



**EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE  
PARTNERSHIP**



*Care Collective*

## **East Renfrewshire Carers Strategy**

**2021-2022**

**I Care, You Care, We Care**



**EAST RENFREWSHIRE  
HEALTH AND SOCIAL CARE  
PARTNERSHIP**

This document can be explained to you in other languages and can be provided in alternative formats such as large print or Braille. For further information, please contact Customer First on 0141 577 3001 or email

**customerservices@eastrenfrewshire.gov.uk**

Faodar am pàipear seo fhaotainn ann an Gàidhlig agus ann an cruthan eile mar ann an clò mòr agus Braille. Airson tuilleadh fiosrachaidh, feuch gun cuir sibh fios gu Customer First air 0141 577 3001 no post-d gu.

**customerservices@eastrenfrewshire.gov.uk**

इस सूचना-पत्र में उल्लेखित सूचना यदि आप हिन्दी अनुवाद में चाहे तो कृपया सम्पर्क करें।

如果您想得到该资料所含信息的译文，请联系：

ਜੇ ਤੁਸੀਂ ਇਸ ਲੀਫਲੈਟ ਵਿਚ ਦਿੱਤੀ ਜਾਣਕਾਰੀ ਦਾ ਅਨੁਵਾਦ ਚਾਹੁੰਦੇ ਹੋ ਇਥੇ ਸੰਪਰਕ ਕਰੋ।

اگر آپ اس ایف ایٹ میں درج معلومات کا ترجمہ اپنی زبان میں چاہتے ہیں تو ہم سے رابطہ کریں

Thank you to all our partners involved in the development of this strategy. Particular thanks go to the carers of East Renfrewshire and to East Renfrewshire Carers Centre without whose involvement this strategy could not have been written.

<b>Document Title:</b>	East Renfrewshire Carers Strategy 2021-22	<b>Owner:</b>	Irene Brown, Carers Lead	<b>Version/Status:</b>	V1.1 - Final
<b>Approved by:</b>	IJB (in principle subject to Section 6 change)	<b>Date Approved:</b>	03.02.2021	<b>Date Next Review:</b>	31.03.2022
<b>Revision History:</b>					
<b>Version:</b>	<b>Date Effective:</b>	<b>Author &amp; Changes</b>			
1.1	01.04.2021	Irene Brown – updated Section 6 following discussion at IJB			

## Contents

<b>1. Introduction</b> .....	4
<b>1:1 Who is a Carer?</b> .....	5
<b>2. Our Strategy at a Glance</b> .....	6
<b>3. National and Local Policy Contexts</b> .....	7
<b>Key Duties of the Act</b> .....	7
<b>3:1 Background</b> .....	9
<b>3.2 How unpaid care is being provided in East Renfrewshire</b> .....	11
<b>3:3 Working Together</b> .....	12
<b>4. How our Strategy was written</b> .....	14
<b>5. Vision, Principles and Strategic Outcomes</b> .....	17
<b>5.1 Outcome 1: Identified, respected and involved</b> .....	18
<b>5.2 Outcome 2: My caring experience is positive</b> .....	21
<b>5.3 Outcome 3: I am fulfilled and I can support my own wellbeing</b> .....	24
<b>5.4 Outcome 4: I have choice and control and balance in my life with my caring role and my life outside caring.</b> .....	29
<b>6. Caring for Someone in Hospital</b> .....	36
<b>Appendix</b> .....	48
<b>Jargon Buster</b> .....	49

## 1. Introduction

The Covid-19 pandemic has had a significant impact on the lives of East Renfrewshire's unpaid carers and the people they care for. At the same time as many carers have been facing additional pressures and taken on increased caring roles, the changes to support services has meant there has been little or no opportunity for a break from caring. At the same time we have seen unpaid carers, our staff and partners show exceptional commitment, resilience and a willingness to adapt to working in different and innovative ways to provide the care and support that people need.

We need to take some time to engage with carers and partners to reflect on the impact of the pandemic, before moving forward with a new strategic plan for 2022-2025. With this in mind, we have reviewed and extended the existing Strategy, I Care, You Care, We Care 2018-2021 for a further year. This will be our short term guide through this extremely challenging time in supporting carers through the response to the pandemic and into the initial recovery of services.

While we acknowledge the importance of each carer's role in the sustainability of our services and maintaining strong communities, we must take into account the impact caring can have on the life of the carer. In East Renfrewshire we are committed to working together to improve the lives of carers by ensuring they have choice and control over their caring role and to supporting them to stay healthy and well. We are also committed to ensuring that Young Carers are children first and foremost. That they are valued, nurtured, inspired and empowered to reach their full potential.

Over the coming year we will be facing further challenges together. It remains our ambition that throughout this year and going forward unpaid carers are our equal and valued partners in care, involved in the planning of any services that affect them and able to say they have choice and control in relation to their caring role. This strategy sets out how we plan to achieve this over 2021-22.

## 1:1 Who is a Carer?

Before reading further it is important to understand that the term 'carer' as used in this strategy refers to someone who provides unpaid care for another person. This is not to be confused with volunteers, or care workers who are often referred to as carers but paid to care. The person receiving care is the 'cared-for' person.

- A carer is anyone who provides or intends to provide unpaid care for another person. The cared for person could be a family member, relative, neighbour, or a friend and be any age. "Young Carer" as a carer who is under 18 years old or is 18 years old and is still in school. "Adult Carer" as a carer who is a least 18 years old but is not a young carer.
- A carer does not need to be living with the cared for person.
- A carer can already be providing long or short term care for someone or planning to. Their caring roles and activities can change over time.
- Anyone can become a carer at any time and sometimes for more than one person.

## What is Caring?

There is no such thing as a 'typical carer'. A carer can be caring for a person with a physical or mental illness, a disability, frailty, or a problem with substance abuse, the cared for person may have more than one condition, the carer may have their own health issues. Caring not only includes the practical activities normally associated with providing care – shopping, cooking, cleaning, help with bathing, it also includes emotional support and the time spent worrying about someone; the so called "invisible tasks" (Carduff, et al., 2014)<sup>1</sup>.

## 2. Our Strategy at a Glance



***Working Together with People who Care ...***

### 3. National and Local Policy Contexts

All relevant national legislative and policy documents were consulted in the writing of this strategy. The Carers (Scotland) Act 2016;<sup>2</sup> Children and Young People (Scotland) Act 2014;<sup>3</sup> Caring Together – The Carers Strategy for Scotland 2010 – 2015;<sup>4</sup> Public Bodies (Joint Working) (Scotland) Act 2014;<sup>5</sup> Self-Directed Support (Scotland) Act 2013;<sup>6</sup> Getting It Right For Every Child (GIRFEC)<sup>7</sup> are just some examples. Of these documents some key pieces of legislation, policy drivers and strategies are of particular importance to carers.

#### Key Duties of the Act

The Carers (Scotland) Act 2016<sup>2</sup> is the most recent legislation that directly affects carer's rights. It sets out a wide range of measures to improve the identification and provision of support to carers. Key duties for Integration Authorities are:

- to ensure all adult carers are offered an Adult Carer Support Plan (ACSP) and young carers a Young Carers Statement.
- to publish a Local Carers Strategy
- to publish a Short Breaks Services Statement
- to involve carers and carer organisations in the development, delivery and review of any services that affect them and with the planning of the cared for person's hospital discharge.
- to publish a local eligibility framework for carers whose needs cannot be met by the provision of information, advice and support within the community including short breaks from caring. Not all support that can be offered is subject to this.
- to provide information and advice service for carers within the Integration Authority area

The Children and Young People's Act 2014<sup>3</sup> takes forward the overarching approach to supporting children and young people in Scotland Getting it Right for Every Child (GIRFEC)<sup>7</sup>. This approach encourages agencies to work together to deliver the right support at the right time for every child in Scotland. The GIRFEC approach:



- puts the best interests of the child at the heart of decision making
- takes a holistic approach to the wellbeing of a child
- works with children, young people and their families on ways to improve wellbeing
- advocates preventative work and early intervention to support children, young people and their families
- believes professionals must work together in the best interests of the child.

East Renfrewshire Integration Joint Board (IJB) has the responsibility to plan and work in partnership with voluntary partners, private sector partners and local communities to achieve the outcomes of all of the above legislation for the people of East Renfrewshire. For the delivery of health and social care the delivery of this plan is managed and co-ordinated by the Health and Social Care Partnership (HSCP).

The HSCP strategic priorities are set out in our HSCP Strategic Plan (2018 - 2021)<sup>8</sup>. In line with National Health and Wellbeing Outcome 6 an agreed HSCP strategic priority outcome is that we will be, *“Working together with people who care for someone to support them to maintain their own health and wellbeing”*.

East Renfrewshire’s Children and Young People’s Services Plan 2017-2020<sup>9</sup>, Community Outcome 1 states: *“All children in East Renfrewshire experience a stable and secure start to their lives and are supported to succeed”*. For Young Carers this will be done by implementation of the Young Carers Statement within the GIRFEC Framework and Carers Act. In East Renfrewshire our Education, GPs and Health and Social Care services share joint responsibility to deliver this along with East Renfrewshire Carers Centre.

The principles of Equality, Diversity and Human Rights are the basic rights for all carers. We will work to ensure that carers are aware of their rights under this legislation and that no carer is disadvantaged due to age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity, race; religion or belief; or sex or sexual orientation, in line with the Equality Act 2010<sup>10</sup>.



## 3:1 Background

### Key Facts and Figures

Scotland's Carers<sup>11</sup> a 2015 Scottish Government report estimated there are around 759,000 carers in Scotland. The value of unpaid care in Scotland is estimated to be over £36 billion a year. Caring Behind Closed Doors: Six months On<sup>12</sup>, a 2020 report from Carers UK, reported since the onset of the pandemic it is estimated over 392,000 additional people in Scotland are now caring. It is estimated around 60% of us will be a carer in our lifetime.

### Adult Carers

16% of the population over 18 are caring for someone. Of these carers 41% are male and 59% female. There are estimated to be over 171,000 carers aged 18+ caring for 35 hours a week or more.

### Young Carers

According to the same report an estimated 4% of the under 16 population in Scotland are young carers. Scotland's 2011 Census<sup>12</sup> identified just over 10,000 young carers. It can be difficult to identify young carers.

### Young Adult Carers

From the Scotland's 2011 Census<sup>12</sup> we estimate that there are some 360,000 young adult carers. This equates to some 171,000 16+ carers who are caring for 35+ hours per week.

### Caring Relationships

Family members account for 90% of the total carer population. Over 80% are part of a couple with the next largest group being one parent families. Young carers are more common in lone parent families. The statistics tell us only part of the caring

story. Caring relationships can be very complex. Each carer may care for more than one person; and people may have more than one carer.

Early identification of carers can help prevent crisis developing and make for better outcomes for the carer and cared for person but this can be difficult for many reasons.

- Acceptance of the identity of carer means acknowledgement that the other person needs care which can be difficult for one or both parties to do (Carduff, et al., 2014)<sup>1</sup>.
- The two primary sources of data for carers are surveys. The Scottish National Census (2011) and the Scottish Health Survey (2018)<sup>13</sup>. When completing surveys people often don't recognise their family member, friend or themselves as a carer as caring is seen as natural to being part of a family or in a friendship.
- Many people don't identify as a carer until they reach key junctures such as giving up employment to care (Carduff, et al., 2014)<sup>1</sup>.

### **The Economic Impact of Caring**

We read above the significant contribution unpaid carers make to Scotland's economy. As might be expected, the more care that is being provided by an unpaid carer the less that person will be able to be active within the wider economy. Many carers have to reduce their working hours or give up working to care.

A survey completed by Carers Scotland estimated over 58% of Scots who have started caring since the outbreak of the pandemic are also juggling paid work alongside their caring responsibilities.

### **Current support for Carers**

The Scottish Health Survey 2018<sup>13</sup> was revised in 2020 it found that responses from carers for 2019/2020 were less positive than in previous years. Carers were most positive about the balance between their caring role and other things in their life with 64% responding positively. Carers were least positive about support to continue caring with only 34% saying that they felt supported to continue caring. A Coalition of

Carers survey in March 2020 found over half of the carers who responded were unaware of their rights under the Carers (Scotland) Act 2016<sup>2</sup> and had no assessment or carers support plan.

Assessing and planning support with carers and the people they care for was suspended for a period in 2020 by many Integration Authorities, including East Renfrewshire due to the pressures of the pandemic on services. In April 2020, Caring Behind Closed Doors<sup>12</sup> found 78% of carers who responded to a survey were providing more support since the onset of the pandemic, of these 45% were providing more care because of a reduction in services.

Before the pandemic around 7 in 10 carers reported receiving no help or support. The most frequently cited form of support was help from family, friends and neighbours (19%). The second most common form of support reported was the carer's allowance. Of those eligible to receive carer's allowance (those who provided 35 hours or more of unpaid care per week) 31% reported that they were in receipt of the benefit. Advice and information, a personal assistant/support worker/community nurse or home help, short breaks or respite, practical support, counselling or emotional support were each received by 6% or less of all carers.

### **3.2 How unpaid care is being provided in East Renfrewshire**

From the available data we know that in East Renfrewshire caring commitments increase with age. The greatest number of adult carers are over 65-years old. We also know 67% of carers care for someone over 65.

In the age range 50 to 64, 29% of carers provide in excess of 20 hours care a week. We are an ethnically diverse area and within our Asian community over 4% of the population provides over 20 hours of care a week.

As we plan with young carers, it is worthy of consideration that although the under 25s account for a smaller proportion of unpaid carers, they are providing roughly the same amount of care as the middle band of 50 to 64 year old carers.

From our planning in East Renfrewshire we know that most carers (41%) have been caring for between 1 to 4 years. That amongst older adult carers in East

Renfrewshire there are slightly more male carers, overall however, 6 out of 10 females in the total carer population account for an unpaid caring role. As might be expected family members account for 90% of the total carer population. Over 80% are part of a couple with the next largest group being one parent families.

### **The Impact of Caring**

In East Renfrewshire 98% of adult carers who had completed a carers assessment in the past three years said caring had impacted on their emotional well-being, 84% also said it had impacted on their living environment and 67% said it had impacted on their health.

We know many carers work less hours or give up work to care. This seriously impacts the lives of working age carers and it is in the most deprived areas of East Renfrewshire that carers provide the most hours of caring.

In East Renfrewshire 48% of young carers who were supported to plan said the caring role makes it hard for you to do the things you want to do.

### **3:3 Working Together**

East Renfrewshire HSCP vision statement is

*"Working together with the people of East Renfrewshire to improve lives".*

We will achieve this by:

- Valuing what matters to people
- Building capacity with individuals and communities
- Focusing on outcomes, not services

These 'integration touch points' are used to guide everything we do as a partnership.

## **Our Partnership's Strategic Priorities**

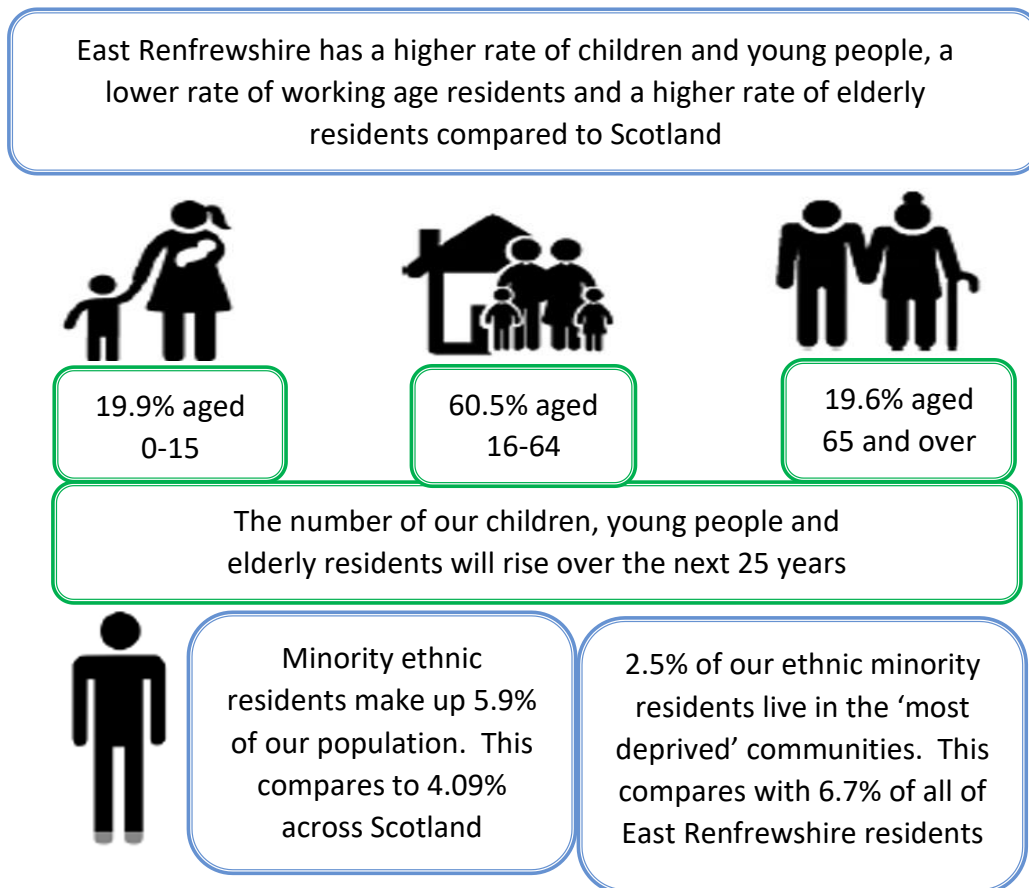
The HSCP's Strategic priorities focus on working together in partnership with our independent and third sector partners so people are able to receive the advice, information and support they need in their local communities and have any care and support they need delivered in their own home. Our experience over the pandemic has reinforced the benefits and importance of working together in partnership to develop the range of advice, information and support on offer locally and ways to access this.

Working like this means carers are able to receive advice, information and support on first contact whether that be with East Renfrewshire Carers Centre (ERCarers), our main provider of support for carers, or Voluntary Action East Renfrewshire (VAER) Community Hub or another partner organisation such as at a Talking Point or with the HSCP.

## **Our Key Strategic Outcomes**

- **Working together** with children, young people and their families to improve mental wellbeing
- **Working together** with our community planning partners on new community justice pathways that support people to stop offending and rebuild lives
- **Working together** with our communities that experience shorter life expectancy and poorer health to improve their wellbeing
- **Working together** with people to maintain their independence at home and in their local community
- **Working together** with people who experience mental ill-health to support them on their journey to recovery
- **Working together** with our colleagues in primary and acute care to care for people to reduce admissions to hospital
- **Working together** with people who care for someone ensuring they are able to exercise choice and control in relation to their caring activities

## From our community planning work we know that:



## 4. How our Strategy was written

Our 2018 to 2021 strategy was written in collaboration with unpaid carers and partners in line with the National Standards for Community Engagement. An initiative was established known as the 'Care Collective' led by East Renfrewshire's third sector interface organisation Voluntary Action (VAER) working closely with ER Carers Centre and facilitated by an independent third sector agency. Other partners were also involved.

The approach involved research, interviews, face to face engagement events and social media activity involving 2,000 local people. The work of the Collective demonstrated how we needed to strengthen our approach to involving carers throughout the planning process and with identifying the outcomes that matter to them.

Working as the Care Collective we identified a Vision for 2018 to 2021 and four strategic carer outcomes were agreed that are fully in line with the principles of the

Carers (Scotland) Act 2016, the National Health and Wellbeing Outcomes and East Renfrewshire HSCPs Strategic Plan.

Although it has been difficult at times during this past challenging year we have continued using the Care Collective approach to find ways to engage and involve carers and partners in reviewing and evaluating carers' outcomes for the period 2018-2021.

## **Involving Carers**

Through local engagement and discussion that took place before Covid-19 we know that we need to continue to develop our workforce, pathways and supports for carers.

In September 2020 an online survey was developed and distributed to carers by ER Carers Centre asking carers about their experience accessing and receiving support and services, and the impact of the pandemic. 142 carers responded.

The findings from the survey identified:

- Communication is an issue with carers and between agencies.
- The pandemic has impacted on their caring role.
- The lack of resources and stimulation for the person they care for has impacted on both the person being cared for and the carer's health and wellbeing.
- There is a lack of choice and control over how the carer and the person they care for access and use Self-Directed Support (SDS) Funding Options.

Carers who participated in the survey said:

- They want more pro-active communication, to receive regular advice and updates on Covid-19 guidelines and on the practical support available.
- They want more support to be provided online for the person they care for and health and wellbeing activities for carers like stress management and to have community activities like walking groups.
- They want to have choice and control over any support they or the person they support receives and support with accessing SDS Options.



In October 2020 nine carers agreed to share their experiences of support and their ideas on how to improve this. Communication was the issue identified as the main barrier to timely access to support to prevent crisis.

They told us:

*“Getting support must be dynamic and less complicated, more supportive, more them coming to you”*

*“There’s nothing preventative, there’s a lack of information and direct contact”*

*“It was very difficult initially before any services for my daughter began. Once we had support in place it has been really good. It should be easier. Communication is the main issue”*

The 2018-2021 Strategy was shared with Carers and partners in the Carers Act Implementation Group and the Carers Collective for comments. It was agreed it would benefit from being shorter. It was also agreed that separating the existing strategy into an Adult Carers Strategy and a Young Carers Strategy developed in collaboration with the relevant group of carers would improve accessibility to the carers strategic plan for all stakeholders.

## **Where are we now?**

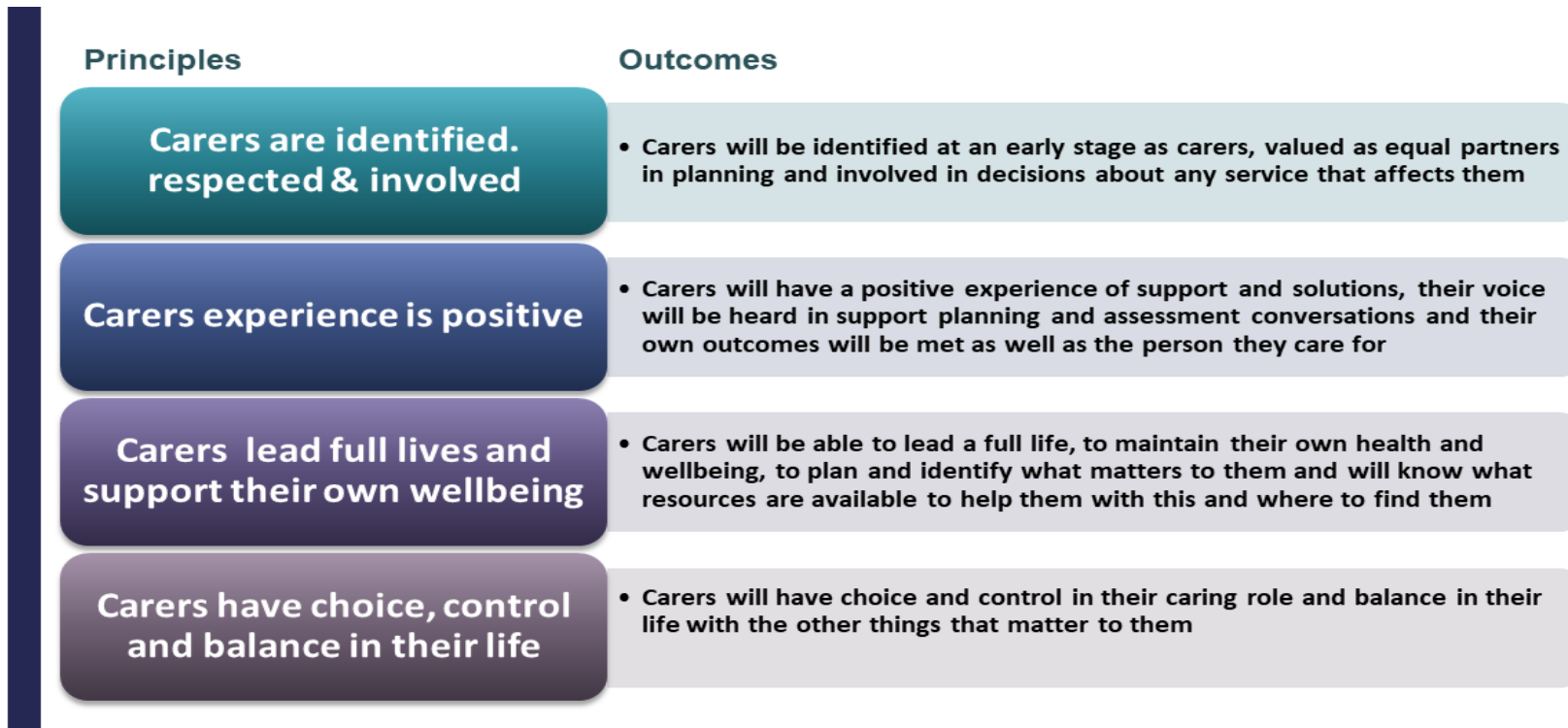
We are focusing on improving the lives of carers as a priority, taking the achievements, learning and challenges from the past three years into account, over the next year. We need to involve carers and all our partners in reviewing the impact of the pandemic on carers’ lives, our communities and our services before moving forward together with a strategic plan for the period 2022-25. We will also be taking into account the recommendations for unpaid carers from the Independent Review of Adult Social Care<sup>16</sup>.

The Vision Statement, Principles and Outcomes below are from the 2018-2021 strategy and were identified by the Care Collective. They are still appropriate for the coming year and will stay the same.

## 5. Vision, Principles and Strategic Outcomes

### Vision

**We are working together with people who care for someone to ensure they have choice and control in their caring role**



## 5.1 Outcome 1: Identified, respected and involved

Carers will be identified at an early stage in their caring role, valued as equal partners in planning and defining their personal outcomes and involved in decisions about how services that affect them are planned for and resourced.

### What do we know about how we are doing?

- We are succeeding in raising awareness of carers' rights and the support available to them with HSCP staff through an extensive roll out of Carer Awareness sessions. The feedback from the sessions and an increase in referrals from the teams to ER Carers Centre is telling us this.
- Although a SCI Gateway referral process was introduced to make it easier for GPs to refer to local Carers Centres only two referrals were received during 2019 and none during the pandemic. This is similar across Greater Glasgow.
- We have developed the Caring Conversation a clearly defined process to identify carers and ensure they are being offered advice, information and support. We are requesting that this be embedded in health and social care assessments and support planning across ERHSCP teams and services
- A Young Carers Education Worker appointment has resulted in a 200% increase in identification of young carers during 2019-2020. There were 96 new referrals in 2019 – 2020.
- Young carers and stakeholders across education developed and designed the Young Carers Statement
- During 2020-2021 carers, ER Carers Centre and HSCP staff were involved in reviewing the Adult Carer Support Plan and developing a Carers Emergency Plan.
- Carers' voices are being heard. The Carers Collective, a carers strategic group and carers engagement group have been established and are involved in planning the support and services that affect carers. Carer representatives sit in the Integration Joint Board and other relevant strategic and planning groups.
- A Carers Lead was appointed in Jan 2020 to ensure the key provisions of the Act are being met

## What will our priorities be over the next year?

- **Prevention of crisis for carers and the people they care for through early identification and timely support** – During the pandemic response and recovery we must continue to raise awareness of carers, their rights, the impact of caring and importance of early identification and provision of advice, information and support in preventing crisis for carers and the people they care for. We do this with ERHSCP staff, our partners in Primary Care Services and with our care provider partners.
- On July 31<sup>st</sup> 2021 regulations on timescales to offer and complete an Adult Carer Support Plan and Young Carer Statements will be introduced for carers of a terminally ill person. Once these timescales are confirmed this strategy will need to be updated to include this important legislative change along with a process to ensure early identification and that this happens.
- To prevent admission, readmission and to ensure a person is discharged safely from hospital with an appropriate level of support includes identifying the carer and the caring role that they are able and willing to sustain. Ensuring carers are being involved in the planning of support with the person they care for during discharge from hospital and are being offered a carers support plan to ensure their own outcomes are considered is a carer's right. These key principles of the Act are vital for successful discharge planning and for the health and wellbeing of the carer.
- **Carers are involved in planning** - Our health and social care services would be unsustainable without the care and support provided by unpaid carers to East Renfrewshire citizens. The work of the Carers Collective during the pandemic has demonstrated the difference it can make to carers, the cared for person and services if they are involved as partners in planning. We will strengthen the Collective's approach across ERHSCP services by continuing to raise awareness of carers' right to involvement in planning, highlighting examples of the difference this makes and by developing more meaningful ways to involve carers in the design and planning process of any services that affect them.

**Outcome 1: Carers are being identified at an early stage in their caring role, valued as equal partners in planning support and involved in decisions about how services that affect them are planned and resourced**

How this will happen	By when	Who will be involved	How will we know this has happened
By ensuring carers have access to accurate and timely advice, information and support to prevent crisis and know where to find this.	Ongoing	Carers; ER Carers Centre; ER Carers Lead	Improved reporting Number of carers identified Number of carers using carers digital resource for information and support Number of carers identified We have evidence from support plans carers are getting the right support at the right time
By raising awareness of the importance of early identification in preventing crisis, the impact of caring, carers' rights and the support available to them.	Ongoing	Carers Lead; ER Carers Centre; HSCP Learning & Development; HSCP staff and partners	We have evidence a significant number of HSCP staff, Primary Care staff and partners have attended carer awareness session / completed Carer E-Learning course. An increase in identification and referrals to ER Carers centre from these sources
Carers will be actively involved in the planning of any support and services that affect them	Mar-22	Carers; Carers Lead; ER Carers Centre; Education; HSCP; Partners	We have gathered evidence from carers of their involvement in planning support and services and the difference it has made.
We ensure that the voices of carers are heard and consistently reflected within our strategic planning work	Ongoing	Carers Lead: ER Carers Centre; HSCP Strategic Services	Carers outcomes, views and involvement in planning are evident in our strategic plan

## 5.2 Outcome 2: My caring experience is positive

Carers will be saying they have a positive experience of support and solutions, that their voice is heard in planning and assessment conversations and that their own outcomes are being met as well as the person they care for.

### What do we know about how we are doing?

- The 2017/18 Scottish Health and Care Experience Survey<sup>13</sup> showed that just 37% of carers in East Renfrewshire felt supported in their caring role. Although our performance is similar to that across Scotland this is an area where we must improve.
- 35 young carers accepted the offer to complete a Young Carers Statement during 2019/2020. 73% of young carers in East Renfrewshire with a Young Carer Statement say their school understands their caring responsibilities and 95% are happy at home 'most or all of the time'
- 69 Adult Carers were supported to make a plan during 2019-20, 68% of these were supported to do this by ER Carers Centre staff and 32% by HSCP staff.
- ER Carers Centre was recommissioned and there is an increased awareness with HSCP staff of the advice, information and wide range of responsive support they can provide such as carer grants, support that benefits the carer and cared for and regular 'check in' calls.
- ER Carers Centre employed a Digital Communications Worker and improved their website. Regular online and hard copy newsletters are sent out by ER Carers Centre and VAER Community Hub with information and updates on Covid-19 guidance and community supports such as food delivery.
- The HSCP subscribed to a Carers Digital Resource and Care Coordination Planning App to ensure accurate and up to date advice, information and support to plan is available 24/7 for carers. This resource is available on HSCP and partner websites.

## What will our priorities be over the next year?

- **Improved communication with carers** – We see above carers have told us poor communication is often a barrier to a positive support experience. That they are tired of completing surveys unless they can see change. Supporting carers and the person they care for will continue to be challenging during the pandemic response and recovery and good communication will be key to this. To understand the impact of the pandemic on carers and best ways to support them in their caring role we will need to develop different and new ways to communicate with carers and that advice and information is timely, clear, accurate and consistent.
- **More carers have their own support plan and are involved in planning the support of the person they care for** - Carers' outcomes are as important as the person they care for and we must see this reflected and evidenced in assessments and support plans. We need to involve carers and partners to understand the reasons why the vast majority of carers don't have a support plan and to know how best to address this.
- **Carers are involved in developing community based supports and commissioning of care and support services** - Carers want and have a right to support and services that listen and involve carers as equal partners and focus on the carers outcomes as well as the outcomes of the person they care for.



**Outcome 2: Carers will be saying they have a positive experience of support and solutions, that their voice is heard in planning and assessment conversations and that their own outcomes are being met as well as the person they care for.**

How this will happen	By when	Who will be involved	How will we know this has happened
Carers will be valued as an equal partner in the planning of their own support and the support of the person they care for	Mar-22	Carers; HSCP staff; Carers Lead; ER Carers Centre; Carers Collective	It is evidenced in care and support plans and carers are telling us that they are being listened to and involved and their outcomes are as important as the outcomes of the person they care for
Carers will be involved in planning the commissioning of services to ensure that these services are meeting the outcomes of both the carers and the cared for person	Mar-22	Carers; HSCP Commissioning; Carers Lead	Carers are involved in commissioning services and telling us they feel valued by care provider partners, have their own support plan and that their outcomes matter as well as the cared for person's outcomes.
Partners will be involving carers in developing a wide range of community based support and solutions for both carers and for the people they care for	Mar-22	HSCP; Talking Points; Carers Centre, 3rd Sector Interface Organisation (VAER); Partners and wider Community	Carers have a wider range of community based solutions to help prevent crisis and will know how to access them.
Carers will be easily able to find advice, information and support that is timely, clear, accurate and consistent.	Mar-22	Carers; HSCP staff; Carers Lead; ER Carers Centre; Partners	We have a clearly defined and simple process for carers to access advice, information and support. We are communicating in different and new ways with people who care

### 5.3 Outcome 3: I am fulfilled and I can support my own wellbeing

Carers will be telling us they are leading a full life, that they are able to maintain their own health and wellbeing, to plan and identify what matters to them and that they know what resources are available to help them with this and where to find them.

#### What do we know about how we are doing?

- Our most recent report shows 92% of adult carers reporting satisfaction with their quality of life. This indicator has improved consistently year on year and by 22% since 2016/17. We know though from the Health and Care Survey 2018 results only 38% of carers in Scotland said that caring did not have a negative impact on their health and wellbeing.
- 95% of young carers said they are happy at home 'most or all of the time' although 48% say the caring role makes it hard for them to do the things you want to do, 78% have been unhappy or tearful recently and 25% say they had not eaten healthily.
- GP SCI Gateway referral system to ER Carers Centre has not been successful. The Carers Centre received only two referrals from a GP during 2019-2020 and has received none during the pandemic.
- 98% of adult carers who had completed a carers assessment in the past three years said caring had impacted on their emotional well-being, 84% and 67% said it had impacted on their health.
- Our Carers Survey found the pandemic and change to support services has impacted negatively on both the carers and the cared for persons health and wellbeing. Through the Care Collective Carers of people with dementia are now planning regular online support with HSCP Support Services and a third sector partner that will benefit both them and the person they care for wellbeing.
- ER Carers Centre have adapted to offer online access to a wide range of self-help activities training and awareness sessions, incl. emotional support, peer support, activity and social groups that were previously face to face. Attendance can vary some carers struggle with online but more are adapting. The Centre is also supporting carers with access to hardship and grant, regular calls to carers

who want this support and developing creative and online support that benefits the carer and the cared for.

### **What will our priorities be over the next year?**

- **Understanding the impact of the pandemic on carers' health and wellbeing and involving carers in planning how we best support them to stay as healthy and well as possible through the coming response and recovery phase** – Through surveys, interviews and through the Care Collective we must involve carers in planning how to maintain their health and wellbeing and identify the support required to do this.
- **Ensuring HSCP, partners and Primary Care workforces are focusing on the carers outcomes and health and wellbeing as well as the cared for persons** – We need to know that partners are knowledgeable and informed about Carers (Scotland) Act 2016 legislation, carers rights, the impact of caring and the support available for carers from ER Carers Centre and in the community. That there are clear referral routes for carers and the link with prevention of crisis is clear.
- **Support to minimise the impact of financial hardship as a result of caring**
- **Carers have direct access to a range of good quality information and advice around health and wellbeing and a range of targeted informal supports which they can access directly.**
- **To ensure carers are involved in planning for preventing admission and hospital discharge planning** – For a person to be discharged safely, with an appropriate level of support includes identifying the caring role that a carer is able and willing to sustain beyond discharge. Carers have a right to be involved in the planning of the discharge and to support to make a carers support plan to ensure their outcomes are considered also. This may be vital for successful discharge planning and for the health and wellbeing of the carer. We must ensure and evidence this is happening.

**Outcome 3: Carers will be telling us they are leading a full life, that they are able to maintain their own health and well being, to plan and identify what matters to them and that they know what resources are available to help them with this and where to find them.**

**A. Health & Wellbeing**

How this will happen	By when	Who will be involved	How will we know this has happened
Young carers have a Young Carers Statement that helps them work out how caring is affecting their life, to identify what the hopes and personal outcomes they want to achieve and any support they need to do this.	Ongoing	Young Carers; ER Carers Centre; Young Carers Education Worker; Education	Number of Young Carer Statements completed.
We will be involving carers to understand the impact of the pandemic on their health and wellbeing, and in planning how best to support them maintain and improve this and develop to any resources that will help them with this	Mar 21	Carers; Carers Lead; HSCP; Carers Centre; Education; Partners	We will have evidence of impact of the pandemic on carers' health & wellbeing and ways to support carers with this.
We will be working in partnership to develop multi-agency approaches to supporting carers with their health, wellbeing, resilience and relationships	Mar-22	Carers; ER Carers Centre; Carers Lead; HSCP; GPs;	% ER Carers Centre referral source indicates GPs, HSCP staff and other partners are referring more to ER Carers Centre. An increase in multi-agency information, advice; training; awareness sessions; and support for carers.
We will work with our Technology Enabled Care (TEC) services to help carers make better use of digital resources that can support their health and wellbeing.	Aug-21	Carers; HSCP TEC Service; ER Carers Centre; Carers Lead;	There is evidence of an increased awareness and uptake of TEC solutions by carers

**Outcome 3: Carers will be telling us they are leading a full life, that they are able to maintain their own health and wellbeing, to plan and identify what matters to them and that they know what resources are available to help them with this and where to find them.**

**B. Access to Advice and Information**

<b>How this will happen</b>	<b>By when</b>	<b>Who will be involved</b>	<b>How will we know this has happened</b>
We will involve carers in reviewing, identifying and developing the best ways to communicate with carers	Mar-22	Carers; ER Carers Centre; HSCP Communications HSCP TEC; Carers Lead	Advice and information will be reaching not only the carers who already receive support and services but carers unknown to services
Ensuring supports are available to carers to minimise the impact of financial hardship as a result of caring during the pandemic.	Apr-21	Carers; ER Carers Centre; Carers lead; HSCP Staff; MART; Partners	Numbers of carers accessing grants and supports that are available  Numbers of carers receiving financial advice and support
We will ask carers to identify the issues that most matter to them and work with our partners to ensure carers can access any training and awareness sessions that might help them in their caring role, this might include; caring for someone who is dying; caring for someone with a long term health condition	May-21	Carers; ER Carers Centre; Carers lead; HSCP Staff; NHS Primary Care Staff; HSCP Learning & Development	We will know what matters to carers Numbers of carers who have attended training and awareness sessions
We will work with supported employment services to develop supported employment opportunities that support both the cared for person and the carer	Mar-22	Carers; Carers Centre; Carers Lead; Supported Employment Services; HSCP Commissioning; Local Businesses	There will be more examples of creative opportunities that benefit both the carer and cared for person.



## **5.4 Outcome 4: I have choice and control and balance in my life with my caring role and my life outside caring.**

Carers will be able to say that they have choice and control in their lives, that they have balance between their roles as a carer and as a person pursuing their own interests, ambitions, and outcomes. They will be able to say that they can spend time with other people and can take part in other activities.

### **What do we know about how we are doing?**

- From the results of the Scottish Health and Care Experience report we know that some 70% of the people who responded were able to report a positive balance in terms of their caring role and other interests in their life. We know from the 48% who reported a negative impact that this is an area that we can improve in. Whilst our performance against the Scottish average is slightly higher we are not complacent and we are working together to do better.
- Carers are helping us to develop community based supports and solutions
- Carers were involved in developing an emergency plan that asks about options for replacement care (respite) were the carer unavailable
- Creative options to support breaks from caring are available from our Carers Centre. Examples of this during the pandemic have been, a bike for a carer, camping equipment for another who was a hill walker, lap tops and tablets, vouchers for a meal and garden furniture.
- 35 young Carers took up the offer of support to plan for a better balance in their lives by making a Young Carers Statement during 2019/2020
- With carers, HSCP staff and ER Carers Centre we have reviewed and revised our Adult Carer Support Plan to better capture how carers feel about the choice and control they have over their caring role and the support they receive.
- We have an HSCP Eligibility Framework published that is easily accessible to guide carers on the support available to them.
- There is a Short Breaks Statement with advice and information on breaks



- Partners attended an online Carer Positive event to raise awareness of working carers rights with employers. ERHSCP has gained Carer Positive Level 3 award and ER Carers Centre has gained Carers Positive Exemplary award.
- More work is needed to support carers in employment or carers looking to gain employment, training or further education opportunities
- An independent survey by the SDS ForumER and ER Carers Centre on carers experience with Self Directed Support (SDS) Options found that carers found accessing and managing SDS Option 1, a direct payment, added to their caring responsibilities. Carers also said they experienced a lack of choice and control over how they, and the person they cared for, were supported in relation to SDS. They want clearer communication, information, consistency and support with accessing and managing SDS Options.

### **What will our priorities be over the next year?**

- Through our work locally with the Carers Collective we know that we must do more to involve carers in planning replacement care options and short breaks
- Carers have choice and control in the caring role they are able and willing to sustain
- More carers have emergency plans that include replacement care options
- We involve carers in work with our local market to develop more respite and creative short breaks options that work for carers
- We have developed more types of support and breaks that benefit both the carer and the cared for person
- Carers in employment, education and/or training are supported

**Outcome 4: Carers will be able to say that they have choice and control In their lives, that they have balance between their roles as a carer and as a person pursuing their own interests, ambitions, and outcomes. They will be able to say that they can spend time with other people and can take part in other activities.**

**B. Carers are supported if they choose to continue to provide care**

<b>How this will happen</b>	<b>By when</b>	<b>Who will be involved</b>	<b>How will we know this has happened</b>
Offering every carer identified the opportunity to plan, identify their outcomes and the support they need to achieve these, an agreed plan review date and an emergency plan incl options for replacement care	Ongoing	Carers; Carers Centre HSCP Staff; Carers Lead	Carers are supported to develop their own support plans. % carers who feel supported to continue in their caring role.
An eligibility framework accessible to carers and staff on HSCP Carers Support webpage to ensure access to SDS Options is equitable and transparent. SDS Options are offered to all adult carers who have been identified as eligible for support from services	Ongoing	HSCP Staff; SDS ForumER: Carers Lead	Carers will be telling us they have choice and control over their caring role using Self Directed Support Options
SDS Information sessions for carers including Eligibility Framework	Jun-21	HSCP Staff; SDS ForumER: Carers Lead	Carers will be telling us they are well informed on Self-Directed Support Options and Eligibility for services

**Outcome 4: Carers will be able to say that they have choice and control in their lives, that they have balance between their roles as a carer and as a person pursuing their own Interests, ambitions, and outcomes. They will be able to say that they can spend time with other people and can take part in other activities.**

<b>How this will happen</b>	<b>By when</b>	<b>Who will be involved</b>	<b>How will we know this has happened</b>
<b>C. Short Breaks and Respite</b>			
We will ensure that carers, HSCP staff and support organisations are aware of the scope and different types of respite care and short-break provision available	Apr-21	Carers; Carers Lead; ER Carers Centre; HSCP Commissioning Staff	We have a published Short Breaks Statement that is easily available for carers to refer to
Work with providers to review and modernise our approach to respite and short term breaks in light of Covid-19 requirements	Mar-22	Carers; Carers Lead; HSCP Commissioning	We will have evidence there has been a shift in approach to creative and flexible options for carers to take short breaks
<b>D. Carers in Employment and/Training or Further Education Are Supported</b>			
Work together to develop more Carer Positive workplaces	Mar-22	Carers; Carers Lead; Carers Centre	We will have more organisations in East Renfrewshire engaged in and receiving Carer Positive Awards at higher levels
<b>E. Being Eligible for Support</b>			
We will share and publicise our Eligibility Framework for support from services and implement consistently	Mar-22	Carers; HSCP Staff; Carers Centre; Carers Lead	Carers will be telling us they know what types of support are available to them

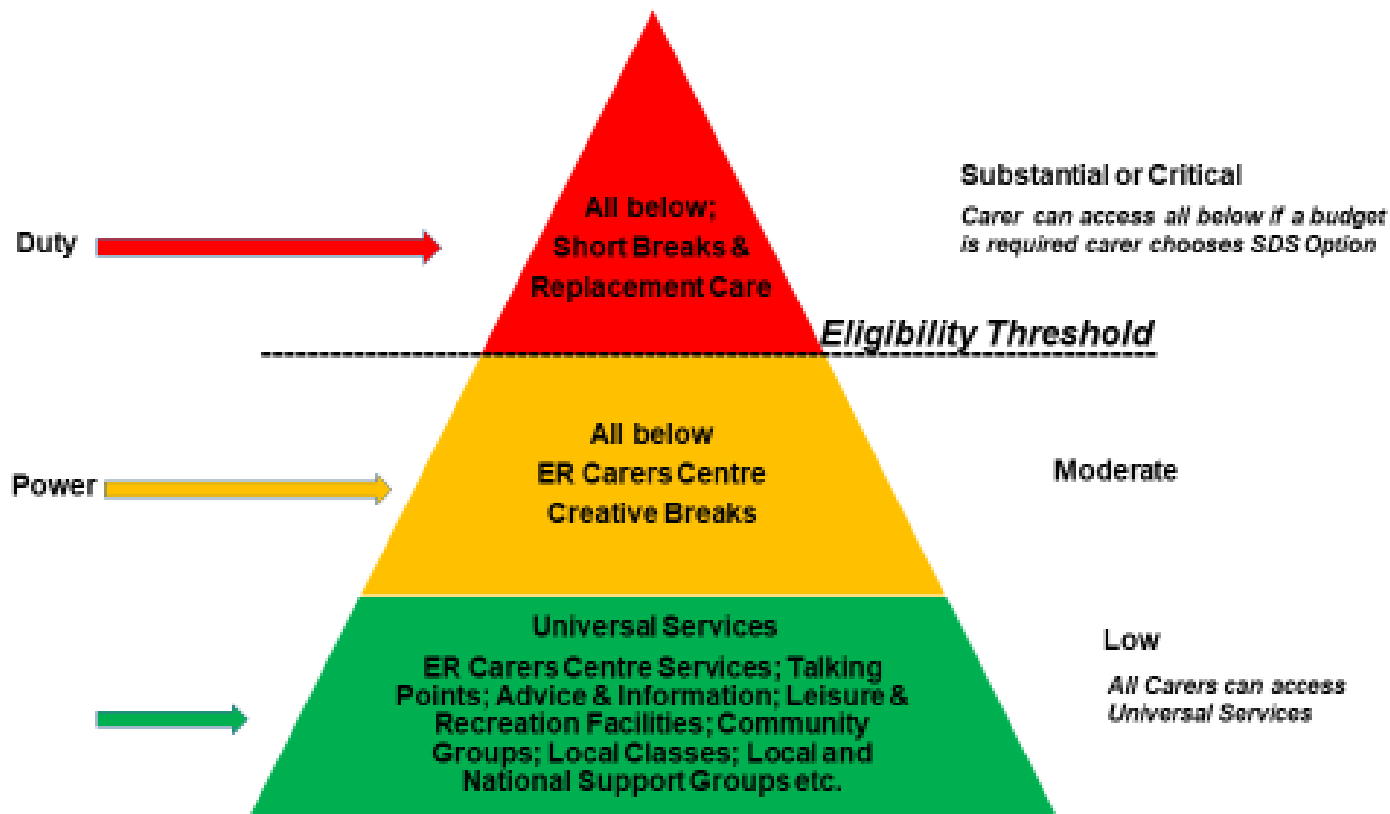
## Being Eligible for Support

As carers it is important to know how you will be supported when you make contact with the HSCP. That is why we are re-designing how people interface with HSCP services and a range of our partners who are also involved in strategic delivery across the authority. As a citizen you can expect to be treated consistently and appropriately upon first contact with the full range of our services. In keeping with what people told us about services being person centred we have invested in our workforces both internally and across third sector agencies to agree a common approach. As a starting point everyone providing a service to carers has been offered Good Conversations training. This means that you have the reassurance whether you speak with a worker from a Talking Point or the Carers Centre you will know we share a common understanding about how we do our work.

Eligibility for services is an important aspect of the work that we do. We believe that we are working towards getting the right balance between a good conversation that explores an individual's assets as well as their needs and looks to a range of community based supports as a first response. For people experiencing change because of a long term condition such as dementia this could mean accessing our post-diagnostic support services and our dementia link workers. If you are visiting your family doctor and you are experiencing stress because you are at school but are supporting mum at home the GP might offer to refer you to the Carers Centre for a discussion about support or might suggest a meeting with one of the area link workers. In line with The Act an Eligibility Framework has been published to inform Carers the level of support they should be able to expect from services within East Renfrewshire.

 [Read more about the Carers' Eligibility Framework \[181.92KB\]](#).

# **Carers Eligibility Framework**



## 6. Caring for Someone in Hospital

**Outcome:** Carers will be an equal partner in care before, during and following hospital discharge

The Carers (Scotland) Act 2016 gives carers the right to be involved in decisions regarding the hospital discharge planning of the person they care for. This is to help ensure that patients are discharged safely and that carers receive the support they need in order to continue to care if they choose to do so.

To prevent admission, readmission and to ensure a person is discharged safely from hospital with an appropriate level of support includes identifying the carer and the caring role that they are able and willing to sustain. Ensuring carers are being involved in the planning of support with the person they care for during discharge from hospital and are being offered a carers support plan to ensure their own outcomes are considered as a carer's right. These key principles of the Act are vital for successful discharge planning and for the health and wellbeing of the carer.

### **East Renfrewshire HSCP Home from Hospital Support for Carers**

We know that the person you care for being admitted to hospital and planning for their return home are stressful times for families and unpaid carers. This is particularly the case where the admission to hospital is for an emergency.

Where there's the possibility of the person you care for having to go to hospital on an emergency basis the Health and Social Care Partnership (HSCP) team, which includes your GP, nursing and social work staff, will work together to support them to get treatment at home if that's the right thing to do.

A lot of people are admitted to hospital, receive their treatment and then return home to carry on their lives as before. However, for some people making the return home will be more difficult.

The effect of time in hospital on the person you care for or the ongoing effects of their reason for admission may make it difficult to pick up the threads of regular life when they get home. Where this is the case we would plan with you, the person you care for, Hospital and HSCP staff what supports are needed to get the person you care for home. We would then work together to make the necessary arrangements.

### **How does a person ask for support?**

The hospital ward staff will be able to offer advice on who to contact. East Renfrewshire Carers Centre can offer practical and emotional support, information and advice specifically for carers on **0141 638 4888**. Alternatively, you can phone the Initial Contact team on **0141 800 7850** for advice on who can help you and the person you care for.

### **Who can get the support?**

Anyone who's likely to go into hospital or is going to be discharged can get support where necessary. Planning this would include talking and planning with the person or people who care for them. Usually, it'll be people who have more complex needs who'll need more support.

### **What happens once the person you care for is home?**

It's likely that we'll want to support the person you care for with rehabilitation and re-ablement once they are home and through Technology Enabled Care (TEC), this will enable the person you care for to live as safely and independently as possible in their own home.

Although we'd always aim to get the person you care for home, sometimes it won't be possible to return home safely. If the person you care for is in that situation, hospital and HSCP staff will work together with them and with you to plan where they'll move to.



## **How much does it cost?**

The advice, assessment process and support to help either keep the person you care for out of hospital or enable them to return home is free. If longer term support is required adults of any age living in Scotland, no matter their condition, capital or income, who are assessed by their local authority as needing free personal care, are entitled to receive this without charge.

Examples of free personal care could be; support with personal hygiene, mobility, managing mealtimes, or perhaps with medication. Advice, information and support for the carer is also free. Further information on carers eligibility for support can be seen above on Page 31 of this strategy.

If someone has a health need then the NHS will still be responsible for meeting that need – free of charge. However, people in care homes will be asked to contribute (subject to their financial circumstances) towards their social care and accommodation costs.

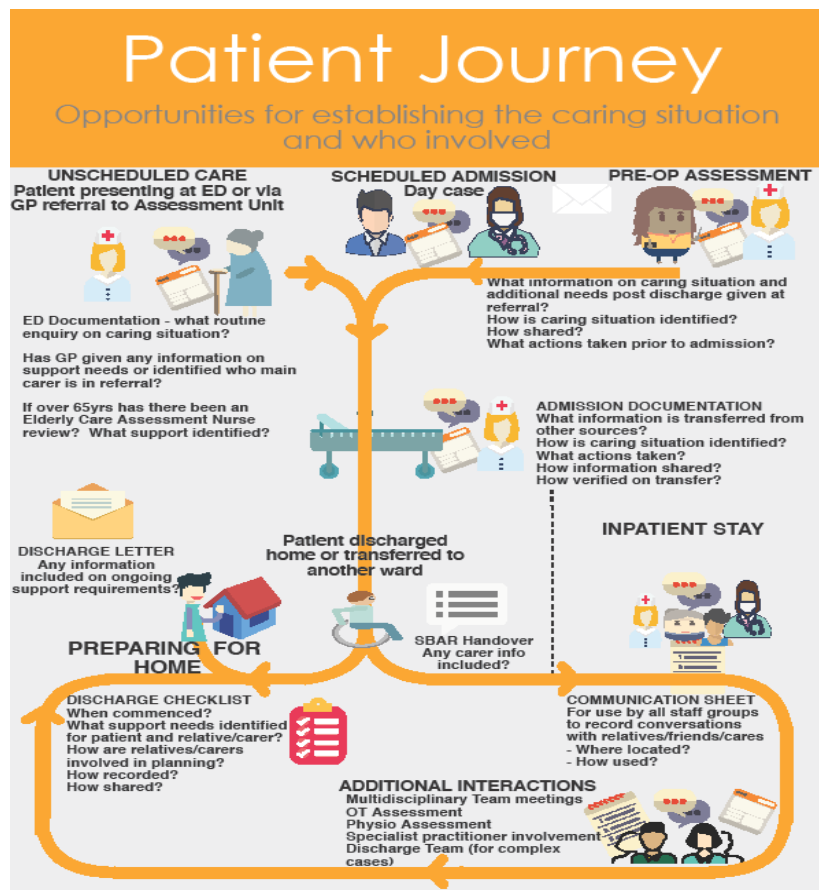
Only those who need to be in hospital will be exempt from charges relating to their accommodation. Everyone else, whatever their age or disability should contribute to the funding of accommodation costs, following a financial assessment.

## **Contribution by NHS Greater Glasgow and Clyde (NHSGGC)**

We want to make sure that all our patients are supported while they are in hospital and when they leave. Friends and family play an important role in this and we want to work with everyone to make sure that patients receive the best care possible.

## **Universal Carer Pathway**

A universal pathway is in place across all hospital services to identify, involve and support people with a caring role. Support for carers in NHSGGC is delivered via a partnership between HSCPs, Local Government and voluntary sector organisations.



They offer services which include: information and advice; emotional support; money advice; access to education, training and employment support; and, access to short breaks from providing care. These can be accessed either by the Carers Information Line 0141 353 6504, email <mailto:supportandinformation@ggc.scot.nhs.uk>, through the website [www.nhsggc.org.uk/carers](http://www.nhsggc.org.uk/carers).

During early implementation of the Carers Act we have worked with colleagues to:

- Improve access to carer support through General Practices by establishing electronic referral to Carer Services
- Improve availability of carer support services within hospital settings through our Support & Information Services [www.nhsggc.org.uk/patients-and-visitors/support-and-information-services/](http://www.nhsggc.org.uk/patients-and-visitors/support-and-information-services/)

## How will we measure success?

- We will monitor the number of contacts made through the Carers Information Line and Support and Information Services.
- We will monitor referral sources for contacts made through the Carers Information Line.
- We will listen to carer experiences and strive to make any required improvements.

## Carer Touch points / Person Centred Care

GP/Primary Care	Community Services	Reablement/ Rehabilitation / Intermediary Care	Hospital services
<ul style="list-style-type: none"><li>• Direct referral via SCI gateway</li><li>• Signposting to local carer support</li><li>• Introduce or update anticipatory care plan (if in place)</li></ul>	<ul style="list-style-type: none"><li>• Introduce or update anticipatory care plan (if in place)</li><li>• Referral and signposting to local carer support</li></ul>	<ul style="list-style-type: none"><li>• Introduce or update anticipatory care plan (if in place)</li><li>• Referral and signposting to local carer support</li></ul>	<ul style="list-style-type: none"><li>• Prompts within clinical documentation / systems to trigger healthcare professionals to identify carer</li><li>• Referral and signposting to local carer support</li><li>• Involvement in Discharge planning conversations</li><li>• Direct access to carer support during hospital admission</li></ul>

Carer touch points can be described across the services in the NHSGGC area. These highlight key opportunities for carers to be identified and offered support during routine interactions with health, social care and third sector employees and are mapped in the graphics above. NHSGGC will work with these services and partners to promote the universal carer pathway and identify further opportunities to target interventions and maximise reach.

Targeted interventions are already in place through the Support & Information Services in hospital sites. In addition, a range of priority wards and clinical areas that people requiring significant support from friends and relatives are most likely to be admitted to have been identified.

Work is underway across NHSGGC hospitals to ensure that these areas have access to urgent appointments for carers in hospital settings with local carer support services:

#### Older Peoples Services

- Dementia wards
- Elderly Medicine and rehabilitation wards

#### Long Term Conditions

- Cardiology / Heart and rehabilitation wards
- Mental health services
- Diabetes

#### Life-changing diagnosis / treatment

- Stroke units and rehabilitation services
- Oncology units and services
- Vascular surgery units and rehabilitation services

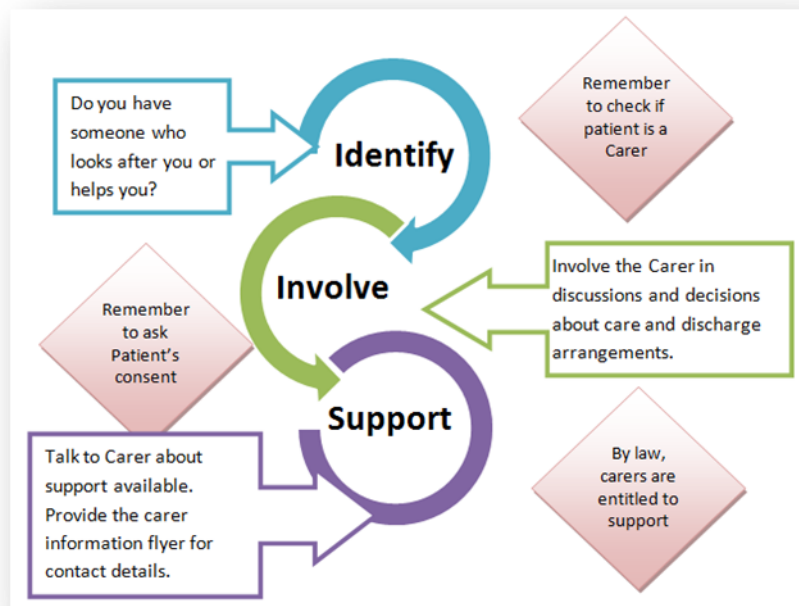
#### Deteriorating Conditions / Palliative Care

- Heart Failure
- Palliative Care services

#### Paediatric longer stay wards

NHSGGC will continue to develop this work with wards to strive to ensure that health care professionals can identify signs of carer distress and are able to access carer support quickly, if required. Further guidance is expected from the Scottish Government, e.g. Terminal Illness regulations and NHSGGC will undertake development work to embed guidance as it is made available nationally.

## What can carers expect in hospital settings?



When someone is admitted as an inpatient and stays overnight or longer in hospital they will be asked if they have someone who looks after them, i.e. a carer or if they are a carer themselves.

- If the patient is a carer and the person they care for requires help while they are in hospital we will engage with social work services.
- If the patient identifies a carer they will be asked for permission to share information about their ongoing care and discharge with the carer.
- If permission is given we will discuss and provide updates on ongoing care and involve the carer in discharge planning arrangements.
- If no permission is given we will still ensure the carer is aware of support available to them through carer support services.
- If multiple carers are identified we will ask the patient to nominate one key contact through which to coordinate communication as outlined above.

To help ensure that health care professionals are aware and reminded of the required actions above NHSGGC has developed prompts for health care professionals in new admission and discharge documentation to guide them through the process and training for frontline staff. A copy of the flowchart used in training is included below:

## How will we measure success?

We will undertake periodic case note audits and improvement plans covering admissions, communication and discharge documentation and practice to ensure completion of:

- Identification of carers
- Discussions to involve carers in discharge planning
- Signposting carers to carer support services.

We will monitor:

- The number of staff attending carers act briefings,
- The numbers of people viewing the YouTube staff training film clip
- The number of staff completing online training modules on the NHS LearnPro platform
- Referral sources for contacts made through the Carers Information Line.

We will also listen to carer experiences and strive to make any required improvements.

## Role of Anticipatory Care Planning

Anticipatory care planning (ACP) is a useful approach for health and social practitioners to work with people and their carers to ensure that their needs, wishes and outcomes are captured. The planning process helps an individual and those working closely with them to support informed decisions and choices are the type of care and support the person wants. Across the Greater Glasgow & Clyde Health Board area ACPs are used predominantly by people with long term or deteriorating health conditions.

For health care professionals in hospital, when a person with an ACP presents at either emergency department or an admissions unit, the ACP can be helpful in building a clear picture of a person's day to day health and wellbeing, and their wishes regarding hospital admission, treatment and care decisions. The plan can also help with discharge planning arrangements and any ongoing communication with the person and their carer.

## Discharge Planning

Health care professionals will begin to plan for discharge soon after someone is admitted. This early planning helps avoid delays once a person no longer requires care in an acute hospital. The Carers (Scotland) Act 2016 contains a specific duty for Health Boards to involve carers in discharge planning.

Over the past few years NHSGGC has undertaken engagement and research with carers to inform the Carers Act implementation in relation to discharge planning. NHSGGC have updated the communication sheet which is maintained in the patient's notes and captures all discussions health care professionals have with a person's nominated contacts to reflect carer details and involvement.

### What can carers expect?

- Soon after someone is admitted, health professionals on the ward will begin to have discussions to try to understand any care and support they normally require these are usually around daily routine before admission to hospital.
- Health care professionals will discuss ongoing treatment and care arrangements with the carer. Consent has to be given by the patient for this to happen.
- Health care professionals will try to ensure the carer is made aware of any likely changes to the level of care the person would normally require.
- Health care professionals in the ward will listen to both the cared for and the carer's views on their proposed discharge arrangements.
- Health care professionals may involve social care services in helping make decisions about a person's discharge home.
- Carers will be informed beforehand about what will happen on the day of discharge and receive details of how best to access a range of carer support services.

Prompts are also included in the discharge checklist which is completed close to the time of discharge and training has been developed for frontline staff to guide them through this process.

## **Avoiding re-admission / failed discharge**

It is widely recognised that careful planning with the carer and the cared for person is vital to ensure a person is discharged with an appropriate level of support to meet their needs and circumstances. This includes identifying the caring role the carer is able and willing to sustain beyond discharge. Discharge planning may require sensitive discussions with the carer and the cared for to understand and capture their wishes about additional care or support packages, consideration of intermediary care, rehabilitation, or residential care and nursing homes.

NHSGGC has been successful in obtaining funding and evaluation support from Scottish Government to develop and test new approaches and resources to support carer involvement in discharge planning. The projects focus on:

- Delivery of a training programme to hospital staff in Glasgow Royal Infirmary and Stobhill Hospital and resources to support carer champions
- Development of a carer hand held record of the discharge plan
- Development of a resource to help health care professionals identify carer distress
- Development of information and resources to help patients and carers prepare for discharge.

These projects will run for one year and if successful, improvements will be implemented across all hospitals in NHSGGC.

## **Communication & Support**

A Communication Plan is in place which includes:

- Scheduled programme of key messages and information for carers via Board communications team including corporate publications, website, social media
- Distribution of co-designed carer information and support posters and flyers across health and social care settings to encourage self-identification of carer
- Promotion of the universal pathway to all frontline employees in all health and social care settings to encourage referral to carer support services.



- Flyers, posters and content on the NHSGGC website has been developed in consultation with carers and these have been made available to health and social care professionals.
- Resources for carers to aide self-identification and promote the universal pathway for carer support. Click [here](#) to view.
- Awareness sessions on the Carers (Scotland) Act 2016 are available to all frontline staff via the NHSGGC website. Additional face to face briefing sessions will continue to be delivered to frontline staff over the next two years.

### **What can carers expect?**

- To find copies of flyers and posters within hospital services.
- For health care professionals to have an understanding of how to identify a carer and to know how to access carer support services.

### **How will we measure success?**

- We will monitor the re-order of flyers and posters.
- We will undertake audits of availability of flyers and posters in hospital services.
- We will monitor the number of times the carer awareness clip is viewed.

### **Patient and Carer involvement**

The Patients' Rights Act endorses the principle of active engagement of carers and family members in the care of their relative or friend. Health Boards are required to facilitate such involvement. Best practice in the care of the frail and elderly, alongside care for patients with additional needs for example dementia, sees the involvement of carers as a vital and productive part of patient care.

Work is underway within NHS Greater Glasgow and Clyde to make wards more welcoming to all visitors and to identify and support carers to be partners in care whilst the cared for are in hospital. A key component of this work will be to improve

communication and relationships between carers and multi-disciplinary teams through the sharing of information and the involvement in decision making and where appropriate care-giving within the ward setting, i.e. Support to eat and with personal care should the carer wish to participate.

This will help maintain the carer and cared-for relationship, improve communication between staff and carers, and help prepare the carer for aspects of continuing care and/ or palliative care post discharge.

In preparation for implementation of the act NHSGGC engaged with carers to elicit their views and experiences of involvement in discharge planning click [here](#) to read more about this. In addition, patients, staff and visitors experiences and opinions are welcomed via the website/care opinion click [here](#) to find out more. Universal feedback, such as the inpatient experience survey, carers audits and person centred care experience projects are undertaken across services at regular intervals to identify best practice and actions for improvement.

Analysis of patient, staff and visitor feedback from a range of sources is undertaken by the Patient Experience, Public Involvement and Quality Team and this continues to help inform developments and actions to improve practice.

## **NHS Workforce Development**

Training and briefings for frontline staff in clinical settings have been developed to ensure staff are aware of the Carers Act, the duty to involve carers in discharge planning arrangements and to signpost or refer the carer to support.

The menu of training includes:

- Universal training film to all staff
- In-service briefings to priority areas: older peoples; dementia services; stroke; neurology; spinal; PDRU; medical / diabetes.
- E-learning module on Learnpro

Development of case studies to bring to life scenarios across pathway to be housed on NHSGGC.

## Appendix

1. Carduff, E., Finucane, A., Kendall, M., Jarvis, A., Harrison, N., Greenacre, J. and Murray, S.A. (2014). Understanding the barriers to identifying carers of people with advanced illness in primary care: triangulating three data sources. *BMC Family Practice*, 15(1).
2. <https://www.gov.scot/publications/carers-scotland-act-2016-statutory-guidance/>
3. <https://www.gov.scot/publications/children-young-people-scotland-act-2014-national-guidance-part-12/pages/3/>
4. <https://www.gov.scot/publications/caring-together-carers-strategy-scotland-2010-2015/>
5. <https://www.gov.scot/collections/public-bodies-joint-working-scotland-act-2014-statutory-guidance-and-advice/>
6. [https://www.gov.scot/publications/guide-social-care-self-directed-support-scotland-act\\_2013/](https://www.gov.scot/publications/guide-social-care-self-directed-support-scotland-act_2013/)
7. <https://www.gov.scot/policies/girfec/>
8. <https://www.eastrenfrewshire.gov.uk/about-hscp>.
9. <https://www.eastrenfrewshire.gov.uk/children-and-families>
10. <https://www.gov.uk/guidance/equality-act-2010-guidance>
11. <https://www.gov.scot/publications/scotlands-carers/>
12. <https://www.scotlandscensus.gov.uk/>
13. [https://www.carersuk.org/images/News\\_and\\_campaigns/Caring\\_Behind\\_Closed\\_Doors\\_Oct20.pdf](https://www.carersuk.org/images/News_and_campaigns/Caring_Behind_Closed_Doors_Oct20.pdf)
14. <https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/pages/23>
15. <https://www.gov.scot/publications/community-empowerment-scotland-act-summary/>
16. <https://www.gov.scot/groups/independent-review-of-adult-social-care/>

## Jargon Buster

ACP - Anticipatory Care Plan

ACSP - Adult Carer Support Plan (a form designed to help unpaid carers plan for the future)

HSCP - Health and Social Care Partnership

IJB – The ‘Integration Joint Board’ is made up of representatives of people who use Health and Social Care Services, NHS, Council and partners from other organisations who are responsible for the planning, resourcing and oversight of health and social care services in their area.

Outcome – What matters to the person; the impact of activity, support and services

Primary Care – The ‘front door’ of the NHS e.g. GPs, Pharmacy, Dentist, Optician

Talking Point – An easily accessible point of contact in the local community or online where advice, support and information on community, health and social care can be found.

Vision Statement – What a group or organisation aspire to achieve

Strategic Outcome – A desired end result from work

