QUALITY and EQUALITY IMPACT ASSESSMENT

Title:

Surrey Carers Strategy 2021-24 and Recommissioning of prevention and wellbeing services for carers.

Directorate:

Commissioning

Assessment completed by:

Joint Carers Team

Date:

29/03/2021, updated to reflect procurement 13/12/2021

What function/service change are you assessing?

Describe the change being assessed in plain English.

A carer is someone who provides help and support, unpaid, to a family member, partner, friend or neighbour because of frailty, disability, a mental health problem or an addiction and cannot cope without their support. Carers can include adults, parents or children/young people. There are an estimated 115,216 carers of all ages who live in Surrey.

The association between socio-economic deprivation and caring is now well established and we recognise that caring as a ‘social determinant’ of health.

Caring can impact significantly on all aspects of a carer’s life and wellbeing.

This QEIA seeks to:

1) Review the draft Carers Strategy 2021 -2024 and ensure that the priorities it establishes and commitments it makes further the equity with which carers are able:
   a. readily to access the support available to them; and
   b. shape the support that is available to them.

   The strategy will inform the services that are procured to deliver the support that is identified as needed.
2) Ensure procurement activity is fair, transparent and open in accordance with the Public Contract Regulations 2015
   a. The prevention and early intervention services that currently support carers are in place to the end of March 2022. This has given the Council the opportunity to procure new services in line with strategic outcomes of the strategy.
   b. A new model of services has been developed, underpinned by refreshed specifications that signal a new approach that is future facing and seeks to establish carer friendly practice across the health and social care system and community inclusion for people who have caring responsibilities.
   c. The refreshed specifications address issues regarding equity of access that were highlighted in developing the Carers Strategies, ones that are common across the country e.g introducing a time limited offer for carer breaks that is more equitable as it allows access to a higher number of carers. Some services represent the next evolutionary step in provision, others represent a more

significant shift in approach, reflecting legislation and good practice, for example in place shaping, and building on learning from experience during the Covid-19 pandemic

Who is affected by the proposal outlined above?

Identify the key stakeholders affected by this change, including patients, the public, staff, providers etc.

The Strategy and procurement activity is focused addressing the support needs of all carers: our vision is that no carer should be left to care alone including distance carers, sometimes known as remote carers, who care for someone in Surrey but live outside the geographical area. All carers will have one or more of the protected characteristics.

In addition, the strategy will impact:

a) people benefitting from help which carers provide;
b) people who provide or may provide carers services; and
c) wider stakeholders, e.g. health and social care partners, district and borough councils, schools and colleges, voluntary community and faith sector.

The current contracts for early intervention and prevention services for Carers terminate at the end of March 2022. An open procurement has been undertaken and new contract are on tract to be in place for April 2022.

Are there any specific geographies in Surrey where this will make an impact?

All of Surrey will be impacted

Briefly list what evidence you have gathered and what engagement you have carried out or are proposing to carry out on the impact of your proposals.

This could include any qualitative or quantitative data to support your analysis e.g. surveys, focus groups, service monitoring, national and local datasets, reports etc.

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

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 Partnership Group and included:

1. A review of all new carers data both national and local;
2. A thorough review of our previous carers strategies;
3. A young carers stakeholder event with partner agencies; both statutory and independent;
4. Separate surveys for professionals and carers;
5. Input from Giving Carers a Voice and Surrey Young Carers Forum;
6. Independently facilitated workshops for carers;
7. 15 presentation and feedback sessions through existing meeting structures;
8. Two workshops hosted by the Surrey Carers Partnership Group;
9. Website campaign; and
10. Social media campaign.

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 Partnership Group. A summary of key activity is included below.

11. Draft strategy made available online and in hard copy (on request).

12. ‘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
13. Input from Giving Carers a Voice, the Carers’ Parliament, and feedback collated from independently facilitated workshops/discussions with carers.
14. Promotion and discussion at the Surrey Carers and Providers Network.
15. Fourteen 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.
16. Communications programme, including:
    - Website campaign;
    - Social media campaign;
    - Media and campaign (e.g. press release, Surrey Matters, Surrey Heartlands newsletter).
17. 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 (web page link); **Fax:** 020 8541 7390

The Young Carers Strategy encompasses a needs assessment and extensive consultation that has been undertaken across the system with carers and their families to develop the strategic direction have informed the specifications.

Phase 3 Procurement engagement

18. A market engagement event took place to establish dialogue with potential providers of the services, held in June 2021. This provided detail of the new model of services and an outline of the services to be procured. The refresh of specifications was discussed as was the need for services to respond to demand and to deliver targeted support.
19. A second one was held in September 2021. This provided greater detail of the new model of services and the procurement process.
20. Evaluation questions were co-written with carers, including young carers.

21 Bids were evaluated by specialist panels consisting of health and social care commissioners, carers and service-provider experts (including health professionals).

EQUALITY ASSESSMENT

This aims to ensure that those with protected characteristics are able to benefit equitably from the proposal and to consider mitigations. There are 9 protected characteristics and 3 other groups to consider in your proposal. Indicate below which groups could be affected by your proposal.

Age	Yes
Gender reassignment	Yes
Sexual orientation	Yes
Disability	Yes
Religion and beliefs	Yes
Carers	Yes
Ethnicity / Race / Ethnic Groups	Yes
Marriage and Civil Partnerships	Yes
Deprivation / rural and urban areas / Socioeconomic disadvantage	Yes
Gender	Yes
Pregnancy and maternity	Yes
Vulnerable Groups e.g. looked after children, armed forces, asylum seekers	Yes

Complete the assessment on the following pages on these groups – delete the groups that you have assessed as not being impacted - and explain in the box below why the other groups are not likely to be impacted.

Assessing the impact of our carers strategies on different ‘protected characteristic’ groups is an important part of our compliance with duties under The Equality Act 2010. It provides insight as to the particular impact on people affected who have one or more of the protected characteristics and supports the identification of how best to mitigate any potential negative impacts and to enhance the positive impacts.

The strategy makes a specific commitment to promoting diversity, identifying carers of all ages and backgrounds and ensuring 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.

Our refreshed specifications for commissioned services require providers to:

- evidence that they have an appropriate Equality, Diversity and Inclusion policy in place and that compliance is regularly monitored
- provide assurance that their support is accessible and welcoming to all carers
- provide assurance that their services and support appropriately tailored to individuals’ circumstances and personalised; and
- co-design and co-produce new resources and materials alongside partners and carers
- capture equality monitoring data;
- report to commissioners concerns about access for particular groups.

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.

In addition, through the Giving Carers a Voice service we will proactively reach in to communities across Surrey to understand their experiences as carers and provide a confidential route for them to share their views and experiences in their own voice.

AGE

This refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds). Children, young people, adults and older people

Detail on service users / residents that could be affected.

Caring responsibilities can have a different impact depending on the age circumstance of the individual carer, e.g. young adults, working age adults and older adults. This is directly addressed in the strategy in response to national agenda and the input from local carers.

What kind of impact will the function/service change have?

Positive Impact	Yes
Negative Impact	No
Neutral	No

Impacts identified and supporting evidence.

Working age carers

According to the Surrey JSNA the largest cohort of carers in Surrey are working age carers (16-64 years), a cohort which is expected to increase by 4% by 2025.

Carers UK research estimates that 1 in 5 of the health and care workforce are juggling work with being a carer; outside of health and care it is 1 in 7 (emerging Employers for Carers research undertaken during the COVID-19 pandemic actually indicates that the figures may now be as high as 1 in 4 within in any workplace) making staff with caring responsibilities a significant workforce issue. Carers UK research also evidences that across the UK 600 people leave their jobs each day to either take on a caring role or increase the level of support they provide.

There is now a significant body of evidence to demonstrate the emotional, physical and financial impact that caring can have and that carers may need to be supported in the workplace to maintain their employment status.

Older age carers

The Surrey Carers JSNA predicts that there will be a 17% increase in carers aged 65+ and a 31% increase in those over the age of 85+ by 2025. According to Age UK research a third (32%) of carers aged 65 to 74 are providing 50 or more hours of unpaid care a week, compared to 55% of carers age 85 and over. Some will be caring for their adult children with concerns about provision of care and support when they become unable to continue. Many older carers are managing their own health problems and disabilities as well, (including those more likely to affect older people, such as hearing loss, visual impairment and limited mobility), and perhaps have care and support needs themselves.

Young and young adult carers

A young carer is a carer under the age of 18 years. A young adult carer in Surrey is a carer aged 18 to 24 years (inclusive).

The Surrey Young Carers JSNA reports that the number of Young Carers is set to increase to 15,790 in 2025. There is now a substantive body of evidence to show that young carers health and wellbeing as well as their life chances are impacted by their caring role. For example, we know that young carers and young adult carers can struggle to juggle their education and caring, which can cause pressure and stress. In addition, they often find it more difficult to access opportunities in education, training and/or work.

How will you maximise positive/minimise negative impacts?

Working age carers

We recognise both the need to increase awareness around the needs of working age carers and to commission services which allow them to access advice, information and support at times which are convenient to them. We will

- promote Carers UK Employers for Carers Service and resources across our system, working with employers to improve their offer to staff who need to balance caring responsibilities with work by developing a portable 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.

- develop an Employers Carers Passport and staff carer contingency planning tool and develop an e-learning tool around carer awareness for staff who manage or supervise other staff.

Our commissioned services will:

- ensure carers have access to tailored advice about balancing work, education or training with caring, including associated benefits and welfare advice.
- provide a range of digital tools and resources for working carers to access at times which are convenient to them.

In respect to internal staff, the Strategy makes the following commitments:

- a complete review of training materials to ensure the impact of caring responsibilities is highlighted
- work with the local NHS Academies to identify new approaches to staff carers awareness training.

Older age carers

Older carers might be expected to see their caring role as part of their responsibilities as a spouse or parent and therefore less likely to access the support available. The commitment in the strategy to promoting carers assessments will include a particular focus on identifying ‘hidden carers’ and encouraging people accept the offer of support.

As carers get older, they are more likely to provide more hours of care and as such are more likely to require a break from caring: this is particularly true of those caring for people with dementia or others with complex needs. The strategy includes a commitment to commissioning a range of carer breaks services to support carers in getting a break from their caring role.

The commitment in the strategy to commission advice and information for carers will include that which is tailored and accessible for older carers, including carers who cannot access electronic or digital resources, as well as those who cannot access print or easily use the telephone.

We will co-design and commission carer contingency planning services which support the need older parent carers.

We will ensure older carers are given an opportunity to be fully involved in co-producing, commissioning and evaluating carers support services.

Young and young adult carers

Though the Surrey Carers Strategy 2021-24 focuses on adult carers, it is recognised that there is important crossover and shared responsibility in some areas regarding young carers, including around transition age. The strategy makes a firm commitment to a whole family approach to carers across Surrey, and the responsibility of partners across the system to identify carers of all ages and refer them for services and support as appropriate. This commitment is embedded in the service specifications for the forthcoming carers service procurement (for 2022 onwards).

A Young Carers Strategy will be developed in 2021, focusing on the specific needs of young carers and setting forth an approach and commitments to ensure that there is appropriate support available for young carers. From 2022 onwards, the carers strategies will be brought to create a consolidated all ages approach.

It is important that we also 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. The Surrey Carers Strategy 2021-24 is inclusive of carers aged 18 years and above, and details some specific commitments to young adult carers:

- 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;
- proactively identifying where specific information, support and services should be made available to and developed for young adult carers; and
- we will identify opportunities to proactively reach and work with young adult carers, for example in partnership with education institutions employers.

Specific provision for young adult carers is available as part of the current offer for carers and is a key part of the commissioning intentions for 2022 onwards. Commissioned providers are required to capture the age of carers accessing their services, which we will use to monitor reach and equity of access, including to young adult carers.

Our refreshed specifications for commissioned services require providers to:

- provide assurance that their support is accessible and welcoming to all carers
- provide assurance that their services and support appropriately tailored to individuals’ circumstances and personalised; and
- co-design and co-produce new resources and materials alongside partners and carers
- capture equality monitoring data;
- report to commissioners concerns about access for particular age-groups.

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified.

DISABILITY AND SENSORY IMPAIRMENT

A person has a disability if s/he has a physical or mental impairment including a long term condition which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

Detail on service users / residents that could be affected.

Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The impact of caring can be detrimental to carers’ health owing to a number of factors, including stress related illness or physical injury.

What kind of impact will the function/service change have?

Positive impact	Yes
Negative impact	No
Neutral impact	No

Impacts identified and supporting evidence.

There is no robust local data on the prevalence of disability amongst carers. However, in the GP Patient Survey 2019:

- carers were more likely to report a long-term condition, disability or illness (61% carers, 50% non-carers). This was greater in young carers: 45% of carers aged 16-24 reported a long term condition compared to 31% on non-carers the same age.

- Carers were more likely than non-carers to report a long-term mental health condition (20% of 16 to 34-year-old carers compared to 12% of non-carers the same age)

Carers UK State of Caring Survey 2018

evidences:

- 83% of carers said caring has had a negative impact on their physical health;

- 87% said it had a negative impact on their mental health.

How will you maximise positive/minimise negative impacts?

Commitments made in the strategy will be used particularly to address the needs of disabled carers:

- services, information and support will be accessible to carers in the way that works best for them;

- provide training and resources to primary care staff to improve the recognition of people’s caring role and their needs associated with it – as a result of an existing disability and or the health risks associated with the caring role;

- improve access to and assure the quality of carer’s assessments;

- increase the number of Carers Health Checks and BP plus checks provided, in line with our targets set down in our 5-year Strategic Plan;

- using our Surrey Carers Flu Voucher Scheme, increase carer flu vaccination in line with targets set out down in our 5-year Strategic Plan;

- commission a range of carer breaks; and

- ensure carers have access to appropriate moving and handling services

Accessible versions of the Strategy will be provided on request.

We will ensure that the following groups have an opportunity to comment on the strategy, help develop it, and be part of reviewing it as necessary:

- Surrey Coalition of Disabled People web page link (including the Disability Empowerment Networks)
- Surrey FOCUS web page link
- the five Surrey Valuing People Boards (representing people with learning disabilities)
- Family Voice Surrey web page link
- Headway Surrey web page link
- Surrey Long Term Neurological Conditions Group
- the various local Parkinson's Disease Society groups
- National Autistic Society
- the Surrey Cancer Network
- Surrey based hospices
- the Surrey Cancer Network

Our refreshed specifications for commissioned services require providers to:

- provide assurance that their support is accessible and welcoming to all carers
- provide assurance that their services and support appropriately tailored to individuals' circumstances and personalised; and
- co-design and co-produce new resources and materials alongside partners and carers
- capture equality monitoring data;
- report to commissioners concerns about access for particular groups.

The refreshed specifications also ensure providers meet the Accessible Information Standard, including as part of regular monitoring for those services we directly commission. Where issues are reported to providers/and or the commissioners, appropriate support will be provided in order to ensure full compliance.

Work is underway to develop a pilot seeking to establish greater support for carers of people with poor mental health. This is being co-designed and it is intended the new service will be established for Autumn 2022.

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified.

ETHNICITY / RACE / ETHNIC GROUP

Refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Detail on service users / residents that could be affected.

At any one time we estimate that 10% of the population will be carers, which is considered an under representation when compared to the GP Patient Survey data (17%). We can broadly estimate there are 20,000 carers from ethnic minority communities in Surrey, with approximately 50% of them coming from Indian, Pakistani and other Asian groups. Surrey also has a significant Gypsy, Roma and Traveller (GRT) Community as compared to other areas in the country.

Carers UK’s research indicates that carers from ethnic minorities are less likely to be receiving practical and financial support with caring and more likely to miss out on accessing support for longer – often as a result of a lack of advice and information and struggling to access culturally appropriate services. The NHS Information Centre Survey of Carers in Households found that carers from ethnic minorities are more likely to provide support for at least 20 hours a week.

Recent COVID-19 data suggests the impact of the pandemic has been greater within ethnic minority communities, including impact on mental health. We should expect this applies to carers similarly.

What kind of impact will the function/service change have?

Positive impact	Yes
Negative impact	No
Neutral impact	No

Impacts identified and supporting evidence.

The report by Carers UK Half Million Voices 2011 details that carers from ethnic minorities provide more care than average. They face additional difficulties as they care, struggling with language barriers, accessing culturally appropriate services, and with stereotyping around caring. This puts them at greater risk of ill health, poverty, loss of employment and social exclusion.

i In 2016 the Surrey Carers Commissioning Group set up a task and finish group to review support offered to BAME carers, to scope current service provision, to identify gaps in service, and to make recommendations. The main conclusions were:

- BAME carers face difficulties in accessing and using support services;
- many BAME carers are unaware of the services that exist to support them;
- identified a lack of language-matched or culturally appropriate information as amongst the biggest barriers in BAME carers accessing services; and
- it also noted a lack of health surveillance around BAME carers in Surrey and that people from the BAME community do not constitute a homogenous group and have diverse support needs

How will you maximise positive/minimise negative impacts?

We will ensure that our strategy is informed by discussions with people from a range of different communities, including Gypsies and Travellers.

We will ensure that Surrey Minority Ethnic Forum have an opportunity to comment on the strategy, help develop it, and review as necessary.

Our refreshed specifications for commissioned services require providers to:

- provide assurance that their support is accessible and welcoming to all carers
- provide assurance that their services and support appropriately tailored to individuals' circumstances and personalised; and
- co-design and co-produce new resources and materials alongside partners and carers
- capture equality monitoring data;
- report to commissioners concerns about access for particular groups.

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified.

GENDER

This is simply the impact on males / females.

Detail on service users / residents that could be affected.

The Surrey Carers JSNA shows that:

- Overall, the gender split is 58% female 42% male.

- There are higher numbers of female carers in Surrey, particularly in the 16-64 age group who are caring for 50 or more hours per week.

- In the 65+ age group there is estimated to be a higher number of female carers, however in the 85+ age group there is a higher percentage of male carers.

- Women make up 72% of the people receiving Carers Allowance for caring 35 hours or more a week.

What kind of impact will the function/service change have?

Positive impact	Yes
Negative Impact	No
Neutral	No

Impacts identified and supporting evidence

The patterns of caring are different in men and women.

The higher number of female carers in the 16-64 year age group suggest that the impact of juggling with caring responsibilities falls more heavily on women. Support to remain in employment will need to be appropriately tailored, particularly given the gender pay and pension gap in UK. Gender equality at every stage: a roadmap for change reports that women take on more unpaid work than men, which affects their labour market participation.

The higher percentage of men in the 85+ year age group suggests that the provision of breaks from caring, the need for which is associated with age, will need to be tailored accordingly

How will you maximise positive/minimise negative impacts?

The Surrey Carers Workforce Task Group, will consider the specific challenges and impact of caring as they relate to gender.

Our refreshed specifications for commissioned services require providers to:

- provide assurance that their support is accessible and welcoming to all carers
- provide assurance that their services and support appropriately tailored to individuals’ circumstances and personalised; and
- co-design and co-produce new resources and materials alongside partners and carers
- capture equality monitoring data;
- report to commissioners concerns about access for particular groups.

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified

GENDER REASSIGNMENT

The process of transitioning from one gender to another.

Detail on service users / residents that could be affected

There is no data currently available either nationally or locally regarding the number of carers who are in the process of transitioning from one gender to another.

What kind of impact will the function/service change have?

Positive impact	No
Negative impact	No
Neutral impact	Yes

Impacts identified and supporting evidence

There is a need for parent carers of LGBTQ+ children and young people to meet in a safe and supportive environment to share experiences and information in confidence and where they can give and receive understanding without judgement.

We do not have any evidence of the impact identifying as transgender may have on access to carers services. However, there is evidence that shows members of the transgender community have poorer experiences of care and poorer outcomes, including a fear of accessing care and support, with particularly detrimental impact on their psychological wellbeing

(House of Commons Women and Equalities Committee, Transgender Equality Report 2016

Trans healthcare: What can we learn from people's experiences? (Healthwatch 2020

How will you maximise positive/minimise negative impacts?

Specialist support is available Allsorts Youth Project formerly known as Sara's group in memory of Sara Taverner listens to, supports and connects children and young people under 26 who are lesbian, gay, bisexual, trans or unsure (L G B T U) of their sexual orientation and/or gender identity. Specialist support is also available through other national bodies, such as Stonewall UK, and through condition-specific support organisations (such as Alzheimer's UK, for those caring for someone who is L G B T Q I and is living with dementia).

We will ensure that Outline Surrey web have the opportunity to comment on the strategy and develop it. Other specialist organisations, such as Alzheimer's UK, have specific information and guidance for supporting trans people – and will be asked as part of their review of this strategy to make any particular considerations/feedback with regard to impact on trans people and the trans community.

We will continue to work in partnership with all LGBTQ+ plus groups, such as local LGBTQ+ forums, and invite their representatives to carer events, activities, and forums.

The refreshed specifications for commissioned services require the provider to:

- capture equality monitoring data;
- provide assurance that their services and support take account of and are appropriately tailored in order to identify and address the needs, or experiences, of people who identify as transgender (the carer or the person/s they care for); and

- ensure that their support is accessible and welcoming to all carers, including those who may be transitioning, or considering transitioning; and
- report to commissioners when carers and/or the person/s they care for express concerns regarding how their gender identity or that of the person they care for might affect their ability to access appropriate care and support.

In addition, through the Giving Carers a Voice service we will proactively reach into the LGBTQ+ community to understand their experiences as carers and provide a confidential route for them to share their views and experiences in their own voice.

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified.

RELIGION & BELIEFS

Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Detail on service users / residents that could be affected

The Surrey-I web page link reports that Christianity is the largest religion in Surrey with 711,110 people (62.8% of the population). 5% of the population (56,390) reported a non-Christian religion. Within the non-Christian religions, Muslim was the largest group with 24,378 people (2.2%), followed by Hindu with 15,018 people (1.3%)

Our providers do not currently request this data from service users.

What kind of impact will the function/service change have?

Positive impact	No
Negative impact	No
Neutral impact	Yes

Impacts identified and supporting evidence

We do not have any evidence of the impact religion and beliefs may have on access to carers services.

How will you maximise positive/minimise negative impacts?

We will ensure that our plans are informed by discussions with people of faith. We have a good working relationship with the Guildford Dioceses and the Surrey Muslim Association. Both have helped inform a new End of Life – Multi Faith Guidance Sheet for staff.

We will continue to work in partnership with all faith groups and invite their representatives to carer events, activities, and forums.

We will ensure that service providers are sensitive to the beliefs of carers and the cared for person.

We will ensure faith representatives have the opportunity to comment on the strategy and develop it.

Our refreshed specifications for commissioned services require providers to:

- provide assurance that their support is accessible and welcoming to all carers
- provide assurance that their services and support appropriately tailored to individuals’ circumstances and personalised; and
- co-design and co-produce new resources and materials alongside partners and carers
- capture equality monitoring data;
- report to commissioners concerns about access for particular groups.

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified.

MARRIAGE & CIVIL PARTNERSHIP

Equal Marriage (same sex) bill 2013 came into effect on 29th March 2014. Those in same sex relationships can now legally marry in the same way as a man and a woman apart from in Church. Civil Partnerships continue to be available for those not wishing to marry. Civil partners must be treated the same as married couples on a wide range of legal matters.

Detail on service users / residents that could be affected

There is no local data regarding the marital status of carers and our providers do not currently request this data from service users.

What kind of impact will the function/service change have?

Positive Impact	No
Negative impact	No
Neutral	Yes

Impacts identified and supporting evidence

We do not have any evidence of the impact that marriage and civil partnership may have on access to carers services. However this does not mean there is no impact.

How will you maximise positive/minimise negative impacts?

We have identified this area as a research recommendation.

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified.

PREGNANCY & MATERNITY

Pregnancy is the condition of being pregnant. Maternity refers to the period of 26 weeks after the birth, which reflects the period of a woman's ordinary maternity leave entitlement in the employment context.

Detail on service users / residents that could be affected

Future parent carers, pregnant women who are already carers, pregnant women who have a carer, and partners of women who experience perinatal and postnatal mental health.

What kind of impact will the function/service change have?

Positive Impact	No
Negative impact	No
Neutral	Yes

Impacts identified and supporting evidence

We do not have any evidence of the impact that pregnancy and maternity may have on access to carers services but we do know that partners of women who experience perinatal and postnatal depression are unrepresented in accessing support carers services.

How will you maximise positive/minimise negative impacts?

We will work with maternity and women services to ensure that parents are provided with information advice and support at the earliest opportunity. Harnessing opportunities to embed carers support in exiting services such as the pregnancy advice line.

We will embed the Carers Pathway in our perinatal and postnatal services.

Our refreshed specifications for commissioned services require providers to:

- provide assurance that their support is accessible and welcoming to all carers
- provide assurance that their services and support appropriately tailored to individuals’ circumstances and personalised;
- capture equality monitoring data;

- report to commissioners concerns about access for particular groups

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified

SEXUAL ORIENTATION

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Detail on service users / residents that could be affected.

Carers from the LGBTQ+ Community and carers of someone from the LGBTQ community

What kind of impact will the function/service change have?

Positive impact	No
Negative impact	No
Neutral	Yes

Impacts identified and supporting evidence

We do not have any evidence of the impact that sexual orientation may have on access to carers services.

Whilst there are no clear national statistics on LGBTQ+ carers, Stonewall estimates that 5-6% of the population are LGBTQ+ and based on this estimate we can calculate that there are potentially 5,750 LGBTQ+ carers in Surrey.

There is evidence that staff in health and social care professions have witnessed other colleagues being discriminated against or provide a patient or service user with poorer treatment because they identify as LGBTQ+ (Stonewall 2015 Unhealthy Attitudes: The treatment of LGBT people within health and social care services; Stonewall 2015 Unhealthy Attitudes: The treatment of LGBT people within health and social care services) .

How will you maximise positive/minimise negative impacts?

We will ensure that Outline Surrey and similar LGBTQ+ organisations have an opportunity to comment on the strategy, help develop it, and be part of reviewing it as necessary.

Our refreshed specifications for commissioned services require providers to:

- provide assurance that their support is accessible and welcoming to all carers
- provide assurance that their services and support appropriately tailored to individuals' circumstances and personalised; and
- co-design and co-produce new resources and materials alongside partners and carers
- capture equality monitoring data;
- report to commissioners concerns about access for particular groups.

In addition, through the Giving Carers a Voice service we will proactively reach into the LGBTQ+ community to understand their experiences as carers and provide a confidential route for them to share their views and experiences in their own voice.

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified

CARERS

Detail on service users / residents that could be affected

All carers.

What kind of impact will the function/service change have?

Positive impact	Yes
Negative impact	No
Neutral impact	No

Impacts identified and supporting evidence.

The strategy will impact all carers in Surrey and carers who live outside Surrey but who provide care for residents of Surrey.

Caring has significant implications for all aspects of a carer's life.

Caring can be a lonely experience, as shown in research, including the Getting Carers Connected and The World Shrinks reports produced Carers UK in 2019. The new report Caring and COVID-19 Loneliness and use of services shows that carers were more likely to have felt lonely than other people. The report also shows that during the lockdown, 9 in 10 carers awaiting an NHS treatment had it postponed or cancelled. Carers also found it more difficult than other people to get in-patient services, to access their GP or to use the vital NHS111 service.

Beyond the NHS, half of carers who needed formal care could not get this support. During 'lockdown' carers were seven times more likely to be lonely than people who are not carers. Carers reported they were often lonely at work, but equally that work could be an important touchpoint that reduced loneliness.

Given that carers are the focus of this strategy, it has the potential to have the most significant impact on carers.

The new model of support for Carers, to be embedded with the new contracts from April 2022, procures services specifically for carers and also seeks to 'make carers everyone's responsibility', with a financial allocation available to build the capacity of mainstream/universal services to respond to carers' needs.

The refocusing of the model on early intervention and prevention facilitates greater equity of access to a greater number of carers to valuable support. For example in relation to carers breaks, currently some carers receive regular breaks and there is no cap on the length of service.

Whereas other carers are unable to receive a break at all. The new specification allocates a default amount of 35 hours after which their ongoing needs will be reassessed and they may be referred for a statuary carers assessment if appropriate.

How will you maximise positive/minimise negative impacts?

We will implement the strategy and new specifications and ensure good governance arrangements are in place to monitor progress including using the Surrey Carers Key Performance Indicator (KPI).

Risk assessments and mobilisation planning will ensure that needs of carers will be met whilst transitioning to the new services.

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified.

AREAS OF DEPRIVATION and GEOGRAPHICAL LOCATION

(urban, rural, isolated) – refers to where different people live

Detail on service users / residents that could be affected

We know that in areas that score high on the indices of multiple depravation (IMD) carers experience great levels of disadvantage and higher levels of health inequalities.

What kind of impact will the function/service change have?

Positive impact	Yes
Negative impact	No
Neutral impact	No

Impacts identified and supporting evidence.

Carers who live and care in areas where services are restricted or difficult for them to access can be expected to experience higher levels of health inequalities. In Surrey, this is particularly pertinent for rural carers.

The report Caring and COVID-19 Loneliness and use of services shows that during the lockdown, 9 in 10 carers awaiting an NHS treatment had it postponed or cancelled and Carers found it more difficult than other people to get in-patient services, to access their GP or to use the vital NHS111 service. It has been widely reported that inequalities in health experiences were magnified by the pandemic.

How will you maximise positive/minimise negative impacts?

Our strategy will build on our existing digital offer for carers and the lessons learned during the Coronavirus pandemic. Online support services will be maintained and complement our face to face support services.

Our Digital Resource for carers brings together a number of specially designed digital products and online resources, to help provide comprehensive information and support for carers including staff carers.

For those digitally disenfranchised we will promote 'tech angel' digital volunteer services and support the use of carer direct payments to purchase tech equipment to enable them to engage online. We also ensure that hard copies of information are made available, and in formats required by the individual.

Our **refreshed specifications for commissioned services** require providers to report on geographical spread of their users.

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified.

VULNERABLE GROUPS

e.g. ex-military, homeless, looked-after children, those seeking asylum

Detail on service users / residents that could be affected.

Armed Forces carers, homeless carers, asylum seeker carers, carers in the criminal justice system, carers living in or facing financial hardship, distance carers.

What kind of impact will the function/service change have?

Positive impact	Yes
Negative impact	No
Neutral impact	No

Impacts identified and supporting evidence.

Armed Forces (including veterans)

According to a 2014 report by the Royal British Legion , the ex-Service community is more likely to have caring responsibilities. Whilst the census data shows 13% of the England and Wales population to have some sort of a caring responsibility, this is actually 23% amongst the UK adult ex-Service community. There are four military bases in Surrey, which are home to approximately 6,200 serving armed forces personnel as well as 250 reservists and 2,400 cadets. According to the Ministry of Defence (25) in 2015 there were also 42,000 veterans residing in Surrey. These figures include the Nepali military and community veteran population.

Carers of veterans may face additional challenges. For example, veterans may have musculoskeletal injuries, hearing loss in a younger age group, post-traumatic stress disorder (PTSD), common mental health disorders and/or alcohol and substance abuse. In addition, there may be a higher incidence of post-natal depression for armed forces wives, and children whose parents have been deployed may have a higher risk of behavioural problems, stress, anxiety and depression.

Homelessness

Homelessness services frequently work with people who have fallen through the safety net in terms of their welfare and care needs. There is little evidence of how homelessness affects caring responsibilities. We do know that some carers who share their accommodation with the ‘cared for’ can be impacted after death. Some may lose the right to live in the home they shared and may be given limited time to vacate premise.

Asylum seekers

The Children’s Society report that young refugees and those from migrant communities can face severe and multiple disadvantages in their lives and have complex needs. Consultation with young people and their parents from refugee and asylum-seeking families has shown that they may face specific additional issues with their caring responsibilities that affect the continuity of support. These include language barriers, prejudice, limited knowledge of health services and social care provision, isolation, dealing with displacement and dispersal. This could be due to families:

- being unaware of the services or support available to them;
- being reluctant to involve agencies with their family in case it impacts upon their asylum claim;
- having cultural views about caring and expect the child to be the carer; and/or
- having a young person who takes on the caring role at the onset of the illness or disability and it is seen as a natural progression over time. Such children may not recognise that they are carers.

Carers in the criminal justice system

There is limited understanding of the needs of carers caring for someone in the criminal justice system or carers themselves who are in prison. There is some recent research on Dementia in prisons how significant the problem is and how it might shape future practice.

Care leavers are estimated to represent between 24% and 27% of the adult prison population but there is limited understanding of their caring needs and how these may be met.

Carers experiencing financial hardship

The link between caring and poverty has been well established. The State of Caring Survey 2019 reported that the financial toll of caring was stark, with almost half (45%) of carers cutting back on essentials like food and heating to make ends meet; and nearly a third (31%) of carers were living on their overdraft. Almost 2 in 5 carers (39%) responding said they are 'struggling to make ends meet'. Over two thirds of carers (68%) reported regularly using their own income or savings to pay for care or support services, equipment or products for the person they care for. Carers struggle to work and care, and an estimated one million have given up work or reduced their hours, losing an average of £11,000 a year. On top of lost earnings, illness and disability also bring increased costs, higher household bills, for specialist equipment, foods, medicines, additional care and extra transport.

Money worries cause stress, and almost half of the carers who responded to the survey (47%) said they were suffering from anxiety and depression because of concern about finances.

Even prior to the coronavirus crisis, 1.2 million carers were already in poverty[1]. Carers UK Caring and COVID-19: Hunger and mental wellbeing on the impact of COVID-19 states that unpaid carers twice as likely to have used a food bank during pandemic. Previous research has found that caring can result in a sharp reduction in income, due to the extra costs of caring, this can be compounded if they have had to reduce their hours, and/or the person they are caring for has had to give up work due to their illness or disability. Carer's Allowance, the main carers' benefit, is only £67.25 a week (2020/21rates), the lowest benefit of its kind.

---

[1] New Policy Institute (2016) 'Informal carers & poverty in the UK: An analysis of the Family Resources Survey'

Distance carers

Defined as 'managing caring at a distance' as supporting/caring unpaid for an ill, frail or disabled relative, partner or friend who may be living in another part of the town, region, country or the world. Distance carers represent a growing demographic. Carers UK research Bridging the Gap evidenced the impact caring at a distance has particularly on staff carers. Many report that they had received little or no help

How will you maximise positive/minimise negative impacts?

Armed Forces carers (including veterans)

Surrey has an established armed forces carers support service. Dedicated support for armed forces carers will be included within our commissioning arrangements.

- We will provide carer awareness training to primary care staff on base at MOD Pirbright.
- We will continue to monitor MOD Pirbright GP Carer Registration.
- We will provide resources for Armed Forces carers to access GP Carer Breaks Direct Payments.
- We will provide resource for Armed Forces carers to access online mental health carers support services.
- Service specifications will require providers to sign up to the Armed Forces covenant.
- We will also encourage all providers to sign up to promote both the RCGP GP Veteran Awareness Accreditation as well as the 'getting it right first time' (GIRFT) Hospital Veteran Awareness schemes across our systems. Both follow a 'whole family approach' and support the identification of armed forces carers.

Homeless carers

The Surrey Welfare Rights Unit currently operates a contract to ensure all carers receive tailored welfare benefit advice. This specification for this contract will be refreshed ready for re-procurement in 2021-22.

We will work with borough and district councils and voluntary sector providers to ensure there are robust pathways to carers services. Some agencies such as Guildford Action are already using the Surrey Carers Prescription Service.

Asylum seeker carers

There is a commitment from health, adult and children's services, the voluntary sector, education and refugee and asylum support projects to carry our effective multi-agency working, including provision of a whole family assessment and signposting to other services.

We will ensure that we gain maximum benefit for asylum seeker carers from our work to ensure ethnic minority carers are supported.

We will work with borough and district partners to embed a 'whole family' approach and carer friendly practice including housing policies, community care services and asylum support.

Carers in the criminal justice system

Section 76 of The Care Act makes clear where responsibility lies for assessing the care and support needs of adult prisoners, for providing care and support where those needs meet eligibility criteria, and also for transferring that care back into the community at sentence end. A council is responsible for assessing and meeting the care and support needs of prisoners in any prisons located in their area. Work is progressing to ensure advice and information are made available to families in prison settings. Additionally there are services to support families including: www.prisonersfamilies.org/care-support

Carers experiencing financial hardship

We recognise many carers experience financial hardship. We will commission services which provide welfare and benefit advice support for carers to ensure they receive everything they are entitled to.

Our work programme to improve support to staff carers will contribute to this agenda.

We will research options to collect data on the number of carers accessing food banks.

Distance carers

Based on the ADASS "Protocol for assessment of adult carers who live in a different local authority area to that of the adult with care and support needs they care for", we will develop a supplemental 'cross-border' protocol for early intervention and prevention carer services to be based on a reciprocal agreement with other local authority areas. This will allow distance carers to access support in the area of their choosing.

Any negative impacts that cannot be mitigated?

No negative or differential impact currently identified.

QUALITY ASSESSMENT

This looks at the scheme as a whole and asks how it will impact 'Patient/Staff Safety', 'Clinical Effectiveness' and 'Patient/Staff Experience' and how any risks or negative impacts could be mitigated.

Patient/Staff Safety – the avoidance of unintended or unexpected harm to people during the provision of health care.

Clinical Effectiveness – the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The aim of clinical effectiveness is to use evidence to improve the effectiveness of clinical practice and service delivery.

Patient/Staff Experience – the way a patient feels about their care based on all interactions, before, during and after delivery of care, or how a member of staff may feel

Will the scheme have a positive, negative or neutral impact on the following areas?

Patient/Staff Safety:

Positive Impact	Yes
Negative Impact	No
Neutral impact	No

Outline rationale for this

Supporting carers is shown to improve patient outcomes in the following ways:

- increased confidence and trust in the person providing care;
- reduction in anxiety and feelings of guilt;
- improved understanding of when to ask for specialist help and support;
- reassurance that the supported carer will continue to provide care, according to the needs of the cared for;
- reassurance that the person will be treated with dignity and respect, and as an individual with specific and changing care needs;
- reassurance that carer will be involved in care planning;
- overall, improved wellbeing;
- may require less care themselves.

Enabling staff to work in a carer-friendly environment, where there is recognition of and support for them in their caring role, is shown to improve staff experience (which is linked to human factors, and the ability to perform at work safely and with confidence).

Clinical Effectiveness

Positive impact	Yes
Negative impact	No
Neutral impact	No

Outline rationale for this:

Involving carers as expert partners in care will improve the effectiveness of clinical services and improve patient outcomes.

There is good evidence that carers value being recognised and respected as core members of the team around the person they care for and that carers have valuable information to contribute to care. They are often key to understanding the person's needs and preferences, and therefore contributing to the provision of care and treatment that is, by being person-centred, likely to be more effective.

Under NICE NG150, family and other carers should be involved as a matter of course as partners in the provision of treatment and care unless good reason is given.

Health and social care organisations should promote ways of working with carers that acknowledge them as expert partners in care and value their skills and knowledge about the person they care for. These approaches should be incorporated into formal policies and processes.

Health and social care practitioners should work in partnership with carers and treat them as a valued member of the care team around the person being cared for, with the person's consent. This should include involving carers in decision making and care planning and keeping them up to date.

Patient/Staff Experience:

Positive impact	Yes
Negative impact	No
Neutral impact	No

Outline rationale for this:

This approach provides for more personalised care. Furthermore, it recognises the importance of the role of carers and the impact it has on a person’s experience.

- The identification of a carer can help them get better support for their caring, physical health, and emotional wellbeing needs.
- Young carers are identified early and have inappropriate care needs prevented or reduced through referrals to local young carers services and / or the local authority.
- Carers can be offered health checks and flu jabs, to help maintain their good physical health.
- Carers report feeling more confident in their caring role.
- Carers report feeling they are providing safer care.
- Carers report feeling enabled to have a life outside of their caring role.
- Carers enjoy improved wellbeing through reduced anxiety, depression and stress.

- Carers will be better informed and more aware of the support services available to them.
- Reduction in injury due to improved manual handling techniques.
- Reduction in illness because of improved self-care.
- Carers can be fast-tracked to preventative and low-level support, including wellbeing checks.
- Reduction in carer/family crisis and breakdown.
- May require less care themselves.

There is strong evidence from national patient surveys (e.g. Inpatient Survey, Cancer Patient Experience Survey, Urgent and Emergency Care Survey) that the quality of patient experience in health care is intrinsically linked to involvement, including involvement of carers, and that this in turn significantly impacts feelings of being treated with dignity and respect (key determiners of patient experience). Core themes of concerns, complaints and other feedback shared across the health care system (such as PALS, Complaints, and the Friends and Family Test) are shown to relate most often to communication and information, and clinical care and treatment – through the strategy, we will establish a clear and consistent approach for providers and practitioners in terms of best practice to recognise, support and work in partnership with carers.

Staff experience is also linked to patient experience – if staff have a more positive experience, it is known to improve their productivity, safety of practice, and quality. Improving experience for staff who have caring responsibilities may also have a positive impact on staff retention – demonstrating a carer friendly environment and practice, enabling staff to feel supported and access ways of working that recognise and enable their role as a carer whilst minimising impact on them as an individual (and a working carer).

Provider of services commissioned to address the needs of carers are required to report on user satisfaction and how they have responded to issues raised.

A requirement to support Carers has been built into ASC contracts.

If the scheme is to go ahead, what risks will there be in relation to the following areas and how will these risks be mitigated?

Consequences: 1 Low, 2 Minor, 3 Moderate, 4 Major, 5 Severe

Likelihood: 1 Negligible, 2 Unlikely, 3 Possible, 4 Likely, 5 Almost certain

Score: Consequences x Likelihood

Risk to Patient/Staff Safety:

Frame risk as IF…THEN…RESULTING IN…

Carers play a vital role in society – through both their sheer numbers and the amount of care they provide. The economic value of unpaid carers in Surrey is estimated to be worth £1.8bn. In fact, unpaid carers are the largest providers of care in the UK. If the new Carers Strategy is not implemented, we will risk being in breach of The Care Act 2014 and the Children and Families Act 2014. The legal rights given to carers by The Care Act led to a duty being placed on councils to make sure the care and support needs of carers were properly considered. The duty relates mostly to adult carers who are caring for another adult. This is because young carers and adults who provide care to disabled children can be assessed and supported under children's law. Furthermore section 6 requires the NHS to cooperate with the local authority. Without early intervention and prevention support it is likely that more carers would fall into need of higher cost services.

Carers are important to the health and social care system because they:

- reduce admissions(re) to hospital and residential care;
- reduce the costs of delays in transfers of care;
- reduce the need to access primary care as a result of their caring role; and reduce overall spending on care.

Consequence: 3

Likelihood: 2

Score: 6

Mitigations:

The Strategy sets out a clear framework of how health and social care partners will work in an integrated way to support carers across the county. This is borne out in the refreshed specifications for commissioned services.

Risk to Clinical Effectiveness:

Frame risk as IF…THEN…RESULTING IN…

There is strong evidence that if carers are not involved as expert partners in care patient outcomes are less favourable. To do this we need to ensure all staff have access to high quality 'Carer Awareness Training'.

Consequence: 3

Likelihood: 2

Score: 6

Mitigations:

The Strategy reflects national policy and strengthens local policy around engaging and involving carers as expert partners in care. New training resources will be developed to explain the benefits of including carers in care planning and decision making.

The refreshed model of support for carers includes services to support primary care, the acute sector and mental health services to address the needs of carers effectively.

Risk to Patient/Staff Experience:

Frame risk as IF…THEN…RESULTING IN…

It is clear that there are significant opportunities for better outcomes and experiences for carers, and for taxpayers" by getting health and social care services to work more effectively together.

Much of the evidence of outcomes achieved by earlier intervention is relevant to three major conditions, which primarily affect carers of older people:

- dementia;
- falls; and
- stroke.

Carers who are not supported in a timely way are at risk of carer breakdown often resulting in two people being admitted to hospital.

The 2008 National Carers' Strategy recognises the value of early intervention and responsiveness when a carer experiences a crisis. It states that: "By preventing breakdown of the valuable support that carers provide, not only is the financial cost of repairing carers'

own health avoided, but the additional cost of providing alternative care for the people they are supporting is avoided too." [3.10]

Carer-related reasons for admission to nursing or residential care are common, with carer stress the reason for admission in 38% of cases and family breakdown (including loss of the carer) the reason in a further 8%.[2]

Early intervention in the context of carers is twofold:

- interventions aimed at helping carers to sustain a caring role and avoid a crisis that might adversely affect or end it (e.g. information, training); and

interventions aimed at improving the carer's wider well-being, as individuals in their own right (e.g. breaks, support to access employment).

Consequence: 3

Likelihood: 4

---

[2] Bebbington, A, Darton, R, Netten, Care Homes for Older People Volume 2 Admissions, needs and outcomes A. PSSRU. 1996.

Score: 12

Mitigations:

The strategy puts a strong focus on early identification/recognition, and intervention and prevention services.

- Early identification and intervention is integral to personalisation.
- Applying early intervention thinking to the support of carers can lead to better value for money and better outcomes.
- There is an evidence base to support the claim that carer support can create savings for adult services.
- Considering carer support in the context of major care pathways such as hospital discharge, falls, dementia and stroke could generate systems-wide efficiencies.
- Systematic information collection from service users and carers would improve the evidence base and improve the investment of limited resources in both health and social care.

Through the implementation of the strategy we will also gather systematic and regular feedback of the outcomes experienced by carers, with a focus on independence, wellbeing and a sense of having a real say and being in control.

The refreshed specifications for commissioned services require all providers to seek feedback and report on user experience.

AMENDMENTS to the programme following Quality & Equality Impact Assessment

The EIA has identified some changes/amendments that have been made to the strategy following the end of the second phase of engagement (January 2021). Feedback received during the engagement period also highlighted issues, which have also led to amendment to the strategy. made.

In the first quarter of the strategy we will publish metrics that will facilitate progress in the delivery of the strategy to be monitored. This will in part be informed by contract monitoring.

The refreshed specifications for the services from April 2022 incorporate requirements that reflect this EQIA.

RECOMMENDATION

Based on your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation.

Outcome One

No major change to the service/function required. This QEIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken.

Proceed with the programme and review QEIA mid-programme.   Confirm Yes

Outcome Two

Adjust the service/function to remove barriers identified by the QEIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?

Proceed with adjustments, amend programme and review QEIA mid-programme

Outcome Three

Continue the service/function despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the QEIA clearly sets out the justifications for continuing with it. You need to consider whether there are:

- Sufficient plans to stop or minimise the negative impact
- Mitigating actions for any remaining negative impacts plans to monitor the actual impact.

Proceed with programme. Monitor and evaluate. Discuss with SRO.

Outcome Four

Stop and rethink the service change/proposal when the QEIA shows actual or potential unlawful discrimination. Review with the SRO for this area of work within 28 days of completion of QEIA.

Explanation the rationale for your recommendation:

The Surrey Carers Strategy will positively impact all carers. The strategy will help us to identify and support more carers earlier. There are some actions required to ensure every carer can access the support they need, that no carer is left behind, and that services are properly reflective of and responsive to particular needs. These actions have been identified and will be managed during the life span of the strategy, with quarterly review.

Sign off Senior Responsible Officer/Director (name and job title)

Vicky Stobbart, Guildford and Waverley ICP Director, Surrey Heartlands Executive Lead for Carers Date 2.12.20

Simon White, Executive Director for Integrated Commissioning, ASC Health and Wellbeing

VERSION CONTROL

Version Number

V1

Purpose/Change

First Draft

Author

Debbie Hustings, Adam Watkins

Date

23.09.20

Version Number

V2

Purpose/Change

Comments and input from RC at Surrey County Council

Author

Debbie Hustings, Adam Watkins, Ron Critcher

Date

24.09.20

Version Number

V3

Purpose/Change

Review and input from Head of Commissioning for Carers at SCC – update to section on gender

Author

Debbie Hustings, Adam Watkins

Date

28.09.20

Version Number

V4

Purpose/Change

Review and input from SCC Head of Commissioning for Carers

Author

Anna Waterman

Date

30.10.20

Version Number

V5

Purpose/Change

Review and update following conclusion of engagement period (November 2020 to January 2021)

Author

Debbie Hustings, Adam Watkins, Anna Waterman, Ron Critcher

Date

29.03.21

Version Number

V6

Purpose/Change

Review and update the recommissioning and procuring carers services

Author

Jo Neville-Rye, Danielle Bass, Anna Waterman

Date

13.12.21

The above provides historical data about each update made to the QEIA. Please include the name of the author, date and notes about changes made – so that you are able to refer back to what changes have been made throughout this iterative process.