

Care Partners Policy

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V1.2	July 2019	Reviewed and Updated.
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V3.0	May 2023	Updated to reflect national Care Partners Policy and ULHT Visiting Policy and changes to process for relaunched Care Partner Badges.

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Equality, Diversity and Inclusion

Corporate Policy Statement

The United Lincolnshire Hospitals NHS Trust is committed to promoting equality and diversity in all its activities to promote inclusive services, processes, practices and culture. This commitment is articulated in our equality objectives for 2022-2025 [Our equality objectives - United Lincolnshire Hospitals \(ulh.nhs.uk\)](#)

This policy reflects the Trust vision, values and behaviours and supports employees in working for the benefit of patient care. It takes account of the provisions outlined in the Equality Act 2010 to ensure no individual receives less favourable treatment on the grounds of age, disability, sex, race, gender reassignment, sexual orientation, religion and belief, marriage/civil partnership and pregnancy/maternity.

Alongside being committed to a proactive delivery of the Equality Act 2010, the Trust proudly seeks to embody the duties of the Public Sector Equality Duty (2011) in all its activity by:

- 1) Eliminating unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- 2) Advancing equality of opportunity between people who share a protected characteristic and those who do not.
- 3) Fostering good relations between people who share a protected characteristic and those who do not.

We recognise high quality NHS patient care benefits by having a diverse community of staff who value one another and realise the contribution they can make to achieving excellence in rural healthcare.

1. Background

- 1.1. The Carers Trust defines a carer as ‘anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support’.
- 1.2. This could be an adult caring for another adult or a child, or a young carer caring for an adult.
- 1.3. This policy supports staff by providing them with knowledge and information about Care Partners and their needs. It is intended to help staff to engage with patients and carers as expert Care Partners; from early identification when the patient first comes into contact with the hospital throughout their spell of care. Facts about carers (<https://www.carers.org>)

Carers across the UK

- There are almost seven million carers in the UK; that is one in ten people. This is rising.
- Every year in the UK, over 2.1 million adults become carers and over 2.1 million adults stop being carers. Three in five people will be carers at some point in their lives in the UK.
- Out of the UK’s carers, 42% of carers are men and 58% are women.
- The economic value of the contribution made by carers in the UK is £119bn per year.
- Over the next 30 years, the number of carers will increase by 3.4 million (around 60%).
- The number of people over 85 in the UK, the age group most likely to need care, is expected to increase by over 50% to 1.9 million over the next decade.

Young carers and young adult carers

- 13,000 of the UK’s young carers care for over 50 hours a week.
- Following a survey in 2010, the BBC estimated that there are 700,000 young carers in the UK.
- Young adult carers aged between 16 and 18 years are twice as likely to be not in education, employment, or training (NEET).
- In total there are 290,369 carers in the UK who are aged 16–24.

Older carers

- In England and Wales, 1,277,693 people over 65 are carers.
- 65% of older carers (aged 60–94) have long-term health problems or a disability themselves.

Benefits

- Out of carers surveyed, 35% of carers had missed out on state benefits because they didn’t realise they could claim them.

Health and wellbeing

- A four year study of 392 carers and 427 non-carers aged 66–92 found that carers who were reporting feelings of strain had a 63% higher likelihood of death in that period than non-carers or carers not reporting strain.

Dementia

- There are currently 800,000 people living in the UK with dementia.
- Two thirds of people with dementia live at home and most are supported by unpaid carers

- 1.4. There are approximately 79,000 unpaid Care Partners in Lincolnshire, 25% of these are caring for 50 hours or more per week equating to just over 20,000 Care Partners. There are, in addition approximately 6,000 young Care Partners in Lincolnshire. East Lindsey has the highest number of informal Care Partners in Lincolnshire. Many do not consider themselves to be a Care Partner; they are just looking after their partner, family or friends, just getting on with it and doing what anyone else would do in that situation.
- 1.5. The National Strategy for Carers was published in 1999 and then reviewed in 2010 after wide consultation; however, recognising the significant contribution of carers and the need to meet their needs and challenges The Care Act was introduced into law in April 2014. The Act

simplifies, consolidates and improves existing legislation specifically putting carers on an equal footing to those they care for and putting their needs at the centre of legislation and aims to achieve clearer, fairer support, wellbeing and prevention agenda's and to put people in control of their care and Care Partner role

- 1.6. Whilst the statutory responsibility rests with Local Authorities there is a clear demand for integrated working and as such NHS Trusts must recognise their roles as care partners within this.
- 1.7. United Lincolnshire Hospitals NHS Trust recognises and values the vital role that Care Partners play in the health and well-being of the individuals they care for. The Trust is committed to working in partnership with Care Partners, patients and families and particularly building links with Carers Organisations such as Lincolnshire Carers Service and Young Carers Partnership and the County Carers Group for Learning Disabilities to ensure they are supported in the best possible way at all stages of their caring journey.
- 1.8. We view Care Partners as expert partners in healthcare respecting and listening to their views. Longer-term Care Partners are likely to have valuable expertise and be skilled in caring for the patient and it is important that they are included and involved in the pathways of care.
- 1.9. We aim to communicate effectively with Care Partners by providing support, information and advice. This is to ensure that Care Partners have the relevant information required to plan effectively for their caring role.
- 1.10. As the Care Act and other duties under Local Authorities state carers are entitled to an assessment where there is a perceived need for care. The aim of the assessment is to find out the impact that the caring responsibilities have on the carer's life and to find ways to support them and address any unmet needs. The first step is giving information and advice and support such as Wellbeing Groups and short breaks (usually events and activities) and providing information, advice and support which are also Local Authority statutory duties, with the focus being on wellbeing. ULHT staff should be aware of the availability of carers assessments and how to signpost Care Partners for assistance and advice.
- 1.11. More information can be found here: [The Care Act 2014 Information for Carers | Carers Trust](#)
- 1.12. We recognise the diversity of our local communities and acknowledge that our Care Partners may have particular needs related to this in order to treat them equally.
- 1.13. A non-paid Care Partner is defined as anyone who cares, without formal salary, providing help and support to an individual, who due to illness, disability, frailty or addiction could not manage without their help. This may be a family member, a neighbour or a friend. The term Care Partner should not be confused with a paid care worker or care assistant who receives payment for looking after someone. Being in receipt of carers allowance does not mean someone is a paid carer.

2. Scope

- 2.1. This policy applies to all employees of the Trust in all locations including the Non-Executive Directors, temporary employees, locums and contracted staff.
- 2.2. For all the reasons highlighted above there is a need for ULHT to understand, acknowledge and meet the needs of Care Partners.
- 2.3. This policy is a result of co-production with Care Partners via Carers First, Healthwatch, patient representatives and their Care Partners, health and social care representatives across the county and with voluntary groups.
- 2.4. Effective liaison between Care Partners and professionals is critical to ensuring they and the patient are supported, listened to and involved in care decisions.
- 2.5. As an acute secondary care service ULHT has an obligation to work with community health and social care partners to ensure the best option is provided for patients and this includes consideration of the needs of their Care Partners.
- 2.6. All Care Partners, identified either by the patient or recognised through power of attorney can expect staff to follow the 'ULHT 5 Care Partners Promises'.

1. All Care Partners will be given relevant information and support.
2. All Care Partners will be identified at point of contact.
3. All Care Partners will be treated as an equal and expert partner.
4. All Care Partners will be listened to.
5. Staff will understand the role of a Care Partner.

3. Purpose

The purpose and objectives of this policy are as follows.

- 3.1. To ensure that staff have the information required to help them understand and meet Care Partners' needs.
- 3.2. To identify Care Partners as early as possible.
- 3.3. To identify, advise and refer Care Partners who need information, advice or support or a carer's assessment by a dedicated trusted assessor or social worker. For young Care Partners this could be done via a professional they already know and trust who can explore their caring role with them through completing an Early Help Assessment.
- 3.4. To provide support and to encourage participative decision making.
- 3.5. To encourage partnership working that does not see either the Care Partners or patient in isolation.

- 3.6. To ensure a good working relationship with local partners and Care Partners groups ensuring that Care Partners' own health and well-being are addressed.
- 3.7. To provide a Care Partners friendly resource for all staff.
- 3.8. To ensure Care Partners training and information needs are identified and referred to where most appropriate prior to discharge.
- 3.9. To ensure a seamless and timely discharge process where the Care Partners is fully integrated, included and involved.

4. Roles and Responsibilities

- 4.1. The Director of Nursing is ultimately responsible for ensuring that this policy is implemented
- 4.2. The Deputy Director of Nursing & Associate Directors of Nursing are responsible for ensuring that this Care Partners' Policy is communicated and implemented across all sites.
- 4.3. Divisional nurses, Clinical Leads, Matrons, departmental and ward managers are responsible for ensuring that all staff are aware of the policy and it is implemented at operational level and for supporting staff to comply with the policy, recognise and work with Care Partners as expert care partners.

5. Policy Practice Recommendations

5.1. Identifying Care Partners

- 5.1.1. The most important factor with Care Partners is that where the patient has capacity they have themselves identified and given consent for that person to be their Care Partner.
- 5.1.2. The patient should be asked if they have an unpaid/family Care Partner and, if so, to identify his/her Care Partner. It may be necessary to consider different terms such as 'someone looking after you' if the term Care Partner causes questions.
- 5.1.3. It is recognised that a patient may have a family member or friend providing additional support during a period of ill health and not be seen necessarily as a Care Partner. A robust assessment of the needs of the patient as an individual, with inclusion and involvement of Care Partners and / or family will enable staff to agree and negotiate the support required based upon that assessment and not necessarily on the relationship or the length of time of that relationship.
- 5.1.4. There are also situations where a patient has a paid carer such as when a patient has a mental health condition, a learning disability or a significant physical disability. On admission to hospital this paid carer should be considered as an expert

partner and if staying on the ward can be provided with a Care Partners Badge (see section 5.7).

- 5.1.5. Staff will take a proactive approach both to identification of Care Partners and assessment of their needs as Care Partners often do not perceive themselves as such. Many people see themselves in terms of their relationship e.g. wife, husband, daughter. Declaring themselves as a 'Care Partner' can make people feel there has been a fundamental shift in their relationship and indeed many still believe a carer is a paid care assistant.
- 5.1.6. Staff should be aware that Care Partners that are new to the caring role may require extra support and advice and signposting them will be helpful.
- 5.1.7. Some patients may have a core group of Care Partners sharing the support and in these cases one or two key Care Partners should be identified and asked to liaise with the other members. This is to ensure good communication and that no-one is missed or messages assumed to have been passed from staff.
- 5.1.8. There are many touchpoints during a patients care journey and the identification of a Care Partner should be considered across all of these; for example in outpatients, pre assessment clinics, emergency departments.
- 5.1.9. Care Partner details must be recorded using the appropriate sections within the patient record and made known to all members of the multidisciplinary team.
- 5.1.10. Staff should check and confirm that the patient wants the person to remain as his/her Care Partner. A refusal may indicate a choice and if the patient has capacity this must be considered and respected; however it may also indicate a vulnerable adult or concern over strain to the Care Partner caused by the caring process and would warrant discussion with the Care Partner and patient together if appropriate.
- 5.1.11. On occasions an existing Care Partner may feel unable to take greater responsibilities or to continue in the caring role. Any changes should be documented and considered when planning the patient's discharge. Information and guidance should be provided to the Care Partner on support available or alternative options. Referral to other support agencies may be indicated.
- 5.1.12. Staff will provide information and signposting to Care Partners and staff should make referrals for carers for further information, advice or support or an assessment to the Local Authority as appropriate. Staff should not expect the Care Partner to undertake their own social care referrals. Resources will be made available to wards and departments and key contacts are available at Appendix 1.

- 5.1.13. Care Partners should be given the opportunity to talk to members of the multidisciplinary team in private. Care Partners should be involved in planning services and care needs. Staff should be aware that Care Partners and the person receiving care may have different perceptions, views and needs.
- 5.1.14. All Care Partners must be informed that they are entitled to a carer’s assessment by the local authority carer’s team or trusted assessor within community services. They should, wherever possible receive this assessment prior to discharge if needed if they intend to provide care.
- 5.1.15. ‘All About Me’ Health passports are currently in use for vulnerable adults; Care Partners and patients should be encouraged to use these to facilitate good communication and understanding of needs when admitted to hospital.
- 5.1.16. A Care Partners information sheet is available.

5.2. **Care Partners and visiting** (to be read alongside ULHT Visiting Policy February 2023)

Care Partner	Visitor
Someone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support and will be welcomed to be with the patient at any time.	A family member, a friend or neighbour attending the hospital to pay a visit to a patient and will be welcomed to do so during the stated core visiting times.

- 5.2.1. **Visitors** are an important part of patients’ lives and in their care journey and are welcomed in across our hospitals. Visitors can help people recover faster, and also help reduce their anxiety and stress but we must welcome them safely.
- 5.2.2. **Carers** are seen as expert partners in care and are now being known as **Care Partners**. Their role and involvement in a patients care necessitates them being seen differently to traditional visitors.
- 5.2.3. If a child is admitted to an adult ward their parent should be considered a Care Partner and welcomed to stay with the child just as they would have the right to do so if the child was on a paediatric ward.
- 5.2.4. For the purpose of this and the Visiting Policy there are three different groups of people who may attend the hospital to see a patient:
 - 5.2.4.1. A **traditional visitor** may be a family member, a friend or neighbour attending the hospital to pay a visit to a patient and will be welcomed to do so during the stated core visiting times.

patient who, under the definition of a Carer Partner is 'someone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support' and as such will be welcomed to be with the patient so at any time.

5.4. Young Carers / Care Partners

5.4.1. The Children's Act 1989/2004 needs to be considered at all times. A significant number of Care Partners are children or young people with caring responsibilities that would normally be expected only of an adult. The person they care for will usually be a parent, sibling or grandparent. A young Care Partner is a child or young person whose life is affected by caring for someone with; a physical disability; a learning disability; a mental health problem; a history of substance abuse.

5.4.2. The Lincolnshire Young Carer Card was developed in response to one young carer's experiences. Because young carers are under 18 and not usually named as next of kin, professionals sometimes do not feel they can share information with them either because of their age or a concern about confidentiality and consent. The Card does not give the young carer an automatic right to information but is a useful tool, so that if the professional working with the 'cared-for' person feels it is appropriate and helpful to share information, they can discuss this with the young carer.



The image shows a Lincolnshire Young Carer Card. On the left, there is a photo of a young boy. To the right of the photo, the card contains the following information: Name (redacted), D.O.B. 18/01/2009, Expiry Date 03/09/2023, and Cares for Mum and Dad. The card features the Lincolnshire County Council logo with the slogan 'Working for a better future', the LSCP logo, and the NHS logo. On the right side of the card, there is a section titled 'I have written consent to discuss with you:' followed by a list: 1. Medication Yes, 2. Diagnosis Yes, 3. Prognosis Yes, and 4. Below this list, it says 'I AM A YOUNG CARER, I NEED TO BE INCLUDED, TALK TO ME'. At the bottom right, it says 'Young Carers Identification Number 367' and 'Lincolnshire Young Carers Service'.

5.4.3. The three main areas where consent can be given are:

- Medication – this means that the professional can share information about the effects that medication can have either physically or mentally, or about safe handling or anything that is relevant and will help the young carer and their family
- Diagnosis – this should mean that information about the cared-for's condition can be shared, either background general information about that condition or maybe more detail about living with or managing that condition

- Prognosis – what might happen in the future, how the condition might or might not develop and perhaps that there could be good days and bad days etc
 - There is also a blank section for parents to fill in anything else they feel might be useful, for example Discharge Planning
- 5.4.4. A significant number of young Care Partners live in a one-parent family and can be either a primary or secondary Care Partner, providing a range of care from basic necessary domestic duties to intimate care and administering medications.
- 5.4.5. Staff are to be made aware of the needs of young Care Partners and understand the use of the 'Young Carer' identification card to ensure the young Care Partners are informed and included.
- 5.4.6. No health/community care package should rely on the caring role of a young person under the age of 16. Agencies must work together across adult and children's health and social care services to ensure coordinated 'Whole Family' working provides holistic support for families and they only need to tell their stories once. All services have a role to play in identifying young Care Partners and ensuring they are supported and able to make informed choices about their level of caring responsibility. Young adult Care Partners can also be supported through these services.

5.5. Parents/Guardians/Step parents as Care Partners

- 5.5.1. Parents are sometimes also their children's Care Partners, in the sense that the child might have additional needs and require more help or specific treatments from his/ her parents or guardians. In all cases parental responsibility must be established before proceeding.
- 5.5.2. Parent's caring responsibilities must be established. New Care Partners often have different concerns and needs than those of established Care Partners.
- 5.5.3. A step parent may not have parental responsibility but can still be their identified main carer and as such considered as a Care Partner.
- 5.5.4. Personal health information concerning a child aged 16 or 17 can be given to his or her parents or legal guardians, subject to the child's agreement and his or her being 'Gillick/Fraser competent'.
- 5.5.5. 'Fraser Competence' relates to children under the age of 16 and considered to have the capacity to comment on their treatment and care management. The situation can be complex and may have to take into account a child's own needs for privacy and autonomy.

- 5.5.6. Children aged 16 or above are deemed to have capacity to consent, unless they lack capacity in which case the Mental Capacity Act must be considered and a Best Interest Decision process followed.
- 5.5.7. Parents or guardians will need information about their child's care requirements and the support services available to successfully plan manage their caring responsibilities on discharge.
- 5.5.8. Many patients with learning difficulties have capacity to make decisions about their care and treatment and as such to make decisions on who their Care Partner is. In the case where there is doubt about capacity to make certain decisions regarding care and treatment staff should use the principles set out in the Mental Capacity Act. This would include a check of anyone who might have LPA. Parent Care Partners are equally entitled to a carer's assessment and referral processes are as previously detailed.

5.6. **ULHT Care Partners Badge**

- 5.6.1. When a Care Partner is identified or comes forward ward staff are able to provide them with a ULHT Care Partners Badge available to them for the duration of their stay.



- 5.6.2. A ULHT Care Partners badge enables Care Partners to be clearly seen on the ward or in the department as an expert partner and enable them 'free' access (unless clinically inappropriate) during the day and not be restricted by the set visiting times.
- 5.6.3. In a ward setting Care Partners will be required to read and sign a Care Partner Agreement (Appendix 1) this is designed to keep both the patient and Care Partner safe.
- 5.6.4. In an outpatient / day attendance setting a badge can be given along with a verbal explanation from staff explaining where and how they safely stay with the patient.
- 5.6.5. A maximum of 3 badges can be used per patient in the event that there is more than one identified Care Partner.

- 5.6.6. The badge will highlight to staff the need to keep the Care Partner informed and involved in decisions and discussions about care and welcome their presence at ward rounds and during care and treatment if appropriate and with the consent of the patient.
- 5.6.7. The wards all have a Care Partners Pack with information and further sources of support and guidance and can refer to Lincolnshire Carers Service for assessment and community support.
- 5.6.8. When a Care Partner is on the ward staff are encouraged to offer them a cup of tea or coffee when drinks are served and whilst it may not be possible to provide a lunch for them from ward provisions they are welcome to get themselves some lunch from our hospital facilities and bring it back to the ward to eat with the patient.
- 5.6.9. When the patient is due to be discharged the Care Partner will be asked to return their badge and be offered a short survey about their experience; this will enable evaluation and further developments within the Trusts work in caring for Care Partners.

5.7. **All About Me (AAM)**

- 5.7.1. AAM is a communication tool designed to enable patients who have dementia or any difficulty communicating their needs, to ensure such needs are known to health and social care staff. AAM is patient held; completed by or on behalf of the patient and is there to inform care and care planning not to replace organisational documentation. The aim of AAM is to provide a voice and a means of communication for individuals who may have difficulty expressing their care needs to hospital or care staff.
- 5.7.2. A key section within AAM relates to Care Partners and where a booklet is in use staff are reminded to consider the Care Partners specific and individual needs. Staff and patients / Care Partners can access copies from their wards or from PALs offices on each site.

5.8. **Care Partners Who Want to Stay – infection precautions may apply**

- 5.8.1. In cases of critically ill patients and/or emotional distress or trauma, consideration will be given to Care Partners who wish to stay overnight. This should be fully documented in the care record and approved by the ward manager, matron/lead nurse or clinical site manager taking into account any infection prevention restrictions and precautions.
- 5.8.2. In circumstances where a patient is admitted who has a resident full time Care Partner, and the care provision is to continue during the patient's inpatient stay, every effort will be made to care for the patient in a side room while considering of the clinical needs of other patients. Patients who need a side room

for infection control reasons will always have priority and there may be a request to vacate the side room if the need arises.

- 5.8.3. The Care Partner will be made as comfortable as is possible on a camp bed or chair but consideration must be given to issues of safety and quick access to the bedside.
- 5.8.4. Care Partner's wishes, as expert partners, regarding their input will be respected and discussed with the relevant staff, as appropriate.
- 5.8.5. The ward manager, or nurse in charge, of a single sex bay or ward should discuss with Care Partners of the opposite sex any considerations to ensure privacy, dignity and respect is maintained for all involved. In such situations (e.g. a wife caring for a husband) the needs of the patient and other patients in the bay must be considered to ensure single sex standards are not breached.
- 5.8.6. Care Partners are not considered as traditional 'visitors' and as such not restricted to core visiting hours of 14:00 – 20:00.

5.9. Care Partners and Consent

- 5.9.1. The patient's consent, or refusal, regarding the disclosure of personal information about his / her diagnosis, treatment and care needs must be obtained and documented and reconfirmed at each admission / outpatient appointment.
- 5.9.2. The Young Carers Card (see section 5.5.2 above) provides consent to discussion of personal information about the patient and must be honoured.
- 5.9.3. Disclosure of personal information to a Care Partner can be made only with the patient's consent. Exceptional circumstances are where Care Partners hold a Lasting Power of Attorney extending to healthcare decisions under the Mental Capacity Act 2005. Staff should be aware of the GDPR and seek advice if required.
- 5.9.4. If the patient is incapable of giving consent, the Trust has a duty to act in the patient's best interests. If the patient's best interests are served by disclosing personal information to a Care Partner the decision must be recorded in the patient's record.
- 5.9.5. The decision that a person does not have the mental competence or capacity to give consent for the disclosure of his or her personal information is a legal decision. If more information and guidance on the issue of consent is required please contact the Safeguarding Team.
- 5.9.6. When a patient is deemed to not have capacity to give consent the Care Partner should be approached for information on meeting the patient's needs and preferences.

- 5.9.7. Disclosing the patient's personal health information to the Care Partner allows the Care Partner to make an informed decision about meeting the patient's care needs after discharge.
- 5.9.8. An independent mental capacity advocate (IMCA) can be appointed as part of the Best Interest process.

5.10. Providing Support for Care Partners

- 5.10.1. The Care Act gives local authorities a responsibility to assess a Care Partner's need for support, where the Care Partner appears to have such needs. The local authority will assess whether the Care Partner has needs and what those needs may be. A Carers assessment is a way of identifying any needs and support that a Care Partner has in relation to their caring role. The assessment will not judge a Care Partners ability or the way the caring role is carried out. It is an opportunity to discuss how things are, whether or not any support might be needed and how the support can be provided for the individual's circumstances.
- 5.10.2. The first step is giving information and advice and support such as wellbeing groups and short breaks and the assessment will consider:
 - The impact of the caring role on the Care Partner.
 - The things a Care Partner wishes to achieve in their day to day life.
 - A Care Partner's view about their willingness or ability to carry on caring.
 - The wishes of a Care Partner around engaging in work, education or volunteering.
 - The wishes of a Care Partner regarding social engagement and access to the community.
 - The assessment can also support the completion of a Carers emergency plan (CERS) in the event that the carer becomes unwell.
- 5.10.3. Staff should contact Lincolnshire County Council on 01522 782224 between 8am to 6pm, Monday to Friday to make a request for a carers assessment. Staff must ensure that Care Partners know who to approach if they have any queries.
- 5.10.4. When Care Partners wish to be involved in care the ward staff must ensure that the Care Partner is fully orientated to the ward environment. A plan of care should be drawn up with the Care Partner and fully discussed and documented. This enables all those involved in care, including patient and Care Partners, to be aware of inherent risks – for example safety of equipment such as use of bed rails – and how these may most appropriately be addressed. The multidisciplinary team will provide information and support, including manual handling techniques.

- 5.10.5. There may also be occasions when a Shared Care Agreement (Appendix 3) is considered. This is an agreement for a paid carer to continue to provide care whilst the patient is in hospital and be paid to do so. In such circumstances please contact the Safeguarding Team.
- 5.10.6. Staff should never assume that a Care Partner will want to continue in the caring role during the hospital admission. Care Partners have a choice in the amount of care they provide and staff should discuss the level of involvement, if any, with the Care Partner.
- 5.10.7. If the Care Partner does not have a clear command of English interpreting services should be contacted to ensure that staff and Care Partners can work together as care partners. Staff should provide information on local carers' organisations and other community services that can provide support.
- 5.10.8. Lincolnshire County Council have an online support tool called Bridgit Care that can be found here: [Online Carer Support \(bridgit.care\)](https://bridgit.care) This provides access to advice and guidance across a huge range of topics including support in the caring role such as an emergency plan or if the role is affecting work; seeking assistance with carers allowance or cost of living and help with carer wellbeing such as anxiety or diet. There are also links to local and national information, events, videos and more.
- 5.10.9. Macmillan Cancer Support have produced information and guidance specifically related to cancer Care Partners. Recognising that caring for someone with cancer can impact on so many aspects of a person's life; emotional wellbeing and mental health, physical health, working life and finances and social life and relationships. Within ULHT we enjoy a strong relationship with Macmillan Cancer Support with information services on each of the main hospital sites and outreach to communities. Whilst the Macmillan focus on Care Partners is understandably within cancer care the themes and principles are the same and as such this ULHT Care Partners Policy embraces as a whole but acknowledges Macmillan's independence.
- 5.10.10. ULHT are in the process of developing a Carers Hub, situated at Pilgrim Hospital, Boston. The hub will operate in a similar way to the Macmillan information service providing information, support, signposting and assistance and although sited at Boston will be available for receive enquiries from across the organisation.

5.11. Care Partners of People with Learning Disabilities (LD)

- 5.11.1. Family Care Partners of people with learning disabilities are often unique amongst Care Partners. For many they will be experiencing a lifetime of caring. As family Care Partners start needing more support themselves, the families have often developed routines and ways of coping that mean that both the older person and the person with learning disabilities are looking

after each other. This is known as mutual caring and staff should take account of this when planning care.

- 5.11.2. Staff should ask whether the patient has an AAM health passport or similar information and use this to appreciate specific needs, preferences and anxieties to enable patient centred and individualised care to be provided.
- 5.11.3. The ULHT LD Bundle which can be found here: [Learning Disabilities \(sharepoint.com\)](#) has a section relating to Carers including shared care arrangements that enable hospital staff, carers and relatives to understand their responsibilities, build relationships and improve communication resulting in the patient receiving the right care, in the right manner.
- 5.11.4. Advice and support can be sought from the Specialist Safeguarding Learning Disability Nurse whose contact details are on the intranet.

5.12. Care Partners of Neurodiversity Patients

- 5.12.1. Autistic people accessing care and treatment in ULHT may not identify with having “care partners” or aware of this term of reference in the same way as other patient groups. This does not mean they will not require the additional support of a Care Partners, who might be their friend, relative or partner. Their care partner of choice should be recognised in the same manner as other care partners.
- 5.12.2. Reasonable adjustment should be made to allow care partners to support at in ED, outpatients, theatre/ recovery and or x ray departments etc. if this is the autistic person request. The autistic person might feel anxious about attending an unfamiliar hospital setting and need extra support to navigate there way round an over stimulating hospital environment.

5.13. End of Life Care

- 5.13.1. National best practice evidence considers End of Life care as the last year of life and dying is understood as the last days of life.
- 5.13.2. Staff must be sensitive to the needs of Care Partners when a patient is receiving end of life care or in their last days of life. Flexible arrangements should be considered with staff also taking into account the patient’s wishes.
- 5.13.3. Extra efforts such as supporting an overnight stay and helping with freshening up and meals should be considered. Z-beds are available in some areas for use overnight.
- 5.13.4. Palliative Care teams can be contacted and are available to offer support to Care Partners when they have any questions about care or any issues the ward team need assistance with.
- 5.13.5. Staff should be aware of the needs of Care Partners who are bereaved and offer support and advice. The chaplaincy team are

available for extra support and can give advice on local voluntary organisations that can help.

5.13.6. Care Partners should be offered access to the chaplaincy service before and after death.

5.13.7. Macmillan Cancer Support has adviser and support staff available within the Trust and community.

5.14. Involving Care Partners in Planning for Discharge

5.14.1. Early identification and signposting of Care Partners allows them to be involved in all aspects of care from admission through to discharge and where Care Partners are identified it may be appropriate to write to the Care Partners GP to inform them of the role they have undertaken or any specific assistance or support they may need and be advised of the GP surgery carer register.

5.14.2. Care Partners should receive any training necessary prior to discharge to support them in continuing to care while preventing risk of injury to themselves.




5.14.3. Fully involving Care Partners in discharge planning will ensure that assumptions are not made about their willingness or ability to care.


5.14.4. Care Partners should participate in the discharge decision planning process, discussing and agreeing practical arrangements and preparations for the discharge home.

5.14.5. Care Partners should receive all relevant documentation in a timely manner to allow discussion, clarification and understanding.

5.14.6. The date and time of discharge should be agreed with the Care Partner as far as in advance as possible so he/she can make suitable arrangements.

6. Useful Contacts

<p>Lincolnshire Carers Service. 01522 782224 An online request for support form is available here: Request for support – Request for support form - Lincolnshire County Council</p>	
<p>0300 303 1555 info@carersfirst.org.uk www.carersfirst.org.uk</p>	
<p>Lincolnshire Young Carers 01522 553275 youngcarers@lincolnshire.gov.uk</p>	

www.lincolnshire.gov.uk/support-carers/young-carer-support	
Emergency Duty Team 01522 782333 (Out of hours)	

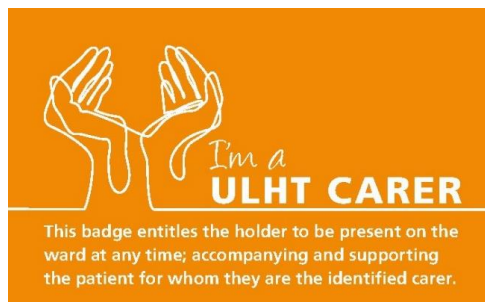
7. Implementation, Monitoring and Review

- 7.1. The policy will be disseminated via established groups including Patient Experience Group, NMAAF, matron and ward sister/charge nurse forums and through general staff communications routes.
- 7.2. Patient and Care Partner feedback will be sought through:
- Specific Care Partners surveys
 - Extrapolated from PALs and complaints
 - Quality assurance rounds
 - Patient & Care Partner stories
 - Care Opinion and NHS Choices
 - National surveys
 - Stakeholder feedback including from Carers First and Healthwatch.
- 7.3. A PowerPoint self-study Care Partners training session will be developed and a subpage created on the Patient Experience intranet site.

Monitoring Compliance

Minimum requirement to be monitored –monitoring against standards set out in policy	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/ audit/ reporting	Responsible individuals/ group/ committee for review of results and determining actions required
Care Partners feel valued and involved as expert partners in care	Survey	Patient Experience Team Divisional leads	Quarterly	Patient Experience Group

Appendix 1 – Care Partner Badge Agreement



Care Partners Card Agreement

This agreement details a shared understanding between the Trust and our patients care partners and is provided to:

- enable care partners to have the best possible experience when they are on the ward
- ensure staff are aware of the care partner and involve them and include them
- keep the care partner safe
- keep the patient safe

Being provided with a Care Partners card, you are able to be present on the ward at any time and not be restricted to visiting times. However:

- There may be moments when you are asked to leave the bedside whilst some care is being given that is sensitive or intimate though we will discuss this with you.
- There may be moments when you are asked to leave the bedside if a nearby patient is distressed or unwell or needs care that may be overheard or sensitive.
- Our equipment and environment is likely to be very different to what you have at home – please do not use any hoists or lifting equipment; operate any equipment etc until this has been explained and shown to you – this is to protect you and to protect the patient. We are happy to show you how if you wish to assist but only if you feel safe and able to do so.
- We cannot allow you to enter the kitchen or treatment rooms on your own; this is due to our health and safety restrictions which we are sure you appreciate; if you need anything please do not hesitate to ask.
- You will need to agree with the nursing staff on the ward how much care you continue to provide during this admission; this is so that we all know what is happening; for example:
 - you may help someone to the bathroom but we may need to collect a urine sample.

- you may help someone with their medicines at home but we may have had to change them.
- When the patient is discharged we require you to return the badge and lanyard so we can use it again and we would be grateful if you could complete a short survey of your experience.

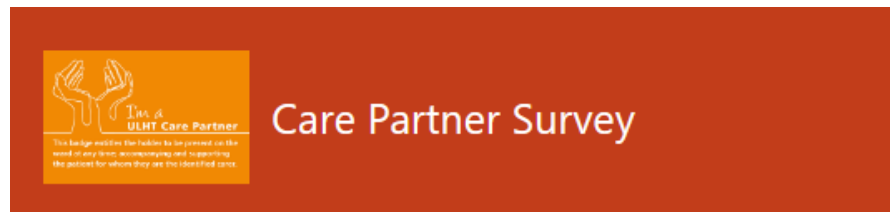
The key understanding with wearing a ULHT Care partners Badge is that staff recognise you are an expert partner in the patients care and as such need to be involved in care and care decisions – this is not about you having to continue providing care whilst the patient is with us – how much you are involved day to day is in agreement with you.

Hospital:		Ward:	
Patient name:		Care partners name:	
I agree to accept the principles and boundaries of the ULHT Care partners Card as outlined above and will ensure that I discuss with the ward staff the scope and level of my day to day involvement.			
Care partners signature		Staff signature	
.....		
Badge No:		Date issued:	
		Date returned:	

Copy of this agreement to be kept in Care Partners Resource box; original to be given to care partner.

PLEASE REMEMBER TO RETURN YOUR BADGE ON DISCHARGE

Appendix 2 – Care Partner Survey



<https://forms.office.com/e/RwxtbMfwNk>

This survey is available via a QR code or a link to Microsoft Forms. Paper copies will also be provided.

Questions use the Likert scale (strongly agree, agree, neutral, disagree, and strongly disagree) and include:

- How admitted
- I was invited to be involved in the patients care
- It was explained to me that I can be on the ward at any time and not restricted by visiting times
- I was kept informed about their care and treatment
- I was advised about car parking arrangements
- I feel I was recognised as a care partner
- Please tell us a little about your experience as a Care Partner during this admission
- What could we have done better?
- Which ward was the patient on?

Discharge planning

- I was involved in discussions and decisions about discharge
- I felt my own health and capacity as a Care Partner was considered as part of discharge planning
- Staff answered questions about the discharge in a way I could understand?
- I was informed who to contact if I needed any further support.
- I feel I was recognised as a Care Partner.
- Optional section re: patients health condition:
 - Alzheimer's / Dementia
 - Mental health condition
 - Child under 18
 - Physical disability
 - Learning disability
 - Old age / frailty
 - Stroke

- Visually impaired
- Hearing impaired

Care partner Badge

- Were you aware of the Care Partner Badge?
- Did you use the badge?
- Did you feel it made a difference?
- If so please tell us how?

All About Me

- Were you aware of the All About Me booklet?
- Did you have an All About Me Booklet?
- Did staff take note of the AAM and use it in care planning?

Carers First

- Were you made aware of Carers First support available during your stay?
- If you needed or wanted Carers First support did someone come to see you?

The survey concludes with demographic information about the Care Partner including how long they have been a Care Partner.

Appendix 3 – Generic Patient Shared Care Arrangements

If carers wish to support care delivery in ULHT Complete below with the carer or their manager but ensure they are aware how to access additional care and support. This information will enable everyone to understand their responsibilities, build relationships and improve communication

Carer name Signature.....

ULHT staff nameSignature.....Date
.....

Who will support the patient with personal care?									
Self-caring		Hospital		Family		Funded carers		Combination	
Comments:									
Who will support the patient with moving and handling?									
Self-caring		Hospital		Family		Funded carers		Combination	
Comments:									
Who will support the patient with feeding? Inc. monitoring intake if needed									
Self-caring		Hospital		Family		Funded carers		Combination	
Comments:									
Who will support the patient with toileting inc. Monitoring bowels and fluid output if needed									
Self-caring		Hospital		Family		Funded carers		Combination	
Comments:									
Who will support the patient with administration of medication? If family/carers support, follow the Self-Administration of Medication by patients, parents or carers Policy http://ulhintranet/medicines -.									

Self-caring		Hospital		Family		Funded carers		Combination	
Comments:									
Who will support with the management of challenging behaviours including enhanced care?									
Self-caring		Hospital		Family		Funded carers		Combination	
Comments:									

Equality and Health Inequality Impact Assessment Tool

This tool has been developed by the Equality, Diversity and Inclusion Leads for use in the NHS Provider organisations in Lincolnshire. The tool is designed to ensure due regard is demonstrated to the Equality Act 2010, the Public Sector Equality Duty and potential health inequalities are also identified and addressed (as outlined in the Health and Social Care Act). Please complete all sections below. Instructions are in **italics**. Support can be found at <http://ulhintranet/equality-and-diversity>.

A. Service or Workforce Activity Details	
1. Description of activity	Implementation of Care Partners Policy
2. Type of change	Update of Carers Policy to reflect national Care Partners Policy and ULHT Visiting Policy and changes to process for relaunched Care Partner Badges.
3. Form completed by	Jennie Negus, Head of Patient Experience
4. Date decision discussed & proposed	<i>Date</i>
5. Who is this likely to affect?	Service users ✓ Staff ✓ Wider Community ✓ If you have ticked one or more of the above, please detail in section B1, in what manner you believe they will be affected.
B. Equality Impact Assessment	
<p>Complete the following to show equality impact assessment considerations of the decision making to ensure equity of access and to eliminate harm or discrimination for any of the protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. Further, please consider other population groups which are at risk of health inequality and can include, but not be limited to, people who are; living in poverty / deprivation, geographically isolated (e.g. rural), carers, agricultural workers, armed forces, migrants, homeless, asylum seekers/refugees, surviving abuse, in stigmatised occupations (e.g. sex workers), use substances etc.</p> <p>Please ensure you consider the connections (intersectionality) between the protected characteristics and population groups at risk of health inequality (e.g. it is recognised that older men from a BAME background, with one or more comorbidities and living in deprivation are more at risk of a poorer outcome if they contract CV-19).</p>	
<p>1. How does this activity / decision impact on protected or vulnerable groups? (e. g. their ability to access services / employment and understand any changes?) Please ensure you capture expected positive and negative impacts.</p>	<p>This policy provides a potential positive effect across all protected and or vulnerable groups as the focus is on supporting unpaid Care Partners.</p> <p>Age: There will be a positive impact on older patient groups as care partners will be able to be present as needed with no restrictions and friends and other members visit during core hours.</p> <p>Disability: for patients with Learning Disability & Autism, Mental Health, Sensory impairment, Cognitive difficulties & Physical disability this policy will provide a positive impact through identifying and welcoming care partners.</p> <p>Gender reassignment: there is a potential positive impact in light of supporting wider partners and relationships with the distinction between visitors and care partners.</p> <p>Sexual orientation: there is a potential positive impact in light of supporting wider partners and relationships with the distinction between visitors and care partners.</p> <p>Marriage / Civil Partnership: there is a neutral impact envisaged as a result of this policy.</p> <p>Pregnancy & Maternity: there is a neutral impact envisaged as a result of this policy.</p> <p>Race and Religion: there is a positive impact envisaged as the</p>

	<p>caring role with different communities are based very much on cultural values and beliefs and as such welcoming care partners and visitors will provide support.</p> <p>Whilst these detailed above are the protected characteristics as detailed within the Equality Act 2010 there are other considerations to be made relating to Health Inequalities including:</p> <ul style="list-style-type: none"> • Socio-economic status and deprivation: e.g. unemployed, low income, people living in deprived areas (e.g. poor housing, poor education and/or unemployment): there is a neutral impact envisaged as a result of this policy. • Vulnerable groups of society, or 'inclusion health' groups: e.g. migrants; Gypsy, Roma and Traveller communities; rough sleepers and homeless people; and sex workers. Within Lincolnshire we have a high number of migrant workers and large traveller communities. There is a positive impact envisaged as a result of this policy as the setting out of care partner support may be welcomed within their community. • Geography: e.g. urban, rural: There is a known challenge in travelling across the county and visitors and care partners will not qualify for patient transport. However there is public transport, Call Connect services and capped charges in some areas. Posters and information about travel are being made available in main entrances and outpatient departments on all our sites.
2. What data has been/ do you need to consider as part of this assessment? What is this showing/ telling you?	<p>National best practice NICE guideline: Supporting adult carers Published: 22 January 2020 www.nice.org.uk/guidance/ng150 Existing Care Partner feedback. Informs us that we need to do more to identify and support Care Partners to involve them as expert partners in decisions and the delivery of care.</p>
C. Risks and Mitigations	
1. What actions can be taken to reduce / mitigate any negative impacts? (If none, please state.)	This policy sets out practice principles that provide a positive impact on Care Partners and patients across all protected and vulnerable groups.
2. What data / information do you have to monitor the impact of the decision?	<ul style="list-style-type: none"> • Specific Care Partners surveys • Extrapolated from PALs and complaints • Quality assurance rounds • Patient & Carer stories • Care Opinion and NHS Choices • National surveys • Stakeholder feedback including from Carers First and Healthwatch.
D. Decision/Accountable Persons	
1. Agreement to proceed proposed?	Yes
2. Any further actions required?	Embracing and supporting Care Partners will be added as a gap in control relating to stated corporate risk ID 4629 'hearing our patient's voices'.
3. Name & job title accountable decision makers	Jennie Negus, Head of Patient Experience
4. Date of decision	
5. Date for review	March 2026

Purpose of the Equality and Health Inequality Assessment tool

- The NHS in Lincolnshire has a legal duties under the Equality Act 2010, Public Sector Equality Duty 2011 and the Health and Social Care Act 2012 to demonstrate due regard in all decision making, for example, when making changes to services or workforce practices, to ensure access to services and workforce opportunities are equitable and to avoid harm and eliminate discrimination for each of the protected characteristics and other groups at risk of inequality.
- Within the guidance toolkit there are also some examples of decisions this tool has been used on in other organisations and the impacts they have identified.

Checklist

- Is the purpose of the policy change/decision clearly set out?
- Have those affected by the policy/decision been involved?
- Have potential positive and negative impacts been identified?
- Are there plans to alleviate any negative impact?
- Are there plans to monitor the actual impact of the proposal?

This form is based on a template produced by Cambridge University Hospitals NHS Trust and used with their kind permission. FINAL Trust Leadership Team approved for use 01.04.2021

Referenced Documents and Metadata

References

- The Care Act. 2014 [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk)
- A practical guide to health caring [NHS England » A Practical Guide to Healthy Caring](#)
- Carers assessments [Support and benefits for carers - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- NHS Commissioning; who is considered a carer? [NHS commissioning » Who is considered a carer? \(england.nhs.uk\)](#)
- Johns Campaign <https://johnscampaign.org.uk/>

Other Documents

1. [NHS Constitution for England - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

The NHS Constitution (July 2015) states:

- “The patient will be at the heart of everything the NHS does.”
- “It should support individuals to promote and manage their own health.”
- Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.
- The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.”

2. <https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/>

NHS Patient Safety Strategy (July 2019) recognises the importance of involving patients, their families and carers and other lay people in improving the safety of NHS care, as well as the role that patients can have as partners in their own safety.

3. [Berwick review into patient safety - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Berwick report: A promise to learn; a commitment to act (2013)

A review of patient safety in the NHS in England was undertaken in 2013 and resulted in a number of recommendations. Two of Don Berwick’s 10 recommendations in August 2013 for patient safety were:

- Patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of trusts.”
- All organisations should seek out the patient and carer voice as an essential asset in monitoring the safety and quality of care.”

Metadata

Carers; Care Partners; Expert Carer; Caring for Carers; Carers Badges; Carers Assessment; Shared Care; All About Me; Johns Campaign; Parent Carers; Visiting

Signature Sheet

Names of people consulted about this policy:

Name	Job title	Department
Care Partners Policy Review Task and Finish Group	Carers First, Healthwatch, PALs, Complaints, Discharge Lead Nurse met in March 2021	
Patient Experience Group Members	Draft discussed & shared for consideration & comments 7 th March 2023	
Codesign Groups:	Patient Panel 17 th January 2023 Sisters Forum 14 th February 2023	
Sally Stanfield	Early Help Consultant (Young Carer Lead)	Lincolnshire County Council
Amanda Nottingham	Carers Coordinator	Carers First
Rachel Boothby	Service Manager	Carers First

Author(s) confirm that they have collected all the signatures, as listed above, email Corporate Governance at corporate.policies@ulh.nhs.uk

YES

Names of committees which have approved the policy	Approved on
Patient Experience Group	May 2023
Safeguarding Vulnerable Adults Oversight Group (Chairs action)	April 2023