

Carers Partnership Board
2 pm, Thursday, 27th October 2022

Meeting Room 1, Chy Trevail, Beacon Technology Park, Bodmin PL31 2FR
or
via Microsoft Teams: [Click here to join the meeting](#)

Agenda

	Item	Time	Lead
1	Teams Guidance, Meeting Etiquette (Page 2), Introductions and Apologies	2:00-2:10	Chair
2	Minutes of the Meeting Held on 11th August 2022 (Pages 3-24), Actions and Matters Arising	2:10-2:15	Chair
3	Updates from the Co-Chairs	2:15-2:25	Co-Chairs
4	Updates from Adult Social Care, Cornwall Council	2:25-2:35	Ania Nicholls & Kevin Beveridge
5	Update from NHS England – South West Commitment to Carers Programme	2:35-2:45	Charlotte Harris
6	Young Carers and Young Adult Carers Service Update (Pages 25-26)	2:45-3:05	Serena Collins, Cornwall Council & Nigel Cox, Barnardos
7	Joint Carers Policy and Passport Launch (Information - pages 27-42, Passport – pages 43-44, Policy - pages 45-102)	3:05-3:25	Holly Kiernan & Jo Dobson, RCHT & Zoe Locke, CPFT
8	Update on the Informal Carers Support Service and the Wider Work of CRCC (Report to follow)	3:25-3:45	Jayne Price, CRCC
9	Update from Healthwatch Cornwall	3:45-3:50	Tanya Falaschi
10	Any Other Business	3:50-4:00	All

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Item 1

Teams Guidance

Please prepare by reading the papers sent out for the meeting.

When joining the meeting, you will be placed in “the waiting room”. Healthwatch Cornwall will then accept you to join the meeting. Your camera and audio will already be on.

Mute yourself when you are not speaking so that there is no noise in the background.

Use the chat box for any comments or questions you have. Everybody will see them unless you choose to share privately.

Please use the ‘raise hand’ function when you wish to speak.

You will be asked to unmute when it is your turn to comment.

If you need to temporarily leave the meeting, please turn off your audio and camera.

Presentations will be shared on the screen.

Meeting Etiquette

All members are expected to participate constructively in line with agenda items whilst being respectful of the views of all members.

All members of the Carers Partnership Board have the right to meet in a safe atmosphere where all voices are respected and can be heard equally.

The current Board’s Terms of Reference includes the following.

In order to allow the Carers Partnership Board meetings to be conducted efficiently and with decorum, Members of the Board will:

- *Work in partnership with each other, listening to and respecting each other’s views*
- *Undertake to represent all the Carers in their Forum Areas*
- *Indicate they wish to make representation through the Chair*
- *Not single out individual Members for scrutiny or challenge*
- *Not interrupt and be guided by the Chair*
- *Respect confidentiality and privacy*
- *Keep to the agenda*
- *Represent the strategic needs of carers and not bring to the meeting concerns from individual carers*

Healthwatch Cornwall operates a Zero Tolerance policy on Bullying and Harassment. This applies to both face to face and online meetings.

Item 2

MEETING NOTES:	Carers Partnership Board
DATE:	11 August 2022
LOCATION:	Hybrid meeting - Venton Conference Centre, Summercourt & Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Sandra Ward (SW) (Chair)	Director	Parent Carers Cornwall
John Bastin (JB) (Co-Chair)	Cornwall Councillor and Chair of Health and Adult Social Care Overview and Scrutiny Committee	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Tanya Falaschi (TF)	Partnership Boards Project Officer	Healthwatch Cornwall
Alison Bulman (AB)	Strategic Director, Care and Wellbeing	Cornwall Council
Amanda Wilton (AW)	The Patient Council & Carer for an adult with profound and multiple Learning Disabilities	University Hospitals Plymouth NHS Trust
Ania Nicholls (AN)	Commissioning Officer, Adult Carers	Cornwall Council
Catherine Wood (CW)	Carer	
Charlotte Harris (CH)	Regional Carers Leadership Support Manager	NHSE&I
Claire Jukes (CJ)	Patient Services Manager and Carers Lead	Plymouth NHS Trust
Emma Williamson (EW)	Strategy and Partnership Specialist	Cornwall Council
Gordon Lancaster (GL)	Carer & Treasurer	Liskeard Memory Café
Holly Kiernan (HK)	Patient Experience Manager	RCHT
Jayne Price (JP)	Contract Lead for The Carers Service	CRCC
Joanna Dobson (JD)	Patient Engagement Manager	RCHT
Kirsty Dexter (KD)	Network Co-ordinator	Cornwall Memory Café Network
Liz Pagett (LP)	Ex-Carer	
Louisa Forbes (LF)	Consultant Nurse	RCHT
Lynda Berry (LB)	Carer of adult with LD	Helston Carers Forum
Martha Reed (MR)	Strategic Commissioning Manager	Cornwall Council
Natalie Swann (NS)	Research and Evidence Manager	Healthwatch Cornwall
Neil Lindsay (NL)	Ex-Carer	Wadebridge Carers Forum and Trust Carers Committee
Nigel Cox (NC)	Children's Services Manager	Barnardo's
Pauline Hardinges (ph)	Ex-Carer	Liskeard Memory Café
Sally Mollard (SM)	Ex Carer	Liskeard Memory Café
Teresa Parsons (TP)	Services Manager	Alzheimer's Society
Zoe Locke (ZL)	Head of Patient Experience	CFT

APOLOGIES

Name	Position	Organisation
Bernie DeLord	Director	Promas Caring for People CIC
Caroline Ellis	Admiral Nurse Clinical Lead	RCHT
Claire Martin	Deputy Director of Nursing	NHS Kernow
Sgt Flo Linscott	Diverse Communities Team Lead (Cornwall)	Devon and Cornwall Police
Gill Lovell	Carer	
Jenny Tarvit	Director	Promas Caring for People CIC
Kim O'Keefe	Director of nursing and allied health professionals	Cornwall Partnership NHS Foundation Trust
Melanie Howes	Dementia Friends Champion and Ex-Carer	Dementia Friends
Serena Collins	Commissioning Manager, Caring for Families	Young Adult Carers
Wendy Gauntlett	Carer	Penzance Carers Group, Penzance Carers Forum and Adult Safeguarding Board

ACTION LOG

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
11/08/22 12/05/22 10/02/22 11/11/21 19/08/21	JP to request Age UK representation at the next meeting.	JP	Ongoing. Age UK have not been represented at the Board since the formation of the Informal Carers Service. 11/08/22 – Progressed to Commissioner – JP/AN to liaise re lack of Age UK representation.
11/08/22 12/05/22	Share details of Carer Support Workers for circulation to the Board.	JP	Ongoing – JP to share with MH for circulation.
11/08/22 12/05/22	Forward details of further work of CRCC to the Partnership Boards team for circulation. Include work currently being undertaken with Cornwall link.	JP	Ongoing – Update deferred due to 11/08/22 meeting overrunning.
11/08/22	Update on Day Centres – how people have settled to new facilities and transport issues.	AN	Ongoing.
11/08/22	Carers Forums – AB to familiarise with past decisions. Possible future discussion item.	AB / JP	Ongoing.
11/08/22	Content of future CFT Carers Lead reports.	ZL / MH	Ongoing.
11/08/22	ASC Peer Review update to 27/10/22 meeting.	AB	Ongoing.
11/08/22	Update on sharing of patient information across IT systems.	TBC	Ongoing.

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
11/08/22	Review of 1st year of the new Young Carers contract and a progress report on the Young Carers action plan to 27/10/22 meeting.	SC	Ongoing.
11/08/22	Update on The Advocacy People - possible training opportunities and how it with widening the Board's membership.	MH / TF / PN	Ongoing.
11/11/21	Meet with Carers Forum reps.	MH	Incomplete. A meeting with Forum reps, to discuss reporting lines to and from the CPB, will be held once clarification of their future structure is confirmed.
11/11/21	Circulate new carers and assessment figures, Trust Carers Group update.	MH	Ongoing.
11/11/21 19/08/21	Updates on the Identifying Carers Needs Project.	AN	Ongoing. Last received 11/08/22.

	Item	Action
1	Teams Guidance and Meeting Etiquette	
	SW reminded attendees of the expected meeting etiquette and encouraged use of the online chat function.	
2	Introductions and apologies	
	Deborah Came had stepped down from the Board of Healthwatch Cornwall but a new Director, Julia Wildfire-Roberts, would represent the organisation at future meetings.	
3	Actions from Previous Meetings	
	<ul style="list-style-type: none"> • As at previous meetings, the Chair expressed concern that the Board had not had an Age UK representative attend a meeting since the formation of the Informal Carers Service over a year ago, despite specific requests from the Board. <p>JP, as lead for the service, said that Kelvin Yates was currently on leave. GL asked why a substitute could not attend in his place and JP said that no one else could make it. GL stated that, "It's disgusting that they are not attending", which represented the view of wider Board.</p> <p>JP felt that the Board had adequate representation from the Informal Carers Service. The Chair said that the issue had been raised previously with Tracey Roose, Chief Executive, Age UK Cornwall & Isles of Scilly, and that it could be necessary to escalate the matter to Cornwall Council as the commissioning body of the service.</p> <p>AN said that the CRCC represented the service but if there was need for other partners to attend that could be considered during their next review meeting. MH reiterated what he'd said at previous meetings, that the Board don't expect all partners to attend every meeting but in order for the Board to effectively fulfil its function of scrutinising the implementation of the Informal Carers Service contract it was essential that it receives a complete picture as to progress made and any</p>	

	<p>hinderances to a partner in meeting their obligations. Also, knowing of their wider work would be beneficial to both carers and the partners around the table.</p> <p>AN undertook to progress the matter with JP.</p> <ul style="list-style-type: none"> • WG had not received details of Carer Support Workers from JP. JP would Cc MH to share with the Board. • JP would be presenting on the wider work of CRCC later in the meeting. • Robert Williamson, Day Services Area Manager, Cornwall Council had responded to longstanding issues raised by AW in relation to staffing at Morley Tamblyn Lodge Day Centre: <p><i>Following the discussion held at the partnership board meeting back in February this year a query was raised in regards to the direct impact on the current client group at MTL in relation to the relocation of the Launceston day service. I can assure you that as stated previously by Ann Smith that there has not been any direct impact on the re-allocation of hours to the current MTL client group. Following the relocation of the Launceston service, initially existing staff members came across with the client group then subsequently following the departure of staff as a result of the our shape program we have introduced additional staffing following the reprovision of the Bodmin service.</i></p> <p><i>As far as returning to pre covid allocated hours we are constantly reviewing individual needs of our clients, the service is different to what it was pre covid due to the fact we have recognised that individual needs have changed and that we need to adapt our service accordingly. I am pleased that the majority of the current MTL group are now receiving 75% of their previously allocated hours and with imminent recruitment this will increase this further. Recruiting to these vacancies has been difficult due to the wider difficulties in recruiting within the care sector. I am pleased to say that we have now filled one of the full time support worker positions in addition to the successful redeployment of a passenger assistant and driver who previously worked for the service, into support worker roles.</i></p> <p><i>As it stands to date the current staffing consists of a full time</i></p>	<p>JP/AN to liaise re lack of Age UK representation.</p> <p>JP to share with MH for circulation.</p>
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team leader, 2 full time senior support workers and 7 full time equivalent support workers. The only outstanding vacancy within the service is for a part time support worker, which is currently out for recruitment. Following a successful appointment to this position we will have further capacity to increase individual packages of care.

I hope this clarifies the questions previously raised and reassures any concerns. If anyone requires any further detail please do not hesitate to get back to me.

The following response was provided to additional questions from AW following the meeting:

The team at MTL are continuing to review individual care packages and where needed will look to return to pre covid hours. Although we have increased staffing numbers individual needs have changed and the level of support required has increased for many. This will have a direct impact of the ratios of support required each day so will have effect the level of capacity available. We work alongside care management to make sure the correct packages of care are in place and are funded accordingly. It has been evident that some individual purchase orders have changed and that not all are fully funded for the hours they had pre covid. Ultimately this should form part of the review which is carried out by a social work or case co-ordinator and if there is an identified need they will liaise with the team leader to see if we can accommodate these changes. If this is not possible care management will look at what alternatives are available and for some this be an opportunity to engage with other groups and develop a wider social circle.

As stated previously, 8 individuals have moved across from the Launceston service and the staffing levels required to support this has been covered following the relocation of staff from the Bodmin service. Recruitment to the current part time vacancy, which is now live on the Councils website will further increase the capacity on some of the days.

I am fully aware that some parents and carers are dependent on the service and would like to return to pre covid hours but I am hoping that you appreciate that across all our services we have seen significant changes to the level of support needed. Our client group is generally of a more mature age and with

	<p><i>this brings additional health and social care needs, we will have to adapt accordingly and target specific groups to offer a service which is of value and person centred for our clients.</i></p> <p><i>In regards to the 2 individuals you mentioned I am not in a position to discuss in any detail though I am aware that the Natasha (Team Leader) is reviewing current hours and associated funding.</i></p> <p>The issues had initially been raised by AW in February and had also been raised through the Learning Disability Partnership Board but the previous Head of Commissioning for LD, Autism and Mental Health had not actioned a response. MH let the Board know that once raised with Karen Hooper, Interim Head of Commissioning for Learning Disability, Autism, Mental Health and Participation, a response had been received within days.</p> <p>The Chair said that the closures of the day services was a great concern to all and it would be good to know if there had been any other issues raised and whether AN could seek update on how people have settled into their new services. AN agreed but provided reassurance that people had settled well and were really enjoying their new centres, making new friends and trying new activities. AW requested that details on transport for individuals to their new centres and funding for it also be included.</p> <ul style="list-style-type: none"> • GL asked for an update on the current position with Carers Forums. AB said that she would familiarise herself with recent decisions taken in relation to Carers Forums and report back. GL asked if this could be reported on before the next meeting. • Trust Carers Group – ZL introduced herself as the new CFT Carers Lead. Currently, the Partnership Boards team continued to circulate new carers and assessments figures but it was felt that the information lacked context and required more detail. MH would liaise with ZL outside of the meeting. <p>GL asked if the Trust Carers Committee meetings would resume. ZL said the group would be reinstated this group and invited those interested in taking part to make contact with her.</p> <ul style="list-style-type: none"> • Identifying Carers Needs Project – AN confirmed that the project was still being investigated, including the potential for online tools for assessments etc. GL asked, what if people don't 	<p>AN update on Day Centres</p> <p>Possible future discussion item.</p> <p>MH/ZL to discuss.</p>
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	<p>have digital access? AN said that information would be available in the necessary formats to meet peoples needs.</p> <p>GL also asked for confirmation that a financial assessment could not take place before a needs assessment. AB said that should not happen and would ensure that it didn't.</p> <ul style="list-style-type: none"> GL asked that the responsible individuals ensure that updates on actions and any reports or presentations to be shared be submitted to the Partnership Boards team in time for them to go out with the agenda. The Chair agreed but reminded GL that some reports are submitted by individuals that volunteer their services and leeway had to be provided in such circumstances. GL said, "If you don't have time, don't volunteer." 	
4	Minutes of the Meeting held on 12 May 2022 and Matters Arising	
	<p>The minutes of the previous meeting were confirmed as a true record subject to a typographical error in the spelling of Gill Lovell's name.</p> <p>There were no matters arising.</p>	
6	Update from Adult Social Care Commissioning	
	<p>Delivering Better Care</p> <p>AN updated the Board on the Care and Wellbeing community-based support offer under the Maximising Independence and Better Lives Strategies.</p> <p>It was currently in the first stages of co-production and design with various groups of individuals with different needs. Engagement so far had been largely positive.</p> <p>AN's presentation had been circulated with the agenda and could be viewed on the Healthwatch Cornwall website: click here.</p> <p>There were three key areas of focus:</p> <ol style="list-style-type: none"> 1. Independence and Wellbeing 2. Daily Living and Community Activities 3. Care and Support at Home 	

AN asked:

1. How can we help people to do things for themselves and to live as independently as possible?
2. What would help people to achieve their potential and make the most of their lives?

The Chair said she would put the questions to members of her daughter's day service and feedback to AN.

GL asked what the deadline was. AN said there was no strict deadline and would welcome people emailing or calling her. The process would be ongoing and regularly revisited.

PH asked if there was an age restriction. AN said there wasn't, differences in demographics were recognised but it was about taking a personalised approach.

AB echoed everything AN had said and reiterated that it's a new way of working, having individual conversations and making the services more bespoke for people to reach their goals and removing any barriers.

Dates for further engagement sessions would be circulated through the Partnership Boards team once set.

Equality, Diversity, and Inclusion Strategy

EW made members aware that the draft Equality, Diversity, and Inclusion Strategy was out for consultation. It could be accessed on the Let's Talk Cornwall website: [click here](#). An easy read version was there also. MH had already circulated details to all four Partnership Boards.

The Strategy supported the Council's four year plan to level up life chances across the diverse communities of Cornwall. It was important to see real change, tangible outcomes and objectives had been put forward to the different services across the Council to think of how they could play their parts in tackling inequality. The consultation was essential as the Council knew that not everything would have been included yet. It needed peoples views on what was already in there and, crucially, what was missing.

EW thought that input from members of the Board could be really valuable as there was currently a gap in relation to carers.

EW added that she was aware that online does not work for everyone and was happy to share her contact details if anyone wanted to speak to her directly or make a written submission.

They had tried to get the survey out to the wider community but ideas or suggestions to reach further would be gratefully received. The consultation would close on 14 September. It should be noted that the 2021 Census data was not expected to be available so the plan was to refresh the Strategy early in the new year, when it would sit alongside the refreshed Council Plan and Budget.

The Chair said she was made aware of the Strategy at Blue Light Day and after reading it through saw that there was no mention of carers at all. That and some of the terms used around disability had been very disappointing. EW said that was one of the reasons for attending the Board. The Strategy needed to recognise carers. The Chair stated that carers should be a fundamental part of any equality and diversity strategy. With all of the unpaid work they did, where would Cornwall be. Key to getting a true picture of the issues faced would be to support people to recognise that they were carers as many didn't.

AB reiterated that people could contact EW direct as she was mindful that some may not have access or the skills to access the internet. Hard copies could be provided upon request.

AW suggested that details of the survey be circulated to day centres.

Peer Review

AB gave a brief update on the recent ASC Peer Review.

A Local Government Association Peer Review team were invited to observe and review how the Council engaged with people with a learning disability or autism, with the Partnership Boards team hosting two important engagement sessions.

The team consisted of peers from different parts of the UK with lots of lived and professional experience. Gaining their feedback would be a useful tool and crucial to how ASC supported people

	<p>who accessed its services. Whilst here they engaged with voluntary sector, Partnership Board members and people who used ASC services. Some of the feedback from the engagement sessions were positive around our communities and the passion of staff was recognised. There were also some difficult and hard to hear messages and it was clear there was quite a bit of work to do around strengthening base practices and the personalisation of working with individuals to identify what mattered to them.</p> <p>There would be a follow up session with the Peer Reviewers to discuss how changes could and should be implemented. The Board would receive further feedback at its next meeting.</p> <p>The Chair shared that Parent Carers Cornwall (PCC) had participated in the review and received positive feedback on its work. Her goal would be to see the good work of PCC mirrored into Social Care for people over 25. AB was keen to explore that in further, adding that she was passionate about working in partnership to provide the best possible services.</p> <p>AW had attended a conference where it was brought to her attention that the London Borough of Hammersmith and Fulham was the only local authority area in England in which disabled people were not charged for non-residential care. People often say that social care should be free at the point of use and with one Council responding to that it would be interesting to see if others also took that forward.</p>	Update to next meeting
7	<p>Update on the Integrated Care Partnership and Integrated Care Board</p>	
	<p>The Board's Co-Chair, JB, outlined the new management scenario to nationally join up Health and Social care, the Integrated Care Systems. The Cornwall and the Isles of Scilly Integrated Care System came into existence on 1st July.</p> <p>It consisted of two key parts.</p> <p>Firstly, there was an integrated care Partnership which was a strategic level body made up of the NHS and Cornwall Council and co-Chaired by both, including an Isles of Scilly representative.</p> <p>The next level was the Integrated Care Board. It consisted of a</p>	

mixture of providers who would be the commissioners for the system and would form the strategic plans for the ICP.

The challenge within was that the membership was wider than may be expected as well as RCHT, CFT and Cornwall Council there were also representatives from the Police, Fire service and also carers.

JB shared the True North Ignition Session Executive Summary ([click here](#)), which had been received and circulated to the Board the previous day. He encouraged people to read it.

Another matter to note was that the Health & Wellbeing Board now included both Cornwall and the Isles of Scilly Council.

AB added that the ICP had met for the first time on 28th July and had signed off on its terms of reference and created a subgroup to lead on the ICS, which was its duty to develop. AB was the local authority representative on the ICB's panel. She expected that the aims and priorities of the True North plan would be adopted.

AB also made the Board aware that Kate Kelly-Talbot had been appointed as the Service Director for Adult Social Care Operations and that Rachel Rothero was now the permanent Service Director – Integrated People Commissioning.

GL asked for confirmation that the objective more than just “rearranging deckchairs on the Titanic” and it was to combine the NHS and the Council functionally together. AB said that was the intention and the new Integrated Care System would help that but it should be recognised that as organisations with different strategic responsibilities there would be times where they had different views. She explained that as the Adult Social Care Strategic Director, the buck around the statutory duties for ASC stopped with her. Kate Shields was the Chief Executive Officer of NHS Kernow and for the Cornwall and Isles of Scilly Integrated Care Board and Integrated Care System. GL expressed the view that such a partnership would never work. AB added that Kate Shields had ultimate responsibility for the health needs of the population.

GL asked if GP's in Cornwall were now commissioned by the Integrated Care Board as opposed to NHSE. AB undertook to liaise with the ICB to get an answer. She provided this

	<p>response the following day:</p> <p><i>That is correct. Delegated commissioning of GPs has been in place for a couple of years now. They will also in 2023/24 have delegated authority for pharmacy and dental, and then from 2024/25, specialised commissioning (high cost, low volume care- ie transplants, neurosurgery).</i></p> <p>PH said she had been actively involved for a long time with the NHS and Social Services regarding carers for people with Alzheimer’s, who often fell through the gaps in services. Would the integrated system make it much harder for people to access continuing healthcare in an integrated system. For example, people with terminal organic diseases of the brain would need increased nursing care and should not have to battle with Social Services to receive continuing healthcare. AB said that she was not responsible for continuing healthcare but she would email the relevant ICB Director to find out. She also stated that in her short time in post she had already seen really strong partnership working and positive work developing.</p> <p>PH said that herself and GL had spent a whole day with the Family Information Service telling them about continuing healthcare but she wasn’t sure if that had made any difference.</p> <p>To AB, GL said that it was a fact of life that people will never mention the millions of things that go right but will raise the two things that go wrong. AB assured him that she wanted to hear about things that go wrong. If she wasn’t told, she couldn’t fix it.</p>	
<p>8</p>	<p>Update from Healthwatch Cornwall</p>	
	<p>NS provide the Board with feedback on the work of Healthwatch Cornwall in relation to carers for Quarter 1 of 2022, covering 1st April to 30th June. A full report had been circulated with the agenda and could be viewed on the Healthwatch Cornwall website: click here.</p> <p>NS then summarised six feedback stories received in the period. The themes covered included:</p>	

- Hospital discharge;
- Communication between staff and patients;
- Cost of services;
- Waiting Times and Lists for Treatment;
- Access to services;
- Referrals;
- Patient records;
- Quality of Treatment;
- Quality of Care; and
- Service delivery.

GL wanted to know what actions had been put in place for the carers, stating that if a matter is brought to a Board meeting there should also be feedback on what has been done for each case. He said that he could not understand why individual stories had been relayed when members had always been told that the Board was not the place to bring individual issues to.

NS said that each individual case was fed back to the relevant ward or service, with the individual's consent. Healthwatch Cornwall could not complain on behalf of people but they could signpost them to the complaint process and encourage them to do so.

NS explained that it was Healthwatch Cornwall's statutory duty to report matters as they received them and it would share this information with the relevant providers, for example, there were monthly reports on feedback received in relation to hospital care and treatment. Issues were also with ASC and in the Healthwatch Cornwall Chief Executive was due to meet with AB in the coming weeks to look at the summary of trends from the last 18 months.

That morning NS had met with RCHT to look at feedback they took from the carers experience on hospital discharge. She had wanted to see how that had been embedded in the roll out of the carer's passport.

MH stated that NS had relayed the stories to the Board in order to demonstrate the themes identified. That was very different to a member bringing an isolated issue to the Board rather than following the appropriate pathways with the relevant body.

AB said that the stories were difficult to hear. ASC had been looking at their recovery plan and would be putting some actions in place. The Council's Living Better Care Board, which AB Chaired,

would be reviewing the Better Care terms of reference on 12th September, including delivery and potential challenges. Once developed, the Board would receive ongoing progress updates.

JP added that the carers service had heard of very similar experiences to those heard by Healthwatch Cornwall. They continued to help people work through their issues to find solutions.

PH said there were still issues around hospital discharge. She had spoken to someone recently who was told they were leaving at 10am but was still waiting for their medication at 5.30pm that same day. CJ said that, for Derriford, the discharge and waiting for medication processes were not where they needed to be. Clinicians needed to be educated around managing the expectations of patients and families around the processes that needed to be followed once they were told that they could go home, namely the TTAs that needed to be ready and available before they could leave. The new Chief Pharmacist wanted lived experience representation on the Pharmacy Group. If anyone was interested in joining they should contact CJ.

Derriford also had a new volunteer service, Active Response Volunteers, who were helping by going to the pharmacy to pick up TTAs much quicker, as opposed to relying on ward staff to. They had seven day per week cover across the service and that had already seen speedier discharge. Where there were delays, they were utilising the discharge lounge to make patients as comfortable as possible. There were also examples of medication being arranged to be sent to individuals following discharge. GL commented that it translated to him that people in the hospital didn't know how the hospital worked.

CW said that focus needed to be on the complex things rather than the little things. She shared a few experiences and how communication between ASC and Health could be made easier for people. She also said she had not been made aware of available services/resources. She suggested the development of a communication pack that detailed to patients and carers what was available for them to access when going to appointments. When at appointments, people were focussed on their loved ones and were not paying attention to posters on walls or reading leaflets.

NS said that communication was an ongoing theme and there

	<p>had been lots of work on how it could be addressed.</p> <p>JD said that there was now a carer information leaflet for the LD team on how and who to contact. She said she would feed this conversation back to her team with a view to sharing the leaflet prior to an appointment.</p> <p>CW said that she had never seen herself as a carer until she met TF at the Royal Cornwall Show and was encouraged to be involved with the CPB.</p> <p>GL asked that before the next Board there was an update on the status, plans, costs, commitment, participants etc of the Devon and Cornwall Patient Participation System.</p> <p>Partnership Boards Update</p> <p>TF reported that the Partnership Boards team had been working closely with the self-advocate/service user members of the Autism PB and Learning Disability PB over the last few months in smaller groups, face to face, and had discussed various issues/trends, including:</p> <ul style="list-style-type: none"> • Concerns about how the DWP communicate with people with additional needs. There was quite a comprehensive list from everyone who participated, for example, they felt they were seen as less of a priority, there was a lack of trained staff for people with additional needs, how they were meeting the Accessible Information Standard and a lack of recognition vulnerabilities. A comprehensive set of questions was submitted to the DWP for response to next month's PB meetings. • Work with Dr Rebecca Jelbert of the Cornwall Adult Autism Assessment Team. Although not funded to provide post diagnostic support following a diagnosis of autism, they recognised the gap and wanted to provide online information as a minimal way to address that. Attendees discussed what was required and made suggestions. Wider discussion included issues around the barriers people faced with autism if they also had issues with their mental health and making the diagnosis letter more personal/bespoke in order for it to be utilised as a means of sharing more specific information with service providers. • Work with Cornwall Council to engage on the strategies under Delivering Better Care. That work would continue as needs are 	<p>Seek update.</p>
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identified and services developed.

GL said that he knew of people that experienced difficulties with the DWP. TF invited him to bring the issues to her.

Networking

- **Dementia Action week** - conference in Newquay which was successful, and led to connections with potential new members for both the Older Persons and the Carers PBs. Much signposting to relevant services was also undertaken.
- **Royal Cornwall Show** – we made some great contacts and have gained some members from this event, particularly from professionals in the third sector.
- **Blue Light Day** – a very positive event where individuals with additional needs could share their wonderful talents, engage with public services and network with lots of third sector organisations, like ourselves. We engaged with around 100 people and gained some excellent new members for both the APB and the LDPB.

Community Promoter role – has been successful and we now have three volunteers who have joined us and been a great support at public events.

Lost Carers

A very apparent group that we identified, through Blue Light Day in particular, were “lost carers”, people from middle aged and upwards that had never known anything other than caring for their loved ones. We discussed it with SW and she said that Parent Carers Cornwall had identified the same.

The concerns identified were:

- ensuring plans for the cared for in the event of the carer passing;
- ensuring plans for support for the carer if their cared for passed;
- making sure that carers were aware of all forms of support available to them; and
- how to promote available support to those carers that don't want any help. The key element of the conversation being the detrimental effect that stance had on the cared for, who didn't interact with anyone outside of the family.

	<p>SW added that there were carers in their eighties that were not known to the authorities. She urged everyone to consider those people and support when possible.</p> <p>Older Persons Partnership Board</p> <p>The team wanted to restart meetings of the Older Persons Partnership Board, which had halted due to an inability of members to form a consensus on the key issues that mattered to older people.</p> <p>An initial investigative session had been held that morning to begin to identify issues, revisit the Board’s Terms of Reference and consider required representation. Further meetings would be scheduled in due course.</p>	
<p>9</p>	<p>Update on the Informal Carers Support Service</p>	
	<p>Due to the meeting overrunning, JP had left the meeting. However, prior to leaving she had invited any questions on the report circulated in advance of the meeting (click here) to be sent to either herself or the Partnership Boards team for response.</p> <p>She also said that she was happy to host a meeting at CRCC’s Redruth office to discuss any gaps in the provision of Carers Forums since they ceased to be their responsibility.</p> <p>GL said that he had received no feedback following the last meeting about Carers Forums with JP. JP countered that she had an email trail between their grants facilitator & organiser and GL about supporting the Liskeard Forum to become independent from the carers service in terms of facilitation. She would share it with GL.</p> <p>She had suggested that Parent Carers Cornwall investigate any funding opportunities to develop a peer support group for parent carers. She invited a conversation at her Redruth office.</p>	

10	NHSE&I Commitment to Carers Programme	
	<p>Due to the meeting overrunning, Charlotte Harris and Louisa Forbes had left the meeting. The Chair asked that apologies be relayed to both on behalf of the Board.</p>	
11	Parent Carers Cornwall Update	
	<p>A report had been circulated in advance of the meeting (click here).</p> <p>SW added that the Deprivation of Liberty Safeguards (DOLS) was being refreshed and the name was changing to The Liberty Protection Safeguarding Scheme. Once finalised, SW would share with members.</p> <p>Upcoming Events:</p> <p>8th September – a talk with Joanne Grace around sensory stories for people with profound disabilities and sensory deprivation.</p> <p>4th October – the Anachoir conference, run by the Children’s Disability Therapy Teams, would be held at The Royal Cornwall Showground, there would be lots of input from PCC and workshops on the day.</p> <p>SM asked if schools recognised autism. It was important to do so at primary school level as by secondary school age there had already been large detrimental effects to the education of individuals. SW said that there was a lot of work going on in schools and she could report in greater detail if required.</p>	
12	Any Other Business	
	<p>Barnardo’s</p> <p>NC was happy to share that they now had a full staff team in place. Recruitment, as for many organisations, had proved to be a big issue.</p>	

	<p>Sibling young carers amounted to around 1/3 of all young carers on their system and they had a specified worker, on a twelve month contract, that was due to join on 12th September.</p> <p>The key focus of the new contract was on reducing the impact of caring responsibility.</p> <p>They would be recruiting for a new Service Coordinator and it would be appreciated if the advert could be shared far and wide</p> <p>Young Carers</p> <p>Serena Collins, Commissioning Manager, Children and Family Services, Cornwall Council had offered to give the next meeting a review of 1st year of the new Young Carers contract and a progress report on the Young Carers action plan as part of the rollout of that Strategy.</p> <p>The Board agreed to receiving the report.</p> <p>Connecting Health Care: Unpaid Carer Project</p> <p>The Partnership Boards team had circulated the findings earlier this week, with the Board being thanked for its assistance throughout the project.</p> <p>The Advocacy People</p> <p>The Partnership Boards team was meeting with Penny Newman of The Advocacy People the following week and would discuss possible training opportunities and how TAP could assist with widening the Board's membership to different types of carers.</p> <p>Respite Care</p> <p>PH asked about respite care for carers of people in the mid to late stages of Alzheimer's. There appeared to be a shortage in Cornwall. Information needed to be readily available detailing where loved ones could go in order to provide respite. The Chair suggested visiting Care and Support in Cornwall.</p>	<p>Report to next meeting</p> <p>Update to next meeting</p>
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	<p>Challenging behaviour was a big issue, with professionals seeming to hold high thresholds.</p> <p>NS agreed with PH, citing the lack of respite as a key issue that had arisen in feedback received by Healthwatch Cornwall from carers of people with Dementia.</p> <p>AW that it was the same for people caring for people with learning disabilities or autism. There was a real lack of respite care across Cornwall for all types of carers.</p> <p>Transport</p> <p>GL raised the lack of volunteer transport for people to access appointments etc. He felt that more volunteer drivers were required. TAPS could be expensive and weren't always available.</p> <p>SM said that services did not always allow carers to accompany their cared for, which could be very problematic.</p> <p>CJ said that she would talk to the Transport team at Derriford about the issues raised and report back. Derriford was looking into volunteer drivers to take people home but there were a lot of issues to consider - health and safety, DBS checks, insurance and access to a suitable vehicle.</p> <p>Gordon said he has his DBS and could help if his cost was covered.</p> <p>Chairmanship</p> <p>GL asked if it was time to elect a new Chair, stressing that the suggestion should not be taken as an affront by the current Co-Chair in the Chair. The Chair said that the Terms of Reference would be checked.</p>	Update to next meeting
13	Next Meeting	
	<p>2pm, Thursday, 27 October 2022 via Microsoft Teams.</p> <p>Venues offering hybrid facilities would be investigated and accessibility issues considered.</p> <p>Members suggested County Hall, Truro or Chy Trevail, Bodmin.</p>	

Information Classification: PUBLIC



Together  for Families

Young Carers and Young Adult Carers Service update


Services provided by Barnardo's as part of the all Age Carers Service.



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1

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Who is a Young Carer?

As defined under the All Age Carers Service contract

Young Carer is a child or young person under 18 years of age who provides regular or ongoing care and emotional support to a family member because of a disability, health condition, frailty, mental health problem, addiction or other health or social care need.

Young Adult Carer is aged 18-25 years, who provides regular or ongoing care and emotional support to a family member because of a disability, health condition, frailty, mental health problem, addiction or other health or social care need.

Young Carers can also be providing practical support for siblings with Special Education Needs and their support within a family unit is invaluable in assisting with:

eating, drinking, dressing, medication and stimulation activities. All of which can cause additional stress and anxiety for the Young Carer; whom can feel responsible for the overall family unit

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2

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Short Film: Young Adult Carers residential

Play film

“I am me, I am not just a Young Carer”


Young carers strategy 2021-2026



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3

Information Classification: PUBLIC



How are we helping so far?

Number of Young Carers:	1026
Number of Young Adult Carers:	118
Number of siblings being supported:	395
Number of 1-1 high level support per week:	35
Number of young carers accessing level 2 activities:	535
Number of schools actively engaged:	93

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4

Information Classification: PUBLIC



What has been achieved together?


- Partnership approach across the All Age Carers service enabling access to grants, specialisms, shared understanding of Young Carers and reduction in caring responsibilities.
- Lots of Fun and support for young people in highest need.
- Regular communications to all.
- Much stronger social media presence and connectivity.
- Effective signposting to other young people's services
- New young carers reference group for co design of services



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5

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Outcomes:

- We know all the Young Carers and Young Adult Carers in Cornwall.
- Young Carers/ Young Adult Carers are supported from inappropriate caring responsibilities.
- Young Carers are able to attend school regularly and achieve their educational outcomes, comparative to that of young people with no caring responsibility.
- Young Carers and Young Adult Carers are able to access other communities' activities and peer groups.

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Our focus for this year

- Increase the number of known Young Carers and Young Adult Carers to the service.
- Increase the awareness and effectiveness of a Young Carers Register.
- Bespoke support activities to reduce caring responsibilities for young people.
- Increase the number of Young Adult Carers being mentored by previous young adult carers
- Continue to work with schools and link young carer training to other professionals training and trauma informed approaches.
- Ensure Young Carers/Young Adult Carers aspirations for their futures are known and being supported through a variety of approaches including skills development, training and employment opportunities.

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7

Strategy and Action plan

[Young Carers and Young Adult Carers - Cornwall Council](#)



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8

Thank you / Meur ras

If you have any questions or comments
Serena.collins@cornwall.gov.uk



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9



Information for carers



One + all | we care

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How do I know if I am a carer?

A carer is anyone, including children and adults, who looks after and cares for a friend or family member who due to illness, frailty, disability, a mental health condition or an addiction cannot manage without their support. The care they give is unpaid. Carers have a huge impact both directly on the lives of the people that they care for, and indirectly in the contribution that they make towards society.

We believe that carers should have the opportunity to pursue their own goals and aims alongside of their caring role. When we refer to carers in this leaflet, this is inclusive of both adult and young unpaid carers. Many carers don't see themselves as carers and it takes them an average of two years to acknowledge their role as a carer.

It can be difficult for carers to see their caring role as separate from the relationship they have with the person for whom they care, whether that relationship is as a parent, child, sibling, partner, grandparent, or a friend.

It's likely that every one of us will have caring responsibilities at some time in our lives with the challenges faced by carers taking many forms. Many carers juggle their caring responsibilities with work, study, and other family commitments. Some, younger carers, are not known to be carers. They don't tell relatives, friends or health and care professionals about their responsibilities because of a fear of separation, guilt, pride, or other reasons.

This means that the sort of roles and responsibilities that carers provide varies widely. They can range from help with everyday tasks such as getting out of bed and personal care such as bathing, to emotional support such as helping someone cope with the symptoms of a mental illness. The person may live with you or elsewhere, they may be an adult or a child, but if they rely on you for support, then you are entitled to support as a carer.

Anyone can become a carer. Carers come from all walks of life, all cultures, and can be any age. You may be a wife, husband, parent, partner, friend, uncle, niece, colleague, or neighbour. No matter what your relationship, if the person you care for cannot manage without your support, then you are a carer.

Cornwall Partnership NHS Foundation Trust (CFT) and Royal Cornwall Hospitals NHS Trust (RCHT) recognise the vital support that carers provide and outline in this passport what is available to carers attending one of our hospitals.



Young carers

How do you know if you are a young carer? Young carers are children and young persons under 18 who provide care, assistance or support to another family member who has a disability, is physically or mentally ill, or has a substance misuse problem. They carry out, often on a regular basis, significant or substantial caring tasks, taking on a level of responsibility that is inappropriate to their age or development.

Some of the ways young people care for someone are:

- staying at home to be there and provide support for the person you care for
- helping them to get up, get washed or dressed, or helping with toileting
- doing lots of household chores like shopping, cleaning, and cooking
- looking after younger brothers and sisters
- providing emotional support or a shoulder to cry on
- helping to give medicine
- helping with communication.

As a young carer you should:

- make sure you have time to be a young person
- get the same opportunities as your friend
- get support for yourself and the person you help to look after
- know your rights and have them acknowledged.

More information and/or guidance is available online:

<https://carers.org/about-us/about-young-carers>

For local support for Young Carers in Cornwall please call, Cornwall Carers Service on 01736 756655 or visit the website: www.cornwallcarers.org.



When the person you care for is in hospital

We recognise the impact that caring responsibilities have on carers and that there is a need to support and help people in their caring role. Periods of inpatient care can be an additional burden for carers. The uncertain situation may increase anxiety and stress levels whilst the emotional and physical strain of hospital visits may lead to greater exhaustion.

Having access to information about diagnosis and treatment can help to alleviate concerns as a carer. Please ask staff on the ward for help and access to the healthcare professionals who are caring for the person you care for.

Following discharge from hospital, carers play an important role in the continuing care of many of our patients, effectively picking up their health and other care needs in the community.

By implementing best practice, we aim to promote the health and independence of carers by:

- identifying and recognising carers of all ages including young people or children caring for family members
- ensuring carers are aware that they have certain rights, including the right to a carer's assessment
- allowing them to make choices about their caring role
- actively seeking the patient's permission to share information with their carers
- involving carers in the patient's discharge planning
- offering relevant support
- monitoring their experience and satisfaction through surveys and carer organisation feedback
- identifying and supporting patients with a caring responsibility
- keeping carers informed of the patient's condition
- helping carers to access the help and support specifically designed for them in their caring role
- offer a hospital carer's passport to support them in their carer's role.

Our Carers Policy is in place to support you – we encourage you to speak to the ward staff about how we can work in partnership to ensure the person you care for receives the best treatment whilst an inpatient with us.

As a carer (during the inpatient stay), please show your Carer's Emergency card to ward staff as **you may be entitled to:**

- drinks and meal vouchers (RCHT)
- help with parking arrangements (RCHT)
- access to Cornwall Carers Service for carer's advice and assessments.

Carer Passport

The Carer Passport is given to identified carers of inpatients of Royal Cornwall Hospitals NHS Trust (RCHT) and Cornwall Foundation Trust (CFT) for use during their cared for person's time as an inpatient.

The Carer Passport shows what support the carer is able or willing to give the cared for person during their hospital admission.

RCHT and CFT recognise the vital support that carers provide and holders of a Carer Passport will be entitled to regular liquid refreshment, flexible visiting hours, free car parking and a meal / drink voucher to be used in the main hospital restaurant or pod (if required).

The Carer Passport is given to carers who are contributing to the care of their cared for person on the ward, at the discretion of the ward and is valid for the current episode of inpatient care.

The Carer Passport is intended to be used in conjunction with the peninsular recognised Carers Emergency Card to access carer support such as meal vouchers and free parking. Please see page 9 for more information about the Carers Emergency Card.

Newly identified carers will be issued with a Temporary Carer Card.

How you might be feeling as a carer

Carers say that the role of a carer can often be very rewarding and report a great sense of pride in what they and the person they care for achieves.

At the same time, carers report some negative feelings and mixed emotions. Having to cope with a dependent adult or child whose needs may be complex can be a difficult situation and one for which you feel unprepared. For example, you may feel that your carer role has changed your relationship with the person you care for and has affected your relationship with other family members, and even changed you too – maybe it has made you feel more anxious and stressed?

Being a carer can mean you often get no time to yourself and can become a lifelong commitment.

Caring for the carer

At CFT and RCHT we are aware of how difficult the carer role can be and value the vital work done by carers. We recognise the essential role of carers in supporting people with physical and mental health conditions, learning disabilities and autism, and have introduced several hospital passports to help support them whilst they are in our care.

All hospital passports are available to view on our carers page on our website:

www.royalcornwall.nhs.uk/our-care-promise/patient-experience

Further information can also be requested by emailing rcht.caringforcarers@nhs.net or contacting our Safeguarding or Learning and Disability teams on:

Email:

rch-tr.LearningDisabilities@nhs.net

rch-tr.sgadulthood@nhs.net

Phone:

01872 255741 (8am to 5pm, Monday to Friday).

If you provide care and support for a friend or family member, you may be eligible for support from your local council. The local council also commissions services to support carers.

Cornwall Carers Service

Cornwall Carers Service delivers a range of high-quality support services for unpaid carers throughout Cornwall. It is a partnership of the following 5 charities:



The service is free of charge. These services include: carer's emergency card, emotional support, information, advice and guidance, statutory assessment, welfare benefits, access to grants, community support, carer specific training and dedicated services for young adult carers (18 - 25 year old carers) and young carers. There is also a Hospital Support Worker, who can offer general help and guidance whilst your loved one is an inpatient.

Advice Line Telephone: 01736 756655

Text: 07840 211674

Email: hello@carersadvice.org.uk

Website: www.cornwallcarers.org.uk

Carer's Emergency Card

Cornwall Carers Service provide a pre-arranged response to an emergency situation if a carer is admitted to hospital. Carers must register with the service, identifying two carers who will support an emergency situation (these can be neighbours or family etc). The carers will then be issued with a Carer's Emergency Card.

This credit card sized card has a telephone number and an ID number for the carer. The service is 24 hours a day. In the event of an emergency the scheme can be accessed 7 days a week, 365 days a year. The carer presents this card on arrival to hospital and hospital staff will contact the Carer's Emergency phoneline. For information on how to get a carer's card, please contact Adviceline on 01736 756655.



The Cornwall Carer Emergency Card will have the carer passport logo, which is recognised throughout the Southwest on the back and provides access to all the benefits included in this passport information pack when the person you care for is an inpatient in hospital.

If you are admitted to hospital

Please ensure that you always have your Carer's Emergency Card with you so that if for any reason you are admitted to hospital as an emergency, staff can quickly identify you as a carer when presented with or finding this card. They will contact the telephone number on the back of the card at the earliest opportunity to ensure that alternative arrangements can be made to support the person you care for.

Useful information

Mental Capacity Act

The Mental Capacity Act (2005) provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. A lack of mental capacity may be due to:

- a stroke or brain injury
- dementia
- a learning disability
- a mental health condition
- substance misuse
- unconsciousness and/or confusion
- other impairment of the mind or brain.

Consent

The Mental Capacity Act (2005) and the Disability Act (1995) emphasise the importance of supporting an individual's ability to consent to care or treatment. This may involve extra time, communication aids or environmental factors.

If an individual over the age of 16 has been assessed and lacks capacity, carers or relatives are not legally responsible for signing a consent form on their behalf, unless they have lasting power of attorney for health and welfare. However, they will be involved in making a 'best interests' decision.

Best interests decisions

If a patient lacks mental capacity and a best interests decision needs making, carers, relatives, and others with an interest in the patient's welfare must be consulted for their views about the patient's wishes, feelings, beliefs, and values.

Frequently asked questions

Can I stay?

This is decided on an individual basis. If it is decided that you can stay overnight a reclining chair or bed (if there is room) can be arranged with the ward. However, you should not feel obliged to stay.

Can I help care?

Yes. Please discuss with the ward staff what care you would like to give and what help you need from them. Our clinical and nursing staff are responsible for providing personal and nursing care to our patients and you should not feel obliged to give this type of care. Carers play a vital role with support, communication, and knowledge about the patient, and we welcome this expertise.

Can I bring in our own equipment?

Yes. It is important that patients have familiar belongings and equipment with them. However, infection control issues need to be considered. Please discuss this with the ward and therapy staff before bringing equipment in.

Where can I get refreshments?

Practical arrangements such as breaks and refreshments can be arranged with the ward staff on an individual basis. There are meal/drink vouchers available that can be used at our main restaurant at Royal Cornwall Hospital and the 'Pods' at St Michael's or West Cornwall Hospitals – these are provided by the ward staff. We also encourage you to show your Carer's Emergency Card to the ward hosts when they are doing their patient rounds, as they will be able to provide you with a tea, coffee or water.

Can I get help with parking?

Yes, at Royal Cornwall Hospital free parking can be arranged for you at the discretion of the ward. They can provide a parking slip which, along with your Carers Emergency Card, can be shown at the car park lodge in the car park. The car park team will then direct you to where you may park for free – please ensure the 'Free Car Parking for Carers' slip is clearly displayed in your car. Car parking is free for all patients at our community hospitals on a first come first served basis.

Is there wheelchair access and disabled parking?

Yes. There are accessible parking spaces available outside Trelawny reception and limited parking near the Tower Block. There is accessible parking at all community hospitals.

Is there any help available when we arrive at the hospital?

Yes. At RCHT the volunteers at the front desk offer support and can wait with your relative/person you care for, while you load and/or park your car. There is also support available at all community hospitals – please speak to a member of staff for assistance.

Can I visit if the hospital has an infection control warning in place?

Yes. Visiting can be arranged out of hours and during restricted visiting times. We understand the importance of familiar faces and contact between the patient and carer. This is arranged on an individual basis.

Will I be involved in discharge planning?

Good communication between patients, carers and staff is vital to ensure the patient's safe discharge from hospital. Carers and family members will be involved in discharge planning from an early stage.

The period after discharge from hospital can be a particularly difficult time for both patient and carer. Extra emotional and practical support may be needed, and it is important that you are fully prepared and know what to expect. Your help with the discharge and planning arrangements is so important to us.

Carers can be present during medical and nursing rounds, if appropriate, to aid patient discussions and help represent their patient's views.

Complex discharges may involve a discharge planning meeting where carers play a vital role.

Your wellbeing

When you are focusing on the person you are caring for it is important that you do not neglect your own wellbeing. Below are some tips that many people say have helped them improve their sense of wellbeing. Some of these may seem obvious, but they can often be forgotten during a busy day:

- make time for yourself
- learn to say 'no' – you can't do everything
- don't neglect your own health needs
- find time to rest and get enough sleep
- focus on the positive aspects of your life. What do you enjoy? What are you good at?
- find an exercise you enjoy that gives you time for yourself
- talk to someone – a friend, family member or phone support from a carer group
- ask for a carer's assessment or a review of your needs whenever you need it
- keep important numbers near your phone
- ask your GP to register you as a carer as this will make it easier when seeking support and benefits.

Help and support within CFT and RCHT

Learning Disability Team

By supporting individuals with learning disabilities, we can make sure they get high quality services in hospital, and real choice and control over their care. The team is available to help you, and can be contacted on:

Email: rch-tr.LearningDisabilities@nhs.net

Telephone: 01872 255741 (8am to 5pm, Monday to Friday).

Mental Health and Wellbeing

The hospital Mental Health and Wellbeing service are here to help people with mental health concerns access the hospital. We offer support and reasonable adjustments to people with mental health conditions in Royal Cornwall Hospital, West Cornwall Hospital and/or St. Michael's Hospital. We want your hospital experience to be good. We want you to feel safe and comfortable. We want you to feel you were listened to and treated with respect. We do not want you to have a bad experience or a different standard of care because you have a mental health condition. We will help to arrange your admission or put plans in place during your stay.

Telephone: 01872 255741 (8am to 5pm, Monday to Friday).

Admiral Nurse

An Admiral Nurse can provide support, advice and guidance to carers and families of a person with dementia when they are admitted to any acute or community hospital in Cornwall. The Admiral Nurse can also provide support and follow up following discharge from any of these care settings. This support is 1-1 telephone liaison. If you feel you need to speak to an Admiral Nurse, please telephone: 01872 250000 (Switchboard, please ask to be put through to the Admiral Nurse Service).

We Are With You

Our We Are With You hospital team works intensely with individuals who regularly present with underlying drug and alcohol issues and are frequently transitioning between the hospital and the community. As well as our hospital in reach team, we offer community services in Truro, Penzance, and Liskeard.

Hospital Office Hours Tel: 01872 255741

Truro Office Number: 01872 263001 Out of hours: 03332 000325.

Inclusion Matters

Inclusion Matters is funded by Adult Social Care and delivered by the Inclusion Matters (IM) partnership, led by Cornwall Rural Community Charity (CRCC) with Age UK Cornwall & Isles of Scilly (Age UK C&IOS), Disability Cornwall, Inclusion Cornwall, and the Digital Inclusion Team.

Online resource

The Cornwall Link connects individuals, carers, volunteers and professionals with services and activities in their area. www.cornwall-link.co.uk (Age UK and Made Open)

Following discharge, the Inclusion Matters team can help you if you would like to find out more about social activities in your area or health related groups to help you stay healthy and active and reduce the likelihood of re-admission. Please phone our helpline on 01872 266383 (Monday - Friday, 9am to 4:30pm), or email: inclusion@cornwallrcc.org.uk.

Practical support

Help with arranging collection of ad-hoc shopping, prescriptions etc.

Wellbeing support

Links to volunteers and community groups for people who are feeling lonely and isolated.

Welfare Support

Help with welfare issues such as benefits, housing, rights etc. For disability related welfare issues you can also contact Disability Cornwall on 01736 759500 or email: advice@dialcornwall.org.uk.

Digital Support

Support you to develop digital skills, including online shopping, joining online groups etc. You can also contact CRCC directly on 01872 243557 or 01872 243534 or email the digital inclusion team: digitalinclusion@cornwall.gov.uk.

Transport

Transport for urgent medical appointments or hospital discharge; volunteer drivers, accessible transport, and electric vehicle hire.

Age UK C&IOS (independently funded) can be contacted directly by telephone: 01872 223388 or email: tap.ageuk@nhs.net.

Hospital Discharge Inclusion Officer

The Inclusion Matters Hospital Discharge Service can support you with your practical and social needs to prepare for a hospital admission, or for your hospital discharge. Provides help to design an action plan and support to put that plan into action. This service aims to reach individuals that are socially isolated who have little support from family and friends. Our friendly Hospital Discharge Inclusion Officer can act as a helpful point of contact providing useful advice, guidance, and support to promote a good recovery. Telephone: 07590 362024 (Monday - Friday, 9am – 3pm). Examples of support include:

- identifying safety concerns in the home
- arranging for collection of ad-hoc shopping/prescriptions
- providing information to keep their home warm
- arranging for someone to call round for a chat
- support with transport options
- link to community IM support.

Other support organisations and helpful contacts

Carers Trust

Telephone: 0300 772 9600

Email: info@carers.org

Website: www.carers.org

Alzheimer's Society

Telephone: 0300 772 9600/ 01872 277963

Website: www.alzheimers.org.uk

Parkinson's UK Helpline

Telephone: 0808 800 0303

Website: www.parkinsons.org.uk

National Autistic Society – Cornwall Branch Email

cornwall.branch@nas.org.uk

Website: www.cornwallbranch.wixsite.com/cnas1

Mencap Helpline

Telephone: 0808 808 1111

Email: helpline@mencap.org.uk

Website: www.mencap.org.uk

Care & Support in Cornwall (Cornwall Council)

Telephone: 01872 323 535 / 0800 587 8191

Email: fis@cornwall.gov.uk

Website: www.supportincornwall.org.uk

Cornwall Face2Face

A befriending service for parents caring for children with additional needs. The service is provided by other parents who have had similar experiences.

Telephone: 01872 271721 / 07842 111 876

Facebook: Friends of Face2Face Cornwall Oasis Group facebook page

Active 8

Offer day and residential activities to 14 – 30 year olds with physical disabilities. Activities are designed to support members to be empowered and develop skills, confidence, support structures and aspirations.

Website: www.active8online.org

Cornwall Accessible Activities Programme (CAAP)

A charity formed by a group of parents of children with additional needs, to support families to access activities during school holidays.

Email: Info@caapuk.co.uk

Website: www.caapuk.co.uk

Cornwall Memory Café Network

A place where anyone with memory loss and their carer or family may find support and a signpost to more formal help if so desired. Over 40+ locations around Cornwall – for more information and to locate your nearest café, please go to the website: www.cornwallmemorycafes.co.uk.

Cornwall Mobility

The centre of excellence for mobility in the southwest, with an expert team providing impartial advice, solutions, and reassurance to people of all ages.

Telephone: 01872 254920

Email: Info@cornwallmobility.co.uk

Website: www.cornwallmobility.co.uk

Cornwall People First

A user-led self-advocacy charity for adults with a learning disability or autism throughout Cornwall.

Website: www.cornwallpeoplefirst.com

Disability Cornwall & Isles of Scilly (IoS)

A values-based, user-led charitable company with a mission to represent, include, support, and empower people living with a long-term health condition or disability, their families, and carers in Cornwall and IoS.

Advice Line: 01736 759500 (Text or Call)
Email: hello@disabilitycornwall.org.uk
Website: www.disabilitycornwall.org.uk

Hearing Loss Cornwall

A unique local Cornish charity set up in 1931. It remains at the forefront of helping people who are deaf or have hearing loss to benefit from fulfilling lives in a world geared to sound.

Telephone: 01872 225868
Text Relay: 18001 01872 225868
Email: info@hearinglosscornwall.org
Website: www.hearinglosscornwall.org

iSight Cornwall

Cornwall's oldest charity. Our sole purpose is to support people who are blind or partially sighted. We understand the impact that sight loss can have on an individual's quality of life, which is why our services are designed to help people lead more active and independent lives.

Telephone: 01872 2611106
Email: info@isightcornwall.org.uk
Website: www.isightcornwall.org.uk

Lifestyles (Mid Cornwall)

Sometimes disabled people need a little bit of extra support to do what they would like to do. Lifestyles offers its unique and friendly service to any disabled person in Cornwall over the age of 16 with no discrimination by location or type of disability.

Telephone: 07967 822340
Website: www.lifestylescornwall.org.uk

Merlin MS Centre

Provides clinical and therapeutic services to people affected by a range of neurological conditions including MS, Parkinson's, Stroke and CFS.

Telephone: 01726 885530
Email: hello@merlinmscentre.org.uk
Website: www.merlinmscentre.org.uk

Patient & Family Experience Team

If you have a concern about the care that you are currently receiving or wish to raise a concern on behalf of a current patient (inpatient or outpatient), please firstly speak to a member of staff providing the care. This could be a nurse, ward sister or matron, a doctor, other health professional or a non-clinical member of staff within the relevant department or clinic. They want to help you and will try to resolve your concerns right away.

If you have questions about an appointment, or would like to change one, please call the phone number on your patient letter or call the switchboard on RCHT: 01872 250000 / CFT: 01208 834600 and ask to be redirected to the relevant department or clinic.

If you have tried this and it has not adequately resolved your concerns, or if you would like some help to do this, then please contact the Patient and Family Experience Team. They will listen to you and work with you to achieve a satisfactory resolution whether you are requesting information, providing feedback, raising a concern, or making a complaint. We encourage you to speak openly about your concerns, which will be treated in confidence, with courtesy and sensitivity.

Contact the RCHT Patient and Family Experience Team

Please email: rcht.patientexperience@nhs.net or leave a voicemail on 01872 252793. We will return your call in a maximum of two working days (although the majority will be returned on the same day, except on weekends and bank holidays). You can also send a letter to:

Patient and Family Experience Team (Complaints)
Clinical Governance Office
2nd Floor Knowledge Spa
Royal Cornwall Hospitals NHS Trust
Truro
Cornwall TR1 3HD

Contact the CFT PALS and Complaints Team

Please email: cpn-tr.Palscft@nhs.net or call on 01208 834620. You can also send a letter to:

PALS Office
Cornwall Partnership NHS Foundation Trust
Room 11 Banham House
Bodmin Hospital
Cornwall PL31 2QT

Independent Advocacy Services

If you feel you would like some help and support in making your complaint then you can contact the Advocacy People, who are a free, independent advocacy service that can assist you.

Telephone: 0300 440 9000
Email: info@theadvocacypeople.org.uk
website: www.theadvocacypeople.org.uk.

Care Opinion

If you've experienced our services recently, either as a patient yourself or as a carer or friend of someone else, please visit www.careopinion.org.uk to tell us how it was. What was good? What could have been better?

Your story will be handled confidentially by the non-profit service Care Opinion. When you post your story on Care Opinion, they publish it on their public site if they can. It is then shared with people in many different organisations working to make health and care services better and asks them to respond to the feedback.

You can share your story anonymously and Care Opinion do not share your personal details, like your email address or postcode, with anyone else.

We will respond to all comments about us on the Care Opinion website and share them with staff.

This service is independent of both Cornwall Partnership NHS Foundation Trust, Royal Cornwall Hospitals NHS Trust and the NHS. For more information about Care Opinion and how your story is handled, visit: www.careopinion.org.uk



Carer passport

To enable us to support and work with you whilst the person you care for is an inpatient on our ward, we encourage you to complete and share the information below with ward staff so that everyone is aware of the care you wish to provide during this episode of inpatient care.

As the unpaid carer of:

I can:

- Visit out of normal visiting hours.
- Aid in washing and dressing.
- Aid in feeding.
- Be actively involved in team meeting discussions, and planning the discharge where appropriate, about the person I care for.
- Provide support to the person I care for, when having investigations in the hospital.
- Other: (please describe) _____

I will inform staff if I am entering or leaving the ward outside of normal visiting hours. I understand that, at times, I may be asked to leave the ward or bay if there is a clinical necessity.

I agree that if I am assisting with feeding, washing or mobilising, that staff may work alongside me to fulfil their clinical responsibility.

During the time the person you care for is an inpatient you will be entitled to:

- regular liquid refreshment
- flexible visiting hours
- free car parking
- meal / drink voucher to be used in main hospital restaurant or pod (if required).

Name of unpaid carer: _____

Signature: _____

Authorised by: _____ Designation: _____

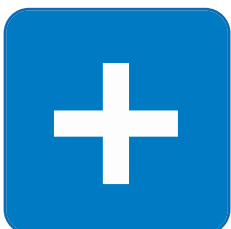
Date: _____ Review date: _____

This passport is valid for the duration of the inpatient's stay in hospital.

Published in partnership:

Royal Cornwall Hospitals NHS Trust
Cornwall Partnership Foundation NHS Trust

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690



Carers Policy
V1.0
September 2022

CFT Governance Information

Title:	Carers Policy
Purpose:	To highlight and identify staff responsibilities in supporting unpaid carers while those they care for are inpatients of the Trusts.
Target Audience:	All Trust Staff, volunteers and unpaid Carers and care workers
Document Author Role:	Patient Experience Managers
Document Definition:	Policy
Supporting Committee and Chairperson:	ECCO (CFT) and PEG (RCHT)
Key Words: <i>(To assist search engine)</i>	Carers / carer / mental capacity act / consent / carers assessment / discharge / young carers / carers' policy / carers' passport / carer support / unpaid carers / care workers
Freedom of Information:	This document CAN be released under the Freedom of Information Act 2000
Document Section:	Corporate: Generic

Ratified by and Date:	(Name of the Executive Director to be added by the Policy Coordinator) (Date to be added by the Policy Coordinator)
Review Date:	(Date to be added by the Policy Coordinator) 6 months prior to the expiry date
Expiry Date:	(Date to be added by the Policy Coordinator) 3 years after ratification unless there are any changes in legislation or changes in NICE Guidance / National Standards

Related legislation and national guidance:	National Carers' Strategy
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Associated Trust Policies and Documents:	Mental Capacity Act, Safeguarding Children and Adults. Mental Capacity Act Policy, Adult Safeguarding Policy and Procedural Guidance, Safeguarding Children Supervision Policy) CG/004 Discharge Policy (MH Inpatient only)
Equality Impact Assessment:	The Equality Impact Assessment Form was completed in January 2022
Training Requirements:	<p>Carers' Training</p> <p>Formal training for carers is not provided by the Trusts</p> <p>Staff Training</p> <ul style="list-style-type: none"> • There is an e-learning programme designed to improve the understanding of the role of a carer and the services and information available to them in Cornwall and the Isles of Scilly. • The Patient Experience Team will support the dissemination of the policy to clinical areas and monitor effectiveness through Carer feedback and engagement sessions <p>The organisations train staff in line with the requirements set out in their training needs analysis and mandatory training.</p> <p>Training which is categorised as statutory or essential must be completed in line with the training needs analysis and mandatory training.</p> <p>Compliance with statutory and essential training is monitored through the Learning and Development team with monthly manager's reports and staff individual training records twice yearly. Training reports are also submitted quarterly through the Trusts Quality and Governance Committee Meeting.</p> <p>Staff failing to complete this training will be accountable and could be subject to disciplinary action.</p>
Monitoring Arrangements:	Section 8
Implementation:	Section 7

Version Control

Version	Date	Author	Page No.	Changes
1	October 2016	Authors		Update on Care Act and new Commissioning arrangements for Carer. Membership of the Triangle of Care
2	February 2020	Andy Fox	3	Added point 2.5
			4	Added point 7-12
			5	Added point 5
			5	Changed name 4.1
			7	Altered Partnership Boards and Forums
			8	Added point to 6.3
			8	Added point to 7.2
			8	Changed name 7.3
			10	Added sentence to 10
			10	Added note to 11
3	April 2022	Holly Kiernan Patient experience manager		Aligned with RCHT
4	June 2022	Joanna Dobson Patient Engagement Manager		Amended
This document Replaces:				
<ul style="list-style-type: none"> • GEN/021/20 – Carers' Policy 				

Summary

Issue Date	Review Date	Version
September 2022	September 2025	5.0
Purpose		
This policy outlines the support available from Cornwall Partnership NHS Foundation Trust (CFT) and Royal Cornwall Hospitals NHS Trust (RCHT) for all carers who are providing formal or unpaid care to patients while receiving hospital treatment.		
Who should read this document?		
All staff employed by, or contracted to work for, Cornwall Partnership NHS Foundation Trust (CFT) and Royal Cornwall Hospitals NHS Trust (RCHT) and work with patients and carers on any ward, department or community setting, including visiting professionals.		
Key Messages		
<p>The Trust has a duty to ensure that carers are respected and listened to as a partner in the care planning for the cared for person. It is important to ensure staff are aware of their responsibilities in maintaining a carer's health and wellbeing.</p> <p>This policy includes:</p> <ul style="list-style-type: none">• Staff responsibilities in maintaining carer support, health, and wellbeing• Information on recognising opportunities to identify carers of adults, children, and young people• Support mechanisms available for carers who are contributing to the care delivery whilst the cared for person is receiving treatment in hospital• Enabling carers to continue delivery of care if they wish, whilst the cared for person is in hospital• Involving carers in decision making and discharge planning• Recognising and supporting child and young adult carers• Support for staff who are carers• Car parking, meal vouchers or provisions, and other facilities to support unpaid carers of an inpatient.		

Points to consider:

Carers have rights and are entitled to request a Carers assessment. Inform carers about this.

Identifying and recognising carers of all ages and recognising them as equals and expert partners in their role.

Offering choices to carers about their caring role

Allow carers time to make choices about whether to take on or continue in the role of carer in hospital

Actively seeking patients' permission to share information with carers

Inform carers about their right to a Carer's Assessment - an assessment of their needs in relation to their caring role

Supporting and Involving Carers providing care in hospital - see CHA3807 Carer's Care Plan - Appendix 4

Carers provide support to the 'cared for' person at home so following admission they may wish to be involved in moving and handling, medication, personal hygiene, eating and drinking, infection prevention and discharge planning

Identifying and supporting patients with caring responsibilities

Monitoring carers experience and satisfaction through survey and carers organisation

RCHT1779 Carer's Passport available for unpaid carers of an inpatient who are contributing to care on the ward.

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the *Information Use Framework Policy* or contact the Information Governance Team

Cornwall NHS Foundation Trust cpn-tr.infogov@nhs.net

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

At Cornwall Partnership NHS Foundation Trust (CFT) and Royal Cornwall Hospitals NHS Trust (RCHT), we recognise that carers have an important role in the effective and safe delivery of treatment and care of patients in hospital. It is important that we identify, involve and support carers in the clinical setting to get the care of the patient right.

Throughout this document, the term "carer" refers to: 'someone who provides practical unpaid help or emotional support to family members, neighbours or friends who use our services.' This is defined in the Care Act (2014).

It is important to promote the patient carer relationship ensuring that the carer can continue in the caring role to improve the cared for person's patient experience, promote well-being and support the discharge process.

- 1.1. This document sets out the best practice guidance for staff working in CFT and RCHT. It aims to follow the essential principles of the national Triangle of Care initiative which promotes the inclusion of carers in a connected model to avoid gaps and act in the best interests of both service user and carer.
- 1.2. The Trusts and Local Authority have a firm commitment and legal responsibility to inform, support and assess as outlined the Care Act (2014).
- 1.3. This policy draws upon national policies and guidance to ensure both Trusts offer appropriate support to the carers of patients and underpins the seven dignity tests outlined by the Dignity in Care campaign (See appendix 7).
- 1.4. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

The National Strategy for Carers, which was launched in 2008 and updated in 2010, highlights the need for carers to be respected and involved in the care of people, as expert care partners. The strategy emphasises the role of NHS Trusts in supporting carers in their role of caring for individuals and in relation to maintaining carers' health so they can continue in their caring role:

- Carers need better and timely access to information – regarding the patient's condition, care needs, benefits and other support required
- Carers should be involved and informed of the needs of the patient; treated as "expert partners in care"
- Carers can often feel excluded by clinicians, the reason given for this being patient confidentiality. This illustrates a lack of value of the carer's role and contribution to the support of the individual patient.

It is important that when people are admitted to hospital the role of their carer is acknowledged and valued and carers themselves are supported and involved in the care of individuals.

- 2.1. This policy applies to all patients, relatives, and carers, regardless of whether in an acute or community setting and is relevant to all staff for awareness. It defines the role of a carer and how clinical teams can promote the patient carer relationship ensuring the carer is treated as an expert partner in delivery of care. Also described are the responsibilities the hospital has towards care workers (paid / formal carers), whose clients still require their support in the clinical area, e.g., patients who may have a learning disability.
- 2.2. It is important to remember that carers themselves may have specific needs whilst they are supporting someone in hospital. This policy defines the facilities, services and support which are available to carers who are contributing to part of a patient's care whilst in hospital.
- 2.3. We recognise that many of our staff also have a caring role and there is a section in this policy which includes support available for staff.
- 2.4. We recognise that carers play an important role in the continuing care of many patients following discharge, effectively picking up patients' health and other care needs in the community. By implementing best practice, the Trusts wish to promote the health and independence of carers. It will achieve this by:
 - Identifying and recognising carers of all ages and recognising them as equals and expert partners in their caring role
 - The carer and the essential role they play is identified at first contact or as soon as possible thereafter
 - Ensuring carers are aware that they have certain rights, including the right to request a carer's assessment
 - Enabling carers to make choices about their caring role
 - Actively seeking patients' permission to share information with carers and recording this
 - Provide a Carer's Passport to identified carers for each episode of inpatient care
 - Involving carers in patients' discharge planning
 - Offering relevant support
 - Monitoring carer experience and satisfaction through surveys and carer organisation feedback
 - Identifying and supporting patients with a caring responsibility
 - Keeping carers informed of a patient's condition
 - Helping carers to access the support and services available to them via Cornwall Carers' Service

- Courtesy, kindness, and consistency to carers are fundamental
 - Support for 'young carers' should be developed.
- 2.5. Carers may be the first to be aware of a developing crisis; they may be best placed to notice subtle changes in the person for whom they care or be the first to notice early warnings of relapse. Engaging the views of carers at such times may be key to ensuring emerging risk factors are properly evaluated and acted upon.
 - 2.6. Carers are key partners with health and care services and local authorities in providing care. In many instances, especially when a patient is not in hospital, the patient's carers and wider family will provide more care and support than health and social care professionals. It is important for professionals to identify all individuals, who provide care and support for patients, to ensure that health and care services offer assessments of those carers' needs and, where relevant, provide support to meet them. Local authorities also have duties in the Care Act (2014) to offer assessment of adult carers' current and future needs for support and must meet eligible needs for support. The Children and Families Act 2014 also places a duty on local authorities to assess needs for support of both parent carers of disabled children and young carers.
 - 2.7. Carers who are patients themselves may have a special need for a longer convalescence and more respite care for the person they look after. They may need additional support on discharge, as well as to be directed to sources of support. It is envisaged that the Trusts will also benefit from the improved communication, involvement and appropriate support offered to carers; benefits such as fewer delayed discharges, reduced incidences of hospital readmissions, fewer carer complaints and improved customer relations with users and carers. Better informed and supported carers are also less likely to break down under the strain of caring, something which can lead to the emergency readmission of patients, sometimes with their carers.
 - 2.8. Carers also have a need for information about the condition of the patient, i.e., should deterioration occur, or for post discharge information and training which will support them in their caring role. Unless there are good reasons to the contrary patients should be encouraged to agree to their carers being involved in decision making and to them being kept informed. If patients lack capacity to consent to this it may be appropriate to involve and inform carers if it is in the patient's interests – although that decision should always be made in the light of the specific circumstances of the case.
 - 2.9. Without the carer's care the cared-for person might remain longer in hospital than is necessary, or be in intermediate or transitional care, or in a residential or nursing home. These beds and places are in short supply and carers are providing a service that frees the healthcare professionals to care for those who need acute care or specific rehabilitation.

2.10. To ensure that carers can, where appropriate, participate fully in decision making, it is important that they have access to:

- Practical and emotional help and support to assist them in participating
- Timely access to comprehensive, up-to-date, and accurate information.

2.10.1. This applies equally to children, young people or individuals with a learning disability who are supporting parents who have a mental health disorder. In considering the kind, and amount, of information which young people (especially young carers) should receive about a parent's condition or treatment, the people giving the information will need to balance the interests of the child against the patient's right to privacy and their wishes and feelings. Any such information should be appropriate to the age and understanding of the young person.

2.10.2. Even if carers cannot be given detailed information about the patient's case, where appropriate, they should be offered general information in an appropriate form, which may help them understand the nature of the illness, the way it is treated, and the operation of the Care Act (2014).

2.10.3. If carers request that information they provide is kept confidential, this should be respected and recorded in the patient's medical record. A carer should be asked to consent to such information being disclosed (see Caldicott Guardian Guidance). Where a carer refuses to consent professionals should discuss with the carer the benefits of sharing information in terms of patient care and how their concerns could be addressed.

2.10.4. Staff should have knowledge of the Mental Capacity Act (MCA) 2005 to support the recognition of fluctuations in patient capacity which affect the necessary care that the cared for can / cannot provide for themselves.

2.11. Children or young people who have caring responsibilities are referred to as "young carers" The Children Act 2004 needs to be considered at all times. A significant number of carers are children or young people.

2.12. Six key standards outlined under the Triangle of Care (CFT) (see appendix 5) are:

- Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
- Staff are 'carer aware' and trained in carer engagement strategies.
- Policy and practice protocols re: confidentiality and sharing information are in place.
- Defined post(s) responsible for carers are in place.

- A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
- A range of carer support services is available.

2.13. Carers should have access and information regarding who to contact 24 hours a day seven days a week, including ward based contact details and signposting to other organisations and relevant services.

2.14. Carers should be given a clear understanding and information regarding the medication involved in their caring role to dispel fears, allay anxiety and reassure.

3. Scope

The content of this document applies to all staff groups working in CFT and RCHT and will be available to the public, carers and relatives for information.

4. Definitions / Glossary

4.1 The term 'care' includes emotional, personal, physical, and domestic support. A carer may offer advocacy, regular help, or supervision with everyday activities such as shopping, cooking, washing, bathing, and dressing.

4.2 A carer is someone who, by looking after a frail, ill or disabled partner, relative, friend or neighbour, enables them to stay at home, or to return to it. The role of "carer" should not be confused with that of "care worker" or "care staff" who undertake a caring role as part of paid employment or as a volunteer attached to a voluntary organisation.

4.3 Carers can be all ages and genders, and from all walks of life, cultures, and backgrounds. Some carers are 'hidden' because their background or culture does not acknowledge their caring role. At least one third of carers are 60 or older; many others care for an older person. Carers have rights, including the right to refuse to take on, or continue, the responsibility of caring for someone and the right to an independent assessment of their caring role; these are legal rights.

4.4 Care Act Guidance (2014)

The Care Act (2014) and Children and Families Act (2014) enshrine in law the rights for Carers of any age to have access to an assessment and appropriate support.

It also recognises that a carer's needs may "fluctuate" over the course of time so it may be important to review the complete picture of carers needs over the past year.

- 4.5 **Care Workers (Paid Carers):** Throughout the community there are various patients who are supported to maintain independent living with paid carers; either self-funded or as part of a care package from social services. These carers may still need to provide ongoing support for the patient in hospital. They may need to be actively included in the patient's care, with regards to communication, nutrition, mobility, and personal care. The involvement of care workers needs to be considered and agreed at the time of admission and regularly reviewed, all arrangements must be clearly documented in the patient's medical record.
- 4.6 **Unpaid Carers:** Unpaid carers are usually family members or friends. A carer can be defined as 'an individual, an adult or a child, who provides unpaid help and support on a regular basis to a partner, family member, friend or relative. They may provide practical help, care, physical or emotional support to a person who is vulnerable for a wide variety of reasons, whether through age, physical or mental illness, disability or other issues such as substance misuse.
- 4.7 **Young Carers / Young Adult Carers:** A young carer is 'a child or young person aged between 5 – 18 years whose life is restricted in some way due to the need to take responsibility for the care of a parent or sibling because they have a disability, mental illness or chronic condition'. Young carers have caring responsibilities that would normally be expected only of an adult. The person they care for will usually be a parent, a brother or sister, or a grandparent. For example, a young carer may be caring for parents who misuse drugs and alcohol. Young carers are often unrecognised and easily overlooked by the clinical team, particularly in cases where it is not obvious that they have a caring role.
- 4.8 **Parents as Carers:** Parents are sometimes also their child's carers, in the sense that the child may have additional needs and require more care or specific treatments from his, or her, parents or guardians. In all cases, parental responsibility must be established before proceeding. Good communication and documentation between Trust staff and parents (or guardians) who are their child's carers is essential.
- 4.9 **Older Carers:** Older carers can become more isolated and often have less support from other family members. Help and support within the hospital setting may be needed to enable an older carer to safely continue with their caring role. Older carers, who themselves have social care needs, should be referred to Adult Social Care at Livewell Southwest <https://www.livewellsouthwest.co.uk/> who will make the necessary arrangements for an assessment to be completed.
- 4.10 **Black and Minority Ethnic Carers:** Be aware that whilst carers may face similar barriers or difficulties in caring for someone, there may be differences in the caring role due to cultural and religious issues or language difficulties. It is important to spend time to understand the needs of carers and the wishes of the patient in the continuing caring role.

- 4.11 **Carers of Patients with Complex Needs and Disabilities:** Carers often have the most comprehensive understanding of the specific care needs of patients, their communications, psychological and emotional needs and should, therefore, be treated as expert partners in the delivery of care. The carer role is often to provide support, continuation of care and facilitate communication with the patient. It is important that carers of people with complex needs and disabilities are regularly involved and informed of clinical decisions regarding the patient. Individuals with learning disabilities should be referred to the Learning Disability Liaison Team to ensure the care plan is reviewed and supported by the specialist nurses. The liaison nurses will also ensure good carer involvement and support throughout the patient's hospital stay.
- 4.12 **Carers who are inpatients:** Carers who are themselves patients may have specific needs which may have to be taken into consideration.
- 4.13 **Visitors and relatives:** Not all relatives or visitors of patients in hospital will be carers – it is important that the carer role is discussed with relatives or visitors and any ongoing caring responsibilities agreed; that those relatives or visitors who are carers are recognised by the clinical team and involved in decisions and plans for the patient.
- 4.14 **Carer Passport:** A document given to identified carers of inpatients, valid only for the current episode of care. The passport is issued at the ward's discretion, to carers who are contributing to the care of the patient whilst on the ward, and is intended to be used in conjunction with the Carers Emergency Card.
- 4.15 **Carers Emergency Card:** Cornwall Carers Service provide a prearranged response to an emergency situation if a carer is admitted to hospital. Carers must register with the Cornwall Carers Service. The carers will then be issued with a Carer's Emergency Card.

5. Ownership and Responsibilities

All staff should be aware of the National Carers' Strategy and the support needs of different types of carers. The role of the carer within the hospital setting should be identified and formally recognised as part of the patient's care plan. Carers should be encouraged and supported to continue with their caring role, with the patient's expressed consent or in acting in the patient's best interest.

Link to national strategy:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136492/carers_at_the_heart_of_21_century_families.pdf

5.1. Elective Admission Pathway

As part of the pre-assessment process staff are responsible for identifying if a patient has carers involved in their every-day activities. The role of the carer in supporting the patient's needs should be identified at the pre-assessment stage and included in the plan of care/clinical pathway. Any on-going carer involvement and support should be identified and documented as part of this

care planning and where necessary discussed with relevant specialist or liaison nurses, for example Learning Disability Liaison Team.

5.2. Urgent Admission Pathway

Upon admission, staff are responsible for identifying those patients who have specific carers involved in their daily care. The role of the carer, paid or unpaid, needs to be identified and recorded in the ongoing care plan of patient's needs in hospital.

Where necessary, contact will be made with the carers to obtain relevant information about the patient's needs e.g. carers from community services or care home. Discussion with carers should identify the specific needs of individuals and agree any continuing involvement of carers whilst the patient is in hospital.

It is important to recognise that an urgent admission may be the first time a family member recognises there may be a need for an ongoing caring role; the cause of the patient's urgent admission may lead to a long-term disability or increased patient dependency resulting in the need for long-term caring support. Relatives/friends need to be supported through this process, as the role of unpaid carer may not be something they had previously considered; the burden of caring for someone with complex needs should not be underestimated and carers need information and support in taking up this role.

5.3. Role of the Chief Executive

The Chief Executives and wider Trust Boards have key roles and are responsible for:

- Ensuring that each individual Trust meet requirements set out by statutory and regulatory authorities such as the Department of Health and Social Care, Commissioners, and the Care Quality Commission
- Ensuring that processes are in place so that:
 - staff are aware of this policy and adhere to its requirements
 - appropriate resources exist to meet the requirements of this policy.

5.4. Role of the Executive Directors

The Executive Directors are responsible for:

- Ensuring that all operational managers in their area are aware of this policy, understand its requirements and support its implementation with relevant staff

5.5. Role of the Associate Medical Director/Consultants

The Associate Medical Director and Consultants are responsible for:

- Ensuring procedures are understood and carried out by medical staff involved in the implementation of this policy

5.6. Role of the Ward/Unit/Team Leaders

The ward leader or delegated deputy is responsible for identifying if a patient has someone looking after their needs, whether this is a care worker (formal, paid) or an unpaid carer and determining the role of the carer for the patient during the episode of care. It is important to ensure details are recorded in patients' medical records and that the carers are supported by the ward team and involved in discussions and decisions regarding patient care and discharge.

5.7. Role of the Members of Clinical Teams

Clinical team members have responsibility to comply with the requirements of this and associated policies and have a legal duty to have regard to it when working with, or caring for, adults who may lack capacity to make decisions independently.

5.7.1. Unpaid Carers

- The ward leader or delegated deputy must ensure the clinical team involve the carer in discussion and decisions about the patient, ask the carer what level of involvement they wish to have in the patient's care, specifically whether they wish to remain on the ward and contribute to the care delivery during an inpatient stay, agree what level of support is feasible and how the carer needs to be supported in this role in hospital.
- At all times, consideration should be given to the patient's wishes and needs. There must also be an assessment of what impact this admission may have on the physical and emotional well-being of the carer.
- Unpaid carers are entitled to request a carer's assessment. The ward manager is responsible for ensuring that where a carer requests this assessment, they are referred to Adult Social Care at Livewell Southwest who will make the necessary arrangements for this to be completed and can sign-post carers to services or facilities for support.

5.7.2. Ward Staff – Care Workers (formal/paid)

- The ward leader or delegated deputy must complete an assessment of the patient's ongoing needs in hospital and what role the care worker has in this care. If the patient still requires the

usual level of support provided by the care worker, this should be negotiated with the care-provider organisation and the commissioners of this service. Patients in receipt of direct payments for their carer, may wish to continue with the level of care whilst in hospital.

- For all patients who require the continuation of a care worker in hospital, the patient care plan should be escalated to the matron who will ensure all parties are involved in the discussion about the patient's needs. Once agreed it should be clarified what continued support from the formal carer is required if any and this must be clearly documented in the patient's medical record. It is anticipated this should be within the commissioned service normally provided for the individual, with no added financial cost, although this is not always the case and should be checked as detailed below.
- Where there is a need for additional carer hours, or funding for existing carers during a hospital episode, this must be agreed and documented. The cost of extra carer support, in addition to the usual community contract, will usually be met by the service line and agreed by the matron. During out of hours situations the senior nurse in charge must be informed.
- The ward leader / matron must clarify specific arrangements for funding of meals, travel, and parking costs with the care worker. These costs will usually be met by the company providing the care and form part of the commissioning of the care required. Any concerns or difficulties with these arrangements should be escalated to the matron, heads of nursing or deputy director of nursing.
- The ward leader is responsible for ensuring that the level of support for each patient is regularly reviewed in response to the changing needs of the individual. The nursing team will need to liaise with the formal carer throughout the admission and amend the care plan as necessary.
- Where a patient may require increased level of care this may not be included in their current funded contract. The ward manager will assess if this is completed by the ward staff or by ordering extra staff. In some cases, it may be more appropriate for the patient's regular carer to provide this care, however, this will need to be agreed by all and how the ward will be invoiced.

5.7.3. All Ward Staff

- All ward staff are responsible for ensuring that carers are identified and included in care planning and discussions regarding a patient's care and discharge, whilst always first considering the patient's wishes or for some patients, in their best interests. The delegation of care to a carer remains the responsibility of the registered practitioner, as does the communication and support of that carer in their caring role on the ward. All agreed care to be delivered by the carer must be documented and evaluated in the patient's care plan.
- Ward staff will need to ensure carers are supported with regular rest, meal breaks and time to maintain their own health and wellbeing, offering support as outlined in section 6.5.
- Each ward is responsible for completing a detailed care plan for all care workers who are providing support and care to patients on the ward. A copy of the care plan should be given to the provider organisation for the carer, for patients with learning disability a copy of the care plan should also be passed to the Learning Disability Liaison Team.

6. Standards and Practice

Staff should be "carer aware" and aware of carer engagement strategies.

6.1. There are **eleven stages** to addressing carers' needs:

- Carers frequently fail to think of themselves as such, regarding themselves as partners, parents, relatives, friends, or neighbours. Good communication skills will be needed by staff to elicit this information positively.
- Carers need to be identified as early as possible. In the case of elective procedures, it may not yet be possible to obtain this information from the referring GP. Carer identification is part of pre-admission procedures and documentation and will help to identify discharge issues.
- A patient's carer status during his or her stay in hospital should be reviewed. Often a partner, relative or friend will accept responsibility for the post-discharge care needs of a patient who was independent before his or her current illness. Sometimes an existing carer may refuse to take on greater responsibilities or continue the caring role. Any changes need to be documented and factored into the patient's discharge plan. Refer to the relevant Discharge policy.
- Carer details must be recorded clearly and kept with the patient's medical record or nursing records and referred to by all members of the multidisciplinary team.

- Ideally the patient will identify their carer to staff, but the patient will still need to be asked if he or she wants the nominated carer to continue in that role. A refusal should not always be taken at face value and on occasions may need to be investigated further for any suspicious circumstances as part of the commitment to safeguarding vulnerable adults. The Safeguarding Named Nurse for Adults can be contacted for advice via Switchboard.
 - If the patient is too unwell to give any information, staff should try to discover from the patient's visitors if there is a carer and then contact them as soon as possible.
 - The patient's consent (or otherwise) regarding the disclosure of personal information about his/her diagnosis, treatment and care needs to the carer must be recorded on the Carers Care Plan.
 - Staff should ask the carer for confirmation that he or she is willing and able to take on, or continue looking after, the patient following discharge home. This should be asked in private, as patients sometimes nominate a person as their carer without any prior discussion with the proposed carer.
 - The patient-carer relationship is confirmed and documented in the Carer Passport and Carers Care Plan.
 - Carers may stay overnight to continue with their caring role; the details of the arrangements must be in discussion with the Ward Sister or Charge Nurse
- 6.1.1. If the patient is lacking capacity, or is incapable of making a decision, the Trust will act in that patient's best interest, in line with the Mental Capacity Act
- 6.1.2. On completion of a Mental Capacity Assessment, a best interests decision will be made by the multidisciplinary team. If the patient's best interests are served by disclosing personal information to a carer to provide care, or to enable the carer to assess whether he or she is able to provide the required care, then that disclosure may be made and both decisions recorded in the patient's records within the Mental Capacity Assessment Form.

6.2. Carer Passport

- 6.2.1. Carers of a current inpatient, who are contributing to care on the ward, are entitled to a Carer Passport. This supports carers with open visiting, access to facilities and joint care planning. (a copy of the passport can be found in Appendix 8)
- 6.2.2. A Carer Passport, along with the accompanying information leaflet (Appendix 9), will be provided to the carer, at the discretion of the ward staff, for each episode of care. The passport is only valid for one episode of care. If the patient is re-admitted a new passport will need to be issued.

- 6.2.3. Details of care that the carer is willing or able to give to the patient whilst an inpatient on the ward will be recorded in the Carer Passport and the Carers Care Plan. The Carers Care Plan will be stored in the patient's notes.
 - 6.2.4. For newly identified carers who are issued with a Carers Passport, the ward will give the carer a Temporary Carers Card for use to access support during that episode of care.
 - 6.2.5. Ward staff can access the Carer Passport via the Trusts' intranets or hard paper copies can be ordered via Unit 4. Ward Leaders should retain paper copies on the ward to give to carers when needed.
 - 6.2.6. The Ward Leader will retain a selection of numbered meal vouchers on the ward to distribute to carers who have been given a Carer Passport. Vouchers will be supplied by the Patient Experience Team.
 - 6.2.7. The Ward Leader will also retain numbered car parking slips to give to carers. These will be supplied by the Patient Experience Team.
 - 6.2.8. The Ward Leader will also retain numbered Temporary Carer Cards on the ward which will be supplied by the Patient Experience Team.
 - 6.2.9. If the Carer Passport is required in large print, braille, audio version or in another language please contact the General Office (RCHT).
- 6.3. Staff will need to be aware of sources of support for carers including local carer organisations and other community services able to provide information and support in many forms to the carer, which should be clear and accurate to help carers obtain support for themselves and the person they care for.
- 6.3.1. Information provided may include the following:
 - 6.3.1.1. Carers Information Pack
 - 6.3.1.2. Signposting to the Trusts websites for information related to carers
 - 6.3.1.3. Feedback form/link
 - 6.3.1.4. Carers UK online support for Carers
 - 6.3.1.5. Awareness of accessing independent advocacy services under the Care Act
 - 6.3.2. Staff will provide some information and support themselves, which may include nursing and therapy techniques
 - 6.3.3. Staff will also need to be aware of how carers, as well as patients, can access the Patient Experience and Complaints teams in the event of their having a concern or complaint about the service

- 6.3.4. Carers are informed of their right to a carer's assessment under the Care Act and are offered support and general information on how to access services.
- 6.3.5. A Carer's Care Plan will be recorded in the patient's records.
- 6.3.6. Carers can be directed to the Cornwall Carers' Service.
- 6.3.7. Carers' individual needs should be recognised, responded to, and reflected in their care plan
- 6.3.8. The carer's ethnicity, culture, religion, gender, sexual preference, age and other characteristics will be respected and taken into account.
- 6.3.9. If carers need assistance to communicate their views, this will be provided e.g., if English is not their first language, they will be assisted by a qualified interpreter or by advocacy services.
- 6.3.10. Carers are actively involved in the planning, development, and evaluation of services.
- 6.3.11. Carers will be given the opportunity to state their views on the quality of the services and the range of services to be developed.
- 6.3.12. Carers will be given adequate notice of meetings.
- 6.3.13. Carers can be encouraged to attend any relevant Trust Carers' Committee, Trust Public Board meetings, Carers' Survey, and relevant Partnership Boards and Forums.
- 6.3.14. Promote the involvement of carers in any assessments carried out by occupational therapists, physiotherapists, community nurses etc.

6.4. Considerations for disclosing information to the carer.

6.4.1. Offer carers information about:

- The medical condition of the patient
- What the patient's continuing care needs are likely to be
- What training might be available to the carer
- A discharge plan – verbal and written
- How to get help in looking after someone via requesting a Carer's Assessment

6.4.2. Explain to carers about:

- A carer's right to request a Carer's Assessment

- A carer's right to recognition and support
- A carer's right to refuse to take on the responsibility of caring for the patient after discharge
- Their right to access to signers or interpreters if required or consideration of any accessible information needs
- Sources of support, such as carer organisations or self-help groups
- How to challenge decisions and how to raise a concern or make a complaint.
- Carer's right of confidentiality
- The importance of both positive and negative feedback

6.4.3. Refer patients to Cornwall Carers' Service for information about:

- the financial implications of caring
- services – those that are free, and those with charges
- services available through community services
- support available to carers

6.4.4. Offering choices to carers/allow carers time to make choices about:

- taking on the role and responsibilities of carer
- whether to continue caring
- what level of responsibility to accept, recognising individual boundaries and constraints.
- whether their caring role is sustainable, and what the risks associated to their caring role are.

6.4.5. In addition, it is important to consider the spiritual and cultural values, beliefs and needs of the carer: it may be helpful to seek the advice and support of the Department of Pastoral and Spiritual Care (CFT) and Spiritual and Pastoral Care Department (RCHT).

6.5. Supporting the carer in the clinical area/role of carer in clinical area

6.5.1. The roles and responsibilities of the carer must be agreed and clearly defined with the carer and nursing staff and documented in the patient care plan and the Carers Care Plan. This must include tasks to be completed e.g., personal care; supervision with nutrition and fluids.

Once the carer is identified, and their role agreed, the ward manager will issue a Carers Passport to ensure that all carers are clearly recognisable by the ward team. See Appendix 3 for details of the Carers Emergency Card. When carers are newly identified, ward staff can issue a Temporary Carers Card with the Carers Passport.

- 6.5.2. All care workers must display their identification from their own organisation or agency and wear uniform, where applicable, whilst in the ward environment.
- 6.5.3. The carer will take responsibility for any patient property when they are present. This includes arranging for any valuables to be taken home if appropriate and for the laundering of any clothes, unless an agreement has been made that the valuables are stored in a secure environment on the ward.
- 6.5.4. The registered nurse is responsible for ensuring the carer is aware of any specific care needs of the patient, including infection control and manual handling. The carer may provide support; however, the registered nurse is responsible for the safety of the carer as well as the patient. Care workers who undertake manual handling independent of the ward team must be assessed in this task by the registered nurse and must be documented in the patient's manual handling risk assessment.
- 6.5.5. The carer must be aware they are responsible for their own actions during the care process and the ward/team leader / matron is responsible for ensuring that the carer is aware of this.
- 6.5.6. The RCHT wards can provide drink and meal vouchers for unpaid carers who are contributing to care on the ward, as described in the Carer Passport and Carers Information Leaflet, to carers who have a Carers Emergency Card or have been recognised by the Ward Leader as a carer and so given a Carer Passport and Temporary Carers Card. The Carer Passport can be obtained from the RCHT Patient Experience Team/Unit4. To help encourage breaks away from the ward, staff can offer to note a mobile phone number for the carer; this will enable them to be called back to the ward if required. Nursing staff will provide cover for the carer to take breaks away from the environment.
- 6.5.7. **Meals/Drinks:** Practical arrangements such as, breaks and refreshments can be arranged with the ward staff, and this is agreed on an individual basis. There are meal/drink vouchers available that can be used at the main restaurant at Royal Cornwall Hospital and the "Pods" at St Michaels or West Cornwall Hospitals; these are provided by the ward staff to carers who hold a Carer Passport. We also encourage carers to show their Carers Emergency Card or Temporary Carers Card to the ward hosts/General Support Assistants when they are completing their patient rounds, as they will be able to provide carers with a tea/coffee/water and meals in our community hospitals.

- 6.5.8. It is important to remember the carer may find it difficult to leave the ward environment, being worried about the patient in their absence and the nursing staff will need to support the carer and encourage them to have regular breaks ensuring their wellbeing which is as important as well as the needs of the patient.
- 6.5.9. Nursing staff need to monitor the health and wellbeing of the carer being mindful of any carer fatigue. This is particularly important for carers who have long-term conditions and disabilities themselves. Orientation of the ward environment should be provided to ensure the carer is made aware of the fire alarms and evacuation procedures and facilities.
- 6.5.10. **Free Car Parking for Carers (RCHT):** Free parking can be arranged for unpaid carers who are supporting an inpatient and have been given a Carer Passport and have either a Carers Emergency Card or Temporary Carers Card. This is at the discretion of the ward, who will liaise with carers to access free parking arrangements. The Car Park team will then direct the carer to where they may park for free.

6.5.11. **Moving and handling:**

Many carers move and transfer the 'cared for' safely and effectively whilst at home. They may wish to continue this activity during the hospital stay but are under no obligation to do so. The level of involvement in movement / transfer should be instigated and guided by the carer with permission of the cared for. The Registered Nurse has the duty and obligation to ensure manual handling best practice is maintained for staff, carer and cared for. The carer can only be involved in the movement / transfer of the 'cared for' once they have been assessed as capable by nursing staff and only with consent from the 'cared for'. For further advice please speak to the ward link for Moving and Handling or the Trust's Moving and Handling Advisor.

6.5.12. **Medication:**

Many carers administer drugs to the 'cared for' safely and effectively whilst at home. They may wish to continue to be involved in this activity during hospital stay but are under no obligation to do so. The level of involvement of the carer in drug administration should be instigated and guided by nursing staff with permission of the cared for. The Registered Nurse has the duty and obligation to administer medications to patients and can only involve carers in assisting with taking the drug.

6.5.13. **Personal hygiene:**

Many carers assist with personal hygiene activities for the 'cared for' safely and effectively whilst at home. They may wish to continue this activity during the hospital stay but are under no obligation to do so. The level of involvement in hygiene care should be instigated and guided by the carer with permission of the cared for. The Registered Nurse has the duty and obligation to ensure the patient's hygiene

needs are met. The carer can only aid with hygiene activity once they have been assessed as capable by nursing staff and only with consent from the 'cared for'.

6.5.14. Eating and drinking:

Many carers assist with eating and drinking activities for the 'cared for' safely and effectively whilst at home. They may wish to continue this activity during the hospital stay but are under no obligation to do so. The Registered Nurse must ensure the 'cared for' is able to swallow safely and has been assessed by the Speech and Language Department if applicable, prior to assessment of the carer's competency. The level of involvement in eating and drinking assistance should be instigated and guided by the carer with permission of the cared for. The Registered Nurse has the duty and obligation to ensure the patient nutritional needs are met. The carer can only assist with eating and drinking activity once they have been assessed as capable by nursing staff and only with consent from the 'cared for'. The Trust operates a Protected Mealtime Policy, however, 'reasonable adjustments' will be considered, and carers can remain, if they wish to do so, to support the patient.

6.5.15. Infection prevention and control:

In terms of protection for the carer, the cared for and other patients in the hospital environment, the following points should be always adhered to in line with the relevant Infection Prevention and Control policies:

- Although the carer may well be providing similar care at home, the vulnerability of the patient to infection may be much greater whilst they are ill in hospital i.e., they may have IV devices, catheters, wounds etc. and antibiotics that would not be normal for them. Therefore, staff should ensure carers are aware and adhere to the correct procedures regarding hand hygiene, use of protective clothing, waste disposal and laundry segregation, whilst emphasizing that most of the precautions required in hospital will not be necessary in the home situation.
- Ward staff should clarify that the carer must not provide care to any other patients. Particularly at mealtimes when carers may feel obliged to help other patients which could result in cross infection if they do not think about hand hygiene etc. when moving from their cared for person to others.
- Carers should not be given access to staff only areas of the ward, in particular the ward kitchen as this would breach food hygiene regulations, but also the clean and dirty utility.

- In line with the advice given to all hospital visitors, carers should be asked to stay away when they are unwell themselves particularly when they have diarrhoea and/or vomiting, flu like symptoms, any symptoms of COVID-19, coughs, colds, sore throats, or other potentially infectious conditions.

6.5.16. **Discharge planning**

As well as providing general information about the hospital's services and local carer organisations, carers will need information specific to the patient to assess if they will be able to meet the patient's care needs at home. Carers should be involved in all aspects of discharge planning and should be kept informed of discharge plans throughout the patient's inpatient stay.

6.6. **Care and Discharge Planning - Involving the Carer**

- 6.6.1. Carers must be included with the patient in any discussions regarding plans for investigations, treatment, discharge, and ongoing care. For patients who have long-term health or social care support in the community, the Care Manager, Community Matron or Care Home Matron should be involved.
- 6.6.2. In situations where the carer is expected to provide ongoing care in the community the patient's needs must be clearly documented, care plan provided and all necessary medication, equipment etc. should be arranged for the patient.
- 6.6.3. On completion of a Mental Capacity Assessment, where a patient is assessed as lacking mental capacity, the carer's view must be considered when making best interest decisions and these conversations should be documented. Carers of adults cannot give consent to treatment or discharge plans, however, they should be involved in discussions and decisions about ongoing treatment. It may be appropriate for a carer to chaperone or escort the patient during treatment, investigation, or discussions.
- 6.6.4. Where the patient lacks mental capacity, and has no relative or friend, a referral needs to be made to the Independent Mental Capacity Advocates, if not made previously in more serious cases. Care workers cannot act as a patient advocate. This includes decisions regarding changes to accommodation.
- 6.6.5. Carers need regular information to feel involved and empowered in the patient's care. This includes information regarding:
 - Diagnosis - particularly of long-term conditions or disabilities
 - Planned investigations and procedures

- Carer involvement in care – what to bring in, how to use equipment etc.
- Pre-operative care and preparation
- Potential risks to surgery, treatment, or medication
- Long-term plans for ongoing care or follow-up treatment including community support, Care home provision
- Support available for carers – with information, facilities, services

6.6.6. As well as providing general information about the hospital's services and local carer organisations, carers will need information specific to the patient to assess if they will be able to meet the patient's care needs at home:

- Identify carers as soon as possible by asking patients if they have a carer; remind patients what the term carer includes.
- Refer to your Trust's discharge policy available on the Intranet
- Health Care Professionals must ensure the name and contact details of the carer are recorded onto the patient's care plan on the appropriate IT system on the service user's record.
- Ensure that carers are involved (rather than just informed) at all stages of the patient's journey. This would include:
 - making the decision to discharge the patient
 - discussing and agreeing practical alterations and preparations for the discharge at home - carers may need time to make different working arrangements
 - agreeing the estimated date of discharge and informing the carer if this changes
 - giving the carer sufficient notice of the patient's discharge.
- View carers as partners in the provision of healthcare by:
 - respecting and listening to their views – longer-term carers are likely to have valuable expertise and be skilled in caring for the patient
 - Ensuring that they have the relevant information needed to plan effectively for their caring role. Their view should be respected, valued, taken into account.
 - Carers can choose whether they wish to take on, or continue with, the role of carer. A key priority is to engage with carers

and consider all significant impacts.

- Carers are involved in planning and agreeing the care plan for the person they care for, with the patient's consent:
 - Carers can attend meetings and care reviews to allow their views to be taken into account.
 - Carers will be involved in the preparation of the care plan and will receive a copy of the patient's care plan.
 - The carer will be involved in planning and agreeing discharge arrangements if the patient is in hospital. The ward staff will record this involvement in the relevant physical and/or electronic records systems.
 - Carers should know who to contact if they feel the care plan isn't working. They should be involved in the discussions and plans to address this.
- Without the patient's consent:
 - The carer should still be given information on who to contact in a crisis or emergency e.g., if the patient has a relapse.
- Acknowledge carers' own needs, considering:
 - the circumstances leading to their taking on the caring role
 - commitments to other family members
 - work commitments
 - cultural differences
 - communication needs
 - religious background
 - gender
 - relationship
 - sexual orientation
 - ethnicity
 - ability
 - frailty
 - disability

- where they live – access / services / housing

6.6.7. **Please Note:** Staff should not to make any assumptions, especially those often based on the carer's gender, or the relationship between patient and carer.

6.6.8. If a carer is or has been a healthcare professional, staff should not assume that they will be able, or willing, to cope with all caring responsibilities.

6.7. Remote Information Sharing

6.7.1. Where a carer is unable to visit, or lives some distance away, the Registered Nurse is responsible for ensuring they are kept informed and involved about the patient's condition, treatment plans and discharge planning. Be aware this may include a care-agency, care home or other individual.

6.7.2. It is important to gain the patient's permissions prior to sharing information or, in cases where on completion of a Mental Capacity Assessment the patient is unable to give consent, this information is shared in the patient's best interest.

6.7.3. For situations where there is a safeguarding adult or child concern regarding the care of the patient, information sharing may need to be restricted. Ward staff should seek advice from the Safeguarding Adult and Children's Team and Adult Social Care prior to disclosing any information to carers where there are such concerns.

6.8. Young Carers

6.8.1. No health care/community care package should rely on the caring role of a young person under the age of 18. All services have a role to play in identifying young carers and ensuring that they are supported and able to make informed choices about the level of caring responsibility that they take on.

6.8.2. Trust staff identifying young carers need to be aware that there are a range of services for young carers in Cornwall. The time the cared for spend in hospital can be a stressful time for young carers. They will need reassurance that the actions taken by health professionals are in the best interests of the whole family. Further information at:

<https://www.cornwallcarers.org.uk/young-carers>

<https://ww.cornwallcarers.org.uk/young-adult-carers>

Contact can be made through the Advice Line on freephone 01736 756655, by emailing kernowyoungcarers@barnardos.org.uk or through the KYC website at www.kernowyoungcarers.co.uk.

- 6.8.3. Sometimes a young carer (up to 18 years of age) needs support and protection themselves, which may require a safeguarding referral to another agency. If you consider a child protection or children in need referral is required, advice and support can be sought from your Named Professionals, their contact details are available on each Trust intranet.

6.9. Parents as Carers

To establish parents as carers, staff should identify if the parents' caring responsibilities are new or well established and document the data; new carers will almost certainly have quite different concerns and needs compared to those of established carers.

- 6.9.1. Staff will need to learn from parents who are experts in their child's care management.
- 6.9.2. Parents who are also their child's carers need to have their additional role recognised by Trust staff.
- 6.9.3. Staff should be proactive about offering parents as carers information and support, help to access the services and support available via Cornwall Carers Service.
- 6.9.4. Any training in a technique which will make it easier for the parents as carers to look after their child at home must be carried out by qualified staff following clear teaching plans based on best practice.
- 6.9.5. The disclosure of a young child's personal health information including a realistic assessment of his or her continuing care needs to his or her parents who are also the carers is normally straightforward.
- 6.9.6. Personal health information concerning a child under the age of 16 can be given to his, or her, parents or legal guardians, subject to the child's agreement and him, or her, being assessed against the Fraser guidelines (formally Gillick competent).
- 6.9.7. With older children, who have the capacity to comment on their treatment and care management, the situation can be more complex and may have to consider a child's own need for privacy and autonomy.
- 6.9.8. Parents, as carers of their child, need information about their child's care requirements to successfully plan to manage their caring responsibilities at home. To achieve this parents may benefit from a carers' assessment.
- 6.9.9. Well-informed staff and good communication between the various parties can normally resolve any conflict between the needs of the young person and those of his or her carers.

- 6.9.10. In cases of young people with learning disabilities the carers still need information even though every effort should be made to involve the patients in decisions about their discharge and care needs at home, as well as the disclosure of personal health information to their parents. The Trusts' Learning Disability Liaison Nurses can be contacted for further advice and support.
- 6.9.11. Check that parents are also the patient's guardians if the young person has limited capacity to make decisions. This is required to ensure that the parent or guardian has legal responsibility for the 'cared for' young person.
- 6.9.12. Where families are divided, staff may need to take specialist advice about how to manage the needs of, perhaps, two parents who share, or intend to share, responsibility for their child's care yet live apart.

6.10. Carers of people with Dementia

The Trusts' Admiral Nurse Service can be contacted to answer any questions or offer support for carers of people with dementia or members of staff. Carers and family members of people with dementia undoubtedly provide a vital role and we know that the availability of appropriate care and support and the quality of services has a significant bearing on whether carers feel able to take a break from their caring responsibilities while the person they care for is in hospital.

Ensure that the carer is aware of the Admiral Nurse Service. Once consent has been obtained from the carer, and the person they care for has a formal diagnosis of dementia, refer using Maxims to the Admiral Nurse Service. There is also an email referral form should there be no Maxims access. The Admiral Nurse Service covers Royal Cornwall Hospital, St. Michaels Hospital, West Cornwall Hospital, and all Community Hospitals. This service will work together with families and carers to provide one to one support, expert guidance, and solutions.

References NICE guideline [NG97] Published date: June 2018 Dementia: assessment, management and support for people living with dementia and their carers Prime Minister's challenge on dementia 2020 Published 21 February 2015

The Trusts recognise the value of carer support for inpatients with dementia and we support the principles of initiatives such as Johns campaign <https://johnscampaign.org.uk/>.

6.11. Carers of Patients with Complex Needs and Disabilities

Carers of people with learning disabilities should benefit from all mainstream carers initiatives.

The Trusts' Learning Disability Liaison Nurse Service can be contacted to answer any questions or offer support.

6.12. Support for Trust staff who are Carers

The Trusts recognise there are times in employees' lives when they may have caring responsibilities.

Staff who are carers are entitled to the support outlined in this policy. See Special Leave Policy for details for Carers Leave.

As Trusts that value employees and the skills they bring to the organisation, we make every effort to support carers in balancing their work commitments and caring responsibilities, specifically:

- It is the intention that anyone with caring responsibilities should feel comfortable in declaring their needs
- Carers will be treated sympathetically and not discriminated against in any way
- Any information shared with managers will be treated confidentially and shared only with those who the carer agrees may assist in supporting them.

6.13. Useful Resources and Contacts

- Cornwall Partnership Trust Website for Carers provides useful links <http://www.cornwallfoundationtrust.nhs.uk/cft/OurServices/Carers/Carers.asp> Carers Corner CFT
- The Carers UK website www.carersuk.org provides summaries of links to latest policies and legal documents.
- CFT Carers Information Pack
- RCHT Carers Passport
- CFT Carers Passport
- www.supportincornwall.org.uk/carers fis@cornwall.gov.uk 0800 527 8191
- Cornwall Carers Service helpline 01736756655, www.cornwallcarers.org.uk
- Young Carers Project – provides support and activities for young people (up to 18 years) caring for an adult – 01736756655
- Adult Care and Support – offers community care and support, alongside Health and Housing agencies in Cornwall, for all carers, including young carers. Provide assessments of need, including carer's assessment.

Tel: 0300 1234 131

Email: adultcareandsupport@cornwall.gov.uk

Note: A full list of carer's information and contacts can be found at the Cornwall Council website, search for 'carers' organisations'.

6.14. Confidentiality & Information Sharing

Patients and carers have a right to privacy. Confidentiality is an essential ingredient of the 'therapeutic alliance' between the patient and the professional. This helps the patient to trust the professional and so aids recovery.

However, carers can feel left out of discussions between professionals and the patient, especially if the patient has not given consent for information to be shared with the carer. Despite this, the carer may be the first person to spot signs that the patient is relapsing.

Professionals can be uncertain about what information they may share, and carers are often unaware of their rights. They need information to enable them to care most effectively for the patient, to promote recovery and for the carer to feel supported so their health and wellbeing is preserved.

- Disclosure without consent can only be provided where there is a risk of serious harm or serious crime which (see Caldicott Guidance for further information).
- If there is significant risk regarding the above, or if further guidance is required, contact the relevant Caldicott Guardian or Information Governance Team. Reference should also be made to the Data Protection Act.
- Confidentiality should not be used as a reason for not listening to carers or family members, nor for not discussing fully with the patient the need for carers to receive information so that they can continue to support them.
- Even if a patient has told staff they wish to keep all information confidential from their family or carer, the patient cannot stop staff from meeting with the carer. At the meeting, staff should listen to the carer, collect information, and give advice. The nature of advice will vary depending on how much the carer already knows about the patient's condition, but can include details of who to contact, especially in an emergency.
- Disclosure should be made to the carer in accordance with the mental capacity assessment or where relevant, a referral made to the Independent Mental Capacity Advocates where the patient is assessed as lacking capacity.

6.15. Children as Carers

Children and young people or 'young carers' may be the main carer of their parent. Every support must be given to the young carer.

- Young carers should be referred to the Cornwall Council children's service

for an assessment under the Children Act 2004. The aim of this is to ensure their development and life opportunities are not adversely affected by their role as a carer. Young carers need understanding, recognition, practical and emotional support, and information.

- Individual needs will differ, but include:
 - Someone to talk to, who will listen and try to understand their feelings
 - Acknowledgement of their role
 - Information about specific illnesses and disabilities
 - Opportunities to have a social life and develop friendships outside the caring role
 - Practical assistance
 - Financial information and advice
 - Information about services available from statutory authorities and voluntary organisations
 - Someone to help when dealing with professionals
 - Someone to interpret for the cared-for person
 - A break from caring
 - Contact with other young people in similar situations
 - The protected right to full-time uninterrupted education and homework

6.16. Assessment of Carers Needs

Each carer will have individual needs which require attention and/or support to ensure they are fully able to carry out their role as carer.

As soon as a carer is identified they should be informed of their right to request an assessment and services that may be available.

To be eligible for a Carer's Assessment the carer should be:

- Over 16 years (under 16 years the carer will be assessed under the Children Act 2004; The New Assessment Framework).
- The cared for person must be over 18 years old.

- Local authorities now have a legal duty to assess any carer who requests one, or who appears to need support. If you provide care and support to an adult friend or family member, you may be eligible for support from your local council.
- A carer is eligible for an assessment even if the cared for person refuses an assessment.

6.17. Carers of adults 18 – 65 with a mental health problem

The health care professional for the patient is well placed to identify their carer and ensure that the carer's assessment is carried out.

- The assessment must be completed by a member of staff and not left for the carer to complete.
- If the carer does not wish to have an assessment their wishes must be accepted. Record their reasons in the patient's case notes. The carer should be offered another assessment as circumstances change or at least every six months.

6.18. Carers of people with a learning disability, older persons, and children with disability

The carer should be informed of their right to request an assessment from Adult Care and Support.

Staff should refer carers, in writing, to Adult Care and Support following the agreed single pathway. The pathway states "The Access Team will ask about family or unpaid carers needs and if a Carer's Assessment or Carer's Information Pack is requested. If so, the Access Team will make appropriate follow up."

6.19. The Carers Assessment will:

- Be carried out separately from the assessment of the needs of the patient
- Assess the carer's needs including their physical and emotional health and wellbeing – without assuming they are willing or able to take on the caring role
- Consider how being a carer affects their relationship with other family members, friends, and their ability to hold down a job
- Identify what support they need to carry out the caring role including time out or respite from caring
- The meeting chair or event organiser will agree with the carer their involvement prior to the event.

6.20. Monitoring and Evaluating Carers' Experiences

Evaluation of carers' views and experiences will be made against the standards set out above. The following ongoing methods are used to obtain feedback relating to carers:

- Patient Experience and complaints
- Interventions at service line
- Annual patient survey and Carers' Experience IQVIA survey
- Facilitating Carers group meetings
- Triangle of Care membership Self-Assessment Tool (CFT)

7. Dissemination and Implementation

7.1. Following approval and ratification this policy will be published on the formal documents library and all staff will be notified through normal notification processes.

7.2. This policy document will be held in the public section of the Documents Library with unrestricted access, replacing the previous version which will be archived in accordance with the Trust Information Lifecycle and Corporate Records Management Policies.

7.3. This policy will be disseminated through the CFT/RCHT ECCO/Patient Experience Group (PEG), the Senior Nurse, Midwifery and AHP Group, the Matrons, and Senior Matrons weekly briefing and the RCHT/CFT daily communication all user email.

7.4. Carers Training

Formal training for Carers is not provided by the Trusts

7.5. Staff Training

- There is an e-learning programme designed to improve the understanding of the role of a carer and the services and information available to them in Cornwall and the Isles of Scilly.
- The Patient Experience Team will support the dissemination of the policy to clinical areas and monitor effectiveness through Carer feedback and engagement sessions

A clear audit trail will be implemented and the monitoring of compliance with this policy will be overseen by the CFT/RCHT PEG/ECCO.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Effectiveness and delivery of this policy in supporting carers in the acute and community hospital setting
Lead	The monitoring components will be undertaken by members of the CFT ECCO/RCHT PEG
Tool	Compliance with this policy will be monitored through the CFT ECCO/RCHT PEG by monitoring of complaints, patient or carer feedback and incidents
Frequency	Bi-annually
Reporting arrangements	The completed report will be presented and reported on in the minutes of the CFT ECCO/RCHT PEG
Acting on recommendations and Lead(s)	Any recommendations and action planning for any or all deficiencies and recommendations will be led through the CFT ECCO/RCHT PEG
Change in practice and lessons to be shared	Required changes to practice identified will be documented in the action plan outcomes. The membership of PEG/ECCO will identify a lead to take each change forward across divisions as appropriate

9. Updating and Review

This process is managed via the document library; review will be undertaken every three years or earlier should best practice dictate otherwise.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the '[Equality, Inclusion & Human Rights Policy](#)' or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. RCHT Governance Information

Information Category	Detailed Information
Document Title:	Carers Policy V1.0
This document replaces (exact title of previous version):	Replaces RCHT only policy: Carer's Policy V3.1
Date Issued/Approved:	September 2022
Date Valid From:	September 2022
Date Valid To:	September 2025
Directorate / Department responsible (author/owner):	Holly Kiernan, Patient Experience Manager
Contact details:	01872 252793
Brief summary of contents:	This document sets out the best practice guidance for staff working in both the Royal Cornwall Hospitals Trust (RCHT) and Cornwall Foundation trust (CFT) in how to support carers.
Suggested Keywords:	Carers, carer, mental capacity act, consent, carers assessment, discharge, young carers, carers policy, carers passport, carer support
Target Audience:	RCHT: Yes CFT: Yes KCCG: No
Executive Director responsible for Policy:	Kim O'Keeffe, Deputy Chief Executive for RCHT and Dual Director of Nursing, Midwifery and Allied Health Professionals for RCHT and CFT
Approval route for consultation and ratification:	Local Carers' Partnership Board Local Parent Carer Council RCHT Adult Safeguarding Operational Group, RCHT Patient Experience Group RCHT Child Health
General Manager confirming approval processes:	Louise Dickinson , Deputy Director of Nursing, Midwifery and Allied Health Professionals

Information Category	Detailed Information
Name of Governance Lead confirming approval by specialty and care group management meetings:	Louise Dickinson, Deputy Director of Nursing, Midwifery and Allied Health Professionals
Links to key external standards:	National Carers Strategy
Related Documents:	Mental Capacity Act, Safeguarding Children and Adults. RCHT Mental Capacity Act Policy, Adult Safeguarding Policy and Procedural Guidance, Safeguarding Children Supervision Policy)
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	RCHT: Yes CFT: No KCCG: No
Document Library Folder/Sub Folder:	Clinical / Corporate Clinical

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by (Name and Job Title)
April 2022	V1.0	Initial version of joint CFT and RCHT policy. This document replaces all previous versions of the 'RCHT only' Carer's Policy.	Holly Kiernan, Patient Experience Manager

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Carers Policy V1.0
Directorate and service area:	Corporate Clinical
Is this a new or existing Policy?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Holly Kiernan, Patient Experience Manager
Contact details:	01872 252793

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The aim of this Policy is to set the Trust's position on supporting carers and confirm the Trust's commitment to that Policy
2. Policy Objectives	To highlight and identify staff responsibilities in supporting carers while those they care for are patients in the Trust.

Information Category	Detailed Information
<p>3. Policy Intended Outcomes</p>	<ul style="list-style-type: none"> • Identifying and recognising carers of all ages and recognising them as equals and expert partners in their caring role • Ensuring carers are aware that they have certain rights, including the right to a carer's assessment • Enabling carers to make choices about their caring role • Actively seeking patients' permission to share information with carers • Involving carers in patients' discharge planning • Offering relevant support • Monitoring carer's experience and satisfaction through surveys and carer organisation feedback • Identifying and supporting patients with a caring responsibility • Keeping carers informed of patient condition • Helping carers to access the support and services available to them via Cornwall Carers Service
<p>4. How will you measure each outcome?</p>	<p>Complaints, patient feedback survey, audits are stated in the policy</p>
<p>5. Who is intended to benefit from the policy?</p>	<p>Staff, patients and carers</p>
<p>6a. Who did you consult with?</p> <p>(Please select Yes or No for each category)</p>	<ul style="list-style-type: none"> • Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: Yes • External organisations: No • Other: No

Information Category	Detailed Information
6b. Please list the individuals/groups who have been consulted about this policy.	<p>Please record specific names of individuals/ groups:</p> <p>The local Carers Partnership Board</p> <p>RCHT Adult Safeguarding Operational Group</p> <p>Child Health Practitioners</p> <p>The Parent Carer Council</p> <p>Patient Experience Group Membership, including Healthwatch</p>
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	<p>National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:</p> <p>No</p>

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	

Protected Characteristic	(Yes or No)	Rationale
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:

Holly Kiernan, Patient Experience Manager

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

Appendix 3. CFT Equality Impact Assessment Form

Policy Overview	Details
Title of Policy / Document for assessment:	Carers Policy V1.0
Document Library Section:	Corporate: Generic
Is this a new or existing document?	Existing for CFT
Date of assessment:	January 2022
What is the main purpose of the document?	To highlight and identify staff responsibilities in supporting carers while those they care for are patients in the Trust.
Who is affected by the Document?	<ul style="list-style-type: none"> • Staff: No • Patients: No • Visitors: No • Carers: No • Other: No • All: Yes
Who implements the document, and who is responsible?	Holly Kiernan, Patient Experience Manager RCHT

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Are there concerns that the procedural document could have a differential impact on:	(Yes, No, Unsure)	What existing evidence (either presumed or otherwise) do you have for this?
• Age	No	
• Disability	No	
• Sex	No	
• Gender reassignment	No	
• Pregnancy and maternity	No	

Are there concerns that the procedural document could have a differential impact on:	(Yes, No, Unsure)	What existing evidence (either presumed or otherwise) do you have for this?
• Race	No	
• Religion and belief	No	
• Sexual orientation	No	
• Marriage and civil partnership	No	
• Groups at risk of stigma or social exclusion (e.g., offenders / homeless)	No	
• Human Rights	No	
• Are there any associated objectives of the document?	No	

Signature of person completing the Equality Impact Assessment:

Name: Holly Kiernan, Patient Experience Manager RCHT

Date: January 2022

Appendix 4. Related Documents / References

Carers Emergency Card:

Cornwall Carers service provide a prearranged response to an emergency situation if a carer is admitted to hospital. Carers must register with the service, identifying two carers who will support an emergency situation (these can be neighbours or family etc). The carers will then be issued with a Carer's Emergency Card.

This credit card sized card has a telephone number and an ID number for the carer. The service is 24 hours a day. In the event of an emergency the scheme can be accessed 7 days a week, 365 days a year. The carer presents this card on arrival to hospital and hospital staff will contact the Carer's Emergency phonenumber. For information on how to get a carer's card, please contact Adviceline on 01736 756655.



The Cornwall Carer Emergency Card will have the carer passport logo, which is recognised throughout the Southwest on the back and provides access to all the benefits included with RCHT's Carer Passport information pack.

Carers and Disabled Children's Act 2000:

Carers have the right to a Carer's Assessment in their own right

Carers at the heart of 21st Century Families and Communities:

A National Strategy for Carers June 2008

Carers Equal Opportunities Act 2004

Department of Health (2001) Valuing People:

A New Strategy for Learning Disability for the 21st Century

Healthcare for all (July 2008):

Report of the independent enquiry into access to healthcare for people with learning disabilities

Improving Working Lives, July 2000

Mental Capacity Act 2005

Modernising Health and Social Services: National Priorities Guidance 1999/00 – 2001/02. Shared Lead Priorities: Promoting Independence, Sept 1998: Objective 3 states” Provide carers with the support and services to maintain their health, and with the information they need on the health status and medication of the person they are caring for (subject to that person’s consent). As a first step ensure that systems are in place in primary care and in Social Services Authorities to identify patients and service users who are or who have carers.”

National Service Framework for Mental Health, 2000: Standard Six: Caring about Carers: “All individuals who provide regular and substantial care for a person on CPA should have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis, and have their own written care plan, which is given to them and implemented in discussion with them.

National Service Framework for Older People, 2001: Chapter One, section 28 states that “carers’ needs should be considered as an integral part of the way in which services are provided for older people”. All eight standards recognise carers.

NHSE: Clinical Governance: Quality in the New NHS, March 1999 states that NHS organisations have a new statutory duty of assuring the quality of clinical care. The NSFs and NICE guidelines should be implemented as part of clinical governance.

Section 242 of the NHS Act 2006:


Duty to involve patients

The Children Act 2004 Guidance:

Every Child Matters: Change for Children

The Data Protection Act 2018

Appendix 5. CHA3807 Carer's Care Plan

CARE PLAN	File within 3rd spine		
	<div style="border: 1px solid black; padding: 5px;"> NHS number: _____ Name: _____ Address: _____ Date of birth: _____ CR number: _____ </div>		
SECTION FOUR	Carer's Care Plan - for use by all Care Groups		
	Care Plan commencement date:	Care Plan completion date:	
	Name of Carer:	Relationship:	
	Problem		
	_____ is the carer of: _____ he/she will be offered support and guidance to maintain wellbeing.		
	Goals		
RCHT staff agree to promote the wellbeing of individual Carers and to adopt a whole family approach in their work to support carers. <ul style="list-style-type: none"> Maintain the independence, physical and mental health of Carers and their families Empower and support Carers to manage their caring roles Ensure that Carers receive the right support, at the right time, in the right place Respect Carers' decisions about how much care they will provide and respect Carers' decisions about not providing care at all 			
Individualised Interventions			
Nursing Documentation			

CHA3807 Carer's Care Plan continued

affix patient label

Actions

Does the patient have the ability to consent to sharing information with their carers? Yes No

If yes have they given consent? Yes No

RCHT Carer's Passport given to Carer Initials: Date:
(Carer's Assessment from Cornwall Council included RCHT1779 V1)

RCHT Information for carer's leaflet given Initials: Date:
(RCHT1235 V4)

Carers will be supported to exercise choice and make well-informed decisions about the support options available to them.

- It is acknowledged that Carers are free to choose not to care, or to decide on the amount of care they will provide.
- Hospital care staff will recognise signs of distress and diminished capacity that may affect the ability or willingness of Carers to continue caring, so that they can ask the Carer if they are in need of support.
- Hospital care staff will also be aware of local Carer support organisations so that the Carer can be sign-posted.
- Carers will be actively involved in the planning of care for the cared for.
- It is acknowledged that whilst Carers will be expert in the preferences, context and disease history of the patient, they will often not be expert in the disease(s), its course and management and how to deal with emerging caregiving challenges. Carers may, therefore, still need support from healthcare practitioners to empower them to fully fulfil their role as expert carers.
- Carers need to be aware of their entitlement to request carers assessment of their needs in their own right from Cornwall Council.
- Please refer to the Carer's Policy.

Care Plan
activated by

Sign
Print
Designation

Care Plan shared
with Carer

Sign
Print
Designation

Appendix 6. Six key standards that are signed up to under CFT's membership of the Triangle of Care (CFT):

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols re: confidentiality and sharing information are in place.
4. Defined post(s) responsible for carers are in place.
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
6. A range of carer support services is available.

Courtesy, kindness and consistency to carers are fundamental.

Carers who contribute time and experience should also be offered training and information to enhance their personal and professional development.

Carers should have access and information regarding who to contact 24/7 e.g. CAMHS service 8 a.m. – 8.30 p.m., Home Treatment Team 24/7 365 days per year and local teams responsible for Care Co-ordination.

Support for 'young carers' should be developed.

Where high risk is identified emphasis should be placed on SAFETY IN LINE WITH 3) ABOVE.

Cares should be given a clear understanding and information regarding the medication involved in their caring role to dispel fears, allay anxiety and reassure. There are 3 key ways to get information about Mental Health medication

ask your Care Co-ordinator, Prescriber or Pharmacist

ask a member of staff to print the information from the Choice and Medication website

visit www.choiceandmedication.org/cornwall

Appendix 7. The Seven Dignity Tests

This strategy is underpinned by the 'Dignity in Care' campaign which is supported by the Department of Health (The Social Care Institute for Excellence, Nov 2006). 'Dignity in Care' sets out seven 'dignity tests'. These outline what can be expected from a service which respects dignity.

Have a zero tolerance of all forms of abuse

The Trust aims to ensure care and support is provided in safe environments, free from abuse. Abuse can take many forms including physical, psychological, emotional, financial, and sexual, and extend to neglect or ageism.

How the Trust achieves this:

- The Trust's philosophy of care commits to valuing people and treating them with dignity and respect.
- The Trust's policies uphold dignity and encourage vigilance to prevent abuse.
- The Trust has a whistle-blowing policy to encourage and enable staff to report abuse confidentially.
- The Trust conducts Criminal Records Bureau and Protection of Vulnerable Adults checks on all staff.

Give people the respect you would want for yourself or a member of your family

The Trust cares for people in a courteous and considerate manner; ensuring time is taken to get to know them. Patients are encouraged to take responsibility for their own care, participating in decisions about the support they receive.

How the Trust achieves this:

- The Trust's staff aim to be polite and courteous at all times.
- The Trust has a culture which aims to care for and support people.
- The Trust's policies and practices encourage staff to see situations from the perspective of the patient or carer.
- The Trust aims to ensure patients are not in pain and do not feel isolated or alone.

Treat each person as an individual by offering a personalised service

Services are tailored to each individual.

How the Trust achieves this:

- The Trust's policies and practices promote care and support for the whole person.
- The Trust respects peoples' beliefs and values. This includes consideration of their physical, cultural, spiritual, psychological, and social needs and preferences.
- The Trust challenges discrimination, promotes equality, respects individual needs, preferences, and choices, and protects human rights.

Enable people to maintain the maximum level of independence, choice, and control

Patients and carers are given choice and are involved in decisions about their care.

How the Trust achieves this:

- Staff deliver care and support at the pace of the individual.
- The Trust does not make assumptions about what people want or what is good for them.
- Individual risk assessments promote choice in a way that is not risk averse.
- The Trust consults and allows people the opportunity to influence its decisions.

Listen and help people to express their needs and wants

Information is provided to enable a person to exercise their rights and consent to care and treatment. Advocacy and additional support is provided when required.

How the Trust achieves this:

- The Trust's staff listen to patients.
- The Trust values patients' views and encourages them to express their needs and preferences.
- The Trust's staff have the interpersonal skills to enable them to communicate with people, especially those with specialist needs such as dementia or sensory loss.
- The Trust ensures information is accessible, clear and culturally appropriate.

Respect people's right to privacy

People should not feel embarrassed when they receive care and support. Staff are polite and care is provided in a way which respects modesty, gender, culture or religion.

How the Trust achieves this:

- Quiet areas and rooms are available and easily accessible to provide privacy.
- Staff actively promote confidentiality, privacy and protect modesty.
- Staff only intrude (without permission) into someone's personal space if they are concerned about a person's safety.
- Patients are able to choose when they want 'quiet time' and when they want to interact.
- Privacy includes non-physical privacy (e.g., the right to ensure personal correspondence is kept private).

Ensure people feel able to complain without fear of retribution

People have access to information and advice so they can raise their concerns and complaints. There is access to advocacy. Concerns and complaints are respected and answered in a timely manner.

How the Trust achieves this:

- The Trust has a blame free culture.
- Complaints policies and procedures are user-friendly and accessible.
- Complaints are dealt with in a timely manner. Decisions are reported to those involved.
- People are reassured nothing bad will happen to them or their relatives if they complain.
- There is evidence of audit, action, and feedback from complaints.

Appendix 8. [Carer's Passport \(RCHT 1779\)](#)

Carer's passport



One + all | we care

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690



As the relative and/or carer/personal assistant (PA) of:

I can:

- Visit out of normal visiting hours.
- Provide assistance in washing and dressing.
- Provide assistance in feeding.
- Be actively involved in team meeting discussions, and planning the discharge where appropriate, about the person I care for.
- Provide support to the person I care for, when having investigations in the hospital.
- Other: (please describe) _____

As the PA I have:

- Public Liability Insurance; and have
- Contacted Safeguarding Services via: rch-tr.SGAdults@nhs.net for authorisation.

I will inform staff if I am entering or leaving the ward outside of normal visiting hours. I understand that, at times, I may be asked to leave the ward or bay if there is a clinical necessity.

I agree that if I am assisting with feeding, washing or mobilising, that staff may work alongside me to fulfil their clinical responsibility.

During your relative's / support worker's time at the hospital they will be entitled to:

- regular liquid refreshment.
- flexible visiting hours.

Name: _____

- Relative Carer

Signature: _____

Authorised by: _____ Designation: _____

Date: _____ Review date: _____

- If you provide care and support for a friend or family member, you may be eligible for support from your local council. This support could include being offered money to pay for things that make caring easier. Or the local authority might offer practical support, such as arranging for someone to step in when you need a short break.

It could also put you in touch with local support groups so you have people to talk to. Currently, if you are looking after someone on a 'regular' and 'substantial' basis, you are entitled to have an assessment of your own needs. What the term regular and substantial means depends on your circumstances, what caring activities you do, and the effect it has on your life. This means it is not just a question of how many hours a week you spend looking after someone, but also the overall impact being a carer has on your life.

- For a carer's assessment please ring 0300 1234 131.
- Raising concerns – if you have any concerns or questions about the care delivered during your stay please ask to speak to the nurse in charge of the ward.

If you feel unable to do this please contact the General Office on 01872 252690.

- Carer's Emergency Card Scheme – Cornwall carer's service provide a prearranged response to an emergency situation if a carer is admitted to hospital. Carers must register with the service, identifying two carers who will support an emergency situation (these can be neighbours or family etc). The carers will then be issued with a Carer's Emergency Card. This credit card size card has a telephone number and an ID number for the carer. The service is 24 hours a day. In the event of an emergency the scheme can be accessed 7 days a week, 365 days a year. The carer presents this card on arrival to hospital and hospital staff will contact the Carer's Emergency phoneline. For information on how to get a carer's card, please contact the Family Information Service on 0800 587 8191.

For further information about Royal Cornwall Hospitals Trust and the support for Carers please see the Royal Cornwall Hospitals Trust Carers' leaflet.

Appendix 9. Carer Information Pack – [Information for carers \(RCHT1235\)](#)

Is there wheelchair access and disabled parking?

Yes. Wheelchair access and parking is available outside of the Trelawny and Tower Block receptions.

Is there any help available when we arrive at the hospital?

Yes. The League of Friends volunteers offer support and are able to wait with your relative/charge while you load and/or park your car.

Can I visit if the hospital has an infection control warning in place?

Yes. Visiting can be arranged out of hours and during restricted visiting times. We understand the importance of familiar faces and contact between the patient and carer. This can be arranged on an individual basis.

Discharge

Good communication between patients, carers and staff is vital to ensure the patient's safe discharge from hospital. Carers and family members will be involved in discharge planning from an early stage.

Carers can be present during medical and nursing rounds, if appropriate, to aid patient discussions and help represent their patient's views.

Complex discharges may involve a discharge planning meeting where carers play a vital role.

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

Useful contact numbers

Acute Liaison Service for Learning Disabilities and Autism – Support for patients with a learning disabilities and autism in hospital.

Tel: 01872 254551

Cornwall Carers Service

If you are looking after someone this service can offer help, information and guidance. This includes how to access a carer's assessment, financial support and breaks away from your caring role.

Tel: 0800 5878191

www.cornwallcarers.org.uk

Cornwall Face2Face

This is a befriending service for parents caring for children with additional needs. The service is provided by other parents who have had similar experiences.

Tel: 01872 271721

Email: info.fof2fc@gmail.com

Alzheimer's Society

Supporting/signposting for carers of people with dementia.

Tel: 01872 277963

Kernow Young Carers

Support young people and children who are caring for an adult family member or friend. The service helps to make their caring role a more positive one.

Tel: 01872 321486

www.kernowyoungcarers.org

Information for carers



One + all | we care

The Royal Cornwall Hospitals NHS Trust recognises that carers play an important role in the continuing care of many of its patients following discharge, effectively picking up their health and other care needs in the community.

By implementing best practice, the Trust aims to promote the health and independence of carers.

We will achieve this by:

- identifying and recognising carers of all ages including young people or children caring for family members
- ensuring carers are aware that they have certain rights, including the right to a carer's assessment
- allowing them to make choices about their caring role
- actively seeking the patient's permission to share information with their carers
- involving carers in the patient's discharge planning
- offering relevant support
- monitoring their experience and satisfaction through surveys and carer organisation feedback
- identifying and supporting patients with a caring responsibility
- keeping carers informed of the patient's condition
- helping carers to access the help and support specifically designed for them in their caring role
- offer a carer's passport to support them in their carer's role.

Useful information

Mental Capacity Act

The Mental Capacity Act (2005) provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions.

A lack of mental capacity may be due to:

- a stroke or brain injury
- dementia
- a learning disability
- a mental health problem
- substance misuse
- unconsciousness and/or confusion.

Consent

The Mental Capacity Act (2005) and the Disability Act (1995) emphasise the importance of supporting an individual's ability to consent to care or treatment. This may involve extra time, communication aids or environmental factors.

If an individual over the age of 16 has been assessed and lacks capacity, carers or relatives are not legally responsible for signing a consent form on their behalf. However, they will be involved in making a 'best interests' decision.

Best interests decisions

If a patient lacks mental capacity and a best interests decision needs making, carers, relatives and others with an interest in the patient's welfare must be consulted for their views about the patient's wishes, feelings, beliefs and values.

Frequently asked questions

Can I stay?

This is decided on an individual basis. If it is decided that you can stay overnight a reclining chair or bed (if there is room) can be arranged with the ward.

However, you should not feel obliged to stay.

Can I help care?

Yes. Please discuss with the ward staff what care you would like to give and what help you need from them.

Our clinical and nursing staff are responsible for providing personal and nursing care to our patients and you should not feel obliged to give this type of care.

Carers play a vital role with support, communication and knowledge about the patient and we welcome this expertise.

Can I bring in our own equipment?

Yes. It is important that patients have familiar belongings and equipment with them. However, infection control issues need to be considered.

Please discuss this with the ward and therapy staff before bringing equipment in.

Where can I get refreshments?

Practical arrangements such as parking, breaks and refreshments can be arranged with the ward staff. This is agreed on an individual basis.