Carers (Scotland) Act 2016

Sharing Learning from Implementation Pilots: Carer Involvement in Hospital Discharge (Section 28)

February 2018

Contents

Tables

Figures

1. Acknowledgements

Many thanks to all those who participated in the pilot projects, including staff and carers, and who completed an evaluation template to share the learning from the hospital discharge pilots.

2. Background

The Carers (Scotland) Act was passed in February 2016 and will come into effect from 1 April 2018. The Act is intended to support carers' health and wellbeing by introducing (amongst other things):

- a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria
- a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; and
- a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights

Section 28 of the Carers (Scotland) Act 2016 places a duty on health boards to involve carers in the hospital discharge of the cared-for person. This includes informing the carer, as soon as reasonably practicable, of the intention to discharge the cared-for person, and taking the views of the carer into account regarding discharge decisions so far as it is reasonable and practicable to do so.

3. Pilot schemes

The purpose of the pilots was to test out different provisions within the Carers Act at a local level, share the learning through pilot evaluations with other areas across Scotland, and inform guidance prior to the Act's commencement. In phase one, local areas piloted a range of provisions including Adult Carer Support Plans, Young Carer Statements and local eligibility criteria. Pilot exercises were planned to operate at a time that suited each area, with progress reviewed in October 2017.[1] In phase two, a specific set of pilots addressed Section 28 and these have been reviewed in February 2018.

All pilot areas were supported by the Scottish Government's Carers Branch and a Scottish Government Social Researcher, SSSC and NES. For phase one pilots,

[1] Implementation pilot report available at http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/pilot-areas

monthly telephone conferences facilitated peer support between pilot areas. The pilots were undertaken in partnership with COSLA.

Four integration authorities participated in the hospital discharge pilot project over different timescales. All pilot areas completed a monitoring and evaluation template in order to share the learning from the pilot process as of December 2017:

- Argyll and Bute (August 2017 – December 2017)
- Aberdeen City (October 2017 - December 2017)
- Dumfries and Galloway (October 2017 – March 2018)
- West Dunbartonshire (August 2017 – March 2018)

As can be seen from the dates above some pilot work was continuing beyond the submission of the evaluation forms.

4. Methodology

A monitoring and evaluation form was issued to pilot areas to cover the pilot period up until 31 December 2017. This template contained questions on the proposed outcomes of the pilot, the pilot process (challenges, opportunities and experiences), education, and support and guidance. At the time of submitting evaluation templates some pilot areas were still seeking feedback from carers and practitioners on the pilot process. Qualitative data from evaluation and monitoring forms was analysed using a thematic approach.

5. Key findings

- The main purpose of the pilots was to develop and test new approaches to assessment, documentation, and involving and supporting carers. Joint working was a crucial part of the pilot work.
- All pilot areas worked to increase knowledge and awareness in relation to carers through the provision of training and other resources.
- Timescales were challenging in relation to the pilot and working within hospital discharge.
- Other challenges included managing staffing issues such as availability, and developing new processes.
- Team working, building on existing good practice, and raising carer awareness were all aspects of the pilots that were thought to have worked well. Aspects that worked less well were the time pressures and varied understanding and engagement.
- The pilots demonstrated the need to be flexible and adaptable to meet the needs of the clinical context. Requirements may differ between wards and different support may be required to engage staff in new processes.

- Opportunities arose to share learning and good practice and develop new links. Opportunities to share learning and resources were seen as an important part of moving towards implementation.
- Work was on-going to consult with carers and practitioners on the pilots but positive feedback had been received.
- Advice to other areas included being proactive, thinking creatively, and recognising existing work and what has already been achieved.

6. Pilot Process

The evaluation form asked integration authorities to describe the purpose and proposed outcomes of the pilot. Across the pilots common aims were to:

- **Test new approaches and processes**: this included trying specific tools for assessment such as the Triangle of Care[2] (TOC); trying a new tiered assessment approach and improving data collection.
- **Raise awareness:** with both staff and carers through training and other resources.
- **Support staff and carers:** by building links between services; providing training and information; engaging carers and improving carer identification**.**

Specific actions in support of these outcomes were:

- Planning;
- Training and support in relation to both carers and specific assessment tools and approaches;
- Developing documents and pathways;
- Establishing links and providing information;
- Identifying new staff roles;
- Baseline analysis and monitoring and reviews.

7. Challenges

The evaluation form asked what challenges pilot areas encountered and how these were overcome. The key themes are summarised in Table 1. The issues set out below reflect the complexities of introducing new processes and the factors that had to be taken into account within a clinical context.

[2] https://professionals.carers.org/working-mental-health-carers/triangle-care-mental-health

Table 1: Challenges and actions identified by pilot areas

	Challenges	Actions to address this
Timing and time available	Time needed to undertake and implement carers assessments	Has to be taken into account in planning and implementation. Small tests of change.
	Making time available for training and other meetings due to existing workloads	Flexibility in scheduling sessions and the availability of Carers Advisor and Carers Leads (including changing shifts). Providing a range of options for staff to access information.

	Challenges	Actions to address this
Staffing	Availability: for meetings and training; staff shortages and turnover; matching roles to pilot activities (for example in one case assessments were delegated to healthcare support workers and this proved challenging)	Rearranging times to suit; maximising time to suit ward staff (for example running 4 awareness sessions back to back). Continuing to build positive relationships between different staff and services involved.
	Communication: limited access to IT for ward staff.	Text messaging

	Challenges	Actions to address this
Changing processes	The need to amend assessment tools and documentation	Small tests of change and trialling new approaches.
	Overcoming concerns about confidentiality to enable participation in key meetings	Sharing examples of involvement in GP practices; having initial anonymised discussions; developing a protocol on connecting families with carer support
	Building awareness and understanding	Providing additional information; participating in working groups; regular presence of carer adviser on wards.

One pilot area also noted the challenge of supporting carers in relation to non-local hospital discharge processes which may arise in rural areas. The next phase of the pilot in this area will look at developing working relationships with hospital discharge teams to support carers regardless of where the cared-for person is in hospital.

8. Opportunities

The evaluation form asked respondents to state any opportunities that arose within the pilot. Integration authorities listed a range of emerging activities from pilots that they are aware of. Responses referred to raising awareness; sharing learning, and engaging with carers. Specific opportunities were:

- Requests for additional training and drop in service.
- Developing and sharing information resources – posters and leaflets.
- Developing links with third sector organisations.
- Sharing and gaining learning with the wider staff group.
- Speaking directly to carers outwith the discharge process and reflecting on practice.

> We have linked with existing third sector organisations within the hospital setting in support of the work we have started

9. Experiences

This section of the evaluation form asked respondents to describe the experiences of individual carers and practitioners participating in the pilot. Not all pilot areas provided this information as work was still on-going and further consultation was planned.

Individual Carers

It was noted that carers may not anticipate the impact of the caring role, or changes to the caring role following hospital discharge, and focus on the needs of the person that they care for. There was positive feedback on the development of services around hospital discharge and anecdotal evidence that carers felt listened to and valued.

Practitioners

There was positive feedback about the benefits of the pilot work, this referred to both the new assessment processes and to the contacts with patients and carers. The

pilots were an opportunity to build on existing good practice and increase knowledge and understanding around the caring role.

10. Learning

Pilot areas were asked to outline aspects of the pilot that worked well and less well. One pilot noted that they are just moving from the development to the implementation period of their pilot and were not able to provide this information.

Team working

This referred to multi-disciplinary approaches within the hospital as well as joint working with carers centres. It was noted that regular contact had benefited relationships and it had been possible to build on existing good practice.

Building on existing practice

The pilots built on existing good practice in relation to person centred care and enhanced this through the provision of additional training and resource resources regarding carers.

Carer Awareness

One pilot area noted that the staff could see the benefits to carers and to the ward of being more carer friendly. Another noted that the provision of a permanent information space and a worker based in the hospital has raised the profile of carers and carer support

Time pressures

It takes time to develop and test new working practices (particularly with the time pressures of hospital discharge) and reflecting on and learning from the process was still on-going.

Varied Understanding and Engagement

Experiences varied within pilot sites, with less understanding and engagement from hospital staff in some areas than others. Awareness and understanding of carers and the tools being used within the pilot, as well as support from managers, played a role in successfully trialling the new hospital discharge provisions.

Learning points

The main learning points highlighted the importance of staff engagement and buy in at all levels. It was suggested that there is a need to understand differing levels of carer awareness and spread good practice (for example by using staff mentors).

It was also noted in one case that engagement with carers in itself is not enough. Existing practice had routinely involved carers but had led to an underreporting of carers' needs in the discharge process due to the documentation available. The new assessment process aimed to change this.

11. Education and Training

This section of the evaluation template asked respondents to reflect on the education and training opportunities that pilot areas had made available to staff, as well as what else was needed for implementation.

The training provided covered specific approaches such the Triangle of Care as well as carer awareness training and information about the Carers Act and Section 28. Training was provided through a combination of presentations, workshops and training from the carers leads and carers links and online resources such as the Equal Partners in Care (EPiC) modules. Training has also covered knowledge of hospital and social work structures.

There were a range of suggestions for how to build on the training provided: these related to the specific approaches being used, as well as continuing to build carer awareness and knowledge.

- Sharing learning and further building links between different teams.
- Develop academic links and adding to the evidence base.
- Develop and enhance staff knowledge including on the legislation and the range and role support agencies and third sector organisations.
- The importance of active senior management support was also noted.

“Involving carers to share their stories and experiences”

“Ensure that all staff are aware of and understand the importance of the Carers (Scotland) Act 2016”

“Be flexible and adapt to the needs of each ward/staff group.”

12. Support and Guidance

This part of the evaluation form asked respondents to state what further support or guidance would help pilot areas progress to full implementation.

Guidance was requested on:

- Sharing practice and resources
- Synopsis and front line users guide of updates and position papers from the Scottish Government

Joint working was also seen as an important form of support including working with Senior Charge Nurses, working with the Improving Patient and Carer Experience Team, and Carers Leads and the Carers Programme Board. It was noted that effective collaborative working needed a full understanding of tools and approaches being piloted. The importance of on-going discussion with carers and sharing resources from different perspectives was also noted.

“Shared practice is crucial, to see what is working in different areas, in hospitals of different sizes/ specialisms and with different procedures. To hear what works well and also to share the challenges is of huge benefit.”

13. Advice

This part of the evaluation form asked pilot areas to provide any advice they would give to other integration authorities. The answers suggest the importance of knowledge and awareness of carers' rights and support, and building on good practice when engaging staff and carers in implementing carer involvement in hospital discharge. The advice is set out in Figure 1 below.

Figure 1: Advice from pilots areas