

## Carers' Emergency Planning

### Group 1

#### Three key action points

1. Have own personal plan m- with information/support
2. One emergency number – that crosses all services/any hour/well publicised/complete protocol for issues – could be a young person phoning/someone with communication problems. (? My Devon & Emergency Response Team).
3. Emergency Response Card Scheme – throughout Devon

All needs reviewing yearly.

#### How can carers in Devon be best supported in preparing for emergencies?

##### 1. Needs

Someone aware of you as a carer/your cared for persons needs – a port of call to contact in an emergency – one number with power for response.

Database (where known by the system).

Support in place before emergency happens – more preventative services.

Available emergency beds at respite care residence – preferably known environment.

Making a will.

Staff on a mobile who can turn up/take over.

"Network" in a community.

##### Emergency response card scheme

Rapid response team (Torbay example and money). Example given with no funding – Teignhousing.

Box in house like "green bottle" – information in it.

Pendant alarm.

A need for children's services to engage with carers more. Lack of spare respite beds in children's services.

Understanding of what is a crisis?

Keeping cared for person informed – all very well placing the person somewhere but speak to them too and vice versa.

Enduring power of attorney – prompt - ?factsheets, ?different for different groups of cared for/carer – what happens to info? Care First database. Who holds info/how updated.

Advocates required.

Cross over system – NHS/ambulance service.

?Red flag system?

Collaboration with neighbouring services.

## Group 2

### What are the needs?

For the person being cared-for:

- Quick response and implementation – available 24 hours
- 1 contact point – easy accessibility
- Up-to-date information which is appropriate
- Familiar environment with knowledge of the care required

For the carer:

- Crisis help for carers – listening ear.
- Telephone support for carers in a crisis which does not involve blocking their main BT line. (For example, emergency services may need to make contact with carer but the carer may also need to continue talking to someone...) i.e. Homelink Alarm System?
- Services working in partnership & aware of issues of eg mental capacity, choice of client, confidentiality. Wishes need to be put on care plan/carers assessment and available in the home.
- GP needs to be given details of emergency wishes on care plan etc. (May also be individuals / organisations that the carer and the person they are caring for would like to give a copy of plan to)
- Help for all stages – may have more than one crisis
- Encouragement to plan for contingencies - support to set up a contingency plan.
- Carers' own needs need to be considered too – carers need to know what is available for them
- Information on the costs of respite and services – need to know this prior to any emergency / crisis. (Some carers are being told about respite by eg GPs without any indication that it will cost)
- Transport issues may need to be considered
- Importance of GP – first contact point in emergency. Needs to know what is available, information on respite
- Information pack/sheet at GP surgery with list of telephone numbers & information about emergencies. (Not marketed at 'carers' but saying something like 'if you are looking after someone...')
- Personal touch is important

### Action Points

- Working with primary care (including long term conditions team) so that emergency planning details of carer and the person being cared for are available to emergency services to use
- 1 point of contact (24 hours) to offer support and advice. Factsheet to be given out at GP practice helping people to make emergency plans (Staff need to have an awareness of what might cause abusive behaviour at times of crisis so that they can deal with people sympathetically and appropriately – may be a training issue. Carers may also need assertiveness training to help them deal with stressful situations)
- Advocacy to complete a contingency plan and for someone to take responsibility for making sure that this is given/copied to those who need to know eg GP, Social Services, Health, Neighbour, Family

## Group 3

### How can carers in Devon be best supported in preparing for an emergency?

- The group consisted entirely of carers and listed below are the main points of our discussion.
- It was felt that any ERC should be consistent across the whole county with just one provider so that wherever you lived in Devon you received the same service and from the same organisation.
- Medication details should be held at home and again a universal system adopted ie. The Lions Club pot which is stored in the refrigerator.
- Carrying a card was felt to be the most appropriate way to summon help in an emergency and again a universal system with a phone number to contact which could be accessed by the carer or the emergency services.
- The consistency should also be followed by those staff carrying out Carers Assessments and the drawing up of any emergency plan, which needs to be detailed and shared with other family members who may take on the caring role in an emergency situation.
- All plans need to be reviewed on a regular basis as the details are always likely to change as circumstances change.
- Education programmes for carers to emphasise the importance of joining the Carers Link and drawing up an emergency plan.
- Guidance notes for carers on advance planning in case of an emergency.
- The role of GPs in the process was also seen as very important but we did not reach a conclusion on how to achieve this but it was felt that GPs would require payment, to participate.

#### **Group 4 - How can carers in Devon be best supported in preparing for emergencies – list 3 key action points**

1. Need to consider use across all service users groups of the service users home care plan/ envelop/ yellow folder scheme located in the clients home which should contain all relevant details for substitute carers. Currently this does exist in some older persons community nursing services where community matrons provide services, and is similar to the Life books in LD services.
2. Role of link nurse within acute health trusts, following example of LD services, where carers needs can be picked up following an emergency admission.
3. Need to maximise social care electronic records system across health and social care to include GP services, Devon Primary Care Trust and also acute health trusts which is where the carer may end up in an emergency. Need to ensure that the fact the patient is a carers is clearly flagged up on the electronic records.( SAP should eventually facilitate this happening.)
4. Where carers are reluctant to consider this subject, need to explore the range of people who could fulfil the role of mentors to carers completing or considering a full carers assessment, which might give those who are reluctant opportunity to approach emergency planning as part of the carer and cared for persons assessment.
5. Opportunities exist with in Rural Carers Project, and possibly within POPS should this bid be successful to pilot alternative ways of supporting rural carers using web access and internet connections. (This idea came from carers in North and Mid Devon who suggested DCC should maximise on its contract with Orange and explore some item solutions for those who are IT literate.)
6. The importance of Flexible grants was mentioned as a carrot and good preventative strategy to encourage carers to have a break and get involved with something other than caring which.