East Sussex Healthcare
NHS Trust

GUIDELINES FOR THE PRACTICE OF INVOLVING CARERS and CARERS ADMISSION

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Name of responsible committee/individual:	Vikki Carruth, Director of Nursing and Governance ESHT
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Associated Documents:	See References

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V2 2006248	Oct 2006 V2	Cathy Stone – Chief Nurse on behalf of Nursing & Midwifery Policies Committee		
V3	Sept 2008	Jane Hentley – Chief Nurse on behalf of Nursing & Midwifery Policies Committee		
2018235 V4.0	December 2017	Elaine Lindfield	Previous document removed from database	Update of ESHT and Care for the Carers policies and procedures

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Gemma Walker	ASC EDGH	January 2017
Jean Duffy	Learning Disability Lead Nurse	September 2017
Angela De La Motte	Safeguarding Adults Lead	September 2017
Senior Nurses	ESHT	August 2017

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

Table of Contents

GUIDELINES FOR THE PRACTICE OF INVOLVING CARERS and CARERS ADMISSION

1. Introduction

1.1 This guidance relates to all staff groups, including Doctors, Nurses, Physiotherapists, Occupational Therapists, Dietitians, SALT, Housekeeping Staff, Ward Clerks and any other staff who may have direct contact with carers and family members.

2. Rationale

2.1 "A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.
Anyone could be a carer, e.g. a 15-year-old girl looking after a parent with an alcohol problem, a 40-year-old man caring for his partner who has terminal cancer, or an 80-year-old woman looking after her husband who has Alzheimer's disease.[1]

2.2 3 in 5 people will end up caring for someone at some point in their lives, and by 2035, 50% more people will be carers – 9 million in the UK. There are 59,409 carers in East Sussex.[2]

2.3 The term "carer" excludes volunteers who provide care as part of their work for a voluntary organisation, and anyone who is providing personal assistance for payment.

2.4 Carers may or may not live with the person they care for, and can be any age. Caring can take a number of forms and is undertaken by individuals from all walks of life.

2.5 Carers may not see themselves as being in need of services or identify themselves as a carer. Many may feel that are simply carrying out ordinary responsibilities as part of a family. Identifying carers when they are themselves accessing healthcare is essential to supporting carers and the people they care for. NHS guidance suggests health staff should ask the following question to assist them to identify carers: "Do you look after someone who couldn't manage without your help and support?"

2.6 Nationally, there is a commitment to recognising the role of carers, underpinned by the Carers Strategy and the Care Act and NHS England Commitment to Carers: "Carers will be treated with dignity and respect as expert care partners and access services they need to support them in their caring role." [3]

2.7 "The Care Act 2014 now makes integration, co-operation and partnership a legal requirement on local authorities and on all agencies involved in public

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[1] Carers Trust website

[2] Census 2011

[3] National Carers Strategy (2008, refreshed 2010)

care, including the NHS, independent or private sector organisations, some housing functions and the Care Quality Commission (CQC).”[4]

2.8 As a result of changes introduced by the Care Act 2014 and the Children & Families Act; the NHS England ‘*An integrated approach to identifying and assessing carer health and wellbeing*’, seeks to address changes to the way in which carer health and wellbeing need is identified, assessed and supported.

2.9 The aim is to develop and integrated approach to the identification, assessment and support of carers health and wellbeing across health and social care to:

a) maintain the independence, physical health and emotional wellbeing of carers and their families
b) empower and support carers to manage their caring roles and have a life outside of caring
c) ensure carers receive the right support, at the right time, in the right place
d) respect the carer’s decision about how much care they will provide and respect the carer’s decision about not providing care at all.

2.10 The integrated approach across health and social care is underpinned with partners adopting seven key principles (these are set out fully in the NHS Carers Toolkit, www.england.nhs.uk/ourwork/pe/commitment-to-carers/carers-toolkit/), as follows:

1. Support the identification, recognition and registration of carers in primary care
2. Carers have their support needs assessed and receive an integrated package of support to maintain and/or improve their physical and mental health
3. Carers will be empowered to make choices about their caring role and access appropriate services and support for them and the person they look after
4. The staff of partners to this agreement will be carer aware
5. Carers will be supported by information sharing between health, social care, Carer support organisations and other partners to this agreement
6. Carers will be respected and listened to as expert care partners, and will be actively involved in care planning, shared decision-making and reviewing services
7. The support needs of Carers who are more vulnerable or at key transition points will be identified early.

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[4] NHS England: An integrated approach to identifying and assessing Carer health and wellbeing, 2016

3. Scope

3.1 East Sussex Healthcare NHS Trust is committed to working in partnership with carers to ensure the best outcomes for patients and to provide the information, support and involvement which carers need to carry out their role.

3.2 The aim of this policy is to ensure that we meet the needs of our patients and their carers in the delivery of our service.

3.3 It is recognised that there is work to be done in involving carers in the planning and delivery of care whilst their partner, relative or friend is in hospital. This policy provides clear guidance to staff around involving carers and aims to improve and support good practice.

4. Definitions

1.1 Staff will aim to identify whether the patient has a carer or is a carer during an initial assessment of the patient's needs and to enter this information on the Integrated Patient Documentation (IPD).

5. Accountabilities

5.1 Where appropriate agreement must be obtained from the patient to share personal information on care, diagnosis and treatment with the carer and documented appropriately within IPD.

5.2 Where possible, a face to face meeting with the carer will take place within four hours of in-patient admission (or as soon as possible). This will enable the carer to contribute information about the patient's needs, home circumstances and the carer's expertise in caring for the patient.

5.3 In situations where the patient has communication or comprehension difficulties, all efforts must be made to ensure the patient is able to communicate and understand what is being communicated to them and that the appropriate support is provided to enable communication. Communication needs of the patient and carer must be identified, recorded, highlighted, shared (with other services providing healthcare to the patient) and their communication needs met in accordance with the Accessible Information Standard (Health & Social Care Act). This may include the carer contributing information on the patient's condition and/or care. Direct communication is essential and the carer should be provided with information about Care Passports and advised to visit the Patient Advice and Liaison Service (PALS) office to obtain a Care Passport.

5.4 If a meeting cannot be achieved within four hours, then a designated nurse on duty should inform the carer of the delay if they are within the hospital. If the carer has left the hospital the designated nurse will telephone the carer (or use the appropriate communication method identified), as soon as possible.

6. Process

6.1 The carer's expectations and concerns and any communication needs should be noted in the IPD; it is our aim that the carer is welcome to work with staff and can discuss their input into the care of the patient, if appropriate, which will then be incorporated into the nursing documentation.

6.2 It is essential to ensure the carer does not become disempowered and takes care of their own wellbeing and that by continuing with the care of their friend/relative whilst in hospital they do not compromise their own health.

6.3 If at any time the carer wishes to speak to the Doctor who is responsible for the person they care for, it is the responsibility of the Ward Matron or Charge Nurse or in their absence the nurse in charge to facilitate the meeting by contacting the team. If at any time the carer wishes to discuss issues of concern and has been unable to speak to a member of ward nursing staff, they can ask to speak to the Head of Nursing or their deputy for the area. Each area has an allocated Head of Nursing who can be contacted in office hours via the hospital switchboard. A member of the "site team" is also available 24 hours a day via switchboard.

6.4 The carer will be provided with all necessary training to enable them to care for the patient - such as feeding techniques, catheter care and moving and handling techniques. The training will be delivered by a relevant health professional, such as Occupational Therapists, nursing staff, or Speech and Language Therapists. The Multi-disciplinary Team (MDT) should ensure that the patient and carer are comfortable with the carer's ability to carry out the tasks, in hospital and especially at home, and that they are willing and able to undertake these tasks.

6.5 Explanation of probable treatment regimes and practices will be given to the carer, enabling anxieties and fears to be acknowledged and explored. Treatment regimes seeking to promote independence can seem harsh to patients and carers and cause concern unless explained in context.

Valid consent to treatment is absolutely central in all forms of healthcare, from providing personal care to undertaking surgery. Where an adult patient lacks the mental capacity to give or withhold consent for himself or herself **no one else can give consent on their behalf** unless the Carer has a Lasting Power of Attorney (LPA) for Health and Welfare. (Code of Practice for Mental Capacity Act MCA 2005)

However, treatment may be given if it is in their best interests. The Mental Capacity Act places a duty on the decision maker to consult other people close to a person who lacks capacity, where practical and appropriate, on decisions affecting the person and what might be in the person's best interests. [5]

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[5] *Mental Capacity Act; Code of Practice 5.49*

This act also applies to those involved in caring for the person and interested in the person's welfare. Under 4(7), the decision-maker has a duty to take into account the views of the following people, where it is practical and appropriate to do so:

- Anyone the person has previously named as someone they want to be consulted
- Anyone involved in caring for the person
- Anyone interested in their welfare such as, family carers, other close relatives or an advocate.
- An attorney for health and welfare appointed by the person under a Lasting Power of Attorney
- A deputy appointed for that person by the Court of Protection
- Advance Decisions to Refuse life Sustaining Treatment

6.6 Carers can often have valuable experience of the impact of medication on the person they care for. The type, frequency and administration of medication, especially any form of sedation will be discussed and all appropriate information given by staff. Where medication is given against the judgement of the carer, they will have the right to register this viewpoint in the medical notes.

6.7 Visiting times differ with each ward within the hospital, it is generally written at the entrance of each ward when visiting is allowed. This may change with the discretion of the Ward Matron or Charge Nurse and should always be flexible for carers.

6.8 The carer will be informed of the expected discharge date as soon as possible after the patient is admitted. Where the patient's discharge destination is home, the carer will be given at least 24 hours' notice. Ward staff should work in partnership with Adult Social Care to ensure an appropriate package of care is in place prior to discharge, in order to prevent re-admission. If staff experience difficulties in achieving this, they can contact Care for the Carers for support with liaising with Adult Social Care. Discharge may be expedited if the carer is in agreement and any services can be put in place prior to discharge.

6.9 A range of information and leaflets will be available on the wards, and in the PALS office, signposting carers to help and information from statutory and voluntary agencies. Staff can also directly contact Care for the Carers for advice and support regarding carer issues.

7. Special Considerations

7.1 If an informal carer will be taking responsibility for the patient following discharge, it is in everyone's interest to ensure that the carer has the relevant information and skills to manage at home with the appropriate support. It is important that the Multi-Disciplinary Team (MDT) are aware of the role the carer will take following discharge; ensuring that the carer is willing to take on the responsibilities, this will not only aid patients and carers, but will also help to prevent readmissions and reduce length of stay.

7.2 The MDT involved should ensure that the carer is able to begin or resume a caring role and understands the needs of the patient. This is particularly important where the patient's communication / ability to understand, health and/ or mobility has deteriorated and their needs have increased significantly. It is also important that the carer's own health needs and the impact of the caring role are considered too. Carers should be supported if they feel unable to continue to care and referred to both Adult Social Care and Carers for the Care for information, advice and support.

7.3 The MDT involved should ensure that carers are invited to attend any case conferences, assessments and best interest meetings, where appropriate.

7.4 The MDT will discuss the purpose and outcome of any assessment (e.g. Community Health Care) with the carer, where appropriate.

7.5 The MDT involved with the discharge planning process will ensure that prescribed assistive devices and the required package of care is ready to be implemented as soon as the patient is discharged.

7.6 Where the patient lacks mental capacity, this assessment must be evidenced and followed by a Best Interests meeting which must be documented as such, and where the Decision Maker will make a decision in the best interests of the patient.

8. Evidence Base/References

8.1 All carers who provide, or plan to provide, unpaid support to someone who could not manage without their help have the right to a Carers Assessment, even if the cared for person has refused support or an assessment of their own needs.

8.2 Staff should make carers aware of their right to have a Carers Assessment from t Adult Social Care or they can complete their own carer's assessment online at www.eastsussex.gov.uk/ascsupport for which support is available from Care for the Carers.

8.3 The purpose of a Carers Assessment is the first step in helping carers to understand their situation, any needs they may have, and explore how those needs could be met.

8.4 If the carer is able to continue to care, it is important to maintain their health and balance their caring role with the needs of their work and family commitments.

8.5 Referrals can be made to Health and Social Care Connect (HSCC), using the electronic referral system. The referral form will need to be generated using the patient's hospital number. This will populate the form with the patient's details. The carer's details **must** be recorded on the form under the main carer section; this may be in addition to the Next of Kin and/ or other sections of the form. The reason for referral should be completed as **CARERS ASSESSMENT**.

8.6 Where the carer is aged under 18 years, a referral should be made to East Sussex Young Carers - Tel: 0300 777 2011, email: info@eastsussexyoungcarers.org.uk, Website http://www.eastsussexyoungcarers.org.uk

8.7 If a carer chooses not to have an assessment staff will advise the carer that they can access a range of information, advice and support by making a referral to Care for the Carers using the Carer Social Prescription Form, which is on SystmOne and E-Searcher (Appendix 1).

9. Competencies and Training Requirements

9.1 East Sussex Hospitals NHS Trust records and collates data on patients who are re-admitted to the acute hospital on a regular basis, the reason for the re-admission is recorded, and this should include carer related issues, particularly where the patient has difficulty communicating.

9.2 In complex cases, where staff have identified carer related issues as a contributing factor towards the re-admission, staff will highlight this to the Discharge Sister responsible for the ward or unit.

9.3 The discharge team will co-ordinate a case review. The carers needs will be documented, identifying the issues and providing staff with clear guidance on how to respond and support. This should include the names and contact details of professionals involved in the case and the discharge team should ensure that they are made aware of a re-admission within 24 hours.

9.4 The professionals involved will support the carer or family members and ensure that this guidance is adhered to, and the carer's needs are met, where appropriate and reasonable.

9.5 All staff can discuss any concerns they may have with the Ward Matron or Head of Nursing at any time.

9.6 Carers are also included in the Making Every Contact Count training, and the e-learning for health modules:
http://portal.e-lfh.org.uk/Dashboard

- Identifying carers
- Supporting young carers

10. Monitoring Arrangements

10. Care Passport

10.1 Care Passports are part of the continued commitment to improve communication and ensure that carer's knowledge and expertise in caring for the person is acknowledged and used appropriately.

10.2 Care Passports are a useful communication tool; however, staff should always make every effort to communicate with the patients directly, wherever possible. The use of Care Passports should not disempower the patient or carer or prohibit direct communication.

10.3 Training on the use of Care Passports is available for all staff, including administrative staff, from Care for the Carers.

10.4 All staff are expected to ask the carer if they have a Care Passport and should encourage carers' to bring Care Passports with them to out-patient appointments, as well as emergency and elective admissions to hospital. Care Passport posters should be displays on all wards, units and clinic areas.

10.5 Care Passports will be available from the Patient Advice & Liaison Service (PALS) office during normal working hours, and from Care for the Carers.

11. Section 2: Carer Admissions

11.1 Identifying carers when they are themselves accessing healthcare is essential to supporting carers and the people they care for. NHS guidance suggests health staff should ask the following question to assist them to identify carers:

- "Do you look after someone who couldn't manage without your help and support?

If the answer is yes, this should then be followed by one or more supplementary questions, for example:

- As a result of you being here having (medical) treatment would you be able to continue that care?
- Will you need any extra support because of your own health needs/medical treatment which we are discussing today? (if the answer is "yes" the Carer should be asked what support they need)
- Are you willing/able to continue your caring role?"[6]

11.2 If a carer needs to be admitted to hospital for an elective procedure, the pre-assessment clinic should record this and follow the Elective Carer Pathway (Appendix 2).

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[6] NHS England: An integrated approach to identifying and assessing Carer health and wellbeing, 2016

11.2 If a carer presents at A&E, Medical or Surgical Assessment Units (MAU, SAU) or is admitted to a ward as an emergency, nursing staff need to find out if the carer has a Carers Respite Emergency Support Scheme (CRESS) plan in place. Carers can complete a CRESS plan, which is registered with WELbeing (WEL), to record the contact details of people they know who will support the person they care for if the carer is unable to help because of illness, an accident or other emergencies. Carers who are registered with CRESS should carry a small card with them with WEL's 24 hour telephone number.

11.3 If a CRESS card is found, nursing staff need to contact WEL to inform them that the carer is hospital, which will immediately alert the carer's nominated contact/s and inform them their support is needed. In the event that the carer's emergency contacts are unavailable, or no contacts are listed, WEL will immediately notify Adult Social Care (ASC) that alternative support is urgently needed. ASC can arrange for a certain level of support to be put in place temporarily for the person they care for.

11.4 If the Carer does not have CRESS in place and support is needed for the cared for person, NHS staff should contact Health and Social Care Connect on 0345 60 80 191, 8am to 8pm 7 days a week including bank holidays.

11.5 In the event that a carer is admitted outside of office hours, the nursing staff need to contact the emergency out of hours team. The contact details for the team can be found on the pathway. Contact details for all teams and services can be found in appendix 2.

11.6 NHS guidance recommends that "Where a Carer indicates they have a physical or mental health need during an interaction with the NHS, this health need should be addressed as soon as possible, after which the healthcare practitioner should initiate a discussion about the Carer's wider support needs and refer to the local Carer support organisation."[7]

12. Support Available from Care for the Carers and East Sussex Young Carers

12.1 Care for the Carers is the Carer's Centre in East Sussex. Care for the Carers provides information, advice and support to unpaid adult carers across the county. The range of services they provide are detailed in Appendix 3. They:

- Provide carers with one-to-one advice and support, counselling, training, group support, and opportunities to give their views about carer issues
- Listen to carers' concerns and anxieties
- Help carers to liaise with hospital and Adult Social Care staff and

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[7] NHS England: An integrated approach to identifying and assessing Carer health and wellbeing, 2016

resolve any problems quickly on their behalf

- Help carers to access grants, including grants to fund respite to enable them to attend their own healthcare appointments
- Help carers to access a Carers' Assessment and the information and advice they need to begin or continue to care, including support to complete a self-assessment
- Refer carers to a range of organisations and services who provide practical and emotional support
- Support carer's if they feel unable to continue to care
- Help carers to find rest home or nursing placements if the person they care for needs a temporary or permanent placement
- Help carers to access information on benefits, such as Carers' Allowance
- Administer the Carers Social Prescription

12.2 Referrals to Care for the Carers can be made at: www.cftc.org.uk/professional-referrals, by phone: 01323 738390, by email: info@cftc.org.uk, or via the Carers Social Prescription attached as Appendix 1.

12.3 East Sussex Young Carers supports Young Carers aged 5-18 who are responsible for caring for a family member with a long-term illness, disability and mental health or drug/alcohol issues. Every referral they receive is assessed, and based on the assessment, they may undertake targeted one-to-one support, group work in a school or community setting, advocacy on behalf of the young person with Social Care or schools/colleges/employers, or signpost to universal youth services, faith groups, clubs and activities, illness specific charities and condition specific support groups.

12.4 Referrals to East Sussex Young Carers can be made at: www.imago.community/Children-and-Young-People/East-Sussex-Young-Carers, by phone: 0300 777 2011, by email: info@eastsussexyoungcarers.org.uk, or via the Carers Social Prescription attached as Appendix 2.

References

- Alzheimers Society Website *https://www.alzheimers.org.uk/* *Tel:* 0330 333 0804.
- Care Act, 2014 The Stationery Office, London
- Carers Trust *https://carers.org/* Tel: 0300 772 9600
- Equality Act 2010 London *https://www.gov.uk/guidance/equality-act-2010-guidance*

- National Carers Strategy 2008: Carers at the Heart of 21st Century families and communities (refreshed 2010)
- Mental Capacity Act 2005 Department of Health Website http://dh.gov.uk/mentalcapacityact
- Policy and Procedure for Consent (ESHT July 2015)
- Health and Social Care Connect (0345 6080191)

Document Monitoring Table

Element to be Monitored	**Lead**	**Tool for Monitoring**	**Frequency**	**Responsible Individual/Group/ Committee for review of results/report**	**Responsible individual/ group/ committee for acting on recommendations/action plan**	**Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented**
Documented evidence of carer involvement	Elaine Lindfield	Audit	Ad hoc - annually	PEESG, Divisional Governance, Dementia Care Steering Group	PEESG, Divisional Governance, Dementia Care Steering Group	PEESG, Divisional Governance, Dementia Care Steering Group

Appendix 1 – EHRA Form

A Due Regard, Equality & Human Rights Analysis form must be completed for all procedural documents used by East Sussex Healthcare NHS Trust. Guidance for the form can be found here on the Equality and Diversity Extranet page.

East Sussex Healthcare NHS
NHS Trust

Due Regard, Equality & Human Rights Analysis

Title of document: **Guideline for the involvement of Carers, and Carers Admission**
Who will be affected by this work? Staff, patients, relatives/Carers,service users, partner organisations etc.
Please include a brief summary of intended outcome: **To ensure that staff are aware of actions needed to support patients and carers within the hospitals of ESHT**

		Yes/No	Comments, Evidence & Link to main content
1.	**Does the work affect one group less or more favourably than another on the basis of:** (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number)		
	• Age	No	
	• Disability (including carers)	No	
	• Race	No	
	• Religion & Belief	No	
	• Gender	No	
	• Sexual Orientation (LGBT)	No	
	• Pregnancy & Maternity	No	
	• Marriage & Civil Partnership	No	
	• Gender Reassignment	No	
	• Other Identified Groups	No	
2.	**Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?**	No	(Ensure you comment and link to main policy with page/paragraph number)
3.	**What are the impacts and alternatives of implementing / not implementing the work / policy?**	Improved communication and consideration of carers	
4.	**Please evidence how this work / policy seeks to “eliminate unlawful discrimination, harassment and victimisation” as per the Equality Act 2010?**	Co- working, improved communication and consideration of carers wishes and requirement for the cared for person	
5.	**Please evidence how this work / policy seeks to “advance equality of opportunity between people sharing a protected characteristic and those who**	Ensure that people with a dementia, their advocates and families have a voice and participate in their care	

	do not" as per the Equality Act 2010?	
6.	**Please evidence how this work / policy will "Foster good relations between people sharing a protected characteristic and those who do not" as per the Equality Act 2010?**	Ensure that people with a dementia, their advocates and families have a voice and participate in decisions about their care
7.	**Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)**	YES
8.	**Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?**	Working with people with a dementia and their carers, co-production and representation on the Trust Steering Group
9.	**Have you have identified any negative impacts or inequalities on any protected characteristic and others? (Please attach evidence and plan of action ensure this negative impact / inequality is being monitored and addressed).**	NO

Appendix 2

Version 3, 2017

Carers Social Prescription

Who is it for? *A carer is somebody who provides unpaid support to a relative or friend who is ill, frail, disabled or has mental health or substance misuse problems.*

Patient (Cared For Person) Info.	
Name:	
Address:	
DOB:	
NHS no.:	
GP Practice:	

Carer Information	
Name:	
Address:	
Tel. no:	
Email:	
DOB:	
NHS no.:	
GP Practice:	

Referrer Information	
Name:	
Job title:	
Org/dept:	
Tel. no.:	
Email:	

Carer services provide a range of information, advice, support, groups, training, and respite for carers. For information on what services are available, visit www.cftc.org.uk or contact Care for the Carers on 01323 738 390 or info@cftc.org.uk

☐ **I would like to refer this carer for information, advice or support.**

☐ **I confirm that the carer has agreed for me to make this referral and understands that Care for the Carers will contact them.**

☐ If the carer is under 18, I confirm that I have obtained parental consent to refer - insert name and contact number here ____________________________

or

☐ If the carer is under 18, I have assessed the young person as Gillick competent to be referred without parental consent.

Please use this space to provide any additional useful information

Would you like to be informed of the outcome of this referral? Yes / No

Send completed forms to Care for the Carers
by email cftc.eastsussex@nhs.net or fax 01323 745770

Appendix 3

Carer Admission Pathway

Who is a carer?

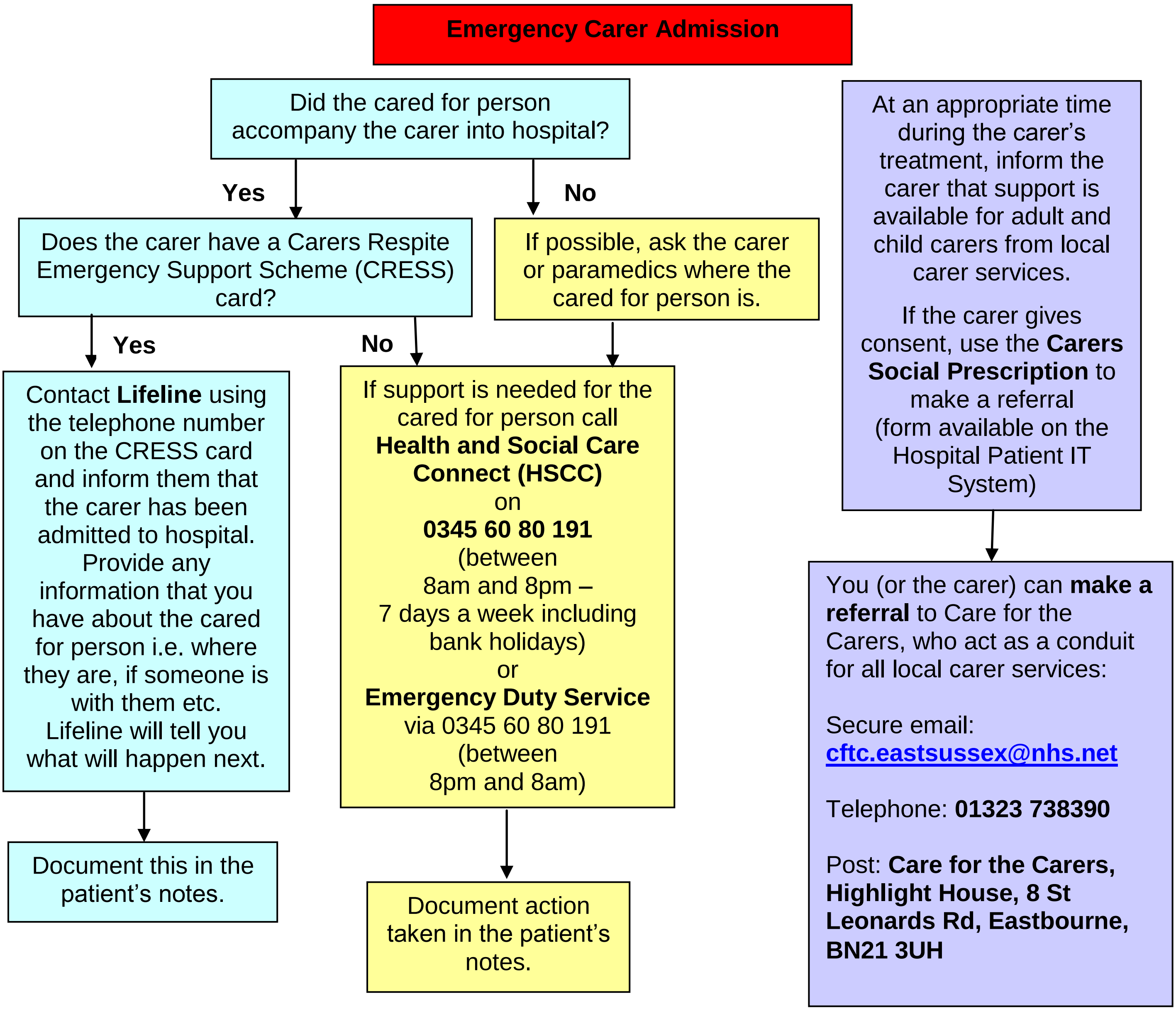
A carer is someone who provides unpaid help and support to someone who is ill, frail or has a disability, mental health or substance misuse problem. They might be a family member, partner, friend or neighbour.

If a carer is admitted to hospital, the person they care for maybe be vulnerable and need support.

Action to be taken:

Ask every patient:
"Do you look after someone who couldn't manage without your help and support?"

- If a patient is a carer, record this in the A&E notes or Integrated Patient Documentation (MAU & SAU).
- Follow the pathways below



Emergency Carer Admission

Did the cared for person accompany the carer into hospital?

Yes

Does the carer have a Carers Respite Emergency Support Scheme (CRESS) card?

Yes

Contact **Lifeline** using the telephone number on the CRESS card and inform them that the carer has been admitted to hospital. Provide any information that you have about the cared for person i.e. where they are, if someone is with them etc. Lifeline will tell you what will happen next.

Document this in the patient's notes.

No

No

If possible, ask the carer or paramedics where the cared for person is.

If support is needed for the cared for person call **Health and Social Care Connect (HSCC)** on **0345 60 80 191** (between 8am and 8pm – 7 days a week including bank holidays) or **Emergency Duty Service** via 0345 60 80 191 (between 8pm and 8am)

Document action taken in the patient's notes.

At an appropriate time during the carer's treatment, inform the carer that support is available for adult and child carers from local carer services.

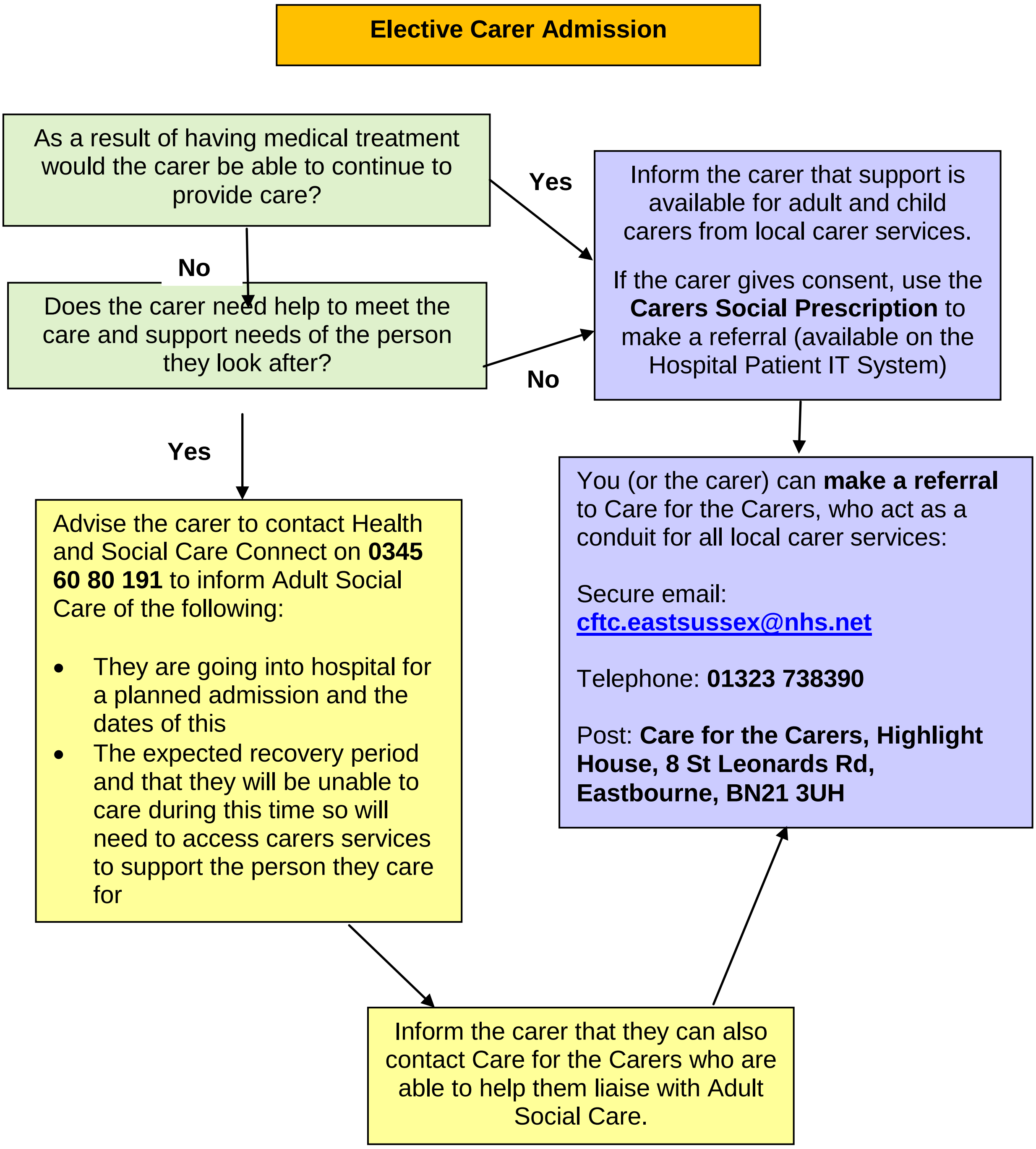
If the carer gives consent, use the **Carers Social Prescription** to make a referral (form available on the Hospital Patient IT System)

You (or the carer) can **make a referral** to Care for the Carers, who act as a conduit for all local carer services:

Secure email: cftc.eastsussex@nhs.net

Telephone: **01323 738390**

Post: **Care for the Carers,**
Highlight House, 8 St Leonards Rd, Eastbourne,
BN21 3UH



Elective Carer Admission

As a result of having medical treatment would the carer be able to continue to provide care?

Does the carer need help to meet the care and support needs of the person they look after?

Inform the carer that support is available for adult and child carers from local carer services.

If the carer gives consent, use the **Carers Social Prescription** to make a referral (available on the Hospital Patient IT System)

Advise the carer to contact Health and Social Care Connect on **0345 60 80 191** to inform Adult Social Care of the following:

- They are going into hospital for a planned admission and the dates of this
- The expected recovery period and that they will be unable to care during this time so will need to access carers services to support the person they care for

You (or the carer) can **make a referral** to Care for the Carers, who act as a conduit for all local carer services:

Secure email: **cftc.eastsussex@nhs.net**

Telephone: **01323 738390**

Post: **Care for the Carers, Highlight House, 8 St Leonards Rd, Eastbourne, BN21 3UH**

Inform the carer that they can also contact Care for the Carers who are able to help them liaise with Adult Social Care.

Appendix 4

care for the carers
Supporting Carers in East Sussex

carerstrust
a Network Partner

What direct services does Care for the Carers offer to carers?

Gateway – telephone and drop-in (at Highlight House) support and advice from Carer Support Workers, to provide advice, information and support to carers and facilitate access to other CftC services. Our Gateway opening hours are Monday to Friday, 9am to 5pm.

Carers Information and Advice Groups – regular meetings for all carers, facilitated by Carer Support Workers. The first half of the meeting gives time to have a cuppa and a chat with other carers, and the second half has a guest speaker who brings useful information and advice.

Carers Wellbeing Groups – regular informal drop-in groups for all carers, with input at some groups from Carer Support Workers. These are usually the 'next step' groups for carers after they have been attending Information and Advice Groups for 12 months.

Mental Health Carers Support Groups – regular meetings for carers of people with mental health issues, facilitated by Carer Support Workers.

LGBT Carers Support Groups – regular meetings for carers who identify as Lesbian, Gay, Bisexual or Transgender, facilitated by Carer Support Workers.

Young Adult Carers (YACs) Groups – regular evening meetings for carers aged 17-25yrs, facilitated by Carer Support Workers. The first hour is a structured workshop related to education, training, employment and 'having your voice heard', based on what YACs tell us they want to discuss. The second hour is for YACs to 'chill', catch up with each other and access any support from the workers present if required. YACs should contact Gateway to obtain details of the next group, and to request an invite to CftC's private YAC Facebook group.

Carer's Clinics – one-to-one pre-booked hour-long face-to-face or telephone appointments with a Carer Support Worker, to listen to a carer's worries or concerns, and give advice, information and support to carers. Carers should contact Gateway to book an appointment.

Supported Self-Assessment – face-to-face or telephone support to carers to complete the Carers Self-Assessment and ensure that their needs are fully reflected in the assessment. Carers should contact Gateway to book an appointment.

Healthcare Appointment Respite Grant – available for respite services for carers who have no care provision in place or pay for care themselves. Funding can be applied for to meet the costs of respite for healthcare appointments such as counselling, physiotherapy or GP appointments and training or courses that help in their caring role such as dementia training or moving and handling. Carers should contact Care for the Carers for information or to request the funding.

Time to Talk Counselling –12 sessions of free counselling to support carers to cope with the emotional impact of their caring role. Carers should contact Gateway to refer themselves to the counselling service.

Carers Toolkit – a training programme designed by carers, for carers, on topics which support carers in their caring role, such as Mindfulness, Money Matters, Accessing Healthcare, Legal Issues, and Emergency Planning. The current toolkit programme details can be found on www.cftc.org.uk or by calling Gateway.

East Sussex Carers Card – offers carers savings and discounts at a variety of retail and leisure venues in East Sussex. A directory listing all the offers is available online at www.cftc.org.uk The card can also enable a CRESS (Carers Respite Emergency Support Service) plan to be put in place. Carers can sign up on online at www.cftc.org.uk/carerscard or by calling Care for the Carers.

Carers Voices Network – facilitated by Care for the Carers it enables unpaid carers in East Sussex to play an active part in planning, developing, monitoring and evaluating services. Cares Voices Representatives sit on relevant local service planning and development groups and partnerships and there are a range of opportunities for all carers to contribute to consultations and evaluations. Carers Forums are larger public events held twice a year and are free to unpaid carers. They explore issues that carers have identified are important to them and enable dialogue with key decision makers.

Small Grants for Carers Groups – a budget held by Care for the Carers on Behalf of East Sussex County Council. Grants can be applied for once a year to a maximum of £500 and the Budget is allocated with the aim of enabling a group or organisation to start, improve or develop services directly for carers. More information including criteria and application form can be found http://cftc.org.uk/smallgrants.

CareLine Magazine – produced quarterly by Care for the Carers on behalf of all commissioned carer support services and provides local and national information relevant to unpaid carers. It can be emailed out to carers when an email address is available (default option), accessed on the website or can be sent out in hard copy when a carer is not able to access the internet.

Care for the Carers E-newsletter – produced monthly and targeted at carers that are interested in regular updates and professionals. Carers and professionals can sign up on www.cftc.org.uk/enewsletter

Social media updates – Facebook and Twitter regular updates that carers can engage with.

Volunteering and fundraising – many opportunities are available for carers, former carers or community members to share their skills, experience and time to support unpaid carers across the county. Through Care for the Carers 'Carer Friendly Communities initiative' Volunteer Ambassadors and Carer Champions from local service provision or businesses take small steps to make their local community more accessible and friendly to carers. Training and support is available. Contact Care for the Carers Volunteer Coordinator at info@cftc.org.uk or call.

Ways to contact Care for the Carers

Telephone: 01323 738390
Text: 07860 077300 (a text will trigger a call back from CftC)
Email: info@cftc.org.uk **Website:** www.cftc.org.uk
Drop in:
Highlight House, 8 St Leonards Road, Eastbourne, BN21 3UH
Opening hours: Monday–Friday 9am–5pm