

**Preparation for Carers (Scotland) Act 2016 Commencement**

**Recommendation:-**

The Board is asked to:

- Note the implementation plan in place to support preparation for the Carers Act in time for commencement in April 2018
- Note the sizable implications of the Carers Act for Acute services and consider the process outlined to achieve 'readiness'.
- Receive an update in February 2018 with further details of implementation.

**Purpose of Paper:-**

Highlight the provisions with the forthcoming Carers Act and provide a further update on Acute Service 'readiness' for commencement of the Act.

**Key Issues to be considered:-**

The Carers Act outlines statutory requirements for Acute Services. National guidance to support the implementation of the act is awaited. Preparations are underway to identify key actions /implications for Acute Services. Arrangements are in place to promote partnership working across Acute and HSCPs in relation to preparation for the Act.

**Any Patient Safety /Patient Experience Issues:-**

Content of paper supports Patient Centred Care outcomes

**Any Financial Implications from this Paper:-**

Activity to support Carers is currently funded from non recurring Carers Information Strategy funding. This currently flows through NHSGGC Board to HSCPs allowing 'top-slice' for Acute Services carer development programme however continuation of this arrangement beyond 2017/18 is unclear.

**Any Staffing Implications from this Paper:-**

Workforce development implications are noted within the paper.

**Any Equality Implications from this Paper:-**

Carers and Young Carers are recognised vulnerable groups with poorer health outcomes than the general population.

**Any Health Inequalities Implications from this Paper:-**

Carers may be subject to further disadvantage with patterning of caring responsibilities linked to social deprivation.

Improved access to support will contribute to a reduction in health inequalities through mitigation.

**Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome:-**

A full risk assessment will be undertaken in November 2017 informed by findings from the test of change programme.

**Highlight the Corporate Plan priorities to which your paper relates:-**

Prevention and early intervention.

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## PREPARATIONS FOR COMMENCEMENT OF THE CARERS ACT

### RECOMMENDATIONS:

The Board is asked to:

- Note the implementation plan in place to support preparation for the Carers Act in time for commencement in April 2018
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- Receive an update in February 2018 with further details of implementation.

### 1. Background /Introduction

The Census data (2011) suggests that approx 10% of Greater Glasgow and Clyde residents identify themselves as having caring responsibilities. Three in every 10 patients admitted report having a health condition that significantly limits daily living and as such are likely to require additional caring support.

The Carers (Scotland) Act was passed on 4<sup>th</sup> February 2016. It gained Royal Assent on 9th March 2016. The implementation of the provisions in the Carers Act, which are designed to support carers' health and wellbeing, will commence on 1<sup>st</sup> April 2018, and build on the aims and objectives set out in the National Carers and Young Carers Strategy 2010-2015.

The main provisions of the Act are detailed in appendix 1. Specific responsibilities are evident for Acute Services. Integrated Joint Boards (IJBs) have now been identified as lead organisations for implementation with responsibility for duties previously highlighted as local authority.

The Scottish Government in conjunction with Health Boards, COSLA, IJBs and Local Authorities are currently developing the related statutory guidance and regulations.

The Board received an initial report detailing the requirements of the Act in August 2016. The focus of this report is to update the Board on the programme of work underway to address the associated acute service responsibilities with relevant connection to similar preparations in the six Health and Social Care Partnerships.

### 2. Carers Development Programme

In preparation for the commencement of the Act in NHSGGC, a series of workshops have been held by the Head of Health Improvement over the past year. The purpose of this was to engage with key stakeholders in HSCPs, carers' centres, and Acute Services to coordinate efforts and identify priority areas for improvement, action and collaboration with a clear focus on 'mainstreaming' practice. This work has built on progress already achieved through Carers Information Strategy funding over the past six years.

The 'GGC Corporate Carers' group has been re-established with representation from HSCP carer's leads and has delivered:

- Oversight to fulfil Board requirements for reporting on Carers Information Strategy funding for 2016/17

- Review of resources to support Board-wide referral pathways for carers to enable carer assessment and support
- Engagement of carers to elicit their views and experiences of involvement in discharge planning.

The group continues to progress:

- Identification of core 'joint' elements for inclusion in the development of local Carer Strategies including; Access to carer support services; Anticipatory care plans and opportunities within Primary Care.
- Development of outcome measures for carers in conjunction with national proposals.
- Collaborative action to improve identification and address the needs of young carers.

The Patient and Carers Experience group is developing the welcoming ward which supports the opportunity for carers to be 'partners in care' and provide complimentary care for the person they care for during their hospital stay.

### **3. Acute Service Carers Programme**

The Acute Health Improvement and Inequalities Group formed an Acute Carers Task Group with representation across sectors/ directorates, health care professions and carer support services. The group commissioned research to identify the 'opportunities or triggers' within the patient journey to appropriately identify, involve in discharge planning and support carers to access advice and information services provided by local authorities and third sector carer services.

The Group sponsored extensive engagement with 138 Carers to identify carer experience and expectations in relation to 'being involved in patient care and discharge planning. This work has informed the development of the test for change and staff training materials.

The group reviewed best practice both within and out with NHSGGC and identified six areas of intervention as levers in preparing acute services for implementation of the Carers Act.

The group agreed to establish a series of 'tests for change' to implement the following areas of intervention in practice.

The proof of concept approach aims to:

- 1) Implementing identification; involvement and support at key touch-points in the patient journey and develop routine documentation from which evidence of involvement can be generated
- 2) Establish approaches to inform and involve carers in decision making about treatment, care and discharge planning, with the cared for's consent
- 3) Test the means by which carers are involved in care-giving in hospital settings and planning for care at home such as roll-out of joint care plans, anticipatory care plans, e.g. My Thinking Ahead
- 4) Review current promotional and signposting materials for carers support services
- 5) Enable direct access to carers support services for priority services in hospital settings
- 6) Identify Staff briefing and training model / methods

The following services have been identified to achieve a spread across clinical areas and take account of different carer scenarios, i.e. at diagnosis or acute onset of life-changing condition; for deteriorating long term conditions; and care of the elderly:

Clyde Sector:	North Sector:	South Sector:	Children's Services:	Regional Services:
<ul style="list-style-type: none"> <li>•Ward 19 RAH</li> <li>•Stroke IRH K South</li> <li>•Older People Assessment RAH</li> <li>•Ward 14 &amp; 15 VoL</li> </ul>	<ul style="list-style-type: none"> <li>•Acute receiving frailty unit / Hyperacute Stroke Unit, Wards</li> <li>•Wards 2, 4, 31, 33, 36 GRI</li> </ul>	<ul style="list-style-type: none"> <li>•Ward 8A QEUH</li> <li>•Vascular Ward 11B QEUH</li> </ul>	<ul style="list-style-type: none"> <li>•Ward 3A RHC</li> </ul>	<ul style="list-style-type: none"> <li>•Ward B4, Beatson WOSCC</li> <li>•Scheduled end Aug</li> <li>•Ward 49 Burns &amp; Plastics, GRI</li> <li>•Renal Unit, QEUH</li> <li>•Forensics</li> </ul>

Projects with multidisciplinary teams in each of the test sites and a baseline audit of carer practice have been completed. A coaching package including informal in-service briefings and training resources has been developed and almost 200 staff in the test sites have completed to date.

An improvement audit cycle is underway to look at the effectiveness of prompts within clinical documentation to support routine identification of carers; gaining patients' consent to involve carers; triggering and evidencing discussions with carers in relation to planned discharge and the signposting or referring of carers to appropriate carer support services.

Following testing of the prompts it is anticipated that these will be embedded within universal clinical documentation for all inpatient areas.

The learning gained through the tests of change will inform a system-wide implementation plan to be drafted in November 17.

Regular feedback to the Corporate Carers group on the 'Test for Change' programme continues to inform NHSGGC contributions to Local Authority carer strategies being developed by HSCPs.

#### 4. Preparation for readiness

##### 4.1 Readiness toolkit.

A 'readiness toolkit' has recently been released for use as a framework for integration authorities; local authorities and health boards to self-assess progress toward implementation. The HSCPs have undertaken local assessments of readiness and the Glasgow City IJB Paper was shared with HSCP Carer leads at the GGC Corporate Carers group.

An assessment the NHSGGC Acute Services position against this toolkit has informed the implementation plan.

An Acute Board-wide implementation plan is underway which:

- a) embeds carer duties into the existing programme areas of; Person-Centred Care; Excellence in Care; Listening Ward initiatives and Patient and Carer Engagement and development of NHSGGC Quality Strategy
- b) evidences carer engagement within the nursing documentation; MDT Care Planning documentation; dynamic discharge planning; the use of Anticipatory Care Plans and eHealth systems
- c) establishes clearer pathways for carer support including and direct access model to carers services in priority clinical areas
- d) includes a multi-mode training programme for system-wide implementation with initiation. (An example of the rapid briefing model being used in the test for change is embedded as appendix 2).
- e) communication plan will be developed to brief the workforce on responsibilities relevant to practice and raise awareness with the public.
- f) considers specific actions required to identify young carers within clinical services
- g) collation and analysis of routine carer feedback through Universal Patient Feedback; online patient feedback and carer audits etc
- h) promotion of universal carer information and support services.

Dedicated capacity and resource to develop and roll out the programme is dependent on annually allocated Carers Information Strategy funding from which a top-slice acute allocation has been locally agreed for 2017/18. It is anticipated that from April 2018 funding from Scottish Government will be directed to HSCPs. An agreement regarding an acute allocation is required to secure corporate capacity to support this work beyond 2017/18.

#### **4.2 Draft National Guidance – Discharge**

Draft national guidance relating to hospital discharge responsibilities (Section 28) was been shared with colleagues in September. Potential implications of this guidance for Acute Services include:

- a) The involvement of carers (*where carers can be identified without delay*) in the context of any admission and discharge to any location
- b) Changes to local discharge guidance to ensure the health board must take account, *so far as reasonable and practicable to do so* the views of carers in relation to decisions relation to the discharge of the cared for person.
- c) Expectation that documentation will capture of patient's consent to involve carer and to record carer views on discharge planning and intended discharge date
- d) Development of an assessment of carer's ability to care post-discharge.

Areas a, b, and c are currently being explored within existing tests of change. Further guidance on the nature and expectations relating to d 'an assessment of a carers ability to care' is being followed up with Scottish Government colleagues but could have implications for patient flows.

#### **4.3 Draft Carers' Charter**

A Carers' Charter is to be published nationally, setting out the rights for carers (adults and young carers), under the Act. These rights include:

- a) the offer of an Adult Carers Support Plan or a Young Carers Statement, which is an assessment of support needs;
- b) the right to receive support to meet eligible needs as well as support for those who do not meet eligible criteria;

- c) the right to be involved in the planning and evaluation of carer services, in assessing their own support needs and when assessing the needs for the person they care for;
- d) and the final element which is of particular relevance to Acute Services is carer involvement in the hospital discharge process of the person they care for or are going to care for.

The draft Charter is currently out for consultation until 22<sup>nd</sup> October 2017. The Acute Carers Task Group will continue to feedback to the Scottish Government. It is anticipated that local communication plans will build on the national charter once finalised.

## **5. Recommendations/Conclusions**

The Board is asked to note the sizable implications of the Carers Act for Acute Services and the implementation plan outlined to achieve 'readiness' in time for commencement in April 2018. A further update will be provided to the Board in February 2018 with further details of implementation across Acute Services and Health and Social Care Partnerships.

## **Appendix 1: Carers (Scotland) Act 2016 provisions:**

1. Changing the definition of carer<sup>1</sup> so that it encompasses a greater number of carers
2. Giving local authorities a duty to prepare an adult care and support plan (ACSP) or young carer statement (YCS) for anyone they identify as a carer, or for any carer who requests one
3. Giving local authorities a duty to provide support to carers that meet local eligibility criteria
4. Requiring local authorities to establish and maintain advice and information services for carers.
5. Requiring local authorities and NHS boards to involve carers in carers' services
6. Giving NHS boards a duty to involve carers in the discharge of the cared for person
7. Local authorities and health boards will be required to jointly produce local carers' strategies.

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<sup>1</sup>A carer can be defined as an individual who provides unpaid practical, physical and emotional support to relatives, friends and neighbours due to physical or mental illness, addiction, frailty or disability. They may or may not live with the person.

**Appendix 2: Rapid Briefing Developed for Test of Change Projects:**

## Where to get support

For all NHSGGC service users and staff.

### Carers Information Line

0141 353 6504

[info@glasgowcarersinformation.org.uk](mailto:info@glasgowcarersinformation.org.uk)

Contacting the CIL provides a single point of access for carers into their local services. They will work with them on their needs to allow them to continue to care. This includes information and advice, emotional support, money advice, access to training, education and employment support, access to short breaks from providing care. It is also open to staff looking to refer carers or for advice on supporting carers.

### NHSGGC Support & Information Service

0141 211 1524

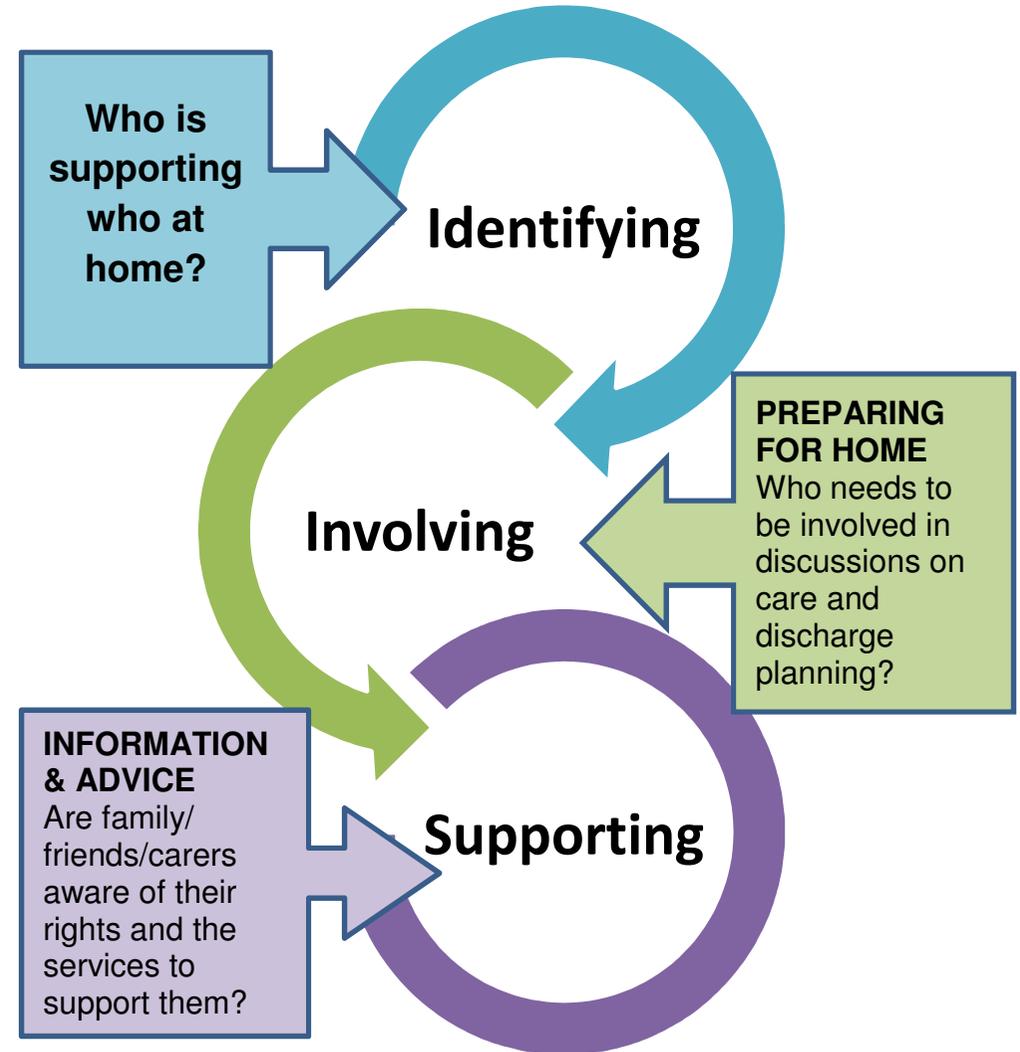
[supportandinformation@ggc.scot.nhs.uk](mailto:supportandinformation@ggc.scot.nhs.uk)

Providing support and information to all hospital users and staff on a wide range of topics from, health, lifestyle and wellbeing to money worries, accessing services including carers support and everything in between. Available via telephone or email and on the ground floor in the QEUH; Royal Hospital for Children; Stobhill ACH and the New Victoria Hospital.

## What we are testing in your area

As this is already current practice in your area, we are testing methods to evidence the requirements of the Act. **The requirement applies to all staff groups.**

## Supporting You, Supporting Carers



## What carers said about being involved

Recognise me for the support I provide.

Please listen to what I have to say. I know what their care needs are normally.

Give me the information I need so I can continue to care.

Let me know as soon as possible so I can get ready for them coming home.

Good involvement in discharge means we've all agreed the support needs for the person I look after and for me, before we go home.

While the person I look after is in hospital I might want to be involved in caring for them. This could help prepare me for when they come home.

## Carers (Scotland) Act 2016

In April 2018 by law **you** will be required to ensure, where reasonable and practicable, those providing unpaid care support for a relative / friend are involved in discharge planning and be able to evidence this. This is just one component of the Act that applies specifically to the hospital setting.

Overall the Act aims to:

- Improves outcomes for both the cared for and carer
- Protect carers health and wellbeing
- Enable carers to care if they are willing and able
- Enable more people to be cared for at home

### Who are carers?

Carers are individuals who provide unpaid, practical, physical, and emotional support to relatives, friends, neighbors due to physical or mental illness, addiction, frailty or disability.

They may or may not live with the person. They can be any age. Some couples may be supporting one another. Some may be caring for more than one person.

They may not recognise that they are carers.

### What this means in practice

- Identification at earliest stage of patients who are likely to require support post discharge
- Identify who provides this support
- With the consent of the patient, involve their carer in care and discharge planning
- Inform them of their rights and how to access support to help them to continue their caring role