

Somerset's Commitment to Carers 2024

Valuing and supporting
unpaid carers

"They are us and some are overlooked."

Full report: March 2024



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Introduction

What is the Commitment to Carers 2024?

Somerset's Commitment to Carers 2024 is a statement, aligned to the 2015 and 2022 Care Acts, acknowledging the invaluable contribution and challenges faced by unpaid carers. It outlines the values, principles and actions 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 determinant of health](#).

“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.” [\[Somerset Intelligence\]](#)

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 was presented to the Somerset Board for their endorsement and it will replace the previous Commitment to Carers 2016/18. It will influence health and social care strategies, service commissioning and development decisions; guiding an ongoing process of continuous improvement and 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 Appendix 3 on page 31, together with the new Care Quality Commission's (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, together with 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 page 12.

Somerset's Commitment to Carers 2024

Priorities for unpaid carers

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

Enable, support and empower unpaid carers, including young carers, to:

- Recognise and address their own health and wellbeing needs.
- Take adequate breaks from caring roles and, if needed, let go of their caring responsibilities by choice.
- Easily access information, education, training, health and care support.
- Have an active role in decisions that affect their lives, including service development.

Develop and embed new approaches

- Build carer aware, friendly and inclusive cultures and environments, including in employment and decision-making.
- Establish and require diverse and inclusive partnership working between the health and social care system and unpaid carers.
- Facilitate and implement joined-up working practices recognising and supporting unpaid carers as experts by experience. For example, 'People Who Matter' in mental health, 'Making It Real' in carers and social services and 'No Wrong Door' with young carers.

Create and facilitate social opportunities

- Build a strong, resilient and sustainable social network for unpaid carers.
- Develop and support access to diverse social opportunities.
- Enable and support carers' opportunities for learning and training.
- Develop choice and access to social prescribing activities for unpaid carers.

Recommendations

To embed the Commitment to Carers priorities into working practices, health and social care services should adopt the following principles and actions which are based on the evidence gathered (see What carers told us, page 16).

- ◆ **Respect and value carers:** Treat carers with respect and compassion, value their contribution and include them in the Triangle of Care conversations.
- ◆ **Ensure quality support:** Make sure unpaid carers receive great support and take prompt action to address terrible support, putting things right and ensuring positive changes for all carers in the future.

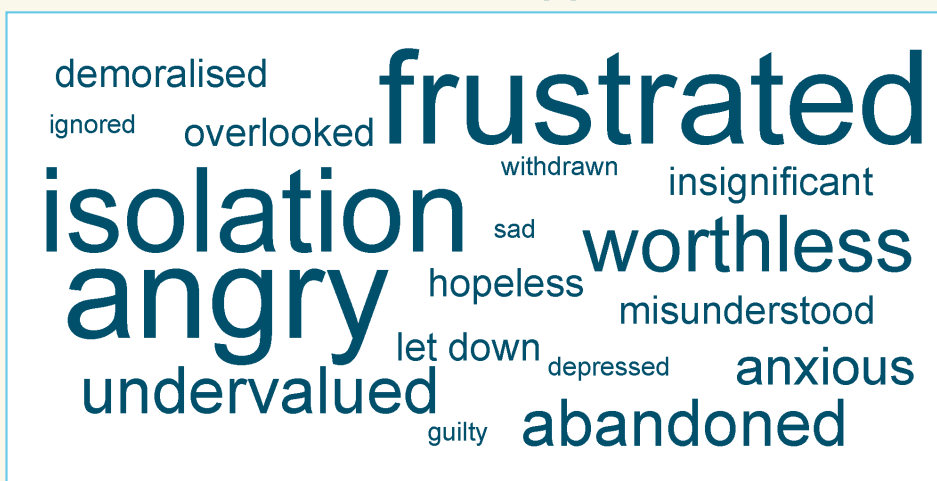
- ◆ **Enhance communication for joined-up working:** Improve communication and information sharing across the health and social care system, to ensure joined-up working and provision for carers (including co-ordination of the different types of carers assessments).
- ◆ **Identify carers in primary care:** Use standardised SNOMED codes in primary care services, including GP practices, to identify unpaid carers, and have proactive Carers Champions.
- ◆ **Develop opportunities to integrate support:** Use the introduction of universal personalised care and social prescribing link workers to find ways to join up health and wellbeing frameworks (including Green Care, Active Health and Wellbeing, Creative Health and Culture Frameworks) with existing community, NHS and social care partnerships, to increase capacity and improve prevention and treatment of negative health and wellbeing outcomes.
- ◆ **Focus on young carers:** Provide special focus and additional resources to support young carers who are overlooked and consider implementing the No Wrong Door policy or approach.
- ◆ **Build awareness and access to support:** 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.)
- ◆ **Provide accessible information:** Make information and communication accessible for disadvantaged, under-served and diverse communities, adopting the Accessible Information Standard to include people with a disability, impairment or sensory loss, those whose first language is not English, and those who are unable to use digital options.
- ◆ **Involve unpaid carers in service improvement:** Seed fund and resource pilot projects for unpaid carers, including young carers, to contribute to health and social care service improvement.
- ◆ **Preserve and use local knowledge:** Ensure digital data driven projects complement and do not discount or override, local knowledge which is one of the most valuable resources for gaining insight about carers.
- ◆ **Extend social opportunities for carers:** Develop, promote and support a rich and varied menu of in person and online social opportunities for Somerset's diverse community of carers.
- ◆ **Create a joint governance framework:** The ICB, Integrated Care System (ICS) and SCSPB should create a joint governance framework, structure and process, based on the Maturity Matrix and the CQC quality markers - requiring partnership and joint working between the NHS, social care, Somerset Council, community and voluntary organisations and unpaid carers. Impact should be documented and used to make a business case for ongoing support for unpaid carers.

- ◆ **Oversight and reporting:** The SCSPB should oversee delivery of the Commitment to Carers, establishing an annual reporting mechanism and biannual review to evaluate progress and impact and guide development.
- ◆ **Establish a carer aware culture:** Embed a 'Think Carer' approach in discussions and decisions at all levels, championed by individual members of the Somerset Board and ICB/ICS and ensure carer representation throughout the system.
- ◆ **Professional development:** Service providers and commissioners should adopt professional development and quality improvement practices to support and drive the Commitment to Carers.
- ◆ **Promote the Commitment to Carers:** The Commitment to Carers should be widely promoted and used throughout the health and care system as a model for best practice in supporting unpaid carers.

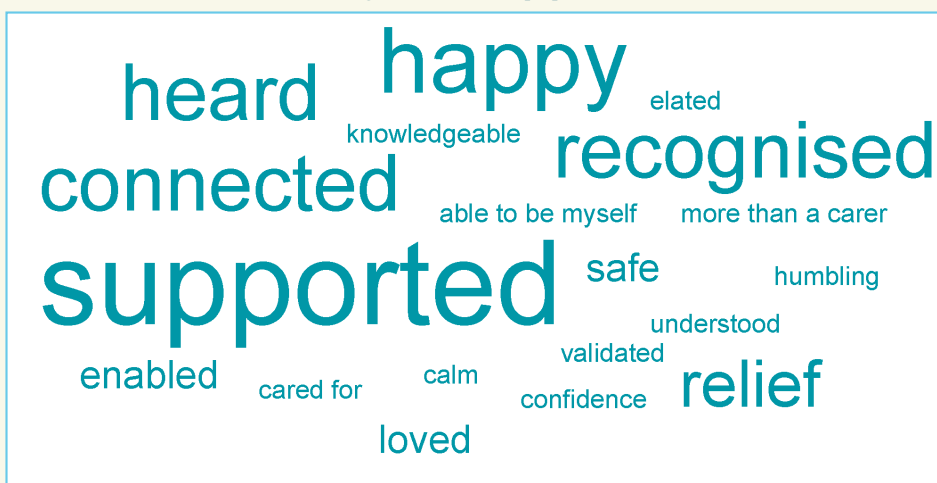
What carers said

[Source: Based on responses from the co-production workshop, September 2023]

What does terrible support feel like?



What does great support feel like?



Background

The bigger picture

The Commitment to Carers relates to the [Care Act 2014](#) and subsequent legislation concerning the NHS and Social Care and subsequent care act changes.

Commitment to Carers takes its name from the [NHS England 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. The General Practice Patient Survey suggests as many as one in five patients are unpaid carers, and the NHS Staff Survey that one one in three NHS staff are unpaid carers. The [NHS Long Term Plan](#) and [People at the Heart of Care: adult social care reform](#), make clear that identifying, recognising and supporting carers is a system priority. This includes supporting carers in emergencies.” [NHS England]

There are now [NHS contingency planning recommendations](#) for ICB/ICS to consider and follow.

Unpaid care is now considered a [social determinant of health](#) alongside, for example, housing, employment and education. 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.

Within the NHS Long Term Plan there is the creation of a [social prescribing](#) network of link workers. There are a number of frameworks that could be utilised, brought together and combined with the Commitment to Carers 2024 in Somerset. These include the Green Care, Active Health and Wellbeing, Arts and Creative Health frameworks. Somerset already has a strong and resilient community, voluntary and statutory partnership working that could be strengthened and enhanced to deliver benefits across the NHS and social care delivery. There is added value in terms of prevention and personalised care to include unpaid carers.

Key national statistics

[Source: [Carers UK](#)]

- The most recent Census 2021 puts the estimated number of unpaid carers at five 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 ten-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.”

[\[Somerset Intelligence\]](#)

Somerset's complex 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; 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 of 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 [2021 GP Patient Survey report](#) contains a breakdown by Primary Care Network (PCN) and GP practice areas in Somerset. The new Carers Champion initiative by Community Council for Somerset (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.

Mental health

In the area of mental health, the [Somerset NHS Foundation Trust's](#) Carers Assessment Service's new People Who Matter initiative is engaging with carers to co-produce a new standard operating procedure. The Carers Involvement Group (CIG) is an expert by experience group facilitated by the Mental Health Carers Assessment Service and Engagement Team. There are also initiatives being undertaken through the recovery college with carers and secure hospital wards in Bridgwater. The Carers Assessment Service and Carers Charter follows the principles of 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.

Young carers

Young Carers in Somerset are supported by [Somerset Council 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.

Somerset Carers Service

The Somerset Carers Service is held by the [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 PCNs and GP practices. There is a carers pack available and a carers passport initiative. There is also a new dedicated [Open Mental Health Service](#) 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. There are also activity groups for the people who are cared to enhance their wellbeing while offering respite for the carer.

Healthwatch Somerset

[Healthwatch Somerset](#) is the local health and social care champion. It is an independent statutory body, making sure NHS leaders and decision-makers hear people's voices and use their feedback to improve standards of care. A representative from Healthwatch chairs the SCSPB, which produces reports to advocate and represent service users, patients and carers - responding to their needs for change to improve services.

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.

SCSPB

See Appendix 2 (page 23) 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 the Commitment to Carers 2024 was 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 CIC](#) with [Healthwatch Somerset](#), working independently on behalf of Somerset's ICB which includes Somerset Council and NHS Somerset. 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 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 and hundreds of responses to the question: 'What are the five key issues and challenges unpaid carers experience?' It also incorporates analysis of feedback from a major co-production workshop which took place in September 2023, with 130 carers, service providers and community development organisations. (See page 16, What carers 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 focused on Somerset's own issues and challenges. It encompasses various ideas, activities and initiatives to support unpaid carers in Somerset, including: Adult Social Care's Making It Real, Somerset 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 the CCS work around being carer aware and carer friendly, as well as the Village Agent Network, Carers Champions in PCNs/GP practices 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 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

See Appendix 1, page 23, for more information about the 2014/16 and 2017/18 Commitment to Carers.

The review and renewal of the Commitment to Carers 2024 considered these themes, using information, data and evidence collected during the project to identify what has changed and the abiding/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 co-production 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 practices 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 the ongoing initiative '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.
- An educational dementia awareness course 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 co-production 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 care 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 a Young Carer in Schools project with three-year funding commission.
- The Family Intervention Service is handling a case load and acting accordingly.
- The YMCA delivers groups for young carers that provide a programme activities to enable breaks from their caring role at home.

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 Door policy has not been fully adopted in Somerset.
- There is still a sense of denial in the scale of issues and challenges encountered within schools and a population of post lockdown school absences; young carers are being overlooked; they are not hidden.
- There is a need for places of work and employment to be carer aware and to consider future work in this area to support employers and HR departments in policy development and implementation using exemplars of good practice.

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 SCSPB and is covered in more detail under the Governance section on page 19.

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.

1. Post-pandemic lockdown and the continued presence of COVID; increased illness, mental health issues and challenges; increased awareness of shielding.
2. Cost of living crisis, poverty, food insecurity and exclusion, housing and employment.
3. Environmental and ecological climate change, floods and psychological resilience.
4. NHS and social care crisis, funding cuts and stretched resources.
5. 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, 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](#) and [People at the Heart of Care: adult social care reform](#) makes 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](#).

Next steps

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. 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: [GOV.UK](https://gov.uk)]

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 19, 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 PCNs 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 used more as a preventative resource and alternative, more opportunities will be created for carers to access resources.

What carers told us

This summary brings together findings from conversations with carers, case studies of individual carer experiences, feedback about the five key issues and challenges experienced by unpaid carers, plus findings from the co-production workshop held on 19 September 2023 (for detailed feedback, see Appendix 4, page 34).

Unpaid carers provide care in 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, such as looking after loved ones discharged from acute hospital or secure mental health units, people at home with long-term health conditions or young children with Special Educational Needs. We may become a carer for someone at any point, including family or extended family member, a neighbour or colleague. This complexity is reflected through the diverse membership of the SCSPB 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 co-production and experts of experience.
- There are a range of co-production initiatives that are specific to the various areas of unpaid care that are being delivered and the different needs of unpaid carers, which provide examples of best practice. For example, People Who Matter, Mental Health CIG and Triangle of Care.
- Strong social networks are important to carers, these include in person or 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, frustration, 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 Champion initiative will help to bring this issue forward in the minds of practices and local PCNs.

Individual carer case studies

25 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 24-hour crisis helpline.
- Exhaustion, lack of sleep, anxiety, depression and frustration.
- The feeling of being isolated, 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 had to take on huge responsibility for which they've 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 unpaid carers to rebuild their resources to keep going.
- Lack of reliable respite care that can be arranged in advance if the unpaid carer needs day surgery; 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 (an 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 where a care plan and funding had been verbally agreed.)
- Long waits for care assessment linked to hospital discharge; it can take several weeks so the unpaid carer must cope while waiting (four cases over last three months).
- Discharge from hospital on a Friday with no package of care in place, putting major pressure on the 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 Somerset 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 Somerset NHS Foundation Trust Mental Health Service, have begun to set up their own People Who Matter co-production groups with the CIG.

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 or 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 the 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 a caring role and those people being cared for.
- Post-pandemic bereavement, separation and loss.
- Loss of self 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 SCSPB as they oversee, evaluate and evolve the Commitment to support quality improvement in services.

“Governance is a system that provides a framework for managing organisations.” [[Chartered Governance Institute UK & Ireland](#)]

Somerset Carers Strategic Partnership Board (SCSPB)

Statement of purpose

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

See Appendix 2, page 23, for full details of the SCSPB terms of reference and membership.

Working better together

To embed the Commitment priorities into practice, ensure that 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 carer representative and Carers Champion on the 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 by both 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 3, page 31, for 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 - PCNs/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. Also to assess in which 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 ICS Maturity Matrix is not a binary checklist or a performance management tool. The matrix aims to describe the progress of ICS towards adopting the commitment to carers agenda as they develop.”

[Maturity Matrix guidance]

Alongside the Maturity Matrix sits the [CQC quality markers and guidance](#) in preparations for CQC oversight and reporting.

Co-producing quality improvement

Co-production 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.’

Examples of co-production

- [Co-production: what it is and how to do it](#) | Social Care Institute for Excellence
- [Co-production: an introduction](#) | NHS England
- [Co-production and quality improvement – a resource guide](#) | NHS England

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.

More information

To find out more about Somerset's Commitment to Carers, contact:

- **Somerset Council Adults Commissioning Team**
Email commissioningteammailbox@somerset.gov.uk or phone 0300 123 2224
 - **Somerset Carers Strategic Partnership Board**
Email info@healthwatchsomerset.co.uk or online healthwatchsomerset.co.uk
 - **Somerset Carers Service**
Email: carers@somersetccc.org.uk or online somersetcarers.org
-

Evolving Communities

Somerset's Commitment to Carers 2024 was co-produced and created through the Somerset Carers Engagement Project, which was delivered by Evolving Communities. Evolving Communities is a Community Interest Company, which specialises 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, community engagement partnerships and consultancy services.

Telephone: 01225 701851

Email: info@evolvingcommunities.co.uk

Website: evolvingcommunities.co.uk

Appendices

1. Commitment to Carers - 2016/18 and 2014/16

You can request a copy of the previous Commitment to Carers reports from

- **Somerset Council Adults Commissioning Team**

Email: commissioningteammailbox@somerset.gov.uk

Website: somerset.gov.uk/care-and-support-for-adults

Phone: 0300 123 2224



- **Somerset Carers Strategic Partnership Board**

Email: info@healthwatchsomerset.co.uk

Website: healthwatchsomerset.co.uk



2. SCSPB terms of reference and membership

Terms of reference June 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.

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 co-ordinated care and primary care, that have been developed in partnership with carers, patients, partner organisations and care professionals.

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.

Data Protection Act 1998

The Board will comply with the [Data Protection Act 2018](#) which controls how your personal information is used by organisations, businesses or the government.

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. It 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.

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.

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 three 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 Council Adults and Health Commissioning
- Somerset Council Public Health
- Somerset Clinical Commissioning Group [now the Integrated Care Board]
- Somerset Carers Service
- Somerset NHS Foundation Trust
- Somerset Young Carers Service
- Somerset Parent Carer Forum
- Healthwatch Somerset
- **Chair:** Somerset Healthwatch Manager
- **Vice Chair:** Somerset Commissioner Somerset 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

- 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.
- Co-ordinate sub-group and/or task and finish groups; and translate 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 are:

- SCSPB Chair - Gillian Keniston-Goble
- SCSPB Vice Chair - Vicky Chipchase
- NHS Somerset Representative - Claire Bunclark.

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.

9. Review

Next review January 2023.

If you would like more information or are interested in becoming a member of SCSPB, please contact the Chair, Gillian Keniston-Goble (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.
- Two 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 Co-ordinator, 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 Co-ordinator, CCS
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, CCS
Jacky King	Wincanton
Jenny Hartnoll	Project Co-ordinator, Frome Medical Practice
Jesse Eveleigh	Senior Commissioning Officer, Childrens Commissioning, Somerset Council
Jo Garbett	Engagement Officer, Stroke Association

Name	Organisation
Kama McKenzie	Operations Manager, Somerset Council
Kangli Fu	Engagement Officer, Stroke Association
Katherine West	Open Mental Health Carers Lead, CCS
Kim Jones	Assistant Quality Director, NHS England South West
Kristy Hirons	Data Manager and Locality Manager, CCS
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 Foundation Trust
Mark Willcox	Director of Youth and Community, YMCA Brunel Group
Matthew Byrne	Development Manager, CCS
Mel Bicknell	Project Co-ordinator for Young Carers in Schools Award
Michelle Mitchell	Marketing & Communications Officer, Fostering in Somerset, Somerset Council
Naomi Farr	Community Services Manager, NHS Somerset
Charlotte Harris	NHS Quality Hub
Nikki Goodall	Senior Commissioning Officer, Adults Services, Somerset Council
Phil Edwards	Clinical Quality Lead, St Margaret's Hospice
Rhoda Cooke	Operations Manager, Citizens Advice Somerset & Chair, 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 & 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 Council Adults and Health Commissioning ICB/ICS*
- *Somerset Council Public Health ICB/ICS*
- *Somerset ICB/ICS*
- *Somerset Adult 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 NHS Foundation Trust:* The Carers Assessment Service facilitates and enables the 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.
- [Somerset Carers Service](#): CCS 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.
- [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.
- [Somerset Parent Carer 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 Dementia Wellbeing Service](#): 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.
- [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.

SCSPB range of membership

For unpaid carers there are several specific, unique/individual issues and challenges that are served and addressed by specific specialist organisations and service providers. For example, the Mental Health Carers Assessment Service within the Somerset NHS Foundation Trust have the CIG 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 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 CCS. SPARK Somerset have been enabling and facilitating a wide range of carers groups support, activities, bereavement and 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 ICS Maturity Matrix is not a binary checklist or a performance management tool. The matrix aims to describe the progress of 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 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 below).

The eight core component themes 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 - PCNs/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.

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, PCNs 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. For example, virtual wards and 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 carers agenda example to demonstrate beneficial collaborative working between health, social care and the voluntary sector.

Emerging							
Developing							
Maturing							
Embedded							
Region	Maturity Matrix Components	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 health inequalities and access to services/support
South West	Somerset	Maturing	Developing	Developing	Maturing	Developing	Maturing

Tackling health inequalities and access to services/support	Supporting broader social & economic development/ Use of resources/ Employment & Education	Training, development, communications, engagement and support	Overall ICS maturity	Brief Commentary	Overall PLACE/CCG maturity	Brief Commentary	Overall PCN maturity	Brief Commentary
Maturing	Developing	Maturing	Maturing	Merger process underway for the council to become a unitary authority which will likely affect future roles and resources. Commitment to carers refresh, in partnership with the ICB, will be a key area of focus next year with efforts to increase senior leadership advocacy.	Developing		Developing	

How to use the matrix

The Maturity Matrix is set out as a table of core component/domain themes that both resonate with ICS 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.
- 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, network level priorities and actions to support both NHS Long Term Plan and locally driven deliverables.

Reporting schedule

Reporting period: 1 April 2023 – 30 September 2023

Submission deadline: 20 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.

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 their respective quarterly Oversight Group to go through an analysis of the regional returns and national overview.

4. Evaluation of the co-production workshop

To read the full and detailed findings from the Somerset Carers Engagement Project and the co-production workshop, see the evaluation report, which is available from:

- **Evolving Communities**

Website: evolvingcommunities.co.uk

Phone: 01225 701851

Email: info@evolvingcommunities.co.uk

- **Somerset Council Adults Commissioning Team**

Email: commissioningteammailbox@somerset.gov.uk

Phone: 0300 123 2224

- **Somerset Carers Strategic Partnership Board**

Website: healthwatchsomerset.co.uk

Email: info@healthwatchsomerset.co.uk

