Equality Analysis (EA) is a best practice method to demonstrate due regard to the general duty under the Equality Act 2010 to eliminate discrimination, advance equality of opportunity and foster good relations between people from different groups. The CCG has also extended the analysis to include vulnerable groups. The purpose of an EA is to examine the extent to which existing or proposed services, policies or strategies may benefit different members of the community and, where appropriate, prompt the consideration of adjustments to ensure that all equality groups benefit equally.

The Surrey GP Carer Breaks service is funded by the Better Care Fund and commissioned by Surrey County Council. This is a government driven initiative that provided £400 million nationally to carers for the specific purpose of delivering short breaks.
term breaks. The service in Surrey was co-designed and co-produced with Surrey County Council, Action for Carers, Surrey Independent Living Council (SILC) and an independent carers’ focus group in 2011.

Referring a carer for a GP Carer Break is based on clinical need as ascertained by the carer’s GP. This analysis of people referred for carer breaks over three months describes the evidence regarding how different equality groups are impacted by caring and then assesses the pattern of uptake based on anonymised data submitted by the current administrator of Carer Breaks, Surrey Independent Living Council (SILC).

The analysis has revealed a degree of disparity between local referral and uptake rates and what would be expected from national evidence. Recommendations are made for both the commissioner and the administrator to address this.

The EA itself may not have answered the question as to whether the GP referral mechanism, which relies on GP attendance to access a carer’s break, is optimal in terms of targeting the highest need. It has however surfaced limitations with respect to young carers and men in particular, with remedial action to address. What it is important to understand is that the carer’s break is only one of a range of available support services for carers which can also be accessed through carer registration and carer prescription. A key recommendation therefore – already being implemented through the current round of practice visits - is to actively promote carer registration and think through how this can be systematised through the locality hub integrated care model.

Supporting papers

None

Recommended actions

To review and, if appropriate approve and prioritise the recommendations in the paper.

To approve the publication of the Equality Analysis on the CCG’s website.

Strategic objectives/commissioning intentions

We will improve the health of our local population

We will involve local people in deciding what we do, respecting and valuing patient and carer experience

We will be a learning, listening organisation that values our staff and the wider workforce, and supports partnership working and good governance within the CCG and between organisations

Audit trail

Quarter 1 Carers Report – Quality & Clinical Governance Committee – July 2015
Legal and compliance issues

The Equality Act 2010 states the requirement for all statutory organisations not to discriminate against different equality groups whilst conducting their business. The Health & Social Care Act (amended 2012) requires CCGs to reduce health inequalities within their population.

Equality Analysis

This is an equality analysis of Surrey GP Carer Breaks. It will be published on the CCG’s website and copies will be made available in different formats for ease of access on request e.g. translated into different languages; Braille.

Patient and public engagement

Feedback from the Surrey Annual Carers Conference 2015
Reviewed and edited with Debbie Hustings, Partnership Manager for Carers

Risk

R0175 Systematic consideration of equality to underpin all commissioning decisions and service change plans.

Financial and resource implications

Implementation of the recommendations will require input from the Policy & Engagement Manager working with the Partnership Manager for Carers to provide materials to improve equality monitoring across the service under analysis.

Next Steps

- Publish on CCG website with other Equality Analyses
- Discuss recommendations with Surrey Carers Collaborative
- Implement recommendations through continued joint working with partners
### SUMMARY OF EQUALITY ANALYSIS for Surrey GP Carers Breaks Service in Guildford and Waverley

<table>
<thead>
<tr>
<th>EQUALITY GROUP</th>
<th>Positive Impact YES / NO</th>
<th>Negative Impact YES / NO</th>
<th>Adjustments Proposed YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
<td>Gender</td>
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<tr>
<td>Gender Reassignment</td>
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<td>YES</td>
</tr>
<tr>
<td>Religion &amp; Beliefs</td>
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<td>UNKNOWN</td>
<td>YES</td>
</tr>
<tr>
<td>Marriage &amp; Civil Partnership</td>
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<td>YES</td>
</tr>
<tr>
<td>Pregnancy &amp; Maternity</td>
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<td>UNKNOWN</td>
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<tr>
<td>Sexual Orientation</td>
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<td>UNKNOWN</td>
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<tr>
<td>Carers</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Areas of Deprivation/Geographical Location</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Vulnerable Groups</td>
<td>UNKNOWN</td>
<td>UNKNOWN</td>
<td>NO</td>
</tr>
</tbody>
</table>
CONCLUSION: Summarise your findings.

Improvements could be made to ensure that the GP Carer Break Service is taken up by people with protected characteristics in line with the evidence on carers. This analysis has revealed some inequity across the different groups taking GP carer breaks. However, limitations in equality monitoring restrict the level of conclusions that can be drawn.

Referring a carer for a GP Carer Break is based on clinical need as ascertained by the carer’s GP. This process therefore requires the carer to attend the GP and for the GP to:

(a) Recognise the clinical need and
(b) Know that the carer can access a range of carer support, including the GP Carer Break.

Each step along this referral pathway will be more accessible to some equality groups than others. For example, it is widely reported that members of the gypsy and traveller community are less likely to be registered with a GP practice; hence they are less likely to be able to access a GP Carer Break. Improving registration of this community with local GP practices could lead to an increase in this group taking up this service.

Hence, a range of service improvements need to be considered.

RECOMMENDATIONS: Summarise the amendments that need to be made to prevent any identified health inequalities from arising or continuing with this activity.

1. Young Carers (0-18yrs)

1.1. Ensure those working in GP practices are equipped to identify and encourage young carers to register as a carer.

1.2. Action for Carers should include a more specific section on their Young Carers website encouraging young carers to register with their GP as a carer.

1.3. Work with other youth-facing services (health, social and voluntary sector) to highlight the Surrey Young Carers service.

1.4. Social care services that carry out Young Carer’s Needs Assessments should be asked to audit these assessments to evidence assessment of health needs and direction to register as a carer with primary care.
2. Adult Carers - men (50-64yrs)

2.1. Raise awareness with this age group that there are services available to support their caring role. Work with employers supporting staff who are carers through flexible working.

2.2. ACS employment and training service works with businesses to create carer friendly working and can recommend carers to talk with their GPs about the impact their caring role is having on their health and wellbeing.

3. Extending the Reach

3.1. The CCG should highlight the findings of the equality analysis with the Project Lead for the Gypsy, Roma and Travellers’ Brighter Futures Project at Surrey County Council.

3.2. The CCG should share findings with the Gypsy & Traveller Forum and discuss means of identifying carers.

3.3. It is recommended that Surrey Carers Collaborative investigates means of highlighting carer support services to different ethnic groups living in Surrey, starting with the Nepalese and Gypsy, Roma & Traveller communities and learning from best practice elsewhere e.g. Scotland.

3.4. It is recommended that the provider continues to work with the multi-faith group in Guildford and Waverley to reach different religious communities in Guildford and Waverley and that a progress plan is presented routinely to the Surrey Carers Collaborative.

3.5. It is recommended that the Surrey Carers Collaborative commissions a needs analysis to be carried out in partnership with existing LGBT support agencies to establish the whether there is a need for tailored carer support for people identifying themselves as lesbian, gay, bisexual or transgender.

3.6. GP practices catering for people living in the more deprived wards of Farncombe and Ockford should be encouraged to identify carers and offer the Carer Prescription.

3.7. VCSL should be requested by NHS NW Surrey CCG to include carer status in its routine monitoring for the SERVES service for ex-military personnel and their families and to share anonymised information with the Surrey Carers Collaborative.

3.8. The Surrey Carers Collaborative should maintain links with the lead for asylum arrangements at Surrey County Council to inform future carer support service provision.
4. **Raising Awareness**

4.1. The Partnership Manager for Carers should update staff providing maternity services and early years care on Carer Support Services and request assurance that identification of carers is prompted via usual care processes.

4.2. The administrator should promote existing carer support services through existing Lesbian, Gay, Bisexual and Transgender support agencies.

5. **Equality Monitoring**

5.1. The following equality groups are not currently recorded by the administrator:

- Disability
- Ethnic group according to ONS categories, which includes the Gypsy or Traveller group
- Gender reassignment
- Religion
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Sexual Orientation

5.2. Overall, the methodology used for monitoring equality should be reviewed and changes considered by the commissioner and administrator of GP Carer Breaks to enable more detailed equality analysis and related service improvements to take place in the future.

5.3. Privacy and anonymity is expected when completing equality monitoring requests. The administrator should ensure that the full equality data set required for carrying out this type of analysis in future is kept separate from the register of names and addresses i.e. identifiable details, which need to be accessed by staff to ensure the right service is provided effectively. Reassuring clients (carers) that equality data is stored completely separate and anonymised from identifiable information should ensure a high rate of completion for all questions. Taking such details in person or over the phone is not recommended for this reason. SILC has undertaken the NHS IG toolkit so this practice will build on that knowledge.
### Who is this ‘activity’ aimed at? Please delete and explain further if relevant.

This service is aimed at Carers as per the following definition provided by the Carers’ Trust:

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. - Carers Trust.

<table>
<thead>
<tr>
<th>Patients/Public</th>
<th>Staff/Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carers, Public</td>
<td></td>
</tr>
</tbody>
</table>

### What are the main aims and objectives of the ‘activity’?

**Project Aim**

To provide an early intervention/flexible break/respite service to eligible carers, registered with a GP practice, who are providing unpaid care.

Carers/Households who have previously received a Carer GP Break (before 1st April 2014) should not be referred again. This is at the discretion of the carer’s clinician and does not apply to young carers. Carers with on-going needs should be referred to social care for a full carer’s assessment.

**Objectives:**

1. To support unpaid carers and promote their own good health and wellbeing by providing them with a flexible break/respite or referral on to other appropriate support.

2. To provide unpaid carers with a flexible break/respite to support them in their caring role.

3. To provide clinicians with the eligibility criteria, process and relevant forms against which breaks/respite referrals can be made.

4. To provide one break per carer household for any caring scenario irrespective of the number of people cared for. If there are multiple carers living in the household one payment should be shared between the carers. Carers with on-going need should be referred to social services.

### Describe the current situation:

The Surrey GP Carer Breaks service is funded by the Better Care Fund as part of a range of carer support services known as the Carer...
Prescription. Carer Breaks are a government-driven initiative that provided £400 million to carers for the specific purpose of delivering short term breaks. The service was co-designed and co-produced with Surrey County Council, Action for Carers, Surrey Independent Living Council (SILC) and an independent carer's focus group in 2011. All existing GP carer services are open to all age groups.

- Funding is allocated to Carers across Surrey’s GP practices based on practice population and what the CCGs know regarding the demographics of carers. 9.4% of Guildford & Waverley CCG’s population are estimated to be carers.

- A mid-year performance review identifies practices that have not met their allocation; work is done to encourage use of the GP Carer Break but in the absence of any upsurge, the remaining GP Carer Breaks are reallocated across other practices within the CCG.

- Surrey County Council hosts the contract for the Carers’ Short Breaks service as part of the Better Care Fund allocation from CCGs to social services to improve health outcomes. It invoices the CCGs on a quarterly basis for these breaks.

- Surrey Independent Living Council (SILC) administers the Surrey GP Carers Breaks Service.

- GP practices are required to sign up for the service via the GP resource page hosted by the Action for Carers’ website.

- One allocation per one household up to a maximum of £500 can be paid for any caring scenario. This is a one off payment at the GPs discretion i.e. it is not an income stream. Carers with on-going needs should be referred to social care. Carers are required to produce receipts as part of the auditing process.

- Young carers (under the age of 18) will be allowed more than one break as there are no alternative payments available to them that they can claim unlike adult carers.

- CCG leads retain the right to redistribute funding within their own CCG.

**Referral Criteria Summary:**

Carers are eligible for referral if they meet the following criteria,

1. They are entitled to receive NHS services.

2. Their caring role is impacting on their health. Please use the Carers Health Impact Tool Indicator to determine.(Note where the carer is under 18 a low amount of caring may be seen as significant)
3. The carer is registered as a patient with a practice based within one of Surrey’s CCGs or one of the Farnham based practices.

4. This service is discretionary, based on a GP’s clinical decision and not an entitlement for carers. A GP or other authorised health professional within the practice considers that the carer needs a break for health related reasons. All referrals will need to be made via a GP or through the practice manager.

The £500 allocation can be used to fund a variety of services resulting in the Carer having a break from caring e.g. a care worker once per week to allow the carer to attend an activity. The allocation can be spent over the course of a year, if that is what provides the carer with the break they require, or on a one-off activity.

**The criterion regarding payment being once per caring scenario remains secondary guidance to clinical judgement and not applicable to young carers.**

The GP Carers Break Service expects individual practices/surgeries to manage their own referral flow rates within resources and not exceed their quarterly practice allocation.

**Clarify what exactly is being analysed:**

This analysis has been undertaken on the information provided in August 2015 regarding the uptake of Carer’s Breaks between June and August 2015 inclusive by carers living in Guildford and Waverley. The aim is to understand more about patterns of use and any potential issues relating to accessing GP carer services amongst people with protected characteristics as defined under the Equality Act 2010 and people belonging to vulnerable communities.

The CCG will work with partners to equitable access to GP carer services based on need and risk assessment for continuing the caring role.

**Please describe what ENGAGEMENT AND/OR CONSULTATION that has taken place to inform this equality analysis?**

Consider internal and external routes. If you would like assistance with identifying particular groups to consult with please liaise with the Communications & Engagement team.

- Feedback from the Surrey Annual Carers Conference 2015 – Carers breaks still number one priority but need more resources. GP Carers breaks model working well for carers whether they had received one or not
- Discussed at Quality & Clinical Governance Committee (July 2015)
- Met with Debbie Hustings, Partnership Manager for Carers (09/09/15)
Does the ‘activity’ described above already impact negatively or positively on different equality groups or would the activity:

- Have a POSITIVE impact (benefit) on any of the equality or vulnerable groups?  
  **Answer YES or NO or UNKNOWN**

- Have a NEGATIVE impact / exclude / discriminate against any of these groups?  
  **Answer YES or NO or UNKNOWN**

- Have a NEUTRAL impact i.e. the group is not impacted either way?  
  **Answer YES or NO or UNKNOWN**

**You must understand the CCG’s population and what the activity aims to achieve before being able to complete this assessment comprehensively.**

For the different Equality Groups and Vulnerable Communities please make sure you are familiar with the Joint Strategic Needs Assessment and the Health Profile for this CCG.

### AGE

**Analysis:** Refer to national evidence and data and then think about the local population and how people of different ages may or may not benefit from the ‘activity’.

Caring can happen at any age. Some carers are elderly whilst others are young. Some are ‘sandwich carers’: caring for a child with disabilities, for example, and an elderly relative. It is important to note, for all of this equality analysis, that carer breaks are allocated on referral from the Carer’s GP based on clinical need. Hence, the system of allocation depends upon a range of factors.

There is a direct correlation between the number of hours cared and the impact that this has on the carers own health, as evidenced by that reported by respondents to the 2011 Census. There is growing evidence pointing to the adverse impact on the health, future employment opportunities and social and leisure activities of those providing unpaid care, particularly in young carers (ONS, June 2013). This indicates that care provision has a detrimental impact on general health.

40% of adult carers experience depression as a result of their caring role and over 80% of young carers in Surrey said their mental health had been affected [http://carersworldradio.ihoststudio.com/ycreport/surrey%20young%20carers2.pdf](http://carersworldradio.ihoststudio.com/ycreport/surrey%20young%20carers2.pdf)

**National Data:** The majority of carers are of working age with the peak age for caring being between 50 to 64 years (Carers UK Policy Briefing, May 2014). However, the number of carers over the age of 65 is increasing more rapidly than the general carer population. The 2011 Census indicates that 178,000 under 18s have caring responsibilities.

Nationally, 27% of secondary school age children experience some problem attending school due to their caring role (Young Adult Carers at School: Experiences and Perceptions of Caring and Education, Carers Trust, 2013).

**Local Data:** Guildford and Waverley is characterised by the following (CCG Health Profile, July 2015):
58% of the population are adults of working age (20-64yrs)
24% are children and young people aged 0-19yrs
  - The number of young adults in Guildford & Waverley is substantially fewer than the English population
  - It would be very unlikely that a child aged 0-4yrs would be caring; if this situation arose it should trigger an immediate safeguarding response. The local figures for 5-18yr olds have been used below.
The population of adults aged 65yrs and over and 85yrs and over is expected to increase by 19% and 43% in the next 10 years

This demographic projection will produce the circumstance of a larger elderly population living with long-term conditions and a smaller population of adults that could care for them. This would be expected to place significant strain on future carers as well as the statutory health and social care systems. Hence, the health and wellbeing of carers will become increasingly important over the next 10 years.

There are approximately 19,220 carers in Guildford & Waverley including 2,400 young carers (13%). The more detailed age breakdown of carers in the CCG area is not known.

Only 8 young carers are registered with a GP practice; only 1 young carer has had a GP Carer break in 2015/16. The information below shows that although young carers make up 13% of carers in Guildford and Waverley, only 2% of GP Carer Breaks were taken by young carers in the above time period:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Carers</th>
<th>%</th>
<th>Number taking a GP Carer Break (Jun-Aug 2015)</th>
<th>% taking a GP Carer Break (Jun-Aug 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-18yrs</td>
<td>2400</td>
<td>12%</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>19yrs and over</td>
<td>16820</td>
<td>88%</td>
<td>131</td>
<td>98%</td>
</tr>
<tr>
<td>Total</td>
<td>19220</td>
<td>100%</td>
<td>134</td>
<td>100%</td>
</tr>
</tbody>
</table>

Registration is therefore the key to identification.

Given the evidence regarding the largest proportion of carers being aged 50 to 64 years, it would be expected that carer support, including carer breaks, are taken up more by adults of this age than other age groups. The age breakdown of the GP-registered population aged over 19years (Health and Social Care Information Centre (HSCIC) July 2015) is compared below with those taking GP Carer between June and August 2015 inclusive:

<table>
<thead>
<tr>
<th>G&amp;W CCG</th>
<th>Total number of registered patients in each age group</th>
<th>% of total registered population</th>
<th>% GP Carer Breaks taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons 19-49</td>
<td>90,779</td>
<td>41.1</td>
<td>43</td>
</tr>
<tr>
<td>Persons 50-64</td>
<td>41,246</td>
<td>18.7</td>
<td>24</td>
</tr>
</tbody>
</table>
The majority of carer breaks (43%) are taken by people aged between 19 and 49yrs of age, in line with the proportion of people in Guildford and Waverley in this age group (41%). Although the proportion of the population aged between 50 to 64 years and aged over 65 years is comparable (18%), fewer carer breaks are being taken by the former age group (24%) than the latter (31%). Evidence shows that the peak age for caring is between 50 to 64 years of age.

Reasons for people aged between 50-64yrs not taking the proportion of breaks that might be expected might include the following, which should be investigated in more detail (not exhaustive):

- Many carers see the opportunity to work as having a break from caring and so may not feel the need for additional breaks.
- Not experiencing impact to their health that older carers experience due to general ageing and frailty;
- Not registered as a carer
- Low awareness compared with those aged 65yrs and over of the GP Carer Break scheme;
- Finding it difficult to get to their GP practice for an appointment (juggling working with caring);

The same reasons can apply to the very low uptake of GP Carer Breaks by young carers, with young carers juggling school, studying and caring commitments possibly with work as well.

<table>
<thead>
<tr>
<th>Conclusion:</th>
<th>Positive?</th>
<th>YES</th>
<th>Negative?</th>
<th>YES</th>
</tr>
</thead>
</table>

What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?

It is recommended that focussed work is carried out to determine the reasons for lower uptake of GP Carer Breaks amongst adults aged 40 to 54yrs and young carers under the age of 18yrs to inform the suggested amendments below.

**Young Carers:** It is recommended that action is taken to ensure those working in GP practices are made aware of how to identify young carers and the need to register more young carers. **Flagging anyone as a Carer, regardless of age, should link with action.** Registering a carer should lead to a conversation about caring and ensuring that all Carers have access to support services, including the GP Carer Breaks.

Action for Carers Surrey provides a dedicated website for young carers. There is a Young Carers Forum. A forthcoming session of this forum could be used to gain views from young carers on how the GP Carer Break service could reach and benefit more young carers; the forum would need to agree to this happening. It is not clear from this website that the GP Carer Prescription is available and there is no...
mention of the GP Carer Breaks on the ‘Get Help’ section of the website. It is recommended that a section on helping to maintain your own health and talking to your GP about the impact that caring has on your own health is added to the Get Help page.

Other ways of reaching young carers that should be explored by the commissioner could include working with CAMHS to increase recognition of young carers and increase use of the Carer Prescription to refer young carers to support services. However, as the threshold for CAMHS is so high (being a tier 3 service) this would only reach a small minority of young carers. Other services involved with young people who may be carers e.g. the youth service, health visitors, schools and colleges should also be targeted with publicity to ensure they are aware of the Carer Prescription and support services available for young carers.

**Adult Carers:** Adults aged 50-64 years are more likely to be in work than older carers. Workplace initiatives that encourage carer recognition and support should be considered e.g. public health. Continued promotion of carers own health and wellbeing is recommended.

**All age groups:** Under the Care Act 2014, local authorities are obliged to assess the needs of carers where there is an appearance of need. Once people are identified as carers, a clear pathway should lead to the carers being registered with their GP and this in turn should lead to action in terms of using the Carer Prescription.

Similarly, the Children and Families Act 2014 legislated to give young carers the same rights as adult carers and to receive support. Local authorities must carry out a Young Carer’s Needs Assessment based on the appearance of need. This again should point towards a clear pathway that registers the young carer with their GP practice and encourage a dialogue with their GP about how caring impacts of their health.

Working in partnership with social care, an audit could be carried out to ensure young carers health needs are identified and actioned as part of the young carers assessment.

**DISABILITY**

**Analysis:** Refer to national evidence and data and then think about the local population and how people with physical, mental and/or learning disabilities may or may not benefit from the ‘activity’.

**National Data:** 8% of respondents to Carer’s UK State of Caring 2013 survey were receiving Disability Living Allowance as a result of their own disability or ill health. In addition, caring itself is reported to have negative and often lasting impact on carers’ physical and mental health, regardless of whether or not the carer is registered as disabled. People with disabilities are more likely to give up work in order to care compared with non-disabled carers (61% compared to 52%) and are much less likely to be in paid work in the first place (18%
It can be concluded that disabled carers are likely to suffer more financially from their caring role than those without disabilities.

GP Carer Breaks are designed to enable carers to tailor support for their needs over a period of one year designed to help maintain carers own health. The evidence points to the advantages of ensuring carers with disabilities are able to access a GP Carer Break.

In 2001, the Valuing People white paper estimated that a third of people with a learning disability who live in the family home are living with a family member aged 70 or over. The charity, Mencap, estimated that this works out at 29,000 people with a learning disability who, in many cases, care for their elderly relative. Mencap states that often people with learning disabilities are thought of more as service users, to be cared for, and not often enough as carers in their own right. Often though, people with a learning disability and their older parents are providing mutual care, known as co-caring. The increased acceptance of people with a learning disability forming meaningful relationships has also led to an increase in the number of people who live with a partner who needs care and support.

Local Data: The proportion of adults in Guildford and Waverley with a physical disability was estimated in the 2011 Census to be 1,078 with a serious personal care disability (aged 18-64). There are estimated to be 18,600 adults of working age with a moderate or serious physical disability or personal care disability.

The Guildford and Waverley health profile tells us that 4.69% of people in Guildford and Waverley have a long term mental health problem (2012-13). This amounts to approximately 10,800 people requiring long term support, of which 1,580 people are registered with their GP practice as having schizophrenia, bipolar disorder or other psychoses.

In Guildford & Waverley CCG, 3,091 adults (aged 16-64yrs) are estimated to have a learning disability, which is projected to increase to 3,196 by 2025 (Local Health Profile, July 2015). The number of adults aged 65yrs and over with learning disabilities is predicted to increase from 820 to 973 in the same period. Almost 40% of those with moderate or severe learning disabilities under 65 live with their parents. There is a risk that parents may no longer be able to support their children as they age.

The disability status of the Carer is not formally recorded as part of the terms of the current contract arrangements although details are captured as part of the telephone interview that follows referral. These informal records have not been used as part of the EIA. It is therefore not possible to analyse the position regarding uptake of GP Carer Breaks by people with disabilities at this stage, including people with learning disabilities, as per the accepted definition of disability¹.

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¹ You’re disabled under the Equality Act 2010 if you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.
## Conclusion:

<table>
<thead>
<tr>
<th>Positive?</th>
<th>UNKNOW</th>
<th>Negative?</th>
<th>UNKNOW</th>
</tr>
</thead>
</table>

**What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?**

It is recommended that SILC or any future incumbent provider formally monitors the disability status of carers referred for GP Carer Breaks. This will allow an analysis of allocation regarding this protected characteristic to be undertaken in the future.

Due to the higher number of people with learning disabilities living in Guildford & Waverley compared to other CCGs, it is also recommended that the Valuing People South West Surrey group works with the Commissioner to raise carer awareness and remind carers with learning disabilities to talk to their GPs about their caring role and whether it is impacting on their own health.

An easy read Joint Position Statement on Carers with Learning Disabilities from The Princess Royal Trust for Carers, Crossroads Care, Mencap, The National Family Carer Network, Who Cares For Us? and Respond has been developed by a group of carer support organisations to highlight the needs of this group of carers: [http://www.learningdisabilities.org.uk/content/assets/pdf/publications/joint-position-statement-carers-lp.pdf](http://www.learningdisabilities.org.uk/content/assets/pdf/publications/joint-position-statement-carers-lp.pdf)

### ETHNICITY / RACE / ETHNIC GROUP

**Analysis:** Refer to national evidence and data and then think about the local population and how people belonging to different ethnic groups may or may not benefit from the ‘activity’.

**National Data:**

- Ethnic inequalities in health are well known, generally showing a poorer health profile among ethnic minority groups compared with the overall population.

- In 2011 (ONS National Census, 2011), the British ethnic group provided the most unpaid care (11.1 per cent) and the Mixed/multiple ethnic group (White and Black African) ethnic group provided the least (4.9 per cent).

- The African ethnic group of carers had the lowest proportion of ‘Not Good’ general health (8.4 per cent), whereas Gypsy or Irish Traveller carers had the highest proportion of people with ‘Not Good’ general health (29.8 per cent).

- Amongst all ethnic groups, it was most common for 1 to 19 hours of unpaid care per week to be provided, although an equal proportion of the Gypsy or Irish Traveller ethnic group also provided unpaid care for 50 hours or more per week (4.4 per cent for each category).
The Gypsy or Irish Traveller ethnic group had the highest proportion of people providing 50 hours or more unpaid care per week, and of those more than half reported their general health as ‘Not Good’ (53.8 per cent). This was closely followed by the Irish (47.8 per cent) and British (45.1 per cent) groups.

Research indicates that provision of carer support is hampered by the ‘enduring and unfounded views of social and health care providers who believe that ethnic minority families do not require support because there is sufficient help within family networks’ (IRISS, 2010). In other words, there is an assumption that such carers will provide the care.

Local Data: The majority of the population in Guildford and Waverley describe themselves as White British (86%). Therefore, 14% (30,913 people) are of a different ethnic origin.

A small but substantial number (7%) describe themselves as other white, likely to be either Eastern European or possible Gypsy Roma Traveller (GRT). Almost 3% (n=6,624) of the population describe themselves as other Asian and are thought likely to be Nepalese while 1% (n=2,208) describe themselves as Indian and a further 1% (n=2,208) describe themselves as Black African Caribbean.

Surrey has one of the highest numbers of resident Travellers in England with the number living in Guildford and Waverley estimated to be 658 (Census 2011); this is thought to be a substantial under-estimate due to several factors e.g. marginalisation and discrimination these communities face on a regular basis leading to mistrust of official processes; low educational attainment and poor literacy limiting people’s ability to understand and complete forms (ITMB report, Gypsy and Traveller population in England and 2011 Census, August 2013). Local research with this community identified high levels of smoking (48%), high blood pressure (52%) and anxiety/depression (48%).

SILC does record the ethnic group of the Carer referred for GP Carer Breaks. However, from the data submitted, they do not use recognisable ethnic groups as per the ONS; instead they record nationality for those that are not White British, using a Surrey County Council model. Those receiving Carer Breaks during the time period under analysis is shown below:

<table>
<thead>
<tr>
<th>Recorded as</th>
<th>Translate to ONS categories</th>
<th>Number taking Carer Break (June to August 2015)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>White British</td>
<td>White British</td>
<td>127</td>
<td>94%</td>
</tr>
<tr>
<td>European &amp; South African</td>
<td>Other White</td>
<td>7</td>
<td>5%</td>
</tr>
<tr>
<td>Iranian</td>
<td>Arabic</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>
Given that 86% of people living in Guildford and Waverley are White British, there is a small degree of over-representation of this ethnic group receiving GP Carer Breaks. The lack of anyone from either an Other Asian (likely to be Nepalese) and Gypsy and Traveller ethnic groups receiving a carer break during this time period is noticeable. Anecdotally, SILC has confirmed that they have never received a referral for a carer from the Gypsy, Roma and Traveller (GRT) community.

Carer Support Surrey provides support from a range of locations across Surrey, with one in Guildford and one in Waverley. They work to meet the needs of carers from all communities. Below is the number of people supported in 2014/15:

- Waverley - Supported 836 carers in total of which 22 came from a BME community (2.63%)
- Guildford - Supported 1268 carers in total of which 45 came from a BME community (3.55%)

Carers Support Woking hosts Black and Minority Ethnic (BME) Carer Support Workers to work specifically with the BME population.

<table>
<thead>
<tr>
<th>Conclusion:</th>
<th>Positive?</th>
<th>NO</th>
<th>Negative?</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The administrator of GP Carer Breaks (currently SILC) should be asked by the commissioner to record the ethnic group of Carers referred to them according to ONS categories, which includes the White Gypsy or Irish Traveller group. Recording nationality could be a useful addition to indicate language needs but it is not adequate in terms of monitoring equality.

More importantly, work needs to be done to identify Carers within Nepalese and the GRT communities to ensure their carer needs are documented and that support, including GP Carer Breaks, is tailored to meet their health needs. Currently, the lack of any carers taking a GP carer break from these two ethnic groups is a cause for concern.

An area of good practice can be found in Scotland and a project run by a charity called Minority Ethnic Carers of Older People Project (MECOPP); they work specifically with Gypsy/Traveller communities in rural and urban areas of Scotland through outreach workers: [http://www.mecopp.org.uk/services-gypsy_traveller_carers_project.php?section_id=231](http://www.mecopp.org.uk/services-gypsy_traveller_carers_project.php?section_id=231).

More locally, East Surrey Carer Support Agency has focussed on the GRT community but the outcomes of this work in terms of uptake of carer support services are not yet known. It is recommended that this is investigated.

It is recommended that Surrey Carers Collaborative investigates means of highlighting carer support services to different ethnic groups living in Surrey.
Analysis: Refer to national evidence and data and then think about the local population and how men and women may or may not benefit from the ‘activity’.

Reasons for positive / negative impact: Please reference evidence you have considered as part of your analysis

57% of carers are female and 42% are male (Census, 2011). Women make up 73% of people receiving the Carer’s Allowance for caring 35 hours or more a week. Women are 25% more likely than men to care in middle age; women have a 50:50 chance of providing care by the time they are 59 compared with men who have the same chance by the time they are 75 years old. Women are more likely to be ‘sandwich carers’ (combining elder care and child care) and also more likely to give up work to care.

Carers Trust has found that “over one quarter of male carers in employment said they did not describe or acknowledge themselves as a carer to others. A quarter of men caring for over 60 hours per week are also working whilst four in ten male carers never get a break from their caring role”.

Whilst the share of unpaid care provision falls most heavily on women aged 50-64 (ONS, Census 2011) the gender inequality diminishes among retired people, with men slightly more likely to be providing care than women.

There are slightly more females in Guildford and Waverley than men (50.6% versus 49.4% respectively). The numbers are fairly even up until the age of 65yrs when the number of women, in line with national trends, outnumbers men (56.6% versus 43.4% respectively).

Three quarters of GP Carer Breaks were taken up by women compared with only a quarter of men between June and August 2015:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Carer Breaks</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>100</td>
<td>74%</td>
</tr>
<tr>
<td>Male</td>
<td>35</td>
<td>26%</td>
</tr>
</tbody>
</table>

The ratio, based on what is known about the gender of carers, would be expected to be closer to 60:40. Even with the increasing prevalence of women to men in older age groups (57:43) this conclusion still holds.

Hence it can be concluded that some men are not benefitting equal to women from the GP Carer Breaks.

Conclusion: Positive? YES  Negative? YES
What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?

It is known that men are less likely to visit their GP than women, even when feeling unwell. In a study reported in the BMJ in 2013\(^2\) the crude consultation rate was 32% lower in men than women. The greatest gender gap in primary care consultations was seen among those aged between 16 and 60 years; these differences are only partially accounted for by consultations for reproductive reasons. Differences in consultation rates between men and women were largely eradicated when comparing men and women in receipt of medication for similar underlying morbidities.

This means that unless a man between the ages of 16 and 60 years has a pre-existing health condition requiring medication, he is less likely to present to his GP and therefore access GP carer breaks. Work must therefore be done to raise awareness in different ways to bring the uptake of GP Carer Breaks more in line with what would be expected based on the demography of Guildford and Waverley and the evidence regarding male carers.

Given that more male carers are in employment than female carers, workplace policies that recognise caring responsibilities are a powerful tool in ensuring more men recognise their own needs as carers; registering as a carer should be encouraged through workplace initiatives. ACS employment and training service works with businesses to create carer friendly working. Initiatives such as the ‘Men in Sheds’ scheme run by Age UK and Princess Alice Hospice could be linked more specifically to promoting male carers health and wellbeing.

**GENDER REASSIGNMENT**

**Analysis:** Refer to national evidence and data and then think about the local population and how people who have undergone gender reassignment may or may not benefit from the ‘activity’.

No information or research could be found regarding the experience of carers that have undergone gender reassignment. It is therefore difficult to know how caring affects this equality group. More general evidence though does show that trans people still face prejudice. This continues to limit their employment opportunities (despite legislation prohibiting discrimination); their personal relationships; their access to goods, services and housing; their health status; their safety in both public and private spheres; and their access to health and social care (Department of Health Briefing 11 Trans Peoples Health, August 2007). Much of the research into trans people’s health relates to medical needs; there is comparatively little research relating to their health and social care needs.

This equality group is not monitored by SILC.

<table>
<thead>
<tr>
<th>Conclusion:</th>
<th>Positive?</th>
<th>UNKNOWN</th>
<th>Negative?</th>
<th>UNKNOWN</th>
</tr>
</thead>
</table>
| **What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?**
As with other equality groups, this group should be included in overall equality monitoring to enable comparative equality analysis in the future regarding access to all forms of carer support, including GP carer breaks.

Links could be publicised on various Surrey carer support service literature to websites offering support, if not done already: http://lgbt.foundation/information-advice/Carers/carers-stories/

**RELIGION & BELIEFS**

**Analysis:** Refer to national evidence and data and then think about the local population and how people of different religions or faiths or with different beliefs may or may not benefit from the activity.

About two thirds of Guildford and Waverley CCG’s population said their religion was Christian in the 2011 Census, while a substantial proportion said they had no religion or did not state their religion. The most prevalent other religion stated was Muslim (2%; 4,400 people) followed by Hindu and Buddhist. The table below shows the number and percentage of people that stated their religion but does not include those that left this blank (religion not stated).

<table>
<thead>
<tr>
<th>Area</th>
<th>Christian</th>
<th>Buddhist</th>
<th>Hindu</th>
<th>Jewish</th>
<th>Muslim</th>
<th>Sikh</th>
<th>Other religion</th>
<th>No religion</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guildford</strong> Number</td>
<td>82,621</td>
<td>842</td>
<td>1,301</td>
<td>322</td>
<td>2,713</td>
<td>206</td>
<td>469</td>
<td>38,108</td>
</tr>
<tr>
<td><strong>Guildford %</strong></td>
<td>60.2</td>
<td>0.6</td>
<td>0.9</td>
<td>0.2</td>
<td>2.0</td>
<td>0.2</td>
<td>0.3</td>
<td>27.8</td>
</tr>
<tr>
<td><strong>Waverley</strong> Number</td>
<td>79,220</td>
<td>432</td>
<td>321</td>
<td>228</td>
<td>786</td>
<td>69</td>
<td>525</td>
<td>30,745</td>
</tr>
<tr>
<td><strong>Waverley %</strong></td>
<td>65.2</td>
<td>0.4</td>
<td>0.3</td>
<td>0.2</td>
<td>0.6</td>
<td>0.1</td>
<td>0.4</td>
<td>25.3</td>
</tr>
</tbody>
</table>

There is a noticeable although not large difference between Guildford and Waverley in the number of people stating they are of Muslim or
Hindu religion.

The provider does not record the religion of those taking up GP Carer Breaks so it is not possible to ascertain whether there is good representation of carers of different religious faith.

It should be noted that Rushmoor, a neighbouring local authority, has the largest proportion of Buddhists in England and Wales relative to its population, probably attributable to the settled Nepalese community. It is anticipated that as this community becomes more settled that there will be natural movement away from the initially settled area.

Although people who state their religion can be ascribed to certain ethnic groups, this is not always the case. Due to the impact of faith and beliefs on perception of health and wellbeing it is important that these differences are noted.

<table>
<thead>
<tr>
<th>Conclusion:</th>
<th>Positive?</th>
<th>UNKNOWN</th>
<th>Negative?</th>
<th>UNKNOWN</th>
</tr>
</thead>
</table>

What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?

Religion is an important consideration for service providers. Different channels of communication should be used to raise awareness of services. The Diocese is an important partner in Guildford and Waverley for health and social care providers and is part of a multi-faith group. The Chair of Action for Carers already works with this multi-faith group to reach different religious communities living in Guildford and Waverley.

Places of worship for people who state that they do have a religion or faith can provide a community for that person. It is therefore important that different places of worship are also targeted by publicity regarding carer support services available, including GP Carer Breaks.

In addition, the religion of carers (including the option no religion) should be monitored by the service providers as part of overall equality monitoring.

MARRIAGE & CIVIL PARTNERSHIP

Analysis: Refer to national evidence and data and then think about the local population and how people who are married or in civil partnerships may or may not benefit from the ‘activity’.

The 2000 General Household Survey (GHS) showed that married or cohabiting adults are more likely to be carers than those who are single, or were previously married. However, there are gender differences with married women twice as likely to provide care as married men as women are more likely to juggle a range of caring roles (grandchildren and elderly parents).

The proportion and number of people that are married or in a civil partnership in Guildford and Waverley are provided below:
Monitoring for this characteristic will enable the commissioner to analyse whether or not sufficient carers who might never have married and be supporting and caring for elderly relatives or friends are accessing the GP carer break service.

The provider does not record the marital or civil partnership status of the carer so it is not possible to review this characteristic in depth in terms of accessing a GP Carer Break.

### Conclusion:

<table>
<thead>
<tr>
<th>Positive?</th>
<th>UNKNOWN</th>
<th>Negative?</th>
<th>UNKNOWN</th>
</tr>
</thead>
</table>

**What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?**

It is recommended that marital or civil partnership status is recorded for carers accessing the GP Carer Break service to inform future analysis.

### PREGNANCY & MATERNITY

**Analysis:** Refer to national evidence and data and then think about the local population and how women who are pregnant or who have recently had a baby may or may not benefit from the ‘activity’.

A proportion of Carers will belong to this equality group. A GP Carer Break could be welcomed at different stages of pregnancy and during the early weeks and months of having a new baby.

The health and safety risks of being a carer whilst pregnant are well documented in policies pertaining to paid carers e.g. in care homes, working for carer agencies. The same risks to health and safety will apply to unpaid pregnant carers.

There are around 2,200 births in Guildford & Waverley per year, with higher rates of births among traveller communities (Health Profile, July 2015). Births in Surrey are characterised by high rates of live births in older mother (aged 35+); this same age group will have older relatives that they may be providing unpaid care for and a proportion will have children with existing complex needs requiring care.

This equality status is unknown amongst those that took up GP Carer breaks between June and August 2015 respectively. The proportion of adult women of reproductive age (19-45yrs) that took up a GP Carer Break during this time period was 30% but it is impossible to know...
whether or not they were pregnant at the time of request.

<table>
<thead>
<tr>
<th>Conclusion:</th>
<th>Positive?</th>
<th>UNKNOWN</th>
<th>Negative?</th>
<th>UNKNOWN</th>
<th>Neutral?</th>
<th>UNKNOWN</th>
</tr>
</thead>
</table>

**What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?**

It would be helpful to know the proportion of people taking up a GP Carer Break that have this equality characteristic and so the provider should be asked to include this in its equality monitoring.

The Carers Prescription is being rolled out at RSCH so that all health staff can refer carers to a range of support. It is recommended that maternity services at RSCH are included in this and ensures that carer status is flagged at the initial checking-in appointment. Newly pregnant women who are identified as carers should be advised to register as a carer with their GP unless this can be done by another health care professional.

Health visitors should also be fully aware of the GP Carer Break service and prompted to check the carer status of women under their care, in relation to this particular equality group. Health visitors are also in a frontline position to identify carer status of other members of a family e.g. children, partners.

**SEXUAL ORIENTATION**

**Analysis:** Refer to national evidence and data and then think about the local population and how people who are gay, lesbian, bisexual or transsexual may or may not benefit from the ‘activity’.

**Reasons for positive / negative impact:** Please reference evidence you have considered as part of your analysis

The LGBT foundation advises that “as an LGBT person looking after a partner, there may be pressure to ‘come out’ about the nature of your relationship with the various professionals involved in their care”. In addition, “being a lesbian, gay, bisexual or trans (LGBT) person and a carer can bring about additional issues. One such worry may be that existing services to support you and the person that they care for may not be LGBT friendly, or you may also feel uncomfortable about ‘coming out’ to people who can help”.

It is estimated that the LGBT population nationally is 5-7% of the population; this equates to between 8,430 and 11,800 people identifying as LGBT in Guildford and Waverley. Extrapolating the age demographics of the CCG area, the following can be approximated:

<table>
<thead>
<tr>
<th>Age</th>
<th>%</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-18yrs</td>
<td>16.6</td>
<td>1679</td>
</tr>
<tr>
<td>19-49yrs</td>
<td>41.1</td>
<td>4157</td>
</tr>
<tr>
<td>Age Group</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>-----------</td>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>50-64yrs</td>
<td>18.7</td>
<td>1892</td>
</tr>
<tr>
<td>65+</td>
<td>18.4</td>
<td>1861</td>
</tr>
</tbody>
</table>

An LGBT carer support group (local) and virtual forum (national) has evolved in Manchester, based on feedback to the Carers Trust that people identifying themselves as LGBT carers had particular needs that were not being met by existing carer support services. They report that the group and forum have provided carers with an opportunity to be open and talk about the issues that affect them, and both resources act as an essential outlet to discuss dealing with homophobia. Many carers have reported feeling more positive about themselves as a result. A similar support group is run in Hackney and Brighton.

It is recommended that Carers Support in Surrey reaches out to existing local LGBT groups to promote their services.

Sexual orientation is not recorded by the current coordinator of GP Carer Breaks so it not possible to identify whether or not this equality group is benefitting equitably for the support available.

**Conclusion:**

<table>
<thead>
<tr>
<th>Positive?</th>
<th>UNKNOWN</th>
<th>Negative?</th>
<th>UNKNOWN</th>
</tr>
</thead>
</table>

**What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?**

It is important that carer support services are openly welcome towards carers of different sexual orientation. This can be communicated in a variety of ways e.g. leaflets, website.

The existing provider should include sexual orientation in its equality monitoring to inform future equality analysis.

It is recommended that an analysis of needs is carried out to establish the demand for specific carer support for this equality group to ensure their support needs are being met.

**Other categories relevant to CCG’s statutory duty to reduce health inequalities:**

**CARERS**

**Analysis:** Refer to national evidence and data regarding this group and then think about the local population and how carers (including young carers) may or may not benefit from the ‘activity’.

Not applicable. This equality analysis is focused on carers.

**Conclusion:**

<table>
<thead>
<tr>
<th>Positive?</th>
<th>YES</th>
<th>Negative?</th>
<th>NO</th>
</tr>
</thead>
</table>

**What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?**
Not applicable. This analysis is being carried out to ensure carers belonging to all equality groups and vulnerable communities benefit from the GP Carer Break service.

**AREAS OF DEPRIVATION and GEOGRAPHICAL LOCATION (urban, rural, isolated)**

**Analysis:** Refer to national evidence and data and then think about the local population and how people that live in different parts of the CCG, in more or less deprived wards, may or may not benefit from the ‘activity’.

There is an impact of caring on economic circumstances. 1 in 6 carers are forced to give up work to take on a caring role. For people already living in deprived circumstances the financial impact is likely to be more severely experienced.

A study by the London School of Hygiene and Tropical Medicine and the London School of Economics based on evidence from the 2001 Census found that the majority of people providing ‘informal’ unpaid care live in areas with higher than average levels of deprivation and long-term illness.

The 2001 Census also found that disabled people living in more affluent areas are more likely to be in ‘Good’ health than disabled people living in more deprived areas. People who are disabled are more likely to be the receivers of unpaid care from a parent, spouse or partner. After the age of 35 the proportion of disabled people with ‘Good’ general health in the most affluent areas is around twice that of disabled people living in the most deprived areas. This may be because people living in more affluent areas are more able to overcome the limitations of their disability and so judge their general health more favourably. It may also be because people living in more affluent areas have better access to adequate health and social care than people living in more deprived areas.

Hence it would be expected that uptake of GP Carer Breaks is greater for Carers living in the more deprived wards of Guildford and Waverley, these being in:

- Westborough
- Godalming Central and Ockford
- Stoke

A postcode analysis of carers (the first 3 or 4 characters e.g. GU1 or GU22) that have taken up the GP Carer Break between June and August 2015 has been carried out to examine the Rate of Carer Breaks.
per 1000 people, as shown above.

Some parts of the CCG have a higher rate than others of people taking up GP carer breaks (from 0.85% to 0.15%) which may be entirely appropriate due to the pattern of deprivation being in ‘pockets’ across the CCG.

The generally affluent area of East and West Horsley however has the second highest uptake of GP Carer Breaks.

The rate for Westborough is generally higher than other parts of the CCG.

Farncombe in Godalming, which includes Ockford, has a low rate compared with more affluent areas, based on practice performance.

<table>
<thead>
<tr>
<th>Conclusion:</th>
<th>Positive?</th>
<th>YES</th>
<th>Negative?</th>
<th>YES</th>
</tr>
</thead>
</table>

What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?

Waverley Borough Council Communities, Health and Social Inclusion group should be made aware of this disparity and asked for their views to ensure people living in this part of the CCG are registering as carers with their GP practice and therefore able to access carer support.

GP practices catering for people living in Farncombe and Ockford should be made aware of the lower than expected rate of GP carer breaks in their area and those practices that are under performing should be encouraged to highlight the carer support services.

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

Analysis: Refer to national evidence and data and then think about the local population and how these various health inclusion groups may or may not benefit from the ‘activity’.

Primary care staff have to recognise that there are several groups that will face additional barriers in accessing carer services and most of these have been analysed above:

- Carers whose first language is not English
- Carers whose culture and understanding of the benefits and rights system is different
- Carers living in rural areas
- Carers with disabilities, including learning disabilities
- Carers who have low literacy
Additional groups requiring special consideration are covered below:

**Ex-military** – Around 2,500 members of the armed forces live in Surrey with 600 of these living in communal establishments, mainly in Guildford (441 in Pirbright Barracks). There is no source of routine information regarding the number of ex-services men and women living locally but given the history of military presence there are likely to be greater numbers in Guildford and Waverley than other parts of the country.

Ex-service personnel experience significantly more mental illness and are more likely to have life-changing injuries that require care. The Armed Forces Covenant enables NHS care to be delivered efficiently to this group.

The five Ministry of Defence practices were originally outside scope for the original GP Carer Breaks contract but will be inside scope from April 2016. Two of these are in Guildford and Waverley: Pirbright and Deepcut. Work has started with the Surrey Civilian and Military partnership to assess the needs of this community.

A time-limited service called SERVES is being provided by Virgin Care Services Limited (VCSL) as part of its First Steps programme of work targeting ex-military personnel and their families with emotional and mental health support. This particularly focussed piece of work could be a useful link to identifying the impact of caring on this particularly vulnerable group; VCSL should be requested by NHS NW Surrey CCG to include carer status in its routine monitoring for this service and to share anonymised information with the Surrey Carers Collaborative.

**Refugees** – the disbursement of refugees from the Syrian crisis, as per the Government’s commitment in September 2015, had not been clarified at the time of writing.Guildford and Waverley borough councils have indicated their willingness to assist. A detailed demographic analysis of the refugees that could be settled in Guildford and Waverley is therefore not yet available. However, it is known that the majority will be Syrian, of Arabic ethnic origin and of Muslim religious faith. All services, including GP Carer Breaks, will need to meet the needs that may arise depending upon the asylum arrangements/refugee status that would be applied.

The impact from settling refugees in Guildford and Waverley is being considered by the Surrey Carers Collaborative (September 2015). The Surrey Carers Collaborative should maintain links with the lead for asylum arrangements at Surrey County Council to inform future carer support service provision.

<table>
<thead>
<tr>
<th>Conclusion:</th>
<th>Positive?</th>
<th>UNKNOWN</th>
<th>Negative?</th>
<th>UNKNOWN</th>
</tr>
</thead>
</table>

What amendments should be made to the activity in order to eliminate or reduce any adverse impact identified by the analysis?

None recommended.
<table>
<thead>
<tr>
<th>Name of person(s) completing EA</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liz Patroe</td>
<td>Policy &amp; Engagement Manager</td>
</tr>
<tr>
<td>Debbie Hustings</td>
<td>Partnership Manager for Carers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of lead Manager / Director</th>
<th>Signatures</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elaine Newton</td>
<td></td>
<td>26th October 2015</td>
</tr>
<tr>
<td>Director of Governance &amp; Compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vicky Stobbart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Director of Quality &amp; Safety and Lead Nurse for Safeguarding</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>