NEEDS OF CARERS DURING AN EPISODE OF IHBT

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NATIONAL CONTEXT

The involvement of family and carers has been identified in the Triangle of Care, recognising the role of the carer in supporting those with mental ill health. The Triangle of Care was initially developed to improve mental health acute services by adopting six principles, which became the focus of our audit cycle.

With the introduction of the Care Act (2015) the need to identify carers has become paramount in accessing assessment and support. The overall objective of improving family and carer involvement is to improve the identification, the support arrangements and the ongoing prevention in further crisis periods by proactive planning across health and social care services. This will also improve the service user.

The Triangle of Care

NATIONAL CONTEXT

- Government guidance defines carers as people who "provide unpaid support to family or friends who couldn't manage without this help, whether they're caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems" (Department of Health, 2012)
- The involvement of family and carers has been identified in the Triangle of Care (2010, 2013), recognising the role of the carer in supporting those with mental ill health. It is estimated there are around 1.5 million carers supporting those with mental ill health in the United Kingdom (UK).
- Those supporting people with mental health, personality disorder or substance misuse problems can be wary of seeking help outside the family because of the stigma, discrimination and bullying that are still too often associated with these conditions." (Department of Health, 2010).
  - CARERS AND FAMILIES ARE OFTEN CRUCIAL FOR CRHTS TO PROVIDE SAFE IHBT ACTING AS 'CO-WORKERS', SUPERVISING MEDICATIONS, PROMOTING SELF CARE NEEDS AND OVERALL CARE PLANNING

CLINICAL STANDARDS GROUP - CSG

There currently exists five Crisis Resolution and Home Based Treatment Teams (CRHT's) in Northumberland, Tyne and Wear NHS Foundation Trust (NTW) area. In recent years major efforts have been made to increase clinical standardisation across each team by active participation in a monthly Clinical Standards Group (CSG). This forms a central focus of each Clinical Lead, has locality management representation and dovetails with integrated Lessons Learned Group (shared with PLT and ST colleagues).

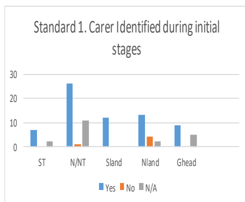
As part of the Crisis Clinical Standards Group (CSG), the five teams agreed to examine the involvement of family and carers during a period of home based treatment. This included the documenting within the Getting to Know You (G2KY) documentation and to measure whether those who support people during a Crisis were offered individual appointments to discuss their concerns. Additionally this was identified as a CQUIN (part A). The initial target was 100 service users across all teams and a 95% completion target.

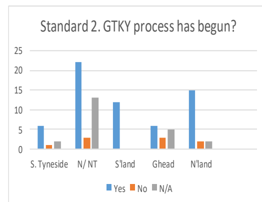
METHODOLOGY

- A contemporaneous evaluation of all service users currently in receipt of home treatment across all five teams, electronic healthcare records were evaluated (Getting to Know You document, progress notes and MDT plans) on same day as agreed, which evaluated all those currently in receipt of Home Based Treatment (i.e. had been assessed and accepted for crisis intervention). In total across the five crisis services, 92 service user records were included in this audit cycle.

- An audit tool was utilised – this was co-developed in the CSG based on the principles outlined in the TOC.
- Has a carer/ relative been identified during the initial period of home treatment?
- Is there evidence the 'Getting to Know You' (GTKY) process has begun?
- Is there evidence the carer/ nearest person has been offered a carer support appointment (within 7 days of assessment)?
- If the carer/ relative initially declined carer support, is there evidence this has been re-visited at a later point?
- Is there evidence the team have maintained regular contact with the carer/ relative throughout home based treatment unless otherwise agreed? (minimal weekly)

RESULTS





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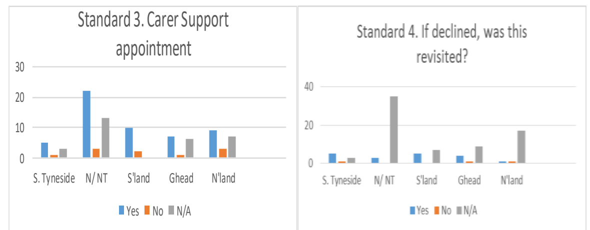

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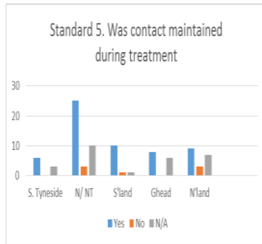

- **The teams' ability to identify a carer or family member achieved the 95% achievement target.**
- **Additional areas gained 90% or above compliance.**
- **Only one area achieved 89%, this related to the timeframe of offering the family/ carer an appointment within seven days from the commencement of intensive home treatment. This provides a focus to strengthen our practice and improve in the future.**

DISCUSSION

Mechanisms used included;

- Each lead/team Champion developed links with local carer agencies
- Twice yearly service user/ carer event- rotates across local carer organisations which helps maintains momentum
- Carer strategy (Crisis specific) – developed and updated in conjunction with SU/ carer events and Strategic Clinical Network.
- 'At-a-glance' boards revised in all 5 teams – G2KU visual reminder
- MDT proforma – amended to encourage conversations re carers/families at every point
- Progress note structure included families/carer views for each HBT visit and interventions delivered during contacts
- Clinicians shared 'good' practise in the Home Based Treatment (HBT) forum related to working with families
- Enhanced Carer Awareness training – bespoke to CRHT developed independently with the Carer Involvement Officer and local carer staff. Included understanding Common-sense Confidentiality (NTW leaflet)
- Development of carer support plans.
- Using these mechanisms simultaneously – reduced the 'lag' in the implementation, embeds positive working practises to ensure 'good habits' across all our teams.

ACTION PLAN

- Re audit in 2019.
- Triangle of Care 6 monthly updates for the Trust.
- Enhanced Carer Awareness training for new staff, built into Inductions
- Checklist/ prompt sheet developed
- Young Carer needs more focus for 2019
- Links with Carer Centres more positive and mutually beneficial (exchange of skills, training etc)