GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

CYDWEITHREDFA GWELLA GWASANAETHAU GOFAL A LLESIANT **GOGLEDD CYMRU**

NORTH WALES SOCIAL CARE AND WELL-BEING SERVICES IMPROVEMENT COLLABORATIVE

Welsh Government Annual Carers Grant

End of year report

Utilisation of Welsh Government Funding

Funding allocated to Health Boards to work collaboratively with all partners to enhance the lives of unpaid carers in line with national priorities

Reporting period:	1st April 2021 to 31st March 2022
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Contents

1. Introduction

This report describes how the Welsh Government (WG) Annual Carers Grant has been utilised by Betsi Cadwaladr University Health Board (BCUHB) in North Wales to enhance the lives of unpaid carers from April 2021 to March 2022.

This funding was allocated to Health Boards to work collaboratively with all partners to enhance the lives of carers in line with national priorities:

i) Identifying and valuing unpaid carers
ii) Providing information, advice and assistance
iii) Supporting life alongside caring
iv) Supporting unpaid carers in education and the workplace

on the understanding that the Health Board, Local Authorities and Third Sector work to develop proposals, setting out how they:

- have worked with partners to implement and deliver improved support for carers;
- have measured success using qualitative and quantitative data; and feedback from carers who have accessed and used these services.
- work in partnership to implement a scheme which supports GP practices to develop their carer awareness and ways of working to support carers (including signposting);
- improve support to carers in relation to the discharge from hospital of their cared for person/s specifically is a need to improving information, advice and assistance (IAA) and involving carers in developing any discharge plans.

N.B *This report details the utilisation of the **grant funding only within 2021/22** and does not cover services provided to carers in their entirety. There is significant investment in a range of services across North Wales funded from various grants/funding streams – including training for carers, a range of supports to enable carers to take a break and maintain their own well-being.*

The grant funding is utilised to commission Primary & Secondary Care Facilitators across North Wales following discussions with local authority, local health board, third and voluntary sector representatives who provide support to unpaid carers who are all members of the North Wales Carers Operational Group (NW(Y)COG). This group is chaired by an Area Director from BCUHB and reports to the North Wales Regional Partnership Board (NWRPB).

The purpose of the group is to:

- Take forward a partnership-based approach to providing operational direction, advice, coordination of services supporting carers
- Implement and monitor the delivery of the North Wales Carers Strategy, overseeing progress and reporting on this via the agreed Welsh Government governance structures;
- To oversee the planning and delivery of activities funded from the Regional Carers Grant, including the compiling of the annual report;
- Deliver on a work programme agreed with the NWRPB;
- Share best practice and learning.

The reporting and governance structure of the NWRPB is detailed in Appendix A.

2. Overview of 2021/22 year end position

The allocated funding, **£213,000** has been spent within the agreed 12 months' period.

See Appendix B for the full financial summary.

2.1 Supporting GP practices to develop Carer Awareness and ways of working to support carers – Primary Care Facilitators

Throughout 2021/22 our Primary Care Facilitators have continued to work remotely with surgeries to raise awareness of carers' needs and support services. The facilitators have continued to promote all health services, such as flu vaccinations, annual health checks, the importance of ensuring carers do not miss appointments as well as reach out NHS services when they feel concerned about their health.

A small number of surgeries have allowed Carers Outreach and NEWCIS to attend their practices for small meetings or to distribute information, however the majority of contact within Primary Care has continued virtually. Referrals have remained consistent over the past twelve months, with most referrals being made by Practice Managers and reception staff who are having more in-depth conversations with unpaid carers when they telephone the practices.

Feedback received from unpaid carers requiring assistance from their GP has highlighted that they have been supported and guided well by Primary Care Facilitators, making the booking process for flu and booster COVID vaccinations relatively easy. Carers were able to receive face to face appointments at GP practices in the autumn when surgeries were able to ease restrictions, however the introduction of the Omicron variant reversed appointments to telephone and online portal systems. This was frustrating for unpaid carers when they felt support was moving forward again, but the presence of the new variant was understood by all.

Unpaid carers have informed Carers Outreach Service and NEWCIS that GP Practice staff have helped to arrange care in the community and others have shared they are now accessing respite through their GPs' recommendations. This is pleasing to hear that carer awareness and knowledge of the services available within the community is present within GP practices.

A number of carers feel that the new ways of contacting and receiving support through telephone appointments and online messaging systems has made contact easier as surgeries are more accessible. Many of the changes put in place during the pandemic (online appointments, virtual screenings etc.) have been positive and surgeries should be encouraged to retain these modes of contact. Unfortunately, other carers feel it is now more of a struggle to speak to someone in the surgeries and support can be inconsistent. Unpaid carers have reported they have attempted to make contact with their surgery on several occasions via telephone. They have either struggled to get through, or have been advised by the surgery to make contact again at a different time for certain information. We will address this issue in 2022/23 by continuing to work with GP Cluster Leads, Practice Managers and Assistant Area Directors of Primary Care to reassure carers access will not be affected and they will continue to receive the service they expect and require from their GP surgery when needed.

Discussions with Primary and Secondary Care staff and the carers support services have taken place over 2021/22 to develop and implement an accreditation scheme across North Wales. BCUHB is considering either the implementation of Hywel Dda's successful Investors in Carers model or designing a bespoke model for North Wales together with unpaid carers, which will reflect what is needed by both Primary and Secondary Care staff and unpaid carers, to include a true reflection of the issues they feel directly affect them.

Feedback received so far has highlighted that GP practices would like to see social prescribing expanded for unpaid carers and that a system developed within the accreditation scheme could promote this.

Carers have shared that an accreditation scheme could help develop a uniformed approach for GP practices to follow as it is apparent from unpaid carers' recent experiences that some surgeries work differently to others. An accreditation scheme will show a commitment by health staff to a responsive service for carers which will recognise the importance of carers through standards that reflect this. Meaningful engagement regarding treatment plans etc. has been raised multiple times by unpaid carers, and a standard within the scheme that allows Primary and Secondary Care staff to assess how well they have engaged may improve this aspect and reassure unpaid carers that they will be considered at all times.

Unpaid carers understand that staff within healthcare settings are all under immense pressure at the moment, which may have impacted the level of communication between all parties, in particular following the pandemic. A suggestion has therefore been made that there should be a minimum standard within the scheme of communication an unpaid carer should expect to receive.

2.2 Support for carers in relation to the discharge planning from hospital of their cared for person/s – Secondary Care Facilitators

Our Secondary Care Facilitators have continued to be fully operational remotely over 2021/22 across the three District General Hospitals (DGH); Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Maelor Wrecsam.

Referrals to the facilitators have remained steady during the pandemic. However, the number of referrals received has evidenced that delivery of the service could improve significantly if the facilitators had been able to visit wards over the past year, had COVID not restricted them from having a presence.

Carers Outreach and NEWCIS have strengthened working relationships with BCUHB's Patient and Carer Experience Team, and specifically their Patient Advice Liaison Service (PALS) over the past year. Based at all three DGHs, the Patient & Carer Experience Team assists in the early identification of unpaid carers and provides them with the opportunity to have their voices heard by sharing their experiences and stories.

Feedback from unpaid carers has shown that there are still concerns regarding communication between the hospitals and unpaid carers. They have reported to both Carers Outreach and NEWCIS that they have not felt part of decision making regarding the person cared for and are having decisions forced on them very quickly when discharges take place without prior warning. A common theme reported from unpaid carers is that they have been left to worry about the person cared for whilst in hospital. As restrictions have prevented carers from visiting patients and having discussions with

ward staff, they were often shocked at the decline in their appearance when they eventually saw the person they cared for.

3. Service Development and Delivery over 2022/23

Carers Outreach and NEWCIS have started to work closely with BCUHB's Patient & Carer Experience Team across the three DGHs and have recently met virtually with the Patient Advice and Liaison Service (PALS) teams across the region to build relationships.

Following discussions, a baseline of the number of carers supported by the facilitators will be identified. This will then enable us to agree a percentage increase to identify more unpaid carers over 2022/23, working with specific wards across the three sites. The plan is to adopt an engagement approach with the service, visiting at an agreed time where the facilitator will be present on a ward. The same approach will be adopted for GP practices to slowly reintroduce the service by means of a physical presence within surgeries, when restrictions allow. Where this is not possible, the facilitators will look to identify alternative sites, for example community hubs and resource centres, where they could meet with unpaid carers at drop-in sessions on a monthly basis.

In order to identify those hospital wards and GP practices to work more closely with, the Providers have devised a traffic light (RAG) system based on previous engagement with staff. Both Carers Outreach and NEWCIS will focus their attention on those GP surgeries and hospital wards that may not refer unpaid carers for support as much as others, with the aim of increasing referrals through awareness training and support. Both Providers would like to attend Practice Manager and GP Cluster meetings to deliver training that is available from Carers Trust regarding carer awareness.

4. Use of grant funding to mainstream unpaid carers' needs into everyday practice

4.1 Supporting unpaid carers in Primary Care settings

WG requirement	Performance & monitoring requirements - GP Facilitation Service
What awareness raising has been undertaken with practice staff (all professions) on the needs of carers, including young carers?	Our Primary Care Facilitators have remained in contact with GP practices during 2021/22, albeit via e-mail, telephone and newsletter communication whilst restrictions have remained in place within surgeries. They have been kept informed of all activities, updates for carers and organisational updates in a timely manner and have shared information and/or referrals (via email and/or telephone calls). Awareness of the needs of unpaid carers of all ages has been raised with new staff at surgeries, including community nurses and reception staff. Communication support for unpaid carers with additional needs has been regularly passed on to ensure support is available. Between October 2021 and March 2022 Carers Outreach Service (COS) and NEWCIS identified **over 250 unpaid carers** across North Wales, which is similar to the number of carers identified over the first six months of the year too, detailed in our mid-year report. All of these carers were provided with information and advice by the carer support services and their details were shared with GP surgeries with their consent to update the carers' register at surgeries. This registration will hopefully ensure their 'unpaid carer' status is flagged up on their medical records so that surgery staff are immediately made aware of this and they are supported accordingly. Between October 2021 and March 2022 **74 carers** were supported by NEWCIS with the flu or booster COVID vaccination booking process.
How many General Practices / health centres have implemented Investors in Carers, something similar, or are planning to implement this accredited scheme?	Providers are confident that the majority of GP surgeries across North Wales are becoming more Carer Aware. Carers Outreach Service has reviewed the current carer awareness of the surgeries across Ynys Môn, Gwynedd and Conwy, and it is apparent that all surgeries are invested in supporting carers. Although surgeries do reach the standard with the carers support service input, it is recognised that they need to ensure they have the tools and procedures in place to reach the standard themselves. Implementation of an accreditation scheme will ensure that appropriate processes are implemented that are needed by all. The GP practices that NEWCIS has worked with in Denbighshire, Flintshire and Wrexham have allocated the Carer Champion role to a staff member within the surgery. Both Providers would like to strengthen relationships with the Champions once the accreditation scheme is designed in 2022/23 as they have not been able to work as closely as they would have liked during the pandemic. Most surgeries are happy to engage with both Carers Outreach Service and NEWCIS on an accreditation scheme. However, it was suggested by the majority that they wanted to dedicate their time to the flu and COVID booster vaccinations earlier this year before spending more time designing the new model.
How and what specific support are General Practice staff	• GP staff signpost and refer carers to their local carers support service or the local authorities' Single Point of Access (SPoA) teams, depending on the referral pathway • Distribute information packs and newsletters, including the Regional GP & Hospital Facilitation Newsletter on a quarterly basis

WG requirement	Performance & monitoring requirements - GP Facilitation Service
providing to carers?	• Acknowledge carers on their databases, through notification from the third sector carer support organisations to enable them to access free flu and COVID-19 vaccinations, health checks and, where possible, appointments that fit around their caring roles or home visits, when restrictions allow • Counselling referrals, exercise referrals and prescription collection/delivery service are all promoted and offered to carers • Carers are primarily identified upon registration at surgery, with their local carers support service or when visiting their GP • Specific Carer Leads/Champions available at surgeries to ensure carer issues are highlighted and support explored • Information sharing events within surgeries, when restrictions allow • Third sector carers support contact information is advertised on the video link (loop) at some surgeries when unpaid carers are able to attend practices
What are the tangible outcomes for carers?	✓ Unpaid carers are respected and involved in the decision making process regarding the person cared for's health needs ✓ Unpaid carers are made aware of additional support available to them ✓ Unpaid carers are referred to SPoA, Community Link/hubs and their local carer support service and signposted to tailored and specific support, including other third and voluntary sector organisations ✓ Unpaid carers and their dependants are supported to access priority and flexible appointments, including home visits. This ensures carers are empowered to seek help when it is needed. Carers state this can help with anxiety around accessing health support which can lead to carer break down. ✓ Same day appointments, when restrictions allow, along with a telephone triage service which gives practical advice and support when carers need it most. ✓ Unpaid carers are supported with the arrangements of transport to hospital appointments ✓ Unpaid carers are able to attend health appointments by accessing the health respite scheme ✓ Where there has been a breakdown in communication between unpaid carers and a GP receptionist, the Primary Care Facilitator has facilitated a solution (via phone calls with Carer Support Officer / Carers Champion) ✓ Surgeries where there was little, or no carer awareness are encouragingly asking for extra information. The Primary Care Facilitator is now leaving a note with the date of the next planned visit as a reminder and this is also appreciated ✓ Flu jabs, COVID vaccinations and health checks available to support unpaid carers with their own health and well-being and ensure they can continue in caring role ✓ Counselling service and gym referrals which support with mental and physical health for unpaid carers
What signposting arrangements are in place within the General Practice to enable	• GPs signpost and refer carers to many other support organisations including Hafal, MIND, Citizens Advice Bureau (CAB), DEWIS, SPoA, Women's Centre, Men's Sheds, Integrated Autism Service, Create a Smile, Action for Children, Credu WCD (Wrexham Conwy, Denbighshire) Young Carers, Community Navigators, Community Agents and Talking Points

WG requirement	Performance & monitoring requirements - GP Facilitation Service
carers to access other support where needed e.g. third sector helplines, websites or local carers services?	• GP Practices have a wealth of information available in a form of leaflets and flyers that unpaid carers can take away with them when they visit practices or can access further information via online/telephone • GPs distribute information packs to newly identified unpaid carers, provided by their local carer support service • Unpaid carers information displays within the surgeries, including stands with third sector carers support organisations' newsletters, leaflets/flyers once restrictions allow again • Direct link to a local carers support service's website on surgeries' websites • Advertising on surgeries' Loop systems

4.2 Supporting unpaid carers in Secondary Care settings - Discharge from hospital planning

WG report requirement	Performance & monitoring requirements - Hospital Facilitation Service
Have hospital procedures regarding patient discharge been adapted, or introduced, to improve staff awareness of, and input from carers?	As Secondary Care Facilitators have not been based at hospitals it has been difficult to provide carer awareness sessions to hospital staff, but NEWCIS has been able to deliver Carers Trust's electronic training programme to a small number of surgeries. However, all district general and community hospitals have points of contact with local carer support services. Providers have been making regular contact to remind staff of what support is available and also to keep them informed of new initiatives they are delivering. Secondary Care Facilitators have continued to attend Multi-Disciplinary Team (MDT), Decision Support Tool (DST), Best Interest and Medically Fit for Discharge (MDT) meetings virtually when required over the past 12 months which have proven to improve staff awareness of carers' needs as unpaid carers are being identified and the impact of their caring role is discussed in great detail to ensure the discharge process is adapted to suit both the patient and carer. Unpaid carers are consulted, and if consent is given, referred to their local carer support service for further support. They have also started to work closer with BCUHB's Patient & Carer Experience Team across the three DGHs and have recently met virtually with the Patient Advice and Liaison Service (PALS) teams across the region to build relationships. The PALS team in Ysbyty Gwynedd in particular is working closely with Carers Outreach Service to increase the number of referrals received from all wards across the hospital. Feedback from unpaid carers has highlighted that they have felt slightly more involved regarding patient discharge now that visiting restrictions have eased slightly over the past few months. However, it has been highlighted that there is a large number of staff on hospital wards across North Wales that still fail to recognise relatives as unpaid carers and this is something we must work on together with health settings staff to improve. **Carers Outreach Service**

WG report requirement	Performance & monitoring requirements - Hospital Facilitation Service
	The service has been well established in Ysbyty Gwynedd for many years and is now well established in Ysbyty Glan Clwyd too. Staff awareness is a continuous part of the service provided by the Secondary Care Facilitator due to high staff turnover at the hospitals. The Provider is currently working with the Discharge Hub to locate a suitable office space for the facilitator as it is felt the service could be improved further through their presence now social distancing restrictions are easing. **NEWCIS** Staff are aware of NEWCIS' support available to unpaid carers either in-patient or identified whilst caring for a relative or friend, and are familiar with the contact and referral pathway. NEWCIS' quarterly newsletters are delivered to each hospital, which updates both staff and carers of the support available. The Secondary Care Facilitator has now returned to Ysbyty Glan Clwyd following the pandemic and East's Facilitator is in the process of being allocated a weekly drop-in session at Ysbyty Maelor Wrecsam. Similar to West's Facilitator, this will hopefully improve and enhance the support and service available to carers identified within the hospital settings in North East Wales.
How are carers being proactively involved in the hospital discharge/ discharge plans for the patient?	The COVID-19 pandemic has made it particularly hard for unpaid carers to feel involved in the decision making process for the person cared for as they have been unable to visit or attend the hospital for any meetings. This has been a real struggle for unpaid carers as they have not been able to be part of discharge decisions regarding the cared for as well as in some cases not being allowed to be a part of the end-of-life decisions for the cared for. Unpaid carers at times have felt excluded whilst the person cared for was an in-patient. They also felt that they were not given many opportunities to talk with the person cared for whilst in hospital. Therefore, the Secondary Care Facilitators' role is to ensure that the unpaid carers' voices are being heard whilst visiting restrictions are in place. Facilitators have been able to liaise with other hospital staff to ensure that the unpaid carers receive the service they require and to ensure that discharges take place safely for the benefit of not only the person cared for but also the carers. Unpaid carers are supported by the facilitator in each DGH during the period the person cared for is an in-patient, throughout the discharge process and once they have returned home to ensure everything is in place and the carer is able to manage. The support provided is holistic in nature and personal to each carer. Many unpaid carers do not understand the discharge process, and this is explained to them fully, along with carers' rights. Many carers feel their voice needs to be heard in decision making and therefore low-level advocacy will be offered if and when needed. Carers have often chosen to engage fully with their local carers support service only once the person cared for has been discharged from hospital. This way the unpaid carer can truly identify their caring role and the support they may require. Providers encourage carers to maintain contact with them throughout their caring journey to ensure support can be accessed at any time of hospital stay and discharge. Feedback from unpaid carers has highlighted their frustration by the lack of communication from the wards and ward staff and the lack of discussion regarding the carer's role in decision making, in particular concerning discharge plans. Unpaid carers have felt that plans have moved very quickly without fully acknowledging or considering the needs of the carer providing support at home. However, some carers have reported communication has improved once visiting restrictions eased slightly and the carer was present on the ward to discuss their role with staff.

Carers Outreach Service (Ynys Môn, Gwynedd & Conwy)	NEWCIS (Denbighshire, Flintshire & Wrexham)
✓ **163 referrals** received from Ysbyty Gwynedd and Ysbyty Glan Clwyd between October 2021 and March 2022 ✓ **472 referrals** received in total from Ysbyty Gwynedd and Ysbyty Glan Clwyd over 2021/22 ✓ **247 What Matters / Carer Needs Assessments** completed over 2021/22 for carers identified in hospital settings	✓ **159 referrals** received from Ysbyty Glan Clwyd and Ysbyty Maelor Wrecsam between October 2021 and March 2022 ✓ **344 referrals** received from Ysbyty Glan Clwyd and Ysbyty Maelor Wrecsam over 2021/22 ✓ **122 What Matters / Carer Needs Assessments completed** over 2021/22 for carers identified in hospital settings

WG report requirement	Performance & monitoring requirements - Hospital Facilitation Service
Are carers being pro-actively signposted to third sector support or local authority social services for information, support, or to obtain a carers' needs assessment (as appropriate), as part of the patient's discharge process?	From discussions observed at meetings, unpaid carers are signposted to third and voluntary sector support or local authority Social Care teams for further information, support or to receive a Carer Needs Assessment. Through the Secondary Care Facilitator unpaid carers can be referred internally to all services provided by their local carers support service, such as What Matters conversations and Carer Needs Assessments, access to respite provision, grants for carers, training and counselling. The facilitator actively collaborates with other organisations by promoting and referring into other organisations that are appropriate for carers. Advice, guidance and information offered by the facilitator is always accurate through their knowledge and training of current legislation. Unpaid carers are actively encouraged to share their What Matters conversations and Carer Needs Assessments with their local carers support service if completed by another organisation.

5. Case Studies – Primary & Secondary Care Facilitators

Case studies have been provided by both Carers Outreach Service and NEWCIS, all of which evidence the support provided by Primary & Secondary Care Facilitators across the North Wales region.

5.1 Case Study 1 (Carers Outreach – Primary Care Facilitator)

<table>
<tr><td rowspan="2">Project:
(tick which applies)</td><td>Primary Care (GP) Facilitation</td><td>X</td><td>Name, town of surgery:</td><td colspan="4">Tywyn</td></tr>
<tr><td>Hospital Discharge Facilitation</td><td></td><td>Name of Hospital:</td><td colspan="4"></td></tr>
<tr><td>Reason/s for contact with Carer Facilitator (referral):</td><td colspan="8">Referral received from GP surgery</td></tr>
<tr><td rowspan="5">About the Carer:

How was the Carers' general well-being on referral?</td><td>Age of Carer (tick):</td><td>0 - 15</td><td></td><td>16 - 24</td><td></td><td>25 - 64</td><td></td><td>65+</td><td>✓</td></tr>
<tr><td>Ethnicity :</td><td colspan="2">White British</td><td>Gender:</td><td colspan="4">Female</td></tr>
<tr><td colspan="2">County of residence:</td><td colspan="6">Gwynedd</td></tr>
<tr><td colspan="3">Do they live with person cared for (tick)?</td><td>Yes</td><td>✓</td><td>No</td><td colspan="2"></td></tr>
<tr><td colspan="8">Carer's well-being was fairly ok. The pandemic and being isolated had taken its toll and the carer had not had any breaks from their caring role for nearly a year.</td></tr>
<tr><td>What was the situation: Describe how the Carer person became involved with the service you are writing about. What challenges or issues were the Carer and the person/s cared for facing and how was this affecting their life and general well-being?</td><td colspan="8">Carer cares for her husband who suffered a stroke several years ago. The husband now struggles with his speech and depends on the carer to be his voice. Husband is now unable to go anywhere without the carer due to his speech impediment including his doctor's appointments.

Due to COVID, changes have been made regarding how many people are allowed within GP surgeries at a time. It was expected that the husband had to attend all his appointments on his own without the carers' support regardless of the fact that the surgery knew that he struggled with his speech and the fact that he had a carer. This affected the service that the husband received from the GP as he was unable to translate how he was feeling and caused great stress for the carer as she was unable to explain to the GP what the husband needed, which in time caused a strain on her caring role.</td></tr>
<tr><td><u>Impact statement</u>
How did the service make a difference? Describe what action/s the Carers' Service took to give support</td><td colspan="8">Carer contacted Carers Outreach Service with her concerns that she wasn't allowed to attend appointments with her husband. The carers link officer referred her on to the GP Facilitator for that area who was then able to contact the surgery on the carer's behalf and educate the surgery about why the husband needed the carer with him in his appointments. The GP Facilitator was able to then make it known to the surgeries of what being a carer entails to prevent this sort of situation arising again in future.</td></tr>
<tr><td></td><td colspan="8">Signposted for (tick all that apply):</td></tr>
</table>

Was the Carer signposted for further support? Which third sector, local authority or health services were they signposted to?	No	*Information*	
		Advice	
		Assessment of needs for support	
		Assistance / Support	
What outcomes were achieved? *What was the outcome for the Carer and/ or the person/s cared for? What difference did the support make to the Carers' life and well-being?*	The outcome for the carer was that she was allowed access to the surgery to attend appointments with her husband. Her husband received the correct treatment that he needed as the translation was made clear through the carer. This in all took the worry away from the carer and she was able to focus on her caring role and improve her own wellbeing.		
Quotes/Feedback *Please provide a direct quote from the Carer and/or cared for person/s. What did they say about the service received and the difference this has made to them?*	Carer was extremely grateful that Carers Outreach were able to get in contact with the surgery on her behalf and educate the surgery on carers rights.		
What did the service learn as a result of this case-study? *Could any of the services involved improve the way they support Carers? How has the Facilitator fed this back to the services involved?*	The surgery involved were educated on what being a carer entails and were made more aware of the struggles that carers face daily.		
Date of Case Study:	**October 2021**	**Organisation:**	**Carers Outreach Service**

5.2 Case Study 2 (NEWCIS – Primary Care Facilitator)

<table>
<tr><td rowspan="2">Project:
(tick which applies)</td><td>Primary Care (GP) Facilitation</td><td>✓</td><td>Name, town of surgery:</td><td>Pendre, Holywell</td></tr>
<tr><td>Hospital Discharge Facilitation</td><td></td><td>Name of Hospital:</td><td></td></tr>
<tr><td>Reason/s for contact with Carer Facilitator (referral):</td><td colspan="4">To discuss the services NEWCIS offer / provide emotional support</td></tr>
<tr><td rowspan="4">About the Carer:
How was the Carers' general well-being on referral?</td><td colspan="4">Age of Carer (tick): 0 - 15 | | 16 - 24 | | 25 - 64 | | 65+ | ✓</td></tr>
<tr><td colspan="4">Ethnicity: Welsh | Gender: Male</td></tr>
<tr><td colspan="4">County of residence: Flintshire</td></tr>
<tr><td colspan="4">Do they live with person cared for (tick)? | Yes | ✓ | No |</td></tr>
<tr><td>What was the situation:
Describe how the Carer person became involved with the service you are writing about. What challenges or issues were the Carer and the person/s cared for facing and how was this affecting their life and general well-being?</td><td colspan="4">The carer was referred to NEWCIS by a care provider who described the carer as being very tearful and in need of support from NEWCIS. The 86-year-old gentleman was the main carer for his 86-year-old wife who had been diagnosed with dementia in early 2019. The carer explained that he could not understand why his wife had not been prescribed medication and stated he was frustrated with the "system" and felt he was letting his wife down. Carer was struggling with his wife's memory loss and was increasingly frustrated with the downward events with the cognitive function of his wife.

I suggested to carer that he contact their GP and ask that his wife be referred to the memory service to be re-assessed. Carer was reluctant to contact the surgery himself as he had previously had a negative experience when trying to get through the telephone queuing system and booking a GP appointment. He was very frustrated that he was offered an appointment with the practice nurse and not the GP. The carer relayed that he didn't have the energy to go through the process again. I explained my role as GP Facilitator and offered to contact the surgery on his behalf – carer advised he would be very grateful and gave his consent for me to make contact.</td></tr>
<tr><td><u>Impact statement</u>
How did the service make a difference? Describe what action/s the Carers' Service took to give support</td><td colspan="4">I contacted the Carers Champion via e-mail at the surgery and requested she rang me on my mobile. I informed her of the situation and requested support in getting the carer an appointment with the GP. The Carers Champion was happy to support the carer and arranged a telephone appointment for the next day.

The carer continued to receive support from the GP Facilitator during this period and went on to complete a Carer Needs Assessment which further identified areas that could support him in his caring role e.g. Bridging the Gap respite, grant, emotional support & counselling.</td></tr>
<tr><td>Was the Carer signposted for further support?
Which third sector, local authority or health services were they signposted to?</td><td>GP Surgery, Memory Service, Alzheimer's Society, Health Respite Scheme, Carer Needs Assessment, Memory Café, Carelink, Bridging the Gap, Counselling Groups</td><td colspan="2">Signposted for (tick all that apply):
Information ✓
Advice ✓
Assessment of needs for support ✓
Assistance / Support ✓</td><td></td></tr>
</table>

What outcomes were achieved? *What was the outcome for the Carer and/ or the person/s cared for? What difference did the support make to the Carers' life and well-being?*	The GP contacted the carer the following day to discuss his wife's condition and he agreed to make a referral to the Memory service. The Memory service contacted the carer and arranged a home visit for the following week to re-assess the cared for. The carer felt supported to voice his opinion and concerns regarding his wife's care needs. The carer reported he felt as if a weight had been lifted off him and was more positive for the future.		
Quotes/Feedback *Please provide a direct quote from the Carer and/or cared for person/s. What did they say about the service received and the difference this has made to them?*	*"I feel as if I am now making progress and very much appreciate the support and time you have given to both myself and my wife".*		
What did the service learn as a result of this case-study? *Could any of the services involved improve the way they support Carers? How has the Facilitator fed this back to the services involved?*	On this occasion, partnership working between the GP surgery & the GP Facilitator ensured a positive outcome for the carer. The GP facilitator applied her advocacy skills to ensure that the voice of the carer was heard and the actions of the Carer's Champion and GP resulted in a prompt referral to the memory service. GP Facilitator contacted the Carer's Champion to thank her for her involvement in supporting carer to access the appropriate support.		
Date of Case Study:	**January 2022**	**Organisation:**	**NEWCIS**

5.3 Case Study 3 (Carers Outreach – Secondary Care Facilitator)

<table>
<tr><td rowspan="2">Project:
(tick which applies)</td><td>Primary Care (GP) Facilitation</td><td></td><td>Name, town of surgery:</td><td></td></tr>
<tr><td>Hospital Discharge Facilitation</td><td>X</td><td>Name of Hospital:</td><td>Ysbyty Gwynedd</td></tr>
<tr><td>Reason/s for contact with Carer Facilitator (referral):</td><td colspan="4">Referral received from the hospital ward where carer’s partner was an in-patient.</td></tr>
<tr><td rowspan="4">About the Carer:

How was the Carers’ general well-being on referral?</td><td>Age of Carer (tick):</td><td>0 - 15</td><td></td><td>16 - 24</td><td></td><td>25 - 64</td><td>✓</td><td>65+</td><td></td></tr>
<tr><td>Ethnicity:</td><td colspan="3">White British</td><td>Gender:</td><td colspan="4">Male</td></tr>
<tr><td>County of residence:</td><td colspan="7">Gwynedd</td></tr>
<tr><td colspan="3">Do they live with person cared for (tick)?</td><td>Yes</td><td>✓</td><td colspan="2">No</td><td></td></tr>
<tr><td>What was the situation:
Describe how the Carer person became involved with the service you are writing about. What challenges or issues were the Carer and the person/s cared for facing and how was this affecting their life and general well-being?</td><td colspan="9">Person cared for had been admitted with an infected right toe due to being diabetic. She was mobile, self-caring and 57 years old. She had already been in a few weeks when I spoke to the carer but the infection in the toe was not responding to treatment and it was decided that an amputation of the toe was needed. At this time my role was to give the carer emotional support and weekly calls for updates.

Unfortunately, things deteriorated for his partner, after the initial toe amputation and to save her life they had to perform a life changing operation and performed an above knee amputation. This caused great distress for the person cared for and the carer. I continued to work with him on a weekly basis, advised him to speak to his Social Worker and they in turn referred to the Occupational Therapy team to prepare and adapt the home for discharge as his partner now was immobile. All adaptions and bed were made for the home and the carer was quite positive for a good discharge and his partner and himself would adapt to new life together.

His partner did not improve, the other leg became infected and consequently had to be amputated. His partner was transferred to another hospital for recuperation. By this time his partner had been in hospital for several months. The impact this had on the carer was immense, he was very upset but continued to remain strong for his partner. Another issue that he was also faced with was that due to COVID restrictions he was unable to visit and because she was in another hospital he found it difficult to plan transportation.

Over the next few weeks, things settled and his partner was transferred back to Ysbyty Gwynedd and things were looking up for discharge, a hoist was delivered to the home and a package of care was also arranged.

Unfortunately, his partner whilst in Ysbyty Gwynedd had a stroke, she was unable to talk and became totally dependent on others for her care. She became weak and contracted COVID, sustained a pulmonary embolism and ended up in ITU. Unfortunately, the decision was made to turn off the Respiratory Machine and she passed away on the ITU unit and the carer was not able/allowed to be with her when she sadly passed away.</td></tr>
</table>

<table>
<tr><td><u>Impact statement</u>
How did the service make a difference? Describe what action/s the Carers' Service took to give support</td><td colspan="3">In my role as his support officer I was able to support him through the whole process for several months, I was able to help with general information but mostly Emotional Support.

I still contact him on a weekly basis for support, I have even referred him for counselling within Carers Outreach, he is also supported outside of Carers Outreach with his bereavement and mental health.

The carer is back in work but he has gone through such a traumatic event in his life and he will need continued support for the foreseeable future.
The carer and I have a very good professional relationship that was built over the months of correspondence through telephone conversations between us. I will continue to support him for as long as he needs me.</td></tr>
<tr><td>Was the Carer signposted for further support?
Which third sector, local authority or health services were they signposted to?</td><td>Counselling
Bereavement support
Mental Health support</td><td colspan="2"><table><tr><td colspan="2">Signposted for (tick all that apply):</td></tr><tr><td>Information</td><td>✓</td></tr><tr><td>Advice</td><td>✓</td></tr><tr><td>Assessment of needs for support</td><td>✓</td></tr><tr><td>Assistance / Support</td><td>✓</td></tr></table></td></tr>
<tr><td>What outcomes were achieved?
What was the outcome for the Carer and/ or the person/s cared for? What difference did the support make to the Carers' life and well-being?</td><td colspan="3">The outcome was not positive in this instance; however, the support the carer has been given has enabled him to cope better with the events that took place and hopefully with time and further support he will find peace.

The difference that COS provided during the most difficult time of his life, to him, is invaluable.</td></tr>
<tr><td>Quotes/Feedback
Please provide a direct quote from the Carer and/or cared for person/s. What did they say about the service received and the difference this has made to them?</td><td colspan="3">Mr T always and still continues to thank COS for the support he has had and continues to have. He has shared by a colleague that "Cath has been amazing and it would be nice to see her face to face one day "</td></tr>
<tr><td>Date of Case Study:</td><td>March 2022</td><td>Organisation:</td><td>Carers Outreach Service</td></tr>
</table>

5.4 Case Study 4 (NEWCIS - Secondary Care Facilitator)

<table>
<tr><td rowspan="2">Project:
(tick which applies)</td><td colspan="3">Primary Care (GP) Facilitation</td><td></td><td>Name, town of surgery:</td><td>Wrexham</td></tr>
<tr><td colspan="3">Hospital Discharge Facilitation</td><td></td><td>Name of Hospital:</td><td>Wrexham Maelor</td></tr>
<tr><td>Reason/s for contact with Carer Facilitator (referral):</td><td colspan="6">Carer has made contact with NEWCIS' Hospital Facilitator due to their partner having a large stroke and not ever needing to be in a caring role before this happened</td></tr>
<tr><td rowspan="4">About the Carer:
How was the Carers' general well-being on referral?</td><td>Age of Carer (tick):</td><td>0 - 15</td><td></td><td>16 - 24</td><td></td><td>25 - 64</td><td>✓</td><td>65+</td><td></td></tr>
<tr><td>Ethnicity:</td><td colspan="2">White British</td><td>Gender:</td><td colspan="4">Female</td></tr>
<tr><td colspan="3">County of residence:</td><td colspan="4">Wrexham</td></tr>
<tr><td colspan="3">Do they live with person cared for (tick)?</td><td>Yes</td><td>✓</td><td>No</td><td></td></tr>
<tr><td>What was the situation:
Describe how the Carer person became involved with the service you are writing about. What challenges or issues were the Carer and the person/s cared for facing and how was this affecting their life and general well-being?</td><td colspan="6">Carer was referred to the NEWCIS' Hospital Facilitator by the Hospital Occupational Therapist and Physiotherapist. Carer had not had a caring role prior to husband's sudden stroke and both were working full time and had very busy and enjoyable lives. When carer's husband had the stroke it was a huge shock to all and a real tug on all emotions that they hadn't had to experience before. Worry, anxiety, upset, anger, stress and fear were just some of the emotions we went through on our first meeting together to discuss plans for discharge of her husband from the hospital.

Challenges that carer and her husband faced were the sudden loss of communication due to speech being greatly impacted by the stroke and then frustration and tearfulness showed too. Worry of what is ahead in the future was a big concern for carer as she knew she still had to pay a mortgage and bills and still work full time. Cared for was very keen to recover as well as he would possibly be able to and at times this has also lifted carer as it became very difficult to see the weakness in cared for as he was such a fit person before the stroke.

Having the opportunity to speak openly with the NEWCIS Hospital Facilitator about her concerns was essential to the carer becoming able to accept the future and what it holds for herself and her husband. Carer at times felt concerned about needing to be there to support her husband with personal care needs and then also feel a husband and wife bond but this has proven over time to carer to be possible and they have come on strength by strength. Carer feels very grateful for the NEWCIS support as she has received counselling, a grant to assist with relevant equipment in the home to encourage physio for her husband, supermarket vouchers to take away some of the financial strain due to a loss of husband's earnings and the ability to just pick up the phone and not feel silly for needing to talk to someone.

Carer became very tearful at times about the caring role and strain she felt but always after a chat and some encouraging words from NEWCIS felt ready to push on and see the continuing success of her husband's rehabilitation from the stroke.

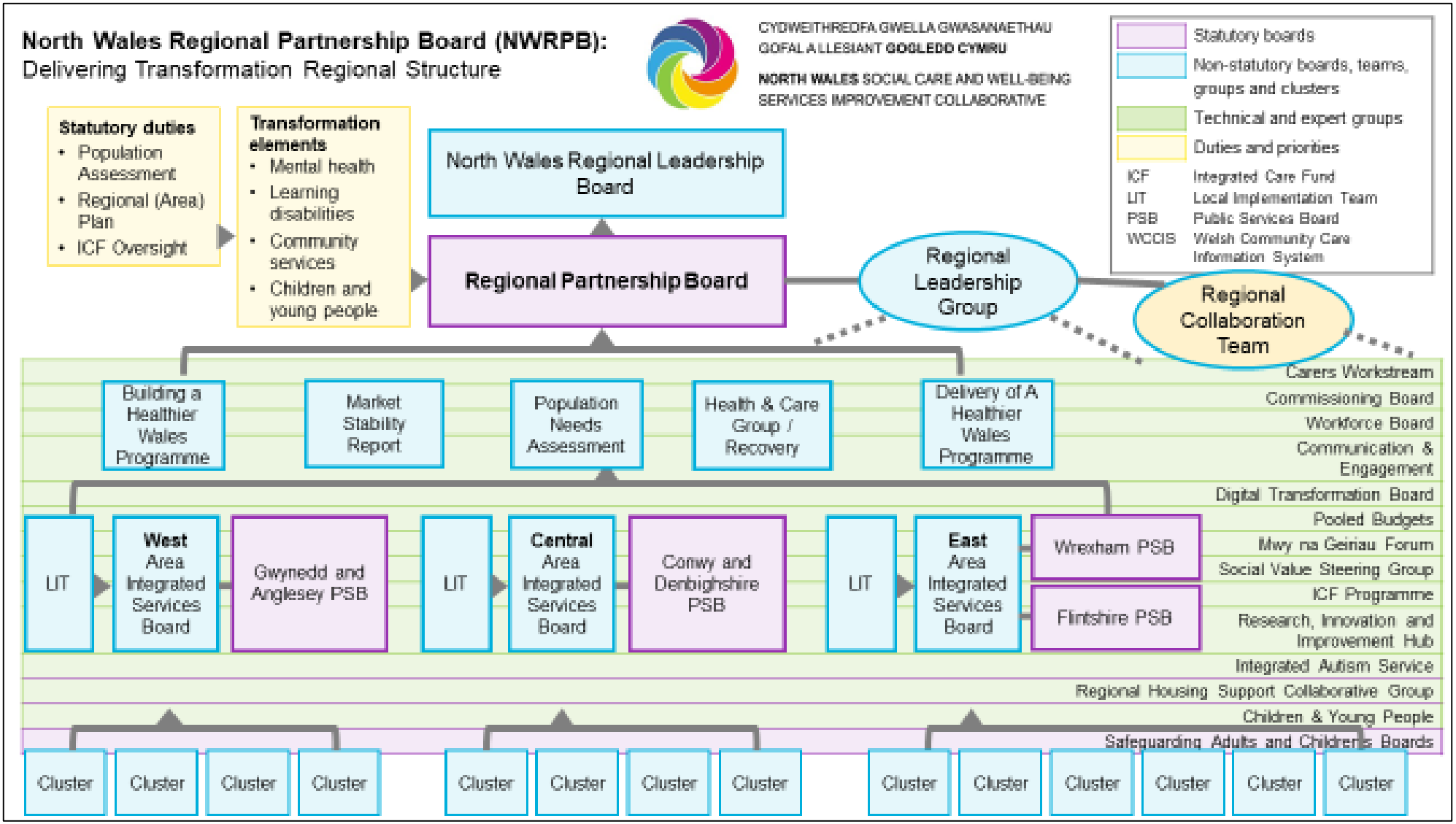
Another challenge was what her work would think about losing hours due to the caring role and how she would manage juggling caring role, work role and house role but carer was advised to be open and honest with employer and was surprised at how understanding they were.</td></tr>
</table>

<table>
<tr><td></td><td colspan="3">Carer also accessed the NEWCIS Bridging the Gap respite support for shopping trips or hospital appointments and this has proven very beneficial.</td></tr>
<tr><td><u>Impact statement</u>
How did the service make a difference?
Describe what action/s the Carers' Service took to give support</td><td colspan="3">The service made a difference as carer felt understood, listened to and able to voice her opinion without worry or embarrassment.
Carer was able to have the relevant referrals to specialist organisations when needed.
NEWCIS put in the Bridging the Gap respite service as some respite support and carer will continue to be offered this while in their caring role.</td></tr>
<tr><td>Was the Carer signposted for further support?
Which third sector, local authority or health services were they signposted to?</td><td>Yes, signposted to various organisations for other related support to her new caring role. Carer was signposted to the Stroke Association, Age Connects and Citizens Advice Wrexham. PALS were also referred to at one point.</td><td colspan="2"><table><tr><td colspan="2">Signposted for (tick all that apply):</td></tr><tr><td>Information</td><td></td></tr><tr><td>Advice</td><td>✓</td></tr><tr><td>Assessment of needs for support</td><td></td></tr><tr><td>Assistance / Support - Financial and also specific support to stroke rehabilitation.</td><td></td></tr></table></td></tr>
<tr><td>What outcomes were achieved?
What was the outcome for the Carer and/ or the person/s cared for? What difference did the support make to the Carers' life and well-being?</td><td colspan="3">Outcomes achieved were acceptance of cared for's diagnosis and also acknowledgment that they would benefit from accepting the support available to them.

Understanding of the diagnosis by carer and cared for and learning about how to be positive with their future going forward. Accepting that some days are harder than others but to be open when struggles are identified as it is better to ask for support rather than struggle in silence. Carer was able to access counselling sessions and also attended some training that was put out to unpaid carers to teach her parts of what comes with her new caring role.</td></tr>
<tr><td>Quotes/Feedback
Please provide a direct quote from the Carer and/or cared for person/s. What did they say about the service received and the difference this has made to them?</td><td colspan="3">Carer's feedback of the support from the facilitator at NEWCIS is that "the support has been wonderful, it is support I can't thank K enough for as it was all such a shock and so new for me to come to terms with. Being able to speak openly to K has meant that my visits to person cared for in hospital have been more positive and less daunting."</td></tr>
<tr><td>What did the service learn as a result of this case-study?
Could any of the services involved improve the way they support Carers? How has the Facilitator fed this back to the services involved?</td><td colspan="3">As a service and what NEWCIS offer, I do feel we benefit carers greatly in many ways and although many carers do feel frustrated at the lack of home care packages available, they are also so grateful of all the other services that NEWCIS provide as an organisation and I have always been told that many people are unaware of how much we offer which is always a surprise, so carers are always especially pleased with what we offer here at NEWCIS.</td></tr>
<tr><td>Date of Case Study:</td><td>March 2022</td><td>Organisation:</td><td>NEWCIS</td></tr>
</table>

6. Appendix

Appendix A: North Wales Regional Partnership Board Structure



Appendix B: Full Financial Summary 2021/22

Funding	**2021/22 PLAN (£)**
Total funding	**213,000**
Pay	
Primary Care Facilitators 6 facilitators @ 15 hours p/w	
NEWCIS & Carers Outreach Joint Partnership	
- Carers Outreach	46,176
- NEWCIS	46,176
Sub total	**92,352**
Secondary Care Facilitators 3 x FTE	
NEWCIS & Carers Outreach Joint Partnership	
- Carers Outreach 1.5 DGH	55,126
- NEWCIS 0.75 DGH**	27,522
Sub total	**82,648**
Total Pay	**175,000**
Non pay	
Project and Admin Support	36,780
Materials Room hire etc.	1,220
Sub total	**38,000**
Total	**213,000**
Slippage/Overspend	**0**

** Topped up by BCUHB's existing core contracts with NEWCIS to fund an additional 0.75 role