DRAFT TEXT V6 – For review/comment by Vicky Chipchase

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**Commitment to Carers 2024**

Valuing and supporting Somerset’s unpaid carers

*“They are us and some are overlooked”*

March 2024

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**Introduction**

**What is the Commitment to Carers 2024?**

Somerset's Commitment to Carers 2024 is a statement, related to the 2015 and 2022 Care Acts, which recognises the challenges faced by unpaid carers and outlines the values and principles that health and social care services should adopt to ensure effective support for unpaid carers. It reflects priorities identified through consultation and co-production with carers and those who work with and support carers.

**Why is it important to support unpaid carers?**

It is universally recognised that unpaid carers make a tremendous contribution to the lives of those they care for. They also contribute to the health and wellbeing of the wider communities where they live and work, and to the social capital of the county and country, by enabling society to function effectively. Unpaid carers are an essential part of the wrap around care for people who have a range of conditions, injuries, illnesses, health and wellbeing issues and challenges. Caring is now considered a social Determinate of Health. [Caring as a social determinant of health (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/60547266d3bf7f2f14694965/Caring_as_a_social_determinant_report.pdf)

*‘New findings from Carers UK and the University of Sheffield show that unpaid carers in England and Wales contribute a staggering £445 million to the economy in England and Wales every day – that’s £162 billion per year’ (*Carers UK, 3 May 2023)

It is well documented that the impact of caring can affect the carers own health, wellbeing, finances, relationships, education, employment, and social opportunities. As demands on the NHS and social care change and grow, the roles performed by unpaid carers will increase, placing additional stress on individuals and communities.

Carers need to be able to access health and care support, as well as education, learning, training, information, knowledge and understanding. This will enable them to make informed decisions, and to stay healthy and live well as they carry out their vital caring roles.

*“Around 50,000 Somerset residents were providing unpaid care to a friend or relative during the 2021 census; 26,000 were providing more than 50 hours of care each week”* ([www.somersetintelligence.org.uk](http://www.somersetintelligence.org.uk). [Unpaid care by age, sex and deprivation, England and Wales - Office for National Statistics (ons.gov.uk)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021#unpaid-care-by-age-sex-and-geography-2021)

These are now considered underestimated statistics by Carers UK. With the demographic changes due to an ageing population the number of unpaid carers is only going to increase going forward.

**How will the Commitment to Carers make a difference?**

The ultimate goal is to enhance the quality of life for carers and those they care for, aligning with what carers have identified as important, especially by improving their experience of health and social care in Somerset.

The Commitment to Carers 2024 is formally adopted by the Somerset Board in March 2024, and intended to replace the previous Commitment to Carers 2016/18. It will influence strategies, commissioning decisions, and service developments, and guide an ongoing process of continuous improvement, affirming support for unpaid carers in Somerset. The Integrated Care Board (ICB), in collaboration with Somerset Council and other partners of the Somerset Board, will continuously listen and refine these commitments and endeavour to embed a carer aware policy within decision making wherever possible.

The Commitment to Carers will be overseen and guided by the Somerset Carers Strategic Partnership Board (SCSPB) which was created in 2021. The 'Maturity Matrix,' outlined in the appendix together with the new Care Quality Commissions (CQC) quality markers serve as practical tools for implementing and monitoring the Commitment to carers development, implementation, and progression.

The Commitment to Carers 2024 has been well-received by carers' organisations as it represents a benchmark in cultural change towards a better experience for unpaid carers in Somerset.

**Why is the Commitment to Carers changing?**

The Commitment to Carers 2024 builds on the previous 2016/18 Commitment, and it encompasses many existing ideas, activities and initiatives to support carers in Somerset.

It has been reviewed and updated to reflect key factors since 2018 that have and will significantly impact unpaid carers. This includes changes in NHS and social care policy, provision and delivery, as well as social and economic factors, including the COVID-19 pandemic, the cost of living crisis, an ageing population, increased long-term health conditions and illness, and the impact of climate change.

Significantly, the new Commitment represents a shift in ways of working and thinking to acknowledge and embed the value and contributions of unpaid carers. It exemplifies consultation and co-production as contributors to service improvement, delivery, and cultural change within the NHS, social care, and the voluntary sector. By emphasising partnership working, the 2024 Commitment to Carers aims to build social capital and capacity and drive quality improvements in service delivery.

*Read more about the background to the Commitment to Carers 2024 on pages x-y*

**Commitment to Carers 2024**

**Priorities**

To improve the lives of unpaid carers in Somerset, those who commission, provide and support health and social care services should aim to embed the following priorities into all aspects of their work.

**Enable and support unpaid carers (including young carers) to:**

* Recognise their own health and wellbeing needs, and live healthy, satisfying and fulfilling lives.
* Take adequate breaks from caring roles and, if needed, let go of their caring roles and responsibilities as a matter of choice.
* Easily access information, education, training, and support when they need it.
* Have a voice and active role in the decisions that affect their lives, including service development.

**Develop and embed new ways of thinking and working:**

* Build cultures and environments that are carer aware, carer friendly and carer inclusive, including employment and decision-making bodies.
* Establish and require diverse, inclusive and wide-ranging partnership working between the health and social care system and unpaid carers, to embed carer awareness, support, and enablement.
* Facilitate working practices and approaches that embed joined up working with unpaid carers, acknowledging and supporting them as experts by experience. For example, ‘People who Matter’ in mental health, ‘Making it real’ carers and social services and ‘No wrong door’ with young carers.

**Create and facilitate social opportunities and choice for unpaid carers**

* Build a strong, resilient, and sustainable social network for unpaid carers.
* Develop and support access to diverse range of social opportunities.
* Enable and support carers opportunities for learning and training.

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*Based on responses from coproduction workshop Sept 2023*

**Recommendations**

Based on the evidence gathered (see page x-y), we recommend the following principles and actions to ensure the Commitment to Carers 2024 priorities are understood and embedded into the thinking and working practices of Somerset’s health and social care system.

* When carers encounter the system, they should be treated with respect and compassion, and not discounted; they should be included in the `Triangle of Care` conversations.
* Ensure that unpaid carers receive great support, and when they receive terrible support, action should be taken to put things right, for them and other carers in the future.
* Improve communication and sharing of information across the health and social care system to ensure joined up working and provision for carers, including coordination of the different forms of carers assessments.
* Primary care services, including GP practices, should use standardised SNOMED Codes to identify unpaid carers on the system and have proactive Carers Champions within practices.
* There needs to be a special focus and additional resources to support young carers who are overlooked, and consideration of implementation of the ‘No wrong door’ policy.
* Improve communication with carers to raise awareness of the support that’s available and to encourage and help them to access that support. (The new recommendations from ‘Preparing to care’ can inform this future development.)
* Make information and communication accessible for disadvantaged and under-served communities, including people who are Deaf with BSL as a first language; those who are blind and visually impaired; communities who do not have English as a first language, including Refugees and Asylum-seekers; people who experience digital barriers, and people from geographic areas on the index of deprivation.
* Seed fund and resource pilot projects that provide opportunities for groups of unpaid carers, including young carers, to explore specific issues and challenges and contribute towards health and social care service improvement and community development.
* Ensure that digital data driven projects do not discount or override local knowledge as this is one of the most valuable assets and resources for gaining insight about carers.
* Develop, promote and support a rich and varied menu of in-person and online social opportunities for Somerset’s diverse community of carers.
* The ICB, ICS and SCSPB should create a joint governance framework, structure, and process model, based on the Maturity Matrix and the CQC quality markers, that supports the Commitment to Carers by requiring partnership and joint working between the NHS, social care, Somerset Council, community and voluntary organisations and unpaid carers, and by documenting impact to helps make a business case for ongoing support.
* Individual members of the Somerset Board, ICB and ICS should all become carer aware and embed a ‘Think carer’ approach and consideration in all the decisions and matters that they consider, there should be representation of carers throughout the system.
* The SCSPB and network should oversee delivery of the Commitment to Carers, and work with the Somerset Board, ICB and ICS to establish a yearly reporting mechanism with a biannual review to evaluate progress and impact and guide ongoing development.
* Service providers and commissioners should adopt professional development and quality improvement practices to support and drive the Commitment to Carers.
* The Commitment to Carers should be widely promoted and used throughout the health and care system as a model for moving towards best and good practice in supporting unpaid carers.

**Carer quotes**

Design note: Quotes to be placed during design; more quotes may be included.

“I will share my challenges and experience with great courage to professionals with high-ranking status and speak openly for the people that matter”.

“I intend to use my experience as a carer to help others who are going through the Dementia Journey”.

“I will continue to champion all carers across all groups”.

*“Not all young carers are the same, there are differences, we are all different”.*

**Background**

**What is the bigger picture?**

The Commitment to Carers relates to the 2014 Care Act and subsequent legislation concerning the NHS and Social Care and subsequent care act changes.

([www.gov.uk/government/publications/care-act-2014-part-1-factsheets](http://www.gov.uk/government/publications/care-act-2014-part-1-factsheets))

Commitment to carers takes its name from the [NHS England » Commitment to carers](https://www.england.nhs.uk/commitment-to-carers/)

*“It is often said that all of us are patients at some time in our lives, but less often acknowledged that most of us will also be unpaid carers too. Carers UK research in 2022 estimates that as many as 10.6 million people in the UK may be unpaid carers (*[*Carers Week 2022 research report*](https://www.carersuk.org/policy-and-research/key-facts-and-figures/)*). The General Practice Patient Survey suggests as many as 1 in 5 patients are unpaid carers, and the NHS Staff Survey that 1 in 3 NHS staff are unpaid carers. The*[*NHS Long Term Plan*](https://www.longtermplan.nhs.uk/blog/our-long-term-commitment-to-carers/)*and*[*People at the Heart of Care*](https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform)*: adult social care reform, make clear that identifying, recognising and supporting carers is a system priority. This includes supporting carers in emergencies”.*

There are now contingency planning recommendations for ICB/ICS to consider and follow.

([NHS England » Carer contingency planning: recommendations for integrated care systems](https://www.england.nhs.uk/long-read/carer-contingency-planning-recommendations-for-integrated-care-systems/))

Unpaid care is now considered a social determinate of health alongside, for example, housing, employment, and education ([Social determinant GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/caring-as-a-social-determinant-of-health-review-of-evidence). Care is also considered a species activity - it is integral to our health, wellbeing, and survival as a species, it is an essential part of what makes us all human beings.

**Key national statistics**

Source: [Key facts and figures | Carers UK](https://www.carersuk.org/policy-and-research/key-facts-and-figures/)

* The most recent Census 2021 puts the estimated number of unpaid carers at 5 million in England and Wales. This, together with ONS Census data for Scotland and Northern Ireland, suggests that the number of unpaid carers across the UK is 5.7 million. This means that around 9% of people are providing unpaid care.
* Carers UK research in 2022 estimates the number of unpaid carers could be as high as 10.6 million (Carers UK, Carers Week 2022 research report).
* 4.7% of the population in England and Wales are providing 20 hours or more of care a week.
* Over the period 2010-2020, every year, 4.3 million people became unpaid carers – 12,000 people a day (Petrillo and Bennett, 2022).
* 59% of unpaid carers are women (Census 2021). Women are more likely to become carers and to provide more hours of unpaid care than men. More women than men provide high intensity care at ages when they would expect to be in paid work (Petrillo and Bennett, 2022)
* One in seven people in the workplace in the UK are juggling work and care (Carers UK, Juggling Work and Care, 2019).
* Between 2010-2020, people aged 46-65 were the largest age group to become unpaid carers. 41% of people who became unpaid carers were in this age group (Petrillo and Bennett, 2022).

**Key Somerset facts**

* There were around 50,000 Somerset residents who were providing unpaid care to a friend or relative at the time of the 2021 census.
* Of those, 26,000 (30%) provide more than 50 hours of care each week.
* Numbers of unpaid carers, both locally and nationally, have decreased since the 2011 census. Within Somerset, the number of residents providing unpaid care has decreased by over 13% in the 10-year period. This decrease has not been evenly distributed, with the number of residents providing care for fewer than 20 hours each week dropping by 34%, while numbers providing over 20 hours have increased by 25%. There is no single explanation for the decrease in the number of people self-reporting that they are providing unpaid care, although the ONS have provided some possible explanations:

*“Coronavirus guidance on reducing travel and limiting visits to people from other households. Unpaid carers who previously shared caring responsibilities may have taken on all aspects of unpaid care because of rules on household mixing during the coronavirus pandemic. There were a higher number of deaths than expected in the older population at the beginning of 2021 due to coronavirus (COVID-19) and other causes; this could have led to a reduction in the need for unpaid care. Changes in the question wording between 2011 and 2021 may have had an impact on the number of people who self-reported as unpaid carers”.*  (Source: [Census 2021: health, disability, and unpaid care - Somerset Intelligence - The home of information and insight on and for Somerset - Run by a partnership of public sector organisations](https://www.somersetintelligence.org.uk/census-2021-health,-disability,-and-unpaid-care.html#:~:text=There%20were%20around%2050%2C000%20Somerset%20residents%20who%20were,more%20than%2050%20hours%20of%20care%20each%20week.))

**Somerset’s complex and diverse communities of carers**

In Somerset there are highly complex and diverse cultures and communities of unpaid carers. There are geographic communities separated by rural isolation and issues of transport, reinforced by post lockdown conditions. There are also communities of interest that are represented in the make-up of the SCSPB. Within these communities, there are individual, unique, and specific issues and challenges, and there are also issues and challenges that are common, shared, and replicated.

The individual stories from unpaid carers when combined highlight that they are not isolated narratives and there are common and shared challenges to be overcome. The SCSPB is growing in membership, and this represents the inclusion of more underrepresented communities as work develops, reaches out and evolves.

There are a range of issues and challenges for unpaid carers, service providers and community organisations alike. This complexity is both a challenge and a rare and exceptional opportunity to work together, share, skills, and intelligence. Somerset has a very rich and diverse ecology or services, organisations, groups, communities and individuals, together with a highly committed and dedicated population of unpaid carers.

**GP services**

There is a wide-ranging disparity in the quality of Primary Care GP services across Somerset. The recent GP Survey contains a breakdown by PCN and GP practice areas in Somerset. The new Carers Champions initiative by CCS Carers service will highlight where change will be needed. It will also highlight where examples of best and good practice can lead the way forward by example. ([Carers-uk-gp-patient-survey-report-2021-web.pdf (carersuk.org)](https://www.carersuk.org/media/shbb4c0s/carers-uk-gp-patient-survey-report-2021-web.pdf) and Somerset GP Survey Data.)

**Mental health**

In the area of mental health and the NHS Foundation Trusts carer engagement service the new ‘People Who Matter’ initiative is engaging with carers to coproduce a new standard operating procedure. A new carers group has been enabled called the ‘Carers Involvement Group’ (CIG) this is an expert by experience group facilitated by the mental health carers assessment and engagement team. There are also initiatives being

undertaken through the recovery college with carers and secure hospital wards in Bridgewater. The Foundation Trust has a carers charter, triangle of care and CIG .([Carers - Carers (somersetft.nhs.uk)](https://www.somersetft.nhs.uk/carers-service-and-triangle-of-care/)

**Parent carers**

The Parent Carers Forum has a core purpose to ensure parent carers in Somerset,

have a voice and help to make sure that services reflect the needs of local families. Their work focuses on support for parents of children with special educational needs and disabilities. ([Somerset Parent Carer Forum CIC Ltd (not for profit) company no. 10227489](https://somersetparentcarerforum.org.uk/))

**Young carers**

The Young Carers in Somerset are supported by Somerset Social Care with a young Carers Commitment. This is a partnership between the family intervention service, the YMCA, and Young Carers in Schools initiatives. Somerset Young Carers are also served by the Friend Of Somerset Young Carers charity. ([Young Carers (somerset.gov.uk)](https://www.somerset.gov.uk/children-families-and-education/the-local-offer/social-care/young-carers/) and [Friends of Somerset Young Carers – Supporting young carers throughout Somerset (fosyc.org.uk)](https://fosyc.org.uk/)

**Somerset Carers Service**

The Somerset Carers Service is held by the Community Council Somerset (CCS). It provides a range of services and resources for unpaid carers including the Village Agent Network and Carers Engagement. The carers engagement work includes the support of a ‘Carers Champion’ initiative for Primary Care Networks and GP practices. There is a carers’ pack available and a carers passport initiative. ([Free support & information for Carers just like you. - Somerset Carers](https://somersetcarers.org/).) There is also a new dedicated open mental health service for carers <https://openmentalhealth.org.uk/support-for-carers/>

**Spark Somerset**

Spark Somerset facilitate and enable a range of in person and online carer peer support groups these are both activities based as a break from caring role opportunities and peer support groups of shared interest, issues, and challenges. ([Somerset Carers Service | SPARK (sparksomerset.org.uk)](https://www.sparksomerset.org.uk/projects/somerset-carers-service)

**Healthwatch Somerset**

Healthwatch Somerset is responsible for the Chair of the SCSPB and produces reports that advocate and represent service users, patients and carers responding to their needs for change to improve services. Healthwatch is the local people’s health and social care champion, making sure NHS leaders and decision makers hear people’s voices and use their feedback to improve care. ([Home | Healthwatch Somerset](https://www.healthwatchsomerset.co.uk/))

**Somerset Citizens Advice**

Citizens Advice recognise that many people in Somerset face significant barriers to dealing with law-related issues and accessing justice. There will be a new legal advice and representation service specifically designed with carers for carers.

([About Us - Citizens Advice Somerset](https://citizensadvicesomerset.org.uk/about-us/) )

*See Appendix page x, for further detail about the SCSPB including membership.*

It is intended that the new Commitment to Carers 2024 will strengthen, enhance, and develop the work of the SCSPB and existing networks, bodies of work, relationships, and processes. It will enable innovation and creative ways to move forward, where new and inspiring work can emerge and bring people together to overcome challenges, build resilience and enable a thriving future.

**How was the Commitment to Carers 2024 created?**

The Commitment to Carers 2024 was co-produced with carers and those who work with and provide services for unpaid carers. It was facilitated and created by the Somerset Carers Engagement Project, led by [Evolving Communities](https://evolvingcommunities.co.uk/) CIC and [Healthwatch Somerset](https://www.healthwatchsomerset.co.uk/), working independently on behalf of Somerset’s Integrated Care Board (ICB) which includes Somerset County Council and Somerset’s NHS. The Project was led by Somerset-based, socially engaged artist and facilitator, Andrew Henon. It replaced previous ‘Carers Voice’ initiatives which informed the Commitment to Carers 2016/18.

The Somerset Carers Engagement Project worked with the Somerset Carers Strategic Partnership Board and network (SCSPB) from August 2022 until March 2024 to review and renew the Commitment to Carers. The partnership is made up of multiple statutory and voluntary agencies, individuals, community organisations and unpaid carers, to advance their concerns and address the issues and challenges unpaid carers experience.

The new Commitment to Carers 2024 is informed by hundreds of engagement conversations, feedback sessions and workshop events, including 65 visits to carers groups, 25 case studies, hundreds of responses to the question *‘What are the five key issues and challenges unpaid carers experience?’.* It also incorporates analysis of feedbackfrom a major coproduction workshop which took place in September 2023, with 130 carers, service providers and community development organisations. (See page xx, What people told us.)

The Commitment also responds to reports from a range of wider sources, that places it in a regional and national context while remaining focussed on Somersets own issues and challenges. And it encompasses various ideas, activities, and initiatives to support unpaid carers in Somerset including Adult Social Care's 'Making it real`; NHS Foundation Trust’s `Mental Health Carers' adoption of the 'Triangle of care,' and 'People Who Matter,' along with the 'Carers Charter' initiatives. It also integrates Community Council Somerset’s (CCS) work around being `carer aware’ and ‘carer friendly’, as well as the Village Agent network, 'Carers Champions' in Primary Care Networks (PCN) and General Practices (GPs), and Carers Breaks; SPARK Somerset's in-person and online carers groups; the Parent Carer Forum, the Dementia Forum, and initiatives represented through the SCSPB. These form a range of specific commitments from across partnerships which, when brought together, make up the overall Commitment to Carers 2024.

The new Commitment performs a similar function as the 2016/18 Commitment, incorporating an overview of current and future practice and it provides a reference for work going forward. It addresses three main questions:

1. What remains the same for unpaid carers since the 2016/18 Commitment to Carers?
2. What has changed since 2018 and what current developments will impact unpaid carers?
3. What happens next to address the key issues and challenges?

**What remains the same and what has changed since 2018?**

**Commitment to Carers 2016/18**

In both the original Commitment to Carers 2014/16 and the updated report of 2017/18, there were five key themes:

1. Information and advice
2. Prevention
3. Assessments
4. Young carers
5. Working together

*A copy of the original Commitment to Carers 2016/18 can be found in the appendix, page x.*

The review and renewal of the Commitment to Carers 2024 considered these themes and used information, data and evidence collected during the project to identify what has changed, and what are the abiding and persistent issues and challenges for unpaid carers.

**Theme 1: Information and advice**

**Changes since 2018:**

* There have been great improvements and advances made in different areas of engagement with carers. These include coproduction and experts by experience groups in mental health with ‘People who matter’, the work in social care with ‘Making it real’ Young Carer consultations, the Dementia Forum, and Parent Carer Networks.

**Ongoing need for improvement:**

* Some GP surgeries are still not carer-aware or carer-friendly.
* There is a lack of information sharing.
* Some carers are still experiencing digital poverty or lack of access to the internet.
* There are still examples of resistance to implement the triangle of care and share information with appropriate conversations.
* The completion of forms is still an issue.

**Theme 2: Prevention**

**Changes since 2018:**

* There is an ongoing initiative concerning ‘Preparing to care’ an educational, learning and training programme to raise awareness of unpaid care and better inform and prepare people for a caring role.
* There is an educational course for Dementia awareness and support for unpaid caring roles.
* A new carers passport and discharge from hospital procedure is in place to support the assessment of unpaid carers.
* Carers Champions within the PCN through CCS and village agent network is engaging in preventative work.

**Ongoing need for improvement:**

* There is a need throughout the health and care system to improve carer awareness.
* Increased coproduction and embedded experts by experience training and learning.

**Theme 3: Assessments**

**Ongoing need for improvement:**

* Assessments are still problematic as many carers do not identify as carers.
* Many carers fear the word ‘Assessment’ - they perceive they are being judged or going to lose the person they carer for to service interventions.
* There are still time lags in the system once an assessment is made, delays in implementation of services, resources, or funding.

**Theme 4: Young carers**

**Changes since 2018:**

* There is now a young carer in schools project with a three-year funding commission.
* The family intervention service is handling a case load and acting accordingly.
* The YMCA are delivering a young carers programme of breaks from caring activity groups.

**Ongoing need for improvement:**

* This area of work has suffered from a cut and reinstatement of funding. As a result, much good will, social capital, and skills were lost. A loss of trust and capacity has held up development, there was very little left from which to rebuild capacity and trust.
* The `No wrong doors` policy has not been fully adopted in Somerset.
* There is still a sense of denial of the scale of the issues and challenges encountered within schools and a population of post lockdown school absences; young carers are being overlooked; they are not hidden.

**Theme 5: Working together**

**Changes since 2018:**

* Services are beginning to change in response to various experts by experience co-production groups.
* The SCSPB was established in 2020, so there is a framework and model to support working together.

**Ongoing need for improvement:**

* There are still examples of carers having to repeat their stories, issues and challenges more than once to system partners.

One of the key recommendations for the new Commitment to Carers initiative is that by working together in partnership it is possible to move towards an embedded response as a quality improvement process. This should be an ongoing process of continuing professional service development working with the voluntary sector partnerships to ‘Think Carer’, be ‘Carer Aware’ and ‘Carer Friendly’, and to embed experts by experience groups of carers within professional practice, for example, the `Carers in Mental Health` model being adopted of ‘People Who Matter’ , and the ‘Triangle of Care` approach relating to the ‘Carers Charter’. This can happen across the membership of the Somerset Carers Strategic Partnership Board and is covered in more detail in governance section on page xx.

**Social and economic changes since 2018**

There has been a great deal of social and economic change since 2018, and several factors have impacted unpaid carers to a greater degree than the general population. The review and renewal of the Commitment to Carers therefore considered five additional themes.

* Post pandemic lockdown, and the continued presence of COVID, increased illness, mental health issues and challenges, and increased awareness of shielding.
* Cost of living crisis, poverty, food insecurity and exclusion, housing, and employment.
* Environmental and ecological climate change, floods, and psychological resilience.
* NHS and social care crisis, funding cuts and stretched resources.
* Demographic shift with an ageing population, increase in long term conditions and illness.

These themes emerged through conversations and discussion groups with carers and service providers as having affected unpaid carers in serious ways. This includes impact on mental health with increased levels of anxiety, stress, mental and physical health, and additional strains on personal relationships and employment issues. Carers who shared their stories as case studies, spoke about points of crisis, where services have broken down and not served them well; some were referred to emergency services and the PALS service for urgent help.

key changes in the Commitment to Carers 2024 also respond to recent policy changes, local, regional, and national contexts.

* The [NHS Long Term Plan](https://www.longtermplan.nhs.uk/blog/our-long-term-commitment-to-carers/) and [People at the Heart of Care](https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform): adult social care reform make clear that identifying, recognising and supporting carers is a system priority. This includes supporting carers in emergencies, and for this carers’ need to make contingency plans.
* [NHS England » Carer contingency planning: recommendations for integrated care systems](https://www.england.nhs.uk/long-read/carer-contingency-planning-recommendations-for-integrated-care-systems/)

**What happens next to improve the lives of unpaid carers?**

Unpaid carers provide critical support for people with health and social care needs. Most recipients of unpaid care are older parents or spouses and partners, and changes in the make-up of our population indicate that the number of dependent older people in the UK will increase by 113% by 2051. (Source: [Caring as a social determinant of health: review of evidence - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/caring-as-a-social-determinant-of-health-review-of-evidence)

To ensure there are improvements to the experience of unpaid carers going forward, the implementation, evaluation and ongoing development of the Commitment to Carers will be overseen and guided by the SCSPB. They will use the governance model, outlined on page x, to inform this work. The processes and procedures laid out in the governance model provide a sustainable developmental structure that will enable the Commitment to Carers 2024 to evolve and change as the needs and aspirations of unpaid carers in Somerset change.

As unpaid carers will become increasingly crucial in the roles they will perform in the future, there is a need for a public health campaign to raise awareness with a ‘Preparing to care’ education, training and learning programme. This should be integrated as part of the SCSPB work going forward.

There are several new and emerging health and wellbeing frameworks, including ‘Green Care’ , ‘Creative Health’, and the ‘Active Environments` frameworks. These sit within the `Social Prescribing` networks that are emerging at a local level and accessed through ‘Health Connectors’ working within the Primary Care Networks across Somerset. This is currently patchy and shows disparity of delivery, with some excellent examples but a lack in other areas. As the social prescribing network matures and becomes used more as a preventative resource and alternative, there will be more opportunities created for carers to access resources.

**A summary of the evidence - what carers told us**

This summary brings together findings from conversations with carers and case studies of individual carer experiences, feedback about the five key issues and challenges experienced by unpaid carers, and findings from the co-production workshop held on 19 September 2023 (see appendix, page x for detailed feedback from the workshop).

Unpaid carers provide care in numerous diverse and widely differing contexts. Their needs and experiences vary, and their lives are invariably complicated, difficult, and challenging. Their experiences cover a wide range of roles and responsibilities, from looking after loved ones discharged from general hospital or secure mental health hospitals. They may be looking after people at home with long term health conditions or looking after young children with Special Educational Needs. We may become a carer for someone at any point, including an extended family or family member, a neighbour or colleague. This complexity is reflected through the diverse membership of the Somerset Carers Strategic Partnership Board and the range of unpaid carers contributions.

**What carers said:**

* There needs to be a range of choice and personalised decision making involved in support of unpaid carers. One size does not fit all and many carers do not see themselves as carers.
* There needs to be a systemic raising of awareness as well as a public raising of awareness to help the cause of existing unpaid carers and prepare people for the likelihood that they too may become carers.
* Carers need to be heard and listened to with respect for the knowledge and understanding they have about the person they care for.
* Carers want to be included in health conversations and involved in the development and delivery of better services as coproduction and experts of experience.
* There are a range of coproduction initiatives that are specific to the various areas of unpaid care that are being delivered and the different needs of unpaid carers, and which provide examples of best practice. For example, ‘People Who Matter’, `Mental Health` and ‘Triangle of Care’.
* Strong social networks are important to carers, these include in person and online carers groups, and access to peer support networks. There is a need for strengthening of strong social networks and a menu of opportunities and activities for unpaid carers. Common circles provide excellent peer group support within the community. Carers value the social prescribing networks where accessible.
* Carers need timely, swift, and accurate assessments for caring roles, without the labelling or fears associated with the word ‘assessment’ which is perceived as a critical judgemental exercise.
* Carers health and wellbeing are being seriously impacted by the caring roles they undertake, with additional levels of anxiety, stress, mental health, physical health and frustration and anger, and there are examples of systemic failings and challenges.
* The system is still not working across primary care with variations in GP practices around quality of carer engagement and information sharing. The Carers Champions initiative will help to bring this issue forward in the minds of practices and the local PCNs.

**Individual carer case studies**

Twenty five individual case studies were gathered. People’s experiences were reviewed and combined with feedback from conversations held at 65 diverse carers groups including, carers involvement groups (Mental Health), carers for people with Dementia and Alzheimer’s, and carers support after bereavement, separation, and loss. The key issues that were identified, mirrored and replicated many of the issues and challenges expressed during the co-production workshop.

* Many carers are in crisis or close to crisis; there is no 24hr crisis help line.
* Exhaustion, lack of sleep, anxiety, depression, and frustration.
* The feeling of being isolated and fearful and unsupported.
* Feeling worthless, inadequate, unable to cope, and shame at not managing.
* Lack of respect and consideration for the unpaid carer as a person who has had to take on huge responsibility for which they have had no training.
* Fear of asking for support, fear of loved one being taken away.
* Needing support with both caring for older relatives and young children.
* Lack of respite care to enable the unpaid carer to rebuild their own resources to keep going.
* Lack of reliable respite care that can be arranged in advance if the unpaid carer needs day surgery, and lack of follow up help for a length of time after surgery.
* Lack of understanding, information sharing and access to GP services.
* No unpaid carers assessment.
* Lack of out of hours support, especially at nighttime and weekends (one example of no response from emergency social services one weekend last year).
* Lack of consistency of health and social workers which hinders them getting to know the person who is cared for and their family, especially in the case of dementia. (One example last year of a 'new’ social worker saying that an assessment was needed even though one had been done eight weeks before, and a care plan and funding had been verbally agreed.)
* Long waits for care assessment linked to hospital discharge - the assessment can take several weeks so the unpaid carer must `cope` while waiting (four cases in the last three months).
* Discharge from hospital on a Friday with no package of care in place putting major pressure on the unpaid carer (two cases over last four months)

Many of the people coming forward to offer their case studies had been unable to access the support that they needed. They were referred to relevant services including the Village Agent Network, Citizens Advice and NHS Foundation Trust Mental Health Carers Assessment Services.

The case study process enabled people to express their stories, share experiences and speak openly in support groups and experts by experience forums and meetings. Many of these conversations were held together with service providers present. Since beginning the case study exercise some of the carer specific interest groups for example `Mental Health` have begun to set up their own ‘People who matter’ coproduction groups with the ‘Carers Involvement Group.`

**Five key issues and challenges unpaid carers face**

A straw poll was conducted while visiting carers groups across Somerset, including online carers cafes, asking: ‘What are the five key issues and challenges that unpaid carers face in Somerset.

The following issues were most commonly raised:

* Exhaustion, lack of sleep, anxiety, poor mental health, and wellbeing.
* Frustration, isolation, and anger at not being able to be included in care conversations and discussions with services.
* Unhelpful GP and hospital experiences, lack of respect or acknowledgement of how difficult and important the caring role is. There is no plan or preparation beyond a carers assessment if you can access one.
* Inflexible work and employment support.
* Lack of respite support to have a break from caring role. There is a shortage of care support for respite and funds to pay for it.

Other more general concerns were also raised which especially affect carers:

* Climate and environmental change, mitigation, adaption, and resilience.
* The prevailing demographic shift in population, an ageing population with more people over 60 than under 21 years of age.
* Cost of living effects on caring roles, food costs, heating, housing, and transport
* Post pandemic lockdown and prevalence of COVID still present in the population.
* Shielding of vulnerable people who are being cared for.
* Increasing systemic NHS and social care challenges, with increasing cases of long-term conditions and illnesses.
* Increased anxiety, concerns, and fear for themselves in the caring role and the people being cared for.
* Post pandemic bereavement, separation, and loss.
* Loss of one’s identity by becoming a key carer, with relationship loss and changes.
* Economic loss of earnings through increased carer responsibilities.
* Carers find it difficult to persuade the people they care for that additional support is needed for themselves and the carer.
* There are many examples where carers have to ‘fight’ to get access to the support that they are entitled to, for themselves and the people they care for.

**Governance**

The governance framework outlined below will ensure that the Commitment to Carers 2024 is effectively embedded into Somerset’s health and social care system, so that it delivers maximum impact and benefit to unpaid carers. It will guide the Somerset Carers Strategic Partnership Board (SCSPB) as they oversee, evaluate and evolve the Commitment to support quality improvement in services.

Governance: *‘A system that provides a framework for managing organisations.’ The* Chartered Governance Institute UK & Ireland

**Somerset Carers Strategic Partnership Board (SCSPB)**

**Statement of purpose**

The SCSPB was set up in 2021 to work together across statutory, voluntary and community services to ensure unpaid carers access appropriate support and services when needed, ensuring carers maintain a good level of health and wellbeing. SCSPB is a strategic group and an influencing body for unpaid carers in Somerset. It advises and makes recommendations on joint developments of health, social care, and related services. It brings together partners who engage with unpaid carers to co-produce plans and strategies to provide appropriate services and support for carers in Somerset.

*See Appendix, page x, for full details of the SCSPB Terms of reference and membership purpose.*

**Working better together**

To embed the Commitment priorities into practice and ensure consultation and co-production informs service improvement, delivery, and cultural change within the system, it is recommended that:

* A member of the SCSPB should be appointed to sit as an unpaid carers representative and carers champion on the Integrated Care Board (ICB)
* A member of the SCSPB should be invited as a voluntary sector representative on the ICB; this could be the Chair of the SCSPB (Healthwatch Somerset).

This will create a conduit of two-way communication and effective information exchange around work being developed both to and from the SCSPB and the ICB. It will also ensure a closer working relationship at a strategic level, and around developing pilot projects, priority areas of interest, continuity, and sustained development.

* A network membership should be created that expands the reach and engagement potential, to include more unpaid carers from the organisations that have places on the SCSPB and from outside of the board membership.
* The network membership will feed into and have representation on the SCSPB.

**Quality improvement process**

**Plan, do, review - Using the Maturity Matrix**

The SCSPB should use the Maturity Matrix to oversee and drive the Commitment to Carers 2024. This sets out eight core themes that should be addressed and four stages for assessing progress.

*See Appendix, page X, for the full detail and guidance on using the Matrix.*

The eight core themes that should be addressed are:

1. Leadership, planning and partnerships
2. Use of data and experience for Quality Improvement (QI) and Population Health Management (PHM)
3. Integrating care/collaborative working - local authority/social care
4. Integrating care/collaborative working - voluntary sector
5. Integrating care/collaborative working - Primary Care Networks/social prescribing link workers/GP practices
6. Tackling unequal health outcomes and access to services/support
7. Supporting broader social and economic development/use of resources/employment and Education
8. Training, development, communications, engagement, and support.

Each theme should be assessed at four stages:

1. Emerging
2. Developing
3. Maturing
4. Embedded

The SCSPB is ideally placed to use the Maturity Matrix to assess, on an ongoing basis, how the Commitment to Carers is progressing across Somerset’s health and care system, and to assess in what areas progress can be supported, endorsed, and shared across the network and partnership.

Each member of the SCSPB, as a voluntary, statutory or charitable organisation, can use the Maturity Matrix to plan and assess progress in their own areas of specific interest, for example, Young Carers, Carers Mental Health, Dementia Forum, Parent Carer Forum, Carers Groups, Carers Service, and Forensic carers.

*“Engaging, informing, and bringing on-board key stakeholders is a major factor in our ability to meet the deliverables outlined in the NHS Long Term Plan. The Commitment to Carers Integrated Care System Maturity Matrix is not a binary checklist or a performance management tool. The Matrix aims to describe the progress of Integrated Care Systems (ICS) towards adopting the commitment to carers agenda as they develop”.*

Maturity Matrix guidance.

Alongside the maturity matrix sits the Care Quality Commissions (CQC) ‘Quality Markers’ and guidance in preparations for CQC oversight and reporting please see [GP mythbuster 44: Caring for carers - Care Quality Commission (cqc.org.uk)](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-44-caring-carers)

**Coproducing quality improvement**

Coproduction can be used by the SCSPB and its membership to work through the Maturity Matrix to embed the Commitment to Carers into practice and deliver quality improvement.

This process shifts the level of empowerment to the individual and frees them up to question what barriers and boundaries are preventing them from improving what they are doing. It is then possible to ask the question: ‘How do we improve what we are doing together within the Commitment to Carers contexts.

For examples of coproduction see:

* [Co-production: what it is and how to do it | SCIE](https://www.scie.org.uk/co-production/what-how/)
* [NHS England » Co-production: an introduction](https://www.england.nhs.uk/long-read/co-production-an-introduction/)
* [NHS England » Co-production and quality improvement – a resource guide](https://www.england.nhs.uk/long-read/co-production-and-quality-improvement-a-resource-guide/)

**Reporting, evaluation, and development**

By using the Maturity Matrix process and developing a more joined up network and governance framework, the SCSPB should be able to:

* Have increased powers to advise on priorities
* Feedback to NHS England using the Maturity Matrix
* Support each member to create and work towards their own specific field of development with unpaid carers, forming their own Maturity Matrix by which to gauge and guide progress.

Each specific interest group should be able to:

* Report back to the SCSPB and share their work through the network, in this way everyone is kept aware of the work that is being done and how best to work together towards mutual outcomes.

**For more information**

NB Whose contact details should go here for more information about the Commitment to Carers (and maybe support for carers in NHS and social care…?)

**Evolving Communities**

Evolving Communities is a Community Interest Company (CIC). We specialise in stakeholder engagement and insight to drive improvements in health and social care. We achieve this at a national, regional and local level by delivering [**local Healthwatch services**](https://evolvingcommunities.co.uk/healthwatch/), [**community engagement partnerships**](https://evolvingcommunities.co.uk/community-engagement-partnerships/)**,**and professional[**consultancy services**](https://evolvingcommunities.co.uk/consultancy/)**.**

**Telephone:** 01225 701851

**Email:** [info@evolvingcommunities.co.uk](mailto:info@evolvingcommunities.co.uk)

**Website:** [evolvingcommunities.co.uk](https://www.evolvingcommunities.co.uk/)

**Appendix**

**1. Commitment to Carers - 2016/2018 and 2014/16**

NB Two documents to be added here for reference

**2. Somerset Carers Strategic Partnership Board (SCSPB)**

**Terms of Reference January 2022**

**1. Statement of Purpose**

The Somerset Carers Strategic Partnership Board (SCSPB) was set up during 2021 to make sure that carers can access the appropriate support and services in Somerset when they need it. The main aim of the Board is to ensure that we are all working together across statutory and voluntary and community services to ensure that carers can maintain a good level of health and wellbeing and be supported to carry out their caring role as well as being able to have a life of their own outside their caring role.

SCSPB is a strategic group and an influencing body for unpaid carers in Somerset, it advises and makes recommendations on the joint development of health, social care and related services. It will bring together partners from across Somerset who regularly engage with unpaid carers to co-produce plans and strategies to make sure that there are appropriate services and support for carers in Somerset now and into the future.

SCSPB aims to fulfil its purpose by:

* Providing strategic leadership regarding the improvement of the health and wellbeing of all carers in Somerset.
* Challenging and influencing decisions regarding carers support.
* Ensuring that all organisations work together to resolve problems and develop solutions that can improve the lives of unpaid carers.

**2. Principles**

The work of SCSPB is underpinned by the sets of principles, priority themes and outcomes detailed within **Somerset’s Commitment to Carers**

|  |
| --- |
| **Theme 1 – Helping you to recognise that you have a caring role and that means you are taking on additional responsibilities.**  *In Somerset we believe it is important that we help you to:*  **Priority 1.1** Recognise that you may need support, now or in the future.  **Priority 1.2** Consider what might help you to fulfil your caring role and how that may change. |
| **Theme 2 – Helping you to find the information and support you need.**  *In Somerset we will help you to:*  **Priority 2.1** Know who can support you and how to contact them.  **Priority 2.2** Have clear and easy ways for you to find information, advice and support. |
| **Theme 3 – Helping you to recognise that you need time out for yourself.**  *In Somerset we will help you to:*  **Priority 3.1** Find ways that can help you to plan appropriate time out from your caring role.  **Priority 3.2** Take time out from your caring role. |
| **Theme 4 –** **Helping you to live a healthy, satisfying and fulfilling life.**  *In Somerset we will help you to find:*  **Priority 4.1** Support and guidance that can help you to achieve and maintain good health.  **Priority 4.2** Find opportunities outside your caring role now and in the future. |
| **Theme 5 –** **Providing opportunities for you to be involved in improving carers’ lives in Somerset if you wish to.**  *In Somerset we will create:*  **Priority 5.1** Ways that you can share your experiences of caring to improve services in the future.  **Priority 5.2** Ways that can involve you in the planning, monitoring and development of services and support for carers. |

**Department of Health and Social Care “Carers Action Plan” 2018 – 2020** (*This plan retains the strategic vision of “recognizing, valuing and supporting carers” from 2008).*

Priority Themes:

* Services and systems that work for carers.
* Employment and financial wellbeing
* Supporting young carers
* Recognising and supporting carers in the wider community and society
* Building research and evidence to improve outcomes for carers.

[**www.gov.uk/government/publications/carers-action-plan-2018-to-2020**](http://www.gov.uk/government/publications/carers-action-plan-2018-to-2020)

**NHS England “Commitment to Carers”**

There are 37 commitments spread across eight key priorities which include raising the profile of carers, education and training, person-centred coordinated care and primary care, that have been developed in partnership with carers, patients, partner organisations and care professionals.

[NHS England » Commitment to carers](https://www.england.nhs.uk/commitment-to-carers/)

**The Care Act 2014**

The Board will refer to The Care Act 2014 which outlines the way in which local authorities should carry out carer’s assessments and needs assessments; how local authorities should determine who is eligible for support; how local authorities should charge for both residential care and community care; and places new obligations on local authorities.

[**www.gov.uk/government/publications/care-act-2014-part-1-factsheets**](http://www.gov.uk/government/publications/care-act-2014-part-1-factsheets)

**Data Protection Act 1998**

The Board will comply with the [Data Protection Act 2018](http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted) which controls how your personal information is used by organisations, businesses or the government.

[**www.gov.uk/data-protection**](http://www.gov.uk/data-protection)

**Equality Act 2010**

The Board will comply with the Equality Act 2010 which supports the rights of all adults to equality of opportunity, to retain their independence, wellbeing and choice and to be able to live their lives free from abuse, neglect and discrimination. Its values diversity and will seek to promote equal access and equal opportunities irrespective of race, culture, sex, sexual orientation, disability, age, religion or belief, marriage/ civil partnership and pregnancy /maternity.

[**www.gov.uk/guidance/equality-act-2010-guidance**](http://www.gov.uk/guidance/equality-act-2010-guidance)

**3. Tasks**

SCSPB will:

* Publish a strategic plan that sets out how it will meet its main objectives and what it’s members will do to achieve this.
* Create a shared understanding of local need in relation to carers through working with the Carers Engagement Service and drawing on statistical information, research, and stakeholder feedback.
* Formulate shared priorities drawing on existing performance; legislation; policy and resource availability.
* Develop, monitor, and review Somerset’s Commitment to Carers and the accompanying joint action plan.
* Contribute to the design, development and monitoring of services that support carers in Somerset.
* Promote the inclusion of all carers, from all caring backgrounds, regardless of disability, gender, race, religion or belief, age or sexual orientation.
* Work collaboratively to share experiences, expertise, and good practice.
* Publish an annual report detailing what the Board has done during the year.

**4. Membership**

SCSPB is an inclusive, membership organisation and includes statutory, voluntary and community organisations that both represent carers as well as provide support for a wide range of caring needs.

The membership of the SCSPB consists of senior representatives from the key

organisations in Somerset listed below, with authority and responsibility for ensuring that carers are always considered when planning and commissioning services.

From the agencies shown below the representative must be able to:

* Make decisions on behalf of their organisation.
* Hold their organisation to account.
* Commit their organisation on policy and practice developments.
* Commit resources in their organisation to support the work of the SCSPB.
* Commit to attending a minimum of 3 meetings per year.

Representatives of wider groups such as independent providers, service users and

carers must have access to appropriate networks to communicate information to and

from the Board.

**Senior Members:**

* Somerset County Council Adults and Health Commissioning Somerset County Council Public Health
* Somerset Clinical Commissioning Group
* Somerset Carers Service
* Somerset Partnership NHS Foundation Trust
* Somerset Young Carers Service
* Somerset Parent Carer Forum Healthwatch Somerset
* **Chair:** Somerset Healthwatch Manager
* **Vice Chair:** Somerset Commissioner Somerset County Council
* **Invited Guests:** Guests, experts, and practitioners can be invited to discuss topics and contribute towards the work of the Board.

**Expectations of Board Members**

Board members are expected to:

* Be a conduit of information between the Board and their own agency/the area they have responsibility for.
* Take part/lead on agreed and appropriate sub-group tasks.
* Ensure that any nominated replacement member is fully briefed for a meeting to enable them to contribute fully.

**5. Structure and accountability**

The SCSPB will meet no less than four times a year, at various locations across Somerset or virtually via Microsoft Teams. Papers will be circulated one week in advance of meetings. Any member of the Board can raise items through the Chair.

SCSPB will be expected to report to the Health and Wellbeing Board regarding the progress of Somerset’s Commitment to Carers and the progress of its joint action plan on an annual basis.

Senior members will be expected to report to the Board on relevant work undertaken by their organisation.

Senior members who have contributed to the Commitment to Carers Joint Action Plan will be required to report on their progress twice a year.

Members will be expected to report to the Board on relevant work undertaken by their organisations.

**6. Management Group**

SCSPB is supported by a smaller management group. The main tasks of this group are to:  
Identify issues SCSPB needs to address.

* Coordinate sub-group and/or task and finish groups; and translates their work into outcomes for the SCSPB.
* Identify and monitor progress of SCSPB strategic objectives.
* Work together to resolve problems relating to the function of the SCSPB.

The Management Group will meet two weeks before each SCSPB Meeting. Members of the Management Group are:

|  |  |
| --- | --- |
| SCSPB Chair |  |
| SCSPB Vice Chair |  |
| NHS Somerset Representative |  |

**7. Task groups**

SCSPB will establish task groups, as required to be responsible for carrying out specific pieces of work in line with SCSPB’s strategic, priority outcomes. These could include:

* Communication and promotion
* Learning and development (including lessons learned)
* Policies and practice
* Quality assurance

**8. Accountability**

The SCSPB reports to the Somerset Health and Wellbeing Board.

1. **Review**

Next review January 2023 (NB Is there a more up to date version?)

If you would like more information or are interested in becoming a member of SCSPB, please contact the Chair: Gillian Keniston-Goble email [gillian.keniston-goble@healthwatchsomerset.co.uk](mailto:gillian.keniston-goble@healthwatchsomerset.co.uk)

**SCSPB Membership**

* 56 members from 18 organisations
* 15 representatives from different areas of Somerset Council
* 12 representatives from different areas of the NHS/Social care
* 16 organisations are represented, with some of the organisations representing large local, regional, and national networks of other organisations.
* 2 representatives of NHS Southwest England Quality Improvement.
* Many of the members are unpaid carers themselves and advocate on behalf of unpaid carers.

|  |  |
| --- | --- |
| **Name** | **Organisation** |
| Amanda Wilkins | Head of Therapies, St Margaret’s Hospice |
| Andrew Henon | Somerset Carers Engagement Project Officer |
| Bob Champion | Volunteer, Healthwatch Somerset |
| Caroline Mead | Carers Development Manager, Somerset NHS Foundation Trust |
| Caroline Toll | Ambassador, Carers UK |
| Cath Holloway | Carers Support Development Worker, Spark Somerset |
| Charlotte Harris | Carers’ Leadership Support Manager, NHS England/NHS Improvement South West |
| Charlotte Jones | Volunteering Development Manager, Spark Somerset |
| Charmaine Griffiths | Volunteer and Patient Involvement Lead, Somerset NHS Foundation Trust |
| Cindy Furse | VCSE Dementia Alliance Coordinator, Spark Somerset |
| Claire Bunclark | Lead for Ageing Well Programme, Somerset NHS |
| Clive Rymer | Community Health and Engagement Officer, Somerset Wheelchair Service |
| Debbie Penny | Project Officer, Adults and Health Commissioning, Somerset Council |
| Ella Bending | Specialist Communications, Somerset Council |
| Emma Davey | Director of Patient Experience and Engagement Somerset NHS Foundation Trust |
| Emma McGarva | Carers Coordinator, Community Council for Somerset |
| Fen Bagias | Area Lead, Health Connections Mendip |
| Fiona Phur | Partnership Business Manager, Somerset Council |
| Gemma Pickford-Waugh | Children’s Commissioner, Somerset Council |
| Gillian Keniston-Goble | Manager, Healthwatch Somerset |
| Haley Skipp | Patient Experience and Engagement Lead at Yeovil Hospital |
| Hannah Burbedge | Communications Officer, Community Council for Somerset |
| Jacky King | Wincanton |
| Jenny Hartnoll | Project Co-ordinator, Frome Medical Practice |
| Jesse Eveleigh | Senior Commissioning Officer, Children’s Commissioning, Somerset Council |
| Jo Garbett | Engagement Officer, Stroke Association |
| Kama McKenzie | Operations Manager, Somerset Council |
| Kangli Fu | Engagement Officer, Stroke Association |
| Katherine West | Open Mental Health Carers Lead, Community Council for Somerset |
| Kim Jones | Assistant Quality Director, NHS England South West |
| Kristy Hirons | Data Manager and Locality Manager, Community Council for Somerset |
| Krystle Pardon | Head of Patient Experience and Engagement, Yeovil Hospital |
| Laura Alexander | Engagement Lead Officer, NHS Somerset |
| Laura Annandale | Commissioning Officer, Somerset Council |
| Lisa Rogers | Partnership Manager, Somerset Council |
| Margaret Egbo | Carers Engagement and Involvement Lead, Somerset NHS FT |
| Mark Willcox | Director of Youth and Community, YMCA Brunel Group |
| Matthew Byrne | Development Manager, Community Council for Somerset |
| Mel Bicknell | Project Co-ordinator for Young Carers in Schools Award |
| Michelle Mitchell | Marketing & Communications Officer for Fostering In Somerset, Somerset Council |
| Naomi Farr | Community Services Manager, NHS Somerset |
| NHS Quality Hub | Requested by Charlotte Harris |
| Nikki Goodall | Senior Commissioning Officer, Adults Services Commissioning |
| Phil Edwards | Clinical Quality Lead, St Margaret’s Hospice |
| Rhoda Cooke | Operations Manager, Citizens Advice Somerset & Chair of Friends of Young Carers |
| Richard Hobbs | Somerset Parent Carer Forum |
| Rosie Bennetts | Communications Officer, Somerset Council |
| Ruth Hobbs | Director, Somerset Parent Carer Forum |
| Samantha Baker | Inclusion, Engagement and Comms Manager, Childrens Services, Somerset Council |
| Samantha Fahey | Operations Manager, Somerset Council |
| Sara Troughton | Admin, Ageing Well Team, NHS Somerset |
| Susie Figg | Operations Manager, Somerset Council |
| Teresa Mason | Dementia Connect Local Services Manager, Alzheimer’s Society |
| Teri Underwood | Armed Forces Project Manager NHS Somerset |
| Vicky Chipchase | Senior Commissioning Officer Somerset Council |
| Zoe Capon | Supportive Care Services Lead, St Margaret’s Hospice |

**Additional membership information**

**SCSPB core membership:**

* **Somerset County Council Adults and Health Commissioning ICB/ICS**
* **Somerset County Council Public Health ICB/ICS**
* **Somerset ICB/ICS**
* **Somerset Adul Social Care:** facilitates an expert by experience group called ‘Making it real’ with a board and terms of reference. This is a new group set up by Adult Social Care so that they can hear the voices of people who use their services.
* **Somerset Partnership NHS Foundation Trust**: Facilitates and enables the ‘Carers Involvement Group’ (CIG) experts by experience working on the ‘People Who Matter’ initiative with carers who support someone with mental health challenges. This group is differentiated from the rest of the Trust as their specific focus is dealing with the area of mental health and there is an element of forensic care issues and challenges in this area of engagement. The Trust also includes hospitals across Somerset with a range of support for hospital discharge and new developments in care at home and care homes. The carers charter is adopted by the trust together with the triangle of care. [Our carers' charter - Carers (somersetft.nhs.uk)](https://www.somersetft.nhs.uk/carers-service-and-triangle-of-care/sample-page/our-carers-charter/)
* **Somerset Carers Service:** Community Council for Somerset currently holds the contract for this service. It provides a range of services for unpaid carers through the Village Agent network, Carers Passports, Carers Champions and links to carers groups and Community Connectors. [Free support & information for Carers just like you. - Somerset Carers](https://somersetcarers.org/)
* **Somerset Young Carers Service**: Represented in a partnership by a range of organisations including, Friends of Young Carers, YMCA, Young carers in Schools and family in crisis team. [Young Carers (somerset.gov.uk)](https://www.somerset.gov.uk/children-families-and-education/the-local-offer/social-care/young-carers/)
* **Somerset Parent Carers Forum:** Activities are carried out for the benefit of parent carers and families of children and young people with Special Educational Needs and Disabilities (SEND) in Somerset. [Somerset Parent Carer Forum CIC Ltd (not for profit) company no. 10227489](https://somersetparentcarerforum.org.uk/)
* **Somerset Dementia Forum:** A collaboration between dementia services who are working together to improve diagnosis, enhance support in the community, and provide an excellent consistent service for people with dementia and their carers in Somerset.

[Welcome to the Somerset Dementia Wellbeing Service](https://somersetdementia.org/)

* **Healthwatch Somerset:** The independent health and social care champion, uses its statutory powers to make sure NHS leaders and other health and care decision makers use feedback from local people to improve care. [Home | Healthwatch Somerset](https://www.healthwatchsomerset.co.uk/)

**SCSPB range of membership:**

For unpaid carers there are several specific, unique, and individual issues and challenges that are served and addressed by specific specialist organisations and service providers. For example, the Mental Health Carers engagement team within the NHS Foundation Trust have the Carers Involvement Group as specific experts of experience in the mental health unpaid care area.

There are also a range of common and shared issues and challenges that are served by more general carers services such as the Community Council for Somerset (CCS) who offer a range of services from Village Agent referrals, community support, carers champions and carers passports. Adult social care has been working with unpaid carers as experts by experience as have the Parent Carers Forum, Young Carers Service, and the Community Council for Somerset. SPARK Somerset have been enabling and facilitating a wide range of carers groups support, activities, bereavement, peer support groups both in person and online. There are also affiliated and non-affiliated peer support groups across Somerset.

**3. Maturity Matrix process and guidance**

**Context**

Engaging, informing, and bringing on-board key stakeholders is a major factor in our ability to meet the deliverables outlined in the NHS Long Term Plan. The Commitment to Carers Integrated Care System Maturity Matrix is not a binary checklist or a performance management tool. The Matrix aims to describe the progress of Integrated Care Systems (ICS) towards adopting the commitment to carers agenda as they develop.

It is understood that there will be differences across systems at a Place and Primary Care Network (PCN)/Neighbourhood level. These differences can form part of development conversations at a System level with those more advanced able to share experience with other localities. The Maturity Matrix template is intended to offer an overall development assessment for the ICS, and for the sake of simplicity, to offer the chance to provide a brief commentary to explain any differences within systems at a Place or PCN/Neighbourhood level that are noteworthy. More detailed analysis may be initiated within region.

The matrix outlines eight core component themes with requisite capabilities set alongside four development colour-coded journey stages: emerging, developing, maturing and embedded (see template).

The eight core component themes are:

* Leadership, Planning and Partnerships
* Use of data and experience for Quality Improvement (QI) and Population Health Management (PHM)
* Integrating Care/ Collaborative working - Local authority/social care
* Integrating Care/ Collaborative working - Voluntary sector
* Integrating Care/ Collaborative working - Primary Care Networks/ Social prescribing link workers/ GP Practices
* Tackling unequal health outcomes and access to services/support
* Supporting broader social & economic development/ Use of resources/ Employment & Education
* Training, development, communications, engagement and support

This Maturity Matrix will assist regions, systems, places and networks as they develop their plans and strategies. It is based on similar tools used by those seeking to measure maturity of integrated systems, primary care networks and social prescribing teams and is intended to provide a consistent framework for all seven NHS England regions across the country. The Matrix is designed to support network leaders to understand the development journey both for individual systems and how groups of networks can collaborate across a place in the planning and delivery of our commitment to carers’ agenda. It will allow networks to:

* Come together around a shared sense of purpose, potentially identify key performance indicators as well as gaps in data/data quality, identify where they are in their journey of development and how they build on existing improvements
* Help systems to develop inclusive, integrated plans around: personalised and integrated care, new models of care e.g. virtual wards & hospital-at-home, approaches to population health/ health inequalities including recognition of carers as a vulnerable group, understanding caring as a social determinant of health, expanding community led involvement and potentially use the example of the carers agenda to demonstrate beneficial collaborative working between health, social care and the voluntary sector.

**How to use the matrix**

The Maturity Matrix is set out as a table of core component/domain themes that both resonate with Integrated Care Systems and underpin our commitment to carers programme. A detailed, but not exhaustive, narrative development journey is described showing how capabilities/ stages can be delineated using the colour-coded key in the template:

* Four columns showing a development journey over time.
* Eight rows organising components/domains into key themes.

The matrix should be used flexibly, viewing development as a multi-year journey where not all domains or component themes will develop at the same pace. There will be varying levels of maturity across a domain so a proportionate approach will be needed when deciding the most appropriate development stage.

Our overall strategic aim is to secure better outcomes of care for patients and for the millions of people in the population who are unpaid carers; to build a more carer-friendly NHS; to support unpaid carers throughout their caring journey by maximising collaboration between health, social care and the voluntary sector; so that the health and wellbeing of unpaid carers is recognised and managed appropriately; so they can continue to provide care for the person they care for in the best way possible without having a detrimental effect on their own physical or mental health or educational, career or financial prospects.

Experience shows that the maturity matrix approach is used most effectively when it seeks to support reflective local development discussions.

The output of these discussions is typically a shared set of priorities and actions around collaborative working and integration that inform the development of system, place and network level priorities and actions to support both NHS Long Term Plan and locally driven deliverables.

**Reporting schedule**

|  |  |
| --- | --- |
| Reporting period | Submission deadline |
| 1st April 2023 – 30th September 2023 | Wednesday 20th September 2023 |

The national team will circulate the template to teams at least six weeks prior to the submission date noting any specific instructions/ amendments to the Maturity Matrix along with a reminder about the process.

Feedback on the specific content of the Maturity Matrix and suggestions around how it might be improved in practice will be welcomed.

Returns are to be submitted via email to [england.nhsthinkcarer@nhs.net](mailto:england.nhsthinkcarer@nhs.net)

**Feedback**

The data will be collated and used to inform progress and identify where further support or actions are required. Where possible Regions will attend a meeting prior to the respective quarterly Oversight Group to go through an analysis of the regional returns and national overview.

**4. Evaluation of the coproduction workshop**

NB See separate document – TBC if it is included in this report

**5. References and links**

NB To be added when report is finalised

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