Carers Strategic Partnership Board

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 Strategic Partnership Board (previously known as Carers Partnership Group) that has met regularly and informed the development of this strategy. We will build on this Board, ensuring that:

- it is better able to engage a wider range of carers in co-design of specific initiatives;
- it is better placed to shape the ongoing development of services, reflecting the voices of a greater range of carers; and
- has clear routes into the decision-making structures in both health and social care.

5. Support working carers

Taking on a caring role should not mean that people have to give up work, and having to do so 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 against⁷. Carers should be supported in the workplace to maintain their employment status. Where organisations have moved toward 'Carer friendly'⁸ employment practice they have been able to demonstrate strong business benefits such as significant savings made in unplanned absences and improved employee retention.

The particular commitments for supporting working carers are:

5.1 Embed carer awareness training for staff

All employers must ensure no carer is missed through lack of awareness on the part of its staff. We will undertake a complete review of all existing training materials and work with the local NHS Academies to seek new approaches to

⁷ www.carersuk.org/news-and-campaigns/features/sharon-coleman-fighting-for-her-rights

⁸ www.employersforcarers.org/carers-confident

staff carer awareness training, whilst ensuring that the ‘lived experience’ of caring remains integral to our programme.

5.2 Establish a system-wide response to supporting working carers through the Surrey-wide Multi-Agency Carers Workforce Task Group

This 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.

The task group has developed a work plan based on feedback and experiences of working carers, and will continue to explore opportunities to strengthen support for and learning from staff carers, including staff carer networks.

The focused work of the Multi-Agency Carers Workforce Task Group will be delivered against the life span of the Surrey Carers Strategy 2021-24.

5.3 Develop and embed a Working Carers Passport and staff carer contingency planning

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, and support staff carer contingency planning.

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6. Effective communication and engagement

Communications with and for carers should be easy to navigate, tailored to individual needs, with information provided in a format that carers can access and understand. This will also support our commitment to promoting carers’ rights and strengthening carer voice.

There a number of mechanisms in place to communicate and engage with carers. We recognise that it is important to regularly review and refresh these; to evaluate the impact of all communication and engagement activity; and to respond proactively when carers tell us what is and isn’t working well.

The particular commitments for developing effective communication and engagement channels are:

6.1 Diversity of communication and engagement

Partners across the system should ensure that there is a diverse range of communication channels, engagement opportunities, and ways for carers to get involved if they want to. This must take account of and respect different needs and communities, and enable messages to be tailored appropriately.

All communication and engagement activity must take account of the needs of carers from vulnerable communities⁹, and adapt approaches as needed to ensure that there is effective reach in to different communities and groups.

6.2 Improving accessibility

Providers and partners across the system should have a specific, consistent approach for identifying, recording, flagging, sharing and meeting the information and communication support needs of carers. As part of this, carers should be supported to access information in the format that best meets their needs.

Partners across the system should proactively seek to understand any barriers to communication and engagement, and provide appropriate support to enable carers to be part of the conversation. This may include financial barriers, caring needs (for example, needing replacement care), and/or ensuring that opportunities are available at different times.

6.3 Person-centred approach to communication

Advice, information and support activities will be readily available, and tailored to the needs of individuals.

We will continue to use and develop a range of approaches, seeking to understand from carers how they would like to communicate with us, and the best ways for us to communicate with them. This will include recognising that different approaches will work better for different carers.

⁹ 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.

5. Delivering our strategy

5.1 Delivery and enablers

This document presents the commitments of Surrey County Council, Surrey Heartlands CCG, and Frimley CCG (for the areas of Surrey within this CCG). These partners will develop an action plan to ensure delivery of the strategy and the commitments made for 2021-24.

In addition, the Surrey Heartlands Integrated Care System (which is responsible for setting the high level ambitions across the area and overseeing how partnerships are performing against these) will work together with local service providers and other partners, including borough and districts councils, to look at how they can best meet the aims of this strategy and how they can work together to improve carer services and outcomes for their local populations. Local service providers and other partners will develop their own action plans with priorities and timelines for local delivery.

Where there are opportunities to deliver improvements across the whole of Surrey we will explore these.

Agreed actions will be regularly monitored, updated and reported within local governance frameworks. The Surrey Heartlands Integrated Care System will monitor progress through the Carers Strategic Partnership Board and the Joint Carers Strategic Commissioning Group.

Leadership, and a commitment from local partnerships to deliver these ambitions, will also be key, as will the continued input from staff, partners, local people, carers and those they care for, to help make sure the right services and the right support are in place.

5.2 Timescales for delivery

As partnerships are still evolving and are still working through their own local priorities to meet local needs, as a system we are not mandating a timescale for delivering these improvements. We will work with local partnerships to ensure improvements are delivered as soon as possible in line with this strategy.

5.3 Measuring outcomes: how we will know the strategy is making a difference

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

A joint 'carers dashboard' is in development, through co-production with the Carers Strategic Partnership Board, which will draw together performance data to monitor progress. The dashboard will be a key tool in assessing whether the services and support available to carers are accessed proportionately to Surrey's diverse population.

Within the first three months of the strategy (by end of September 2021) we will publish the carers dashboard, and embed this as the key tool to measure how we are delivering and performing against the priorities and what carers have told us matters most to them.

We currently report quarterly through the Health and Wellbeing Strategy Prevention Board on carer activity and half yearly to the Integrated Care Partnership boards. There are also separate performance reports taken through governance channels for social care and for health care. We will develop a joint local Carers Outcomes Framework that addresses national performance measures and those identified locally.

In addition, each partner will use an agreed set of measures, to include those developed to monitor outcomes specific to their service/s. These will be reported on using their local governance procedures, with oversight through contractual monitoring arrangements.

Carers should be routinely involved in performance monitoring and evaluations, in line with our commitments to inclusivity, collaboration, and working together to with carers. Throughout the lifetime of the strategy, we will revisit with carers the commitments made and whether the strategy is making a difference, including, but not limited to, what we have said carers can expect ([see section 2](#)).

We will continue to ensure that carers are involved through existing mechanisms, such as the Carers Strategic Partnership Board, Carers and Providers Network, and through partnership and engagement with other provider and independent forums. It is important that all carers are able to contribute to this should they wish to. As such we will develop links with local partnerships to broaden our reach, and will explore the creation of a carer-led Carers Co-production Action Group.

The specifications for commissioned service providers will include requirement that carers are enabled to influence services, that providers will undertake regular engagement and feedback exercises (supported by the commissioner Giving Carers a Voice service), and will evidence how the voice and lived experience of carers is used to monitor outcomes and affect change.

Delivery of the strategy will be overseen by the Carers Strategic Partnership Board. 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. This partnership board will review the strategy to see if it is effective in achieving improved outcomes in a timely manner, and will propose areas that need to be refreshed to ensure that they reflect the future landscape. The Carers Strategic Partnership Board currently meets quarterly.

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 ill 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 five 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.

People may become carers at any time in their life, and may move in and out of a caring role as the needs and circumstances of people around them change. The needs of carers and those they care for will vary throughout the caring journey, including at key stages of life such as transition to adulthood or reaching older age.

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 ethnic minority 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 Together for Carers Memorandum of Understanding in full on the [Surrey Heartlands website](#).

Appendix three: Looking back on the Carers Strategy 2016-2020

The priorities for the 2021-24 strategy have been built on the progress made against our commitments during the lifespan Carers Strategy 2016-20, which is outline below.

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 that carers are not being identified and referred on to support services.	<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>

You said	What we have done/are doing in response
You said you wanted more recognition of carers within primary care	<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 you wanted more support and recognition for carers in hospital setting	<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>
You said you wanted better support for those juggling work with a caring role.	<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>

You said	What we have done/are doing in response
	<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 and Surrey County Council have obtained Carer Confident Level One Accreditation.</p>
<p>You asked us to do more to support carer health and well-being</p>	<p>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.</p>
<p>You said you wanted more recognition for Young Carers and Young Adult Carers</p>	<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.

Appendix four: Engagement and insight

The strategy has been developed in partnership, supported and heavily informed by regular engagement and involvement. The main engagement activity took part in two phases: the first from January to June 2020, and the second from October 2020 to January 2021. The first phase sought to create a baseline of information, understanding and lived experience from which to build a draft strategy; the second phase of engagement then took this draft to carers, the public and partners across Surrey for review and feedback (with a survey open to the public from 2 November 2020 to 3 January 2021).

Phase one summary

Launched in January 2020; there was a brief interruption as a result of the COVID-19 pandemic, but the project remobilised in May 2020. This was been overseen by the Surrey Carers Strategic Partnership Board and included:

- A review of all new carers data both national and local;
- A thorough review of our previous carers strategies;
- A [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;
- 15 presentation and feedback sessions through existing meeting structures (this included mental health groups such as FOCUS; the Surrey Disability Empowerment Network; 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 Strategic Partnership Board;
- Website campaign; and
- Social media campaign.

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.

As the draft strategy was developed between phases one and two, engagement activity – such as joint discussions at the Carers Strategic Partnership Board, attendance at various stakeholder meetings, and co-production of early drafts – continued.

Phase two summary

Engagement on the draft of the Surrey Carers Strategy 2021-24. Launched formally in October 2020 and ceased at the beginning of January 2021. This was been overseen by the Surrey Carers Strategic Partnership Board. A summary of key activity is included below.

- Draft strategy made available online and in hard copy (on request).
- ‘Surrey Says’ survey (2 November 2020 to 3 January 2021). The survey was open to anyone who wished to respond, but in particular sought the views of those who identify (or have been identified) as a carer, including former carers, and those who work with carers (whether in health and social care, carers support services, and/or the voluntary, community and faith sector).
 - The Adult Social Care information and advice service (contactable by phone, email, TextPhone, SMS, sign language video relay service, and fax) was promoted as the route through which people were able to request the strategy and survey in an alternative format, such as large print or braille, or in another language
- Input from Giving Carers a Voice, the [Carers’ Parliament](#), and feedback collated from independently facilitated workshops/discussions with carers.
- Promotion and discussion at the Surrey Carers and Providers Network.
- 14 presentation and feedback sessions through existing meeting structures, reaching c.275 attendees.
 - These meetings included carers, and/or a range of professionals, partners and other stakeholders (e.g. health and social care providers, councillors, district and borough representatives).
 - The meetings included each of the Integrated Care Partnerships in Surrey, and specialist interest or action groups such as the Surrey Dementia Strategy Action Board, the Surrey Learning Disabilities Partnership Board, and the Surrey and Borders Partnership NHS Foundation Trust Carers Action Group.
- Communications programme, including:
 - website campaign;
 - social media campaign; and
 - Media and campaign (e.g. press release, Surrey Matters, Surrey Heartlands newsletter).
- Email ‘marketing’ campaign/outreach. This activity focused on engaging with VCFS organisations and specialist interest groups (36 sent direct email).
 - The groups contacted included: Surrey Coalition of Disabled People; Mencap; Surrey GRT Forum; Family Voices Surrey; Surrey Minority Ethnic Forum; Outline Surrey; Disability Empowerment Network; Surrey Dementia Action Alliance; and Sight for Surrey.
 - The draft of the strategy was shared, with a link to the website with the survey (and associated information and contact details), and an offer for a member of the Carers Team to attend meetings to present and discuss the draft strategy.

168 responses to the survey were received. In addition, through the dedicated Carers Strategy email, feedback collated by carer support providers, and contact comments sent directly to commissioners, a number of 'free text' comments and feedback was received.

The final version of the strategy has taken account of and been shaped by this feedback, and the ongoing involvement of carers, partners and stakeholders.

The reports and supporting information produced following both main phases of the engagement activity are available on request by contacting the Surrey County Council Adult Social Care information and advice service:

Availability: 9am to 5pm, Monday to Friday

Phone: 0300 200 1005

Email: contactcentre.adults@surreycc.gov.uk

Textphone (via Text Relay): 18001 0300 200 1005

SMS: 07527 182 861 (for the deaf or hard of hearing)

VRS: [Sign Language Video Relay Service](#)

Fax: 020 8541 7390

Appendix five: 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.

8

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 preventative 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 six: 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 and primary care practitioners 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 seven: Services and service providers (March 2021)

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 Unit

- Carers Welfare, Benefits and Advice Service

Carers UK

- Employers for Carers
- Digital resource

Cyclix

- Carer Awareness e-learning

Appendix eight: 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 and 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(s)**

Appendix nine: Current systems of measurement

Surrey NHS 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).

Surrey Carer's Prescription

- This is a mechanism to refer people to carer services and support.

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.

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