as One

healthwatch Hertfordshire

NHS
Hertfordshire
Partnership University
NHS Foundation Trust

Carers' Needs and Involvement in Mental Health Inpatient Service Discharge: Report and Action Plan

1. Introduction

National Context

1.1. Nationally, efforts have been made to better support Carers of people with mental health problems including the introduction of the Triangle of Care (Carers Trust, 2013). Carers Trust assert that the traditional approach to mental health discussions between service provider and service user exclude Carers. Service users are left to act as mediator between service provider and Carer, meaning there is a risk that vital information and support that could be passed bi-directionally between Carer and service provider is missed. The Triangle of Care is about bringing Carers into these discussions by introducing a set of six service standards for service providers to adhere to. The six elements states that:

1. **Carers and the essential role they play are identified at first contact or as soon as possible thereafter**
2. **Staff are 'Carer aware' and trained in engagement strategies**
3. **Policy and practice protocols regarding confidentiality and sharing information are in place**
4. **Defined post(s) responsible for Carers are in place**
5. **A Carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway**
6. **A range of Carer support services is available**

1.2. As well as this model helping Carers to support service providers to ensure the service user's needs are met (Carers Trust, 2013), involving Carers ensures they are better supported with the caring role, particularly the strain this role places upon their own mental and physical health (Albert and Simpson, 2015; Giacco et al., 2017).

1.3. Despite initiatives such as the Triangle of Care, nationally the implementation of Carer involvement in mental health services is poor, particularly in inpatient settings (Giacco et al., 2017). In this study, Giacco et al. (2017) conducted thematic analysis based on focus groups (including Carers, service users and service providers), looking at the inpatient experience from admission to discharge. They found that Carers often report being left without information or being excluded from decisions. This finding is supported locally through anecdotal feedback reported by Carers to Healthwatch Hertfordshire (HwH).

1.4. It was found that other than Giacco et al. (2017) there seems to be very little literature from the Carer perspective in psychiatric inpatient care, also issues specific to discharge planning are only touched on briefly in this study meaning there is a potential gap in the literature to consider the transition from discharge to community.

Local Context

1.5. Through meeting with Hertfordshire’s local Mental Health Trust, Hertfordshire Partnership University NHS Foundation Trust (HPFT), HwH was aware that although HPFT have a self-rated two gold stars for the Triangle of Care (due to their subscription to initiatives on a strategic level) it could be more clearly evidenced how Carers are being included and supported in frontline delivery.

2. Project Vision and Aims

2.1. The project vision was:

- To ensure Carers of people being discharged from HPFT’s psychiatric inpatient services are involved in decision-making processes and are having their own support needs met in line with the Triangle of Care and HPFT’s policies, during the service user’s transition from inpatient services to community settings.

2.2. The project objectives were:

- To ascertain from an Advisory Group of Carers and service users who have used HPFT’s psychiatric inpatient services, what the key issues are that need further investigation
- Building upon that, evidencing the experience of Carers when their loved one transitions between HPFT inpatient setting and community settings (whether this is into HPFT delivered community services or not).
- Specifically, this will be about how Carers are involved in planning and decision-making and how their health needs that arise from being a Carer are met.
- On the basis of these experiences, to feedback to HPFT whether or not their strategic aims to support and include Carers are being delivered during the transition of service users from inpatient services to community
- If these aims are not being met, to make recommendations to help HPFT meet these aims.
- If Carers identify new areas for consideration outside of HPFT’s policy and strategic aims, relevant to psychiatric inpatient discharge, to make

2.3. The following was within scope of this project:

- Exploring Carers' needs and experiences of involvement in HPFT inpatient care, discharge and community services, particularly when benchmarked against HPFT's policies and service standards.
- Specifically, this will be adult Carers aged 18+ who care for a person who has used a HPFT adult psychiatric inpatient service within the last two years and is currently in the community or the carer is aware that a discharge date has been proposed. This timeframe gives consideration to two factors: (a) Giacco et al. (2017) recruited Carers who care for someone currently in inpatient care or up to 5 years following discharge and (b) Restricting recruitment to the last two years ensures that HPFT has been given ample opportunity to implement their Carer Strategy 2019-2021.

2.4. The following was outside the scope of this project:

- Exploring service user's needs and experiences of involvement in inpatient care, discharge and community services.
- The Carer and service user experience of inpatient services that are delivered by any providers other than HPFT.
- Recommendations to community services other than HPFT. If it is identified that service users and Carers are raising comments about community services not under HPFT's remit on discharge e.g. GP surgery – this may require an additional piece of service evaluation or research.
- Gathering quantitative data to make generalisations across the population. Depending upon findings from the advisory group stage and any qualitative analysis, it may become appropriate to create a survey to gain quantitative data so that the study then uses a mixed-method approach.
- Exploring service user's needs and experiences of involvement in inpatient care, discharge and community services.
- The experiences of Carers and service users who are solely using primary or secondary mental health services with no experience of inpatient settings. This can include acute day services and home treatment teams.
- The experience of Carers and service users under the age of 18.
- The experiences of Carers and service users in forensic settings.
- The experiences of Carers and service users with dementia or age related mental health problems.
- The experiences of Carers and service users with acquired brain injury.
- The experiences of Carers and service users with learning disabilities or neurodevelopmental conditions.
- The experiences of Carers and service users where physical health is the primary care need.

3. What We Did

3.1. A project proposal was composed by HwH with HPFT which outlined the project vision, objectives and framework, utilising different methods of engagement.

3.2. The initial stage of the project was to hold a focus group to inform the main focus of our work. The aims of the focus group were:

- To find out how Carers experience the process of inpatient discharge.
- To identify how Carers are involved and supported throughout the discharge process.
- To understand how Carers' personal needs are affected by their caring role.
- To establish a main focus of the work.

3.3. Participants of the focus group were recruited via social media channels and through external organisations. To ensure relevant and recent experiences were gathered, applicants were asked to participate if they met one of the following criteria:

- They care for someone who has been discharged from psychiatric inpatient settings operated by HPFT in the last two years
- They are a service user who has been discharged from a psychiatric inpatient ward in the last two years
- They are a member of an organisation that represents the voice of carers and/or service users

3.4. The focus group consisted of seven Carers, a representative from Guideposts (who represented the Carer perspective), two representatives from Turning Point (who represented both the service user and Carer perspective) and a representative from Viewpoint (who represented the service user perspective). Participants were asked questions on the following topics which were chosen as they relate to the HPFT Carer Plan 2019-2021:

- Their experience of being a Carer
- Their experience of inpatient discharge
- Consent and confidentiality
- How HPFT involved and supported Carers
- Their experience of the transition from inpatient settings to community care

3.5. Key findings from the focus group are outlined below:

3.5.1. Involvement in decision-making

According to the HPFT Carer Plan 2019-2021, Carers should be included as expert partners and considered integral by service providers in the service user's care planning. During their own experience, Carers said they felt isolated by the Trust as they were not included in conversations regarding the service user's care and were not involved in crucial decisions made during the service user’s treatment and/or at the point of discharge. Examples included clinicians not inviting Carers to Care Programme Approach (CPA) meetings, not involving Carers in the creation of the service user’s Care Plan, and not giving Carers adequate notice of the service user’s discharge. These experiences made Carers feel as though their caring role was both ignored and undervalued by HPFT services.

3.5.2. Support

Carers said they felt unsupported by the Trust from the point of inpatient admission to the point of discharge. In particular, Carers mentioned that if they found themselves in a crisis or emergency, it was not possible for them to get help from the service provider. Carers also emphasised that despite receiving a Carer Assessment, this was approached as a tick box exercise with no practical outcomes or support for the Carer. As a result, Carers said they had to seek advice and support independently from charities and voluntary organisations.

3.5.3. Information

From inpatient admission through to discharge, Carers felt they were not given adequate information from HPFT. Although HFPT does have existing information resources for Carers, with the primary resource being the Carer Handbook, these are not specific to inpatient admission or discharge. Most Carers were not aware these information resources existed, particularly the Carer Handbook, and were not provided with any information from frontline staff to support them in their caring role.

For those who were aware of these information resources, Carers said they are very useful in providing detailed information, but are not easily accessible when in a crisis or emergency. Largely this is because the information resources do not explain what Carers should do when things go wrong, or what action to take when faced with a crisis situation.

Existing information resources provided by HPFT are also not personalised, meaning they do not contain key contact details for members of the team responsible for overseeing the service user’s care. Carers emphasising that having access to this information and support is particularly important at the point of inpatient admission and discharge, as these are times when both the Carer and service user are often at their most vulnerable.

3.5.4. Conclusion

Exploring ways to better involve Carers, and to provide them with the information they need at the point of emergency and/or crisis were the two key priority areas identified by the focus group. It was felt that if these areas were addressed, it would enable Carers to feel more supported in their caring role, when they can be at their most vulnerable.

In response, it was agreed that a co-production group would be created with the purpose of creating a suite of accessible information resources which would complement the Carer Handbook and other existing information resources, but specifically focus on informing and supporting Carers at the point of admission and discharge.

4. Creating the Co-production Advisory Group

4.1. As with the focus group, participants were recruited through social media networks and via external organisations, and were asked to be part of the Advisory Group if they met the same criteria proposed for the focus group applications. The main purpose of the Advisory Group was:

- To give advice as an expert by experience so that the project is shaped by people who have used the services that are being studied.
- To give advice as a professional working for the main provider (HPFT) or a supporting voluntary organisation so that the project is informed by those who provide and deliver services.
- To assist in the co-production of new information resources to provide carers with further information from the point of inpatient admission, and from the point of discharge.
- To assist in creating recommendations to HPFT that would help meet the aims of the information resources.

4.2. The Advisory Group consisted of six Carers, two representatives from HPFT and one representative each from Carers in Hertfordshire, Guideposts (both representing the Carer perspective) and Viewpoint (representing the service user perspective).

4.3. A limitation of the Advisory Group was that it did not have representatives from the following key groups: clinicians, people new to the caring role, Carers aged 25 and younger, and service users. HwH and HPFT designed various alternative engagement methods to ensure experiences from each of these groups could be fed into the work. However, due to the Covid-19 pandemic it was not possible for all of these activities to be carried out, in particular the planned focus groups with clinicians and the engagement with service users.

4.4. As mentioned above, one of the core aims of the Advisory Group was to co-produce new information resources – a Welcome Resource (for when the service user is first admitted into inpatient services) and a Discharge Resource (for when the service user is discharged into community settings). The new information resources aimed to complement the Carer Handbook and other existing information resources, and to better support and inform Carers who use HPFT services at point of crisis and/or emergency. The focus of each resource was:

4.4.1. Introduction to Adult Inpatient Services: Information for Carers (Welcome Resource):

- To explain to Carers how inpatient services operate, and how they should be involved in the service user's care
- To show Carers what support they should expect whilst the service user is in inpatient services
- To provide personalised information and key contact details for frontline staff overseeing the service user's care

4.4.2. Discharge from Psychiatric Inpatient Services and Transitioning into the Community (Discharge Resource):

- To provide Carers with protocol and signposting information should they face a crisis or emergency situation
- To support Carers in who to contact when things go wrong
- To provide personalised information and key contact details for frontline staff overseeing the service user's care

4.5. Advisory Group meetings took place on a monthly basis from September 2019 to January 2020. Due to the Covid-19 pandemic, the project was paused until September 2020. Meetings resumed in October 2020, providing an opportunity for HPFT and HwH to learn about Carers' experiences during the pandemic, including accessing HPFT services and how the pandemic affected their caring role. The final meeting took place in April 2021 in which senior representatives from HPFT, HwH, Carers in Hertfordshire, Viewpoint and Guideposts were invited to review the project, information resources created, and the proposed actions for taking the work forward. Please see the action plan from page 11.

5. Advisory group priorities and feedback

5.1. At the initial Advisory Group meetings, members raised various concerns and challenges which they thought could prevent the successful use and implementation of the new information resources created:

5.1.1. <u>Trust</u>

Participants emphasised that although HPFT is strong strategically with the appropriate policies and procedures in place to address Carers' needs and involvement, in practice the Trust does not adequately support Carers from inpatient admission to discharge, leaving Carers feeling isolated and vulnerable.

Participants also noted that despite the HPFT Carer Plan 2019-2021 stating that Carers must be recognised as expert partners in care, Carers were often excluded from decisions made regarding the service user's treatment. The fact protocols created by HPFT were not implemented in practice during their experience made carers lose trust in the service.

5.1.2. Commitment from Clinicians

Although there is a strong commitment from the HPFT Executive Team and the Engagement and Inclusion Team, this commitment is often not reflected by frontline staff, meaning obtaining their buy-in was a priority for the Advisory Group.

Even though information resources such as the Carer Handbook and HPFT website exist to support carers, most members of the advisory group did not know these information resources were available. Primarily this is because clinicians do not always have the work capacity for informing and/or supporting Carers to be a priority. As clinicians are not always proactive in promoting and/or using the information resources available for Carers, this raised concerns that frontline staff would not use or implement the new information resources co-produced by the Advisory Group.

5.1.3. Accountability

The Advisory Group raised concerns about clinicians not being held accountable if they do not adequately inform, involve or support Carers. Carers stressed that there needs to be robust systems in place to ensure clinicians are held responsible, as currently there are no clear repercussions if clinicians are not adhering to the HPFT Carer Plan 2019-2021 and/or the Triangle of Care, despite these initiatives asserting their obligations to Carers.

5.1.4. Communication and Involvement

Members of the Advisory Group reported that during their experience, HPFT did not appropriately communicate with them. Carers said that when the service user was first admitted into inpatient services, they were not told how they would be included in decisions regarding the service user's care going forward, and were not told how they could best support the service user during this time. Likewise, most Carers said they were not given a specific point of contact if they had questions or concerns, and were not informed about their entitlement to their own Care Plan and Carer Assessment.

Despite the HPFT Carer Plan 2019-2021 stating that Carers should be respected, valued and involved as an essential part of delivering care for the service user, Carers reported that they were not adequately involved during the service user's inpatient admission. Carers said they were not involved in key decisions regarding the service user's care, were not involved in the creation of the service user's Care Plan, and were not invited to CPA meetings to discuss the service user's care and treatment. In terms of discharge, Carers said they were often not included in the planning of the service user's discharge, with their views ignored and/or undervalued by clinicians.

Once the service user was discharged from inpatient services to community settings, Carers reported that communication from HPFT Community Services was particularly poor. Carers said the Community Services were not responsive, even if the Carer was contacting for support or about an emergency or crisis. This lack of communication placed a significant amount of strain on the Carer, affecting their own mental health and physical health needs.

6. Priority of Actions

6.1. As well as co-producing new information resources, the Advisory Group noted the need to review current information resources available to Carers, and co-reviewed existing information resources to ensure they enhance the carer experience and benefit everyone, not just Carers engaging in acute services:

- Carer Essential Training (delivered by Carers in Hertfordshire): to ensure the training programme references and links in with the new information resources.
- Carer Handbook: to ensure the new information resources are referenced and included.
- Consent and Confidentiality: document to ensure the information is applicable to both Carers and HPFT staff.
- HPFT website: to ensure information on the website is up to date and appropriately references the new information resources co-produced.
- Reviewing all information resources to ensure there is a consistent approach.

7. Barriers

7.1. Barriers to the Advisory Group Project in Light of Covid-19

7.1.1. Due to the pandemic we had to undertake another review of the project and the priorities. Our stakeholders had asked if we could pause the project as their caring roles increased due to the pandemic, and they were unable to commit additional time to this work. The project was on hold for six months. We stayed in contact with our stakeholders during this time, and then reinstated the Advisory Group.

7.1.2. We also discussed with our stakeholders the need to review the information resources co-produced and co-reviewed, adding Covid-19 pertinent information within our information resources.

7.2. Generic Barriers in Operational Services

7.2.1. Carer Identification

At the initial assessment, the clinician who meets with the service user is the best placed person to identify a Carer. However, feedback shows that clinicians often do not see this at their role and this responsibility gets passed over to other staff within the team.

7.2.2. Multidisciplinary Team Meetings (MDT)

Carer Support Wellbeing Workers (CSWW) have struggled to raise issues for Carers as an agenda item on MDT team meetings and their experience has not always been positive. Although there has been some improvement there are still some challenges for CSWW that need to be resolved ensuring that, carers are an integral part of MDT and quality and risk meeting agendas.

7.2.3. Training and Awareness Events

Experience is also showing that all clinicians do not see that their role is to work with Carers. This indicates the need for Carers Awareness Training to support the embedding of the Carer Pathway and Triangle of Care.

Ensuring staff are engaged in raising awareness through attending and being included in events during Carers Week and Carers Right Day. The support from operational managers is essential for this to develop and improve.

7.2.4. Carer Pathway and Triangle of Care

Supporting Carers and engaging Carers is everybody’s business in teams. We want to see that clinicians do encourage and offer where possible 1:1 meetings with Carers as best practice in order to fully implement the Triangle of Care. Experience is showing this is not happening consistently and there is a need to look at how the Triangle of Care is embedded in processes and procedures, so that Carers feel engaged, supported and have access to information resources.

8. Recommendations

8.1. The number of Carers in the UK is constantly evolving. Six thousand Carers leave caring every day and six thousand new people become Carers. We are aware that Carers needs are constantly increasing and by putting into place the recommendations from the Advisory Group we should see clear indications of change in Carers lived experience and greater satisfaction levels.

Please note that at the time of publication the action plan below is with HPFT for review. The purpose of the review is to strengthen the success the measures.

We will update this document as soon as the review is complete.

1. Communication

The experience of carers has suggested that communication has been a challenge that can be improved. Many carers in acute service provision have had experiences in which they wish they had been more involved and engaged and the lack of communication has had a significant impact on their caring experience.

Main themes raised:
- Carers are often not involved or included in decision-making processes.
- Carers were not given specific points of contact, or key contact details.
- There is often a lack of communication from the Trust.

The advisory group have recommended the introduction of the Welcome Resource and the Discharge Resource to support communication and involvement

Action from Advisory Group	Goal	Success Measure
Ensuring staff communicate with Carers and share with them Introduction to Adult Inpatient Services: Information for Carers (Welcome Resource) and the Discharge from Psychiatric Inpatient Services and Transitioning into the Community (Discharge Resource)	To improve the communication, involvement and support Carers receive from HPFT.	Implementation of the Welcome Resource and Discharge Resource through: • Evaluation via team meetings • Improved Friends and Family Test scores related to communication, involvement and support. • Feedback from Carers. • Improved recorded outcomes via the Carers Dashboard (on our in-house data system Spike 2)

2. Accessible materials

Becoming a Carer comes with no manual and the advisory group expressed that it is sometimes difficult to find resources for carers. By having information resources centralised, information resources will be more accessible for carers, service users, staff and other stakeholders.

Action from Advisory Group	Goal	Success Measure
The new information resources are available and usable across all of the Acute Inpatient Services.	Information resources to be made readily available for Carers across all Acute Inpatient Services and be accessible to partners and stakeholders.	The information resources will be made available and accessible via: • Signposting to the information resources via posters, notice boards, publications etc. • Through our staff intranet. • Available in hard copy format and printed for distribution to Carers. • Available electronically via the HPFT website. Measuring the implementation will involve: • Evaluation via team meetings • Improved Friends and Family Test scores • Feedback from Carers • Improved recorded outcomes via Carer Dashboard (Spike 2)

3. Responsibility

The advisory group acknowledged that robust systems need to be in place so that Carers feel part of the Triangle of Care. It is essential that staff as professionals support the connectedness of the Triangle of Care and understand the HPFT Carer Pathway by ensuring a duty of care for Carers.

All staff taking a key action to involve and engage Carers in Care pathways:

1 CARERS ARE IDENTIFIED

2 CARERS ARE WELCOMED

3 CARERS ARE SUPPORTED

4 CARERS ARE INVOLVED

5 CARERS ARE HELPED THROUGH CHANGES

Action from Advisory Group	Goal	Success Measure
To ensure the Triangle of Care and HPFT Carer Pathway support responsive communication.	The Trust will be responsive and act in a timely manner to communications from families and other partner organisations.	Implementation via: • Positive increase in Carer Experience from the Friends and Family Test.
Management of Discharge Processing and Experience (Systems Approach)	To build robust systems via our Carer Dashboard and through policies and procedures which have the Triangle of Care and HPFT Carer Pathway embedded within them.	Implementation via: • Monitoring the use of the information resources via carer satisfaction surveys/CPA Requirement Criteria/Mandatory CPA Review by the Community Mental Health Team 6-8 weeks post discharge. • Mandatory reporting of findings and intelligence on Carer Dashboard.

4. Think Carer, Act Carer

Carers need to be part of everybody's business we need to shift the culture so that people who care for others are easily identifiable and able to access appropriate support and feel confident engaging with services.

Action from Advisory Group	Goal	Success Measure
Engagement with staff and staff training Staff training via Carer Essential Training	To obtain buy-in from clinicians to ensure Carers are supported by frontline services. The purpose of the Carer Essential Training (co-produced by Carers in Hertfordshire and HPFT) is to increase frontline staff knowledge, and encourage frontline clinicians to use and implement our information resources.	Implementation via: • Pulling reports from Discovery and monitor differences on Carer Dashboard and on Spike 2 and report this back to Carers Council and to Board as part of our Integrated Governance structure. • Monitoring numbers of staff trained across services. • Measuring impact of training via Paris and Carer Dashboard monitoring reports. • Monitoring the use of the information resources by staff. • Evaluation via team meetings.

		Pull reports from Discovery and monitor differences on Carer Dashboard and on Spike 2 and report this back to Carers Council and to Board as part of our Integrated Governance structure. Monitor numbers of staff trained across services. Measuring impact of training via Paris and Carer Dashboard monitoring reports.
Awareness and use of Carer information resources to support Carers.	To increase frontline staff knowledge and understanding of the available Carer information resources.	Implementation via: • Monitoring the use of the information resources via carer satisfaction surveys. • Monitoring the use of the information resources via Spike 2. • Increase of Carers being aware of support including Carer Assessments and Contingency/Emergency plan reported through our Quality Schedule Carers Measures to commissioners.

5. Scrutiny and accountability

Healthwatch Hertfordshire to act as scrutiny facilitators along with HPFT Carers Council to ensure that the set action plan is achieved and we see a differentiate improvement to Carers lived experience. Members of the advisory group to be provided with opportunities for updates through either membership of the Carers Council or separate communication via HPFT.

Action from Advisory Group	Goal	Success Measure
For scrutiny and accountability to be held to ensure success of action plan.	To utilise the experience and expertise of Healthwatch Hertfordshire, HPFT Carer Council and Advisory Group Stakeholders in holding accountability and scrutiny of the action plan.	For Healthwatch Hertfordshire, HPFT Carer Council and Advisory Group to be provided with quarterly updates of the action plan. Full Carer reports to be produced quarterly as part of the experience reports to the Integrated Governance Committee. Matters for escalation to be discussed by scrutiny facilitators and raised to Acute Service Line lead and Strategic Business Unit Managing Director(s).

9. Conclusion

9.1. The Advisory Group advises that any future development and service improvement plans must remain inclusive of provisions of the current Care Plan 2019-21 as well as the new care Plan 2022-25 when developed incorporating and measuring outcomes against the Carer Pathway and the Triangle of Care.

9.2. This paper has outlined from the Advisory Group a clear plan of actions of what can be achieved under five work streams and emphasizes the need to co-produce, collaborate and co-review to achieve the desired outcomes. There is a strong theme around communication and highlights ways to reduce inequity of Carers lived experience. We need to acknowledge the impact that Caring has on a person's physical and mental wellbeing and that collectively we can introduce these changes that will have a positive impact on service provision, experience and outcomes for Carers, Service Users, staff and our stakeholders

9.3. We understand that there are current national changes likely through the new Mental Health Framework and the Integrated Care Systems changes in the NHS and what this may mean for Mental Health & Learning Disabilities. In addition, there will be changes that we will require to accommodate based on any disadvantages carers face and suffer at the local level. Whilst HPFT's Good to Great Strategy remains inclusive of representation of various stakeholder groups and partners, coproduction should become a fundamental ingredient of all we do into the future.

Appendix

9. References:

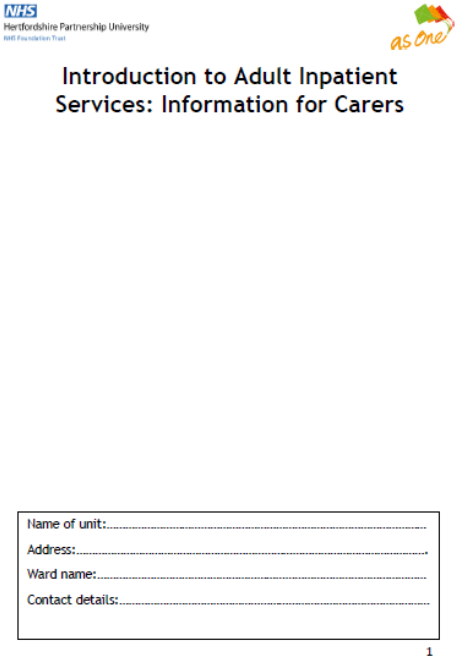
Giacco et al. (2017). How to make carer involvement in mental health inpatient units happen: a focus group study with patients, carers and clinicians. BMC Psychiatry. 17:101. Available at: http://clahrc-norththames.nihr.ac.uk/wp-content/uploads/2017/07/Giacco-et-al_career-involvement-in-MH-focus-group_BMC-Psych_Mar-2017.pdf

Albert, R. & Simpson, A. (2015). Double deprivation: A phenomenological study into the experience of being a carer during a mental health crisis. Journal of Advanced Nursing. 71(12), 2753–2762. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/jan.12742

Carers Trust. (2013). The Triangle of Care, Carers Included: A Guide to Best Practice in Mental Health Care in England. Second edition. Available at: https://carers.org/resources/all-resources/53-the-triangle-of-care-carers-included-a-guide-to-best-practice-in-mental-health-care-in-england

10. Resources

1. Welcome and Discharge co-produced documents from the HwH/HPFT Mental Health Advisory Group (available hardcopy or digital).



Hertfordshire Partnership University NHS Foundation Trust

Introduction to Adult Inpatient Services: Information for Carers

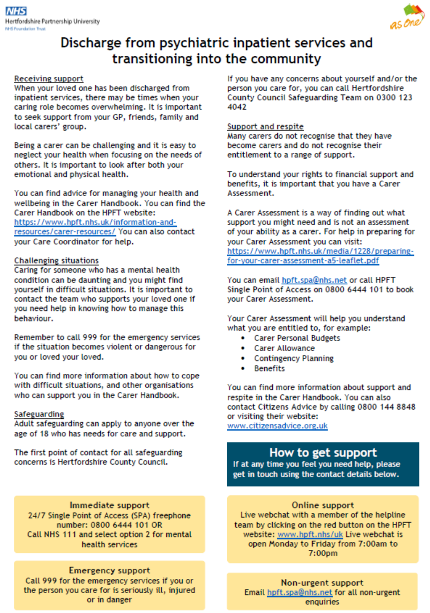
Name of unit:...

Address:..

Ward name:..

Contact details:..

1



Hertfordshire Partnership University NHS Foundation Trust

Discharge from psychiatric inpatient services and transitioning into the community

Receiving support
When your loved one has been discharged from inpatient services, there may be times when your caring role becomes overwhelming. It is important to seek support from your GP, friends, family and local carers' group.

Being a carer can be challenging and it is easy to neglect your health when focusing on the needs of others. It is important to look after both your emotional and physical health.

You can find advice for managing your health and wellbeing in the Carer Handbook. You can find the Carer Handbook on the HPFT website: https://www.hpft.nhs.uk/information-and-resources/carer-resources/ You can also contact your Care Coordinator for help.

Challenging situations
Caring for someone who has a mental health condition can be daunting and you might find yourself in difficult situations. It is important to contact the team who supports your loved one if you need help in knowing how to manage this behaviour.

Remember to call 999 for the emergency services if the situation becomes violent or dangerous for you or loved your loved.

You can find more information about how to cope with difficult situations, and other organisations who can support you in the Carer Handbook.

Safeguarding
Adult safeguarding can apply to anyone over the age of 18 who has needs for care and support.

The first point of contact for all safeguarding concerns is Hertfordshire County Council.

If you have any concerns about yourself and/or the person you care for, you can call Hertfordshire County Council Safeguarding Team on 0300 123 4042

Support and respite
Many carers do not recognise that they have become carers and do not recognise their entitlement to a range of support.

To understand your rights to financial support and benefits, it is important that you have a Carer Assessment.

A Carer Assessment is a way of finding out what support you might need and is not an assessment of your ability as a carer. For help in preparing for your Carer Assessment you can visit: https://www.hpft.nhs.uk/media/1228/preparing-for-your-carer-assessment-a5-leaflet.pdf

You can email hpft.spa@nhs.net or call HPFT Single Point of Access on 0800 6444 101 to book your Carer Assessment.

Your Carer Assessment will help you understand what you are entitled to, for example:
- Carer Personal Budgets
- Carer Allowance
- Contingency Planning
- Benefits

You can find more information about support and respite in the Carer Handbook. You can also contact Citizens Advice by calling 0800 144 8848 or visiting their website: www.citizensadvice.org.uk

How to get support
If at any time you feel you need help, please get in touch using the contact details below.

Immediate support
24/7 Single Point of Access (SPA) freephone number: 0800 6444 101 OR
Call NHS 111 and select option 2 for mental health services

Emergency support
Call 999 for the emergency services if you or the person you care for is seriously ill, injured or in danger

Online support
Live webchat with a member of the helpline team by clicking on the red button on the HPFT website: www.hpft.nhs/uk Live webchat is open Monday to Friday from 7:00am to 7:00pm

Non-urgent support
Email hpft.spa@nhs.net for all non-urgent enquiries

2. 'Common Sense Confidentiality' booklet was co-reviewed and printed February 2020 (available hardcopy or digital).

NHS
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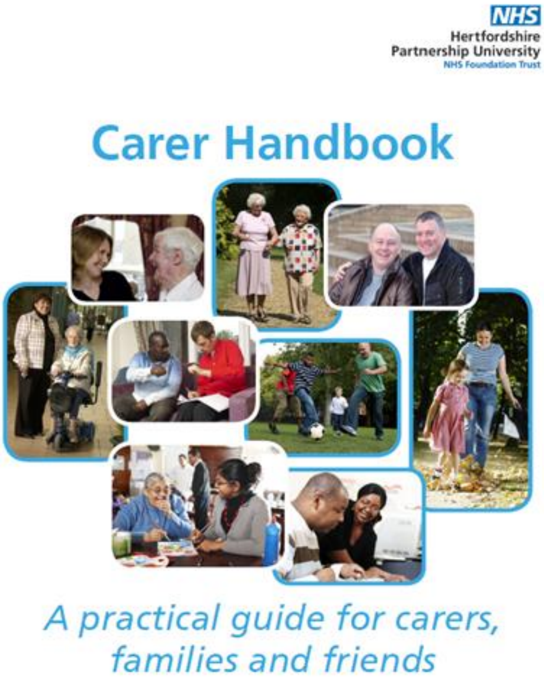
Common sense confidentiality
A guide for everyone

as One

Our Values
Welcoming Kind Positive Respectful Professional

3. The Carers Handbook (fifth edition) has been co-reviewed and will be available from end of quarter Q1 2021-22 (April-June)



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Carer Handbook

A practical guide for carers, families and friends

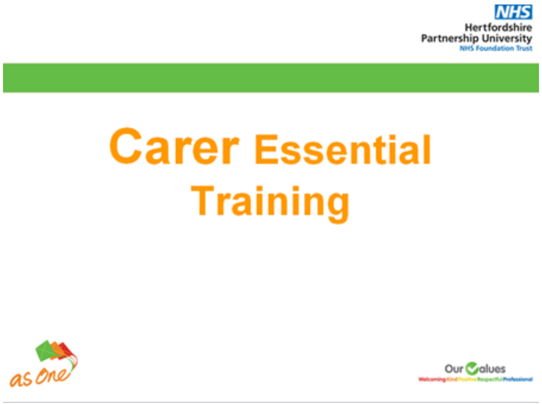
4. Development of HIVE Carer resource page available from end of April 2021

This will be an essential place for staff to find Carer Information including all the co-produced and co-reviewed documents. Will also contain best practice guides and examples from the Carer Support Workers. (Additionally the HIVE resources will also contain actions from the Carer Audit completed by the PACE team which is separate from the work with the advisory group).

5. <u>Development of HPFT website Carers resource available from end of April 2021</u>

   Have worked with the advisory group to look at the changes they would like available on our main trust website. This will also include copies of co-reviewed documents.

6. <u>Carer Essential Training</u>



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Carer Essential Training

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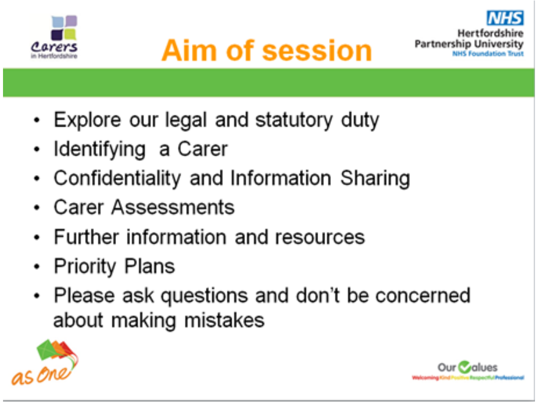

Carers in Hertfordshire

Aim of session

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- Explore our legal and statutory duty
- Identifying a Carer
- Confidentiality and Information Sharing
- Carer Assessments
- Further information and resources
- Priority Plans
- Please ask questions and don't be concerned about making mistakes

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Our Values

This is the 90 minutes essential training that was due to launch with a train the trainer in April 2020 but was put on hold due to covid-19 and the trust reverting to Business Continuity Plans.
The videography section of the training still requires amendments and a reviewed time frame is end of Q1 2021-22 (April-June) to initiate this work provided there are no other Coivd-19 restrictions in place.

11. Draft Driver Diagram- Transactional approach

Primary Drivers	Secondary Drivers	Areas to target / opportunities
1. Carers identified as early as possible and recognised as experts in care	**1.1/1.2** There is a clear process in place that identifies carers and provides an outline of support offer at an early stage (including in crisis)	Each service area has a clear protocol in place for identification and recording of carers, as well as clarifying arrangements for early intervention.
		Review of crisis pathway and new rapid response services includes training for staff on carer identification and engagement at these times and these relationships are handed over appropriate should the cared for be admitted to an acute or community setting.
	1.3 Carers are recognised and appreciated by services for the expertise that they bring to the provision of care – and involved as experts.	In line with HPFT pathway, all carers offered the opportunity for a 121 with a clinician to ask questions and share information about the cared for. To be built into identification protocol.
	1.5 Carers are aware of benefits for themselves and the person they support at an early stage.	Mapping of all benefits for carers undertaken with local authorities (where possible) and using DWP guidance to clarify opportunities for carers to get additional support.
	1.6 GPs, the Trust and the third sector work collaboratively to ensure early identification of carers.	Primary Care Workstream of STP/ICS work includes specific agreements on how GPs should be engaging and identifying carers of people with MH or LD. In Hertfordshire, Carers in Hertfordshire passport rolled out across all services as a tool to engage carers (and an increase in numbers of carers identified).
2. Improving the lived experience of Carers and ensuring a clear offer of support	2.1 Carer wellbeing is seen to measurably improve following support and involvement from services.	New tool implemented within services to measure carer wellbeing throughout contacts. Potential the 'Zarit Carer Burden' scale as being used in other areas.
		Engagement meetings planned with GP practices to discuss carer wellbeing, from a perspective of the services the Trust provide

	2.3 Active signposting/social prescribing connects carers to local community support networks, including support from other carers (peer support and support to improve life outside of caring.	Review team cultures through 'think Carer act Carer' to clarify that carer issues are given same importance as service user issues.
		Examples of good practice identified and shared across teams and templates for working.
		Use of Carers in Hertfordshire Carers hubs to be actively promoted. Measurable increase seen in attendance at carer hubs.
		Guidance for ACTIVE signposting in place, including how to measure impact of a signposting intervention.
	2.4 Carers report that they feel listened to and engaged by services.	Frequency of contact measured by services with statutory responsibilities (mental health) with other services ensuring clear process is implemented for identifying and recording presence of carers.
		Having Your Say surveys and Friends and Family Test are provided to all carers to encourage feedback
		Evaluation of Carer Inclusive Practice programme in Herts Specialist Learning Disability Services and scope identified for roll out across Essex and Bucks community.
	2.5 Carer needs are assessed and the capacity to provide care is clarified (and alternative support identified where needed).	Demand and capacity work to include review of carer assessment (and contingency planning) as a core delivery element of functional community services, particularly in relation to MDT responsibilities.
		Carer assessment forms part of review of delivery of care policy to promote integrated work and triangle of care.
		Option to continue telephone and online assessments exploring Carers need for a space safe to support candour. Need to check-in that Carer can speak freely when undertaking an assessment.
		All carers, that the Trust holds statutory responsibility for, are offered a contingency/emergency plan as standard and this completed where accepted especially when Carer's assessment is declined. .