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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

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Swansea Bay University Health Board
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Cais Rhyddid Gwybodaeth / Freedom of Information request **Ein Cyf / Our Ref: 25-I-008**

You asked:

Section 1: Hospital Admission and Discharge

a) How do you identify an unpaid carer who is admitted to hospital, and what support exists for the person(s) they care for throughout their admission to hospital?

Individual services within the health board have their own processes to identify the needs and profile of the carer population, for example:

- CAMHS (Child and Adolescent Mental Health Service) and CYP (Children and Young People), in keeping with [NYTH/ NEST framework](#), carers/families have an integral role in the assessment and intervention with young people. Carer/family support needs are identified at triage at the time of referral and explored in more depth on assessment as part of a proforma.
- Wards aim to identify carers as part of their assessment and care planning processes and signpost to third sector organisations for support or to help people access a formal carer's assessment.
- The health board's discharge policy outlines a process for all adults and children, including assessing the training needs of the carer prior to discharge and ensuring an assessment or appropriate referral for assessment has been undertaken.
- In terms of workforce, HR have been reviewing opportunities to support our workforce who are balancing work and caring duties (this applies to a number of questions and is outlined further in question 4).
- Carer status is noted and identified within care plans or own assessments. Within Primary Care, if a person identifies as a carer, carer status is noted on the patient's records (GMS).
- The community virtual ward teams complete a comprehensive geriatric assessment with frail patients, which asks questions including; whether the patient has a carer and if so, would the carer like a carer's assessment. If the carer is under 18, a referral can be made to the young carer's team. The community virtual ward teams work with carers to address the patient needs and look to optimise their care to lessen the burden on carers.

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We welcome correspondence in Welsh or English. Welsh language correspondence will be replied to in Welsh, and this will not lead to a delay.

Cadeirydd/Chair: Jan Williams Prif Weithredwr/Chief Executive: Abigail Harris

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- Routinely within our acute services, if a caring need is identified through assessment or care planning process, carers are signposted to third sector organisations for support or help and they can access a formal carer's assessment. If a patient is identified as a young carer, they are supported to engage with Young Carers if they wish to do so.
- To support our hospital staff and primary care workers, two carers' in-reach workers have been funded through the Regional Integration Fund (RIF) money to deliver support across Neath Port Talbot and Morriston Hospitals and primary care. Wards are able to signpost people to the in-reach workers for support and advice on their on-going carer needs and onward referral to other third sector organisations.
- As part of the NHS's mandatory training, staff are trained in the Social Services and Well-being (Wales) Act 2014 and therefore aware of carers' rights/need for carer's assessment and signposting.

b) How do you make carers in hospital settings aware of what information exists to support them with their caring role?

- To support our hospital staff and primary care workers, two carers' in-reach workers have been funded through the RIF money to deliver support across Neath Port Talbot and Morriston Hospitals and primary care. Wards are able to signpost people to the in-reach workers for support and advice on their on-going carer needs and onwards referral to other third sector organisations. The in-reach workers attend multidisciplinary team (MDT) meetings to advocate unpaid carers. These in-reach workers are able to provide information on support services to support carers and their families following discharge from hospital. They also visit GP practices and other settings to raise awareness and reach more unpaid carers within the primary care setting. Wards and GMS colleagues are able to refer to the service to support carers with welfare applications and other services offered via the third sector agencies including sitting services that can support the carer to balance caring duties with their non-caring responsibilities, including employment.
- As part of the integrated working through the Regional Partnership Board, there are discharge letters in development that will support individuals and families/carers to understand the discharge process; there is also a funded community wellbeing service which is run by the 2 local County Voluntary Councils (CVC's) that offer low level support on discharge.
- A pilot of service information leaflets for adult carers and young carers are about to be launched on some acute sites which will raise awareness of where unpaid carers can go and seek IAA (Information, Advice and Assistance). Five wards across Singleton and NPT hospitals have been selected. Posters and leaflets have been developed and reviewed by young and unpaid carers. These will be displayed in these 5 wards to allow identification and access to IAA. Staff members from these 5 wards will receive training around carers awareness and will be prompted to hand out leaflets to identified unpaid carers.
- Some services have carers notice boards with details of organisations to contact e.g. CAMHS, and have details of services such as food banks, housing, benefits debt advice



etc. in their reception areas. This was initiated in response to increasing poverty reported by families.

- Details are available on the health board's intranet on support available for cost of living challenges which staff can access and pass onto carers. This information is also available on the health board's website under its wellbeing section which carers can access directly.
- The community virtual ward teams complete a comprehensive geriatric assessment with frail patients which asks questions around whether there is a carer and if so, whether they would like a carer's assessment. If the carer is under 18, a referral can be made to the young carer's team.

c) When a carer is discharged from hospital, what processes are in place to ensure that the carer is asked whether they are willing and able to provide care?

This is dependent on the pathway (PW) the patient was discharged on:

- PW1 (reablement/long-term package of care) discussed with patient/carer/relatives and Social Worker (SW)/Occupational Therapist (OT) and support from Hospital to Home Team.
- PW3 and Fast Track – Requirement to discuss with the carer what care will be funded, documented on the funded nursing care (FNC) and exactly what care will be provided (specific section on FNC PW 'Carer conversation').
- Community Health Council (CHC) – treated the same as for fast track (FT).

d) When a person who has an unpaid carer is ready to be discharged from hospital, what processes are there to ensure there is meaningful consultation with their carer(s) in discharge planning. This can include discussing timeframes, additional needs the person may now have, and support the person and/or carer may require on discharge?

All patients should be able to answer 4 questions:

- What is wrong with me?
- What is needed to get me better?
- What is happening to achieve this today?
- When am I going home?

There are opportunities to discuss how an unpaid carer will manage and what support they may need during these conversations. These should be acted upon and documented clearly.

The underlying principle is safe, appropriate, timely discharge. If FT/CHC care – as above, and this is the Discharge Liaison Nurse's responsibilities.

If a discharge is managed and funded by a Local Authority (LA) generally, SW and OT have these discussions.



e) If someone is being discharged with significant and/or permanent negative changes to their health, what processes are there to discuss this with person(s) perceived to be in a position to support and ask if they are willing and able to provide care for the person moving forward?

- As above, 4 patient questions.
- For patients with capacity, care planning meetings would be arranged, including all members of the MDT and patient/family with consent.
- For patients who lack capacity, a Best Interests Meeting would be held to discuss discharge planning and any caring duties that the unpaid carer will no longer be able to provide.

f) If unpaid carers are identified and involved within discharge planning, how is this communicated to community healthcare and social care providers?

As above, 4 patient questions.

For patients with capacity, care planning meetings would be arranged, including all members of the MDT and patient/family with consent.

For patients who lack capacity, a Best Interests Meeting would be held to discuss discharge planning and any caring duties that the unpaid carer will no longer be able to provide.

g) If any of these processes are not uniform across the health board, please give us the differences and explanations for why there may be differences in approach.

The information in Appendix A is captured on inpatient wards - this is uniform across the health board.

Section 2: Provision for carers

a) What specific measures are put in place within your primary, secondary and tertiary settings to support unpaid carers directly? This can be for unpaid carers supporting people in receipt of treatment or for carers who are receiving treatment themselves.

- Based on feedback from unpaid carers, the health board has focussed on improving carers' access and identification in Primary Care; this work originated within GP Practices (for instance there are carers' champions within GP practices who advise on support and carers' rights in addition to signposting for support), provided extensively across the health board area. Further work was identified in the [2024/25 Pan Cluster Intermediate Term Plan \(IMTP\)](#). This work is co-produced through the Regional Partnership structure with input from unpaid carers through task and finish groups. The experience of unpaid carers in primary care settings (including pharmacies, Optometrists, GPs and Dentists) was a focus of the regional carers event on the 17th September 2024 – this input continues to be of value and gave the opportunity to understand "what good looks like" from the perspective of the unpaid carer.

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Optometrists have been prioritised as the second professional group to receive support for helping unpaid carers – a framework for delivery has been developed, the next steps will include collating Optometrist's preferred ambitions from the framework to inform the delivery of the support to them.

- In Cwmtawe Cluster, the Carers Centre hold an advice desk within the mental health hub within the cluster. This model for supporting mental health needs is being considered for wider rollout by Clusters and the Pan Cluster Planning Group. The Cwmtawe NHS multi-award-winning model also extensively supports Carers within its remit for adult mental health services within the community.
- Upper Valleys are piloting a support framework for Community Pharmacies to deliver support for Unpaid Carers in 2025.
- Llŵchwr Cluster are exploring linking with Your Voice Advocacy with a view to supporting unpaid carers in increasing uptake and access to annual health checks for those with learning disabilities.

b) How have you worked with local authorities in your area to provide support for unpaid carers?

Swansea Bay University Health Board is committed to supporting unpaid carers and we do this via the [Regional Carer's Strategy](#) that was co-produced in 2019/20 by the West Glamorgan Regional Partnership Board (WGRPB), of which the Health Board is a Statutory partner along with Swansea and Neath LA. The Strategy represents the commitment to a long-term strategic mission for meeting carers' needs. The aim is to drive changes, to continuously improve services and enhance the well-being of carers. Workstreams that consist of health board, LA, third sector and carer representatives have been established to deliver in the following priority areas – access to services, information assistance and advice and CYP. These priorities were selected as regional priorities following engagement with unpaid carers.

Whilst the health board does not commission services directly for unpaid carers, it supports the provision of services via the work of the WGRPB (including local authorities) and the RIF in line with the priorities within the Regional Strategy.

Further work is driven on an operational level in collaboration not only with our LA partners, but also our third sector partners.

Section 3:

a) If you could ask questions to Health Boards relating to unpaid carers in future iterations of Track the Act, what would they be?

This information is not recorded by the Health Board. The right of access created by the Freedom of Information Act only applies to recorded information, the Health Board is under no obligation to divulge its unrecorded thoughts or opinions which your question is referring to. It is therefore not a valid request under FOIA.

