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Your ref:
Our ref:

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Dear Colleague

NHS Carer Information Strategies: Good practice examples

This letter supplements HDL 2006(22), NHS Carer Information Strategies: Minimum Requirements and Guidance on Implementation, issued on 24 April 2006. It is designed to assist NHS Boards to implement their NHS Carer Information Strategies by providing good practice examples of carer identification and support, including the provision of information to carers. The letter provides contact points should Boards wish to explore these examples further.

I am copying this letter to local authorities and to certain voluntary organisations for information. Where local authorities and voluntary organisations wish to explore particular practice models, we suggest they route requests for information through local carer planning groups, where possible. This will help to ensure a more co-ordinated approach and reduce multiple demands for information on the contacts listed.

Background

HDL 2006(22) requires NHS Boards to submit to Ministers *for approval* an NHS Carer Information Strategy by 31 October 2006. This deadline has subsequently been extended by agreement with individual Boards. **Approved strategies require to be in place from 1 May 2007 at the very latest.**

The HDL set out statutory guidance and best practice recommendations for developing a Carer Information Strategy. In the HDL, the Scottish Executive undertook to provide good practice examples in carer identification and support. **These are given in the attached Annex.**

We recognise that most draft Strategies are already well developed and some have already been completed. The best practice examples in the Annex can assist Boards in developing work practices that will help to meet the strategic objectives set out in their plans.

Health professionals, social work professionals, voluntary sector agencies and carers report that they benefit considerably from sharing experiences of partnership working with each other. The Annex aims to build on that and the good practice examples given in HDL 2006(22). It highlights innovative schemes already being implemented across Scotland, and so provides a central source of ideas and common themes from which initiatives suitable for each individual NHS Board might be adapted and developed.

The structure of the Annex mirrors Annex B of HDL 2006(22). That addressed in turn the minimum requirements for general development; content; delivery in the NHS; staff training; carer training; accountability, and monitoring. It also set out best practice recommendations on policy context; general principles, and carer referral.


The Annex to this letter also contains references to additional information sources which should help NHS Boards and partners to develop and refine effective methodologies to underpin NHS Carer Information Strategies.

Carers have a key part to play in supporting the care the NHS provides, and helping the NHS understand the needs of the person they care for. Many carers find their health suffers as a direct consequence of the physical or emotional strains of caring. To help protect their own health and well-being, carers need to know early on in their caring role that support is available. We warmly welcome the proactive work of those organisations responsible for the exemplar projects highlighted in the Annex.

The work to improve the support provided to carers is being undertaken within the wider organisational and cultural changes now underway across health and social care. Demarcation barriers across organisations and between professionals are being dismantled and replaced by more effective partnership working. Resources can more easily be shared and front line staff are increasingly empowered in terms of risk assessment and care management. These changes are already creating quicker decision making, more joined-up services and improved outcomes for patients, service users and carers.

Improving the capacity of NHS Scotland to systematically identify, advise and support carers, as well as signpost and refer them to other sources of support, is one of the most powerful ways of ensuring a proactive and preventative approach to supporting carers and the contribution they make. It is also essential for supporting self-care by ensuring carers have the knowledge, skills and support they need, as emphasised in *Delivering for Health* (2005). This letter is intended to help Boards to deliver this important agenda.

My colleagues and I are very grateful for the work already undertaken by Boards and their partner agencies to support carers. We look forward to receiving the Strategies shortly. Please could enquiries about this letter be addressed to Peter Stapleton whose contact details are given above.



ADAM RENNIE
Head of Community Care Division

**NHS Carer Information Strategies –
Partnership and prevention: Good practice examples**

Minimum Requirements

1. General development

From HDL 2006(22): as a minimum an NHS Carer Information Strategy must:

- *identify work already done with local partners to develop a joint information strategy for carers;*
- *specify arrangements for the involvement of carers, carer organisations, local authorities and other key stakeholders in developing and reviewing the NHS Carer Information Strategy;*