

A Strategy for Carers, Families and Friends 2015-2018



Caring for carers is everyone's business

This strategy will be revised July 2018



Foreword

Nottinghamshire Healthcare NHS Foundation Trust recognises that carers are vital partners in the provision of health services as well as people who have their own needs, aspirations and lives.

The NHS Five Year Forward plan states that the five and a half million carers in England make a critical and underappreciated contribution not only to loved ones, neighbours and friends, but to the very sustainability of the NHS itself.

The Trust, in consultation with the Carers, Families and Friends Community of Interest, developed a Carers, Families and Friends Strategy in 2012. As part of this we have improved the information we provide for carers, developed Carer Awareness for staff in partnership with carers and set up a network of Carer Leads across the organisation. We recognise, though, that there is a lot more to do. Our new strategy will build on the work we have done and also includes a commitment to implement the Triangle of Care.

We want all our staff to work in partnership with carers, to see it as core to their role. This will mean carers have a better experience, feel more supported, have better health and lives and are better able to take care of those they care for. In partnership we can all provide far better care for our patients and service users and support them in their recovery and wellbeing.

Ruth Hawkins
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Nottinghamshire Healthcare NHS Foundation Trust



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Section 1: Executive Summary

Our Vision

Our vision is to ensure that:

- Carers, families and friends are valued, recognised and involved as equal partners in individual care and service planning
- We listen to and communicate effectively with carers, families and friends
- We support them to maintain their wellbeing and be treated with dignity

In doing this we aim to support the wellbeing and/or recovery of our service users

Nottinghamshire Healthcare Foundation Trust recognises that carers are vital partners in the provision of health services as well as people who have their own needs, aspirations and lives.

The 2011 Census found that 5.4 million people in England were providing unpaid care, over a third were providing 20 or more hours care a week, an increase of 5% on 2001 figures.

This second strategy aims to ensure that Nottinghamshire Healthcare Foundation Trust staff listen and respond to the needs, views and aspirations of carers, families and friends working together as partners in care. It also aims to ensure that we help support them to maintain their wellbeing and be treated with dignity.

This strategy outlines our approach to reaffirming and delivering a vision that highlights the key areas in which we want to make improvements together, building on the achievements of the first strategy and including how we will implement and review this current strategy.

It not only builds on our previous strategy but also takes into account recent national strategy, policy, legislation and guidance including NHS England Commitment for Carers, the NHS Five Year Forward View, the Care Act and Children and Families Act as well as the Carers Strategy Second National Action Plan 2014-16.

In addition, we have listened to the experiences, views and learning of carers, families and friends, carers' organisations, our Foundation Trust members and staff through our Carers, Families and Friends Community of Interest and Carers Strategy Group and other forums and meetings.

We also carried out a consultation at the end of 2014 that has informed this strategy. A number of areas for improvement were noted within the strategy as well as within practice generally, the most important of which being:

- Ensuring the diverse needs of carers within different service settings are reflected in the strategy
- Ensuring services take ownership of responsibility for improving the way the Trust works with carers
- Ensuring services clearly identify their own standards and are regularly judged against those standards using evaluation or monitoring methodologies
- Ensuring that communication with carers and partner organisations is of high quality

The Trust has also agreed to implement the Carers Trust Triangle of Care¹ to ensure that we improve the partnership between service user, staff member and carer.

As a result this strategy builds on our previous strategy and merges our ambitions for working in partnership with carers with the implementation of the Triangle of Care.

We have, therefore, set out **eight aims to improve how we work with carers:**

- 1. To identify carers, families and friends at first contact or as soon as possible afterwards**
- 2. To communicate effectively with carers, families and friends including an introduction to the service and staff**
- 3. To train staff to work with carers, families and friends and be aware of their needs and the contribution they can make**
- 4. To have a policy and clear guidance on information sharing and confidentiality in place**
- 5. To ensure that support and information about support is available to carers, families and friends**
- 6. To ensure that defined posts that are responsible for carers, families and friends are in place**
- 7. To work in partnership with carers, families and friends on service changes and improvements**
- 8. To work in partnership with other statutory, voluntary and carer organisations**

The strategy also describes how we will implement and review it and how we will be held accountable for delivering these changes. This strategy applies to all staff employed in the Trust's services. We hope that this strategy will help us continue to develop our partnership with the wider health community.

Section 2: Introduction

Key Facts

- There are around 5.4 million people in England who provide unpaid care for a friend or family member². Health Services are dependent on the role played by informal carers.
- Between 2001 and 2011, the number of unpaid carers has grown by 600,000 with the largest increase being in the unpaid care category, fifty or more hours per week³. This equates to 1.4 million people providing fifty or more hours of unpaid care per week⁴.
- Unpaid care has increased at a faster pace than population growth between 2001 and 2011⁵ and an ageing population and improved life expectancy for people with long term conditions or complex disabilities means more high level care provided for longer.
- Increasing hours of care results in the general health of carers deteriorating incrementally. Unpaid carers who provide high levels of care for sick, or disabled relatives and friends, are more than twice as likely to suffer from poor health compared to people without caring responsibilities, with nearly 21% of carers providing over 50 hours of care, in poor health compared to nearly 11% of the non-carer population⁶.
- Caring responsibilities can have an adverse impact on the physical and mental health, education and employment potential of those who care, which can result in significantly poorer health and quality of life outcomes. These in turn can affect a carer's effectiveness and lead to the admission of the cared for person to hospital or residential care⁷.
- 84% of carers surveyed for the 2013 State of Caring Survey said that caring has had a negative impact on their health, up from 74% in 2011-12⁸.
- Carers attribute their health risk to a lack of support, with 64% citing a lack of practical support⁹.
- Carers make a major contribution to society. Estimates show that the care provided by friends and family members to ill, frail or disabled relatives is equivalent to £119 billion every year¹⁰.
- 70% of carers come into contact with health professionals yet health professionals only identify one in ten carers with GPs, more specifically, only identifying 7%¹¹.
- 66% of carers feel that healthcare staff don't help to signpost them to relevant information or support, and when information is given, it comes from charities and support groups¹².

Who are Carers?

A carer is someone who spends time providing unpaid support to a family member, partner or friend. This could be caring for someone who is, ill, frail, disabled, has learning disabilities or has a mental illness, substance or alcohol misuse problem. A carer can be any age. They need not necessarily live in the same house or area as the person they care for. The caring may be practical or emotional.

A carer could be a parent whose child has been diagnosed with a condition for the first time and who needs some support and information, a partner struggling to cope with their loved one's condition or a neighbour who collects the weekly shopping for someone who needs support. The carer may also be someone who visits the service user in hospital and keeps them in touch with life outside the hospital.

There is no such thing as a typical carer; carers can be any age and from all walks of life; they may care for someone they live with, or someone they visit regularly. What they have in common is their desire to help the person they care for. Caring has the potential to involve every one of us.

We will use the term 'service user' to mean an individual receiving services from the Trust, often on the journey to recovery or a better quality of life.

The results of the 2009/10 Survey of Carers in Households revealed that adults who were living in the East Midlands were more likely than those living in other regions to be carers (16% compared with 12% on average). By 2015 it is estimated that this number will have increased significantly and will continue to do so as the population expands and ages.

The National Context

There are a number of national policies, strategies and action plans which have informed this strategy:

NHS England Commitment for Carers

In May 2014 the NHS published its Commitment to Carers with 37 commitments around the following eight priorities:

1. Raising the profile of carers;
2. Education, training and information;
3. Service development;
4. Person-centred, well-coordinated care;
5. Primary care;
6. Commissioning support;
7. Partnership links; and
8. NHS England as an employer.

The NHS Five Year Forward View states that the five and a half million carers in England make a critical and underappreciated contribution not only to loved ones, neighbours and friends, but to the very sustainability of the NHS itself. The NHS will find new ways to support carers, building on the new rights created by the Care Act, and especially helping the most

vulnerable amongst them – the approximately 225,000 young carers and the 110,000 carers who are themselves aged over 85.

The Care Act

The Care Act came into force in April 2015. This Act gives new rights to carers and families and their entitlement to a carer's assessment and a needs assessment. The Care Act is mainly for adults in need of care and support, and their adult carers. In the well-being section of The Care Act it states that local authorities must always have carers and families well-being in mind when making decisions or planning services about them.

The Carers Strategy Second National Action Plan 2014-16 identifies the main actions the Government will take to support carers around the three priorities of identification and recognition, realising and releasing potential and supporting carers to stay healthy.

Why a New Version of the Strategy?

In our Strategy for Carers, Families and Friends 2012-2015 we identified five areas for improvement:

- 1) To recognise Carers, Families and Friends
- 2) To communicate effectively with Carers, Families and Friends
- 3) To support Carers, Families and Friends to maintain their own well being
- 4) To involve Carers, Families and Friends
- 5) To support our staff to be more aware of Carers', Families' and Friends' needs and issues

We also set out most important actions for us to take:

- Train staff in carer awareness.
- Develop a Carers' Information section on the Trust website with useful information about the Trust's services, carers' rights and local resources, and links to other sources of information.
- Implement the Trust's Information Sharing Policy between service users, carers and professionals to clarify the difference between personal and general information and address the confusion surrounding patient confidentiality.

To address these actions we have:

- developed and delivered, in partnership with carers, Carer Awareness Training for staff
- Improved information for Carers, Families and Friends on the Trust website
- Revised our Information Sharing Policy

We have also undertaken a range of other actions to address the five aims including:

- The development, in partnership with carers, a 'Guide for Carers, Families and Friends' for people caring for someone in our mental health services
- Our first Trustwide Carers Survey with the results and comments published on the 'Your Feedback Matters' website
- A network of Directorate Carer Leads across the organisation who are working together as part of the Trust Carers Strategy Group. These leads will ensure that the Strategy is effectively implemented in their Directorate
- A range of Carer Forums, events and support groups to improve how we work with, communicate and support carers

This second strategy aims to consolidate and build on these achievements and, in addition, we will rollout the implementation of The Carers Trust *Triangle of Care - Carers Included*.

The 'Triangle of Care'¹

In 2010, the National Mental Health Development Unit produced the 'Triangle of Care', in conjunction with the Princess Royal Trust (now the Carers Trust), following years of research into carers' needs. This document provides guidance for mental health services to improve the way in which they work with carers. It recommends the creation of a therapeutic alliance between healthcare professional, service user and carer in a 'triangle of care'. This will promote safety, engagement and enabling, and support recovery and sustain wellbeing.

The Triangle of Care will be rolled out across Nottinghamshire Foundation Trust in 2015-18 in all areas of our services including both mental and physical healthcare. We will do this over three years:

Year 1 – all ward areas in Local, Forensic and Health Partnerships

Year 2 – all community mental health teams

Year 3 – all community teams in Health Partnerships

This strategy reflects and incorporates the six elements of the Triangle of Care as well as a continuation of the work in the original strategy. The Triangle of Care self-assessment tool will be used to enable staff to assess their service on a ward or team basis.

Triangle of Care - The Six Elements

- 1) Carers and the essential role they play are identified as soon as possible.
- 2) Staff are 'carer aware' and trained in how to work with carers.
- 3) Policy and practice protocols re: confidentiality and sharing information are in place.
- 4) Clear staff roles, responsible for carers are in place.
- 5) A carer introduction to the service and staff is available, with a range of information
- 6) A range of carer support services is available.

Addressing the needs of the diverse range of carers

We recognise that that all carers are individuals and as such have differing and diverse needs. Our consultation in 2014 that informed that development of this strategy identified that we should ensure the diverse needs of carers within different service settings are reflected in the strategy.

We will, therefore, as we implement this strategy make sure that we consider both the individual needs of carers and the needs of groups of carers including young carers, young adult carers and carers from Black and Minority Ethnic communities, different faith groups, the Lesbian, Gay, Bisexual and Transgender communities, faith communities as well as carers with disabilities.

SECTION 3: Key Areas for Improvement

This refreshed strategy aims to ensure that the Nottinghamshire Foundation Healthcare Trust values, recognises and involves carers as equal partners in care and that we listen to and communicate with carers. It also aims to help support carers to maintain their wellbeing.

In order to do this we have set out eight key areas for improvement that we will work with carers, families and friends to achieve. For each of these areas we have set out some minimum expectations that we expect the Trust and its services to deliver. In addition, we have set out the expectation of those teams that will be carrying out the implementation of the Triangle of Care.

For this next strategy to work we know that it is important for all areas of the Trust to play a key role in its delivery and for the Trust to work in partnership with other statutory and voluntary organisations who work with carers and families.

1. To identify carers, families and friends at first contact or as soon as possible afterwards

What the issues are:

The first barrier to supporting carers is the fact that many carers remain unrecognised. They recognise themselves only as parents, partners, friends or relatives, and consequently many do not access the support available to them. Representatives of carers support groups have told us of the difficulty they experience when trying to identify carers. This applies particularly to those from hard to engage groups, including family members who do not consider themselves to be carers, young carers, and those from cultures that do not recognise the concept of a carer. We need to improve our identification of carers as a vital first step to working together as equal partners in care.

What we will do:

Minimum expectations:

1. Identify carers routinely at first contact/assessment
2. Seek carers' views and knowledge throughout the assessment and treatment process

All teams undertaking the Triangle of Care will:

3. Complete the self-assessment for Standard 1 (Carers and the essential role they play are identified as soon as possible) and undertake any actions resulting from this

2. To communicate effectively with carers, families and friends including an introduction to the service and staff

What the issues are:

Carers and families have told us that a major barrier to their engagement with our services is the issue of communication. They want good information about services and the support available to them and those they carer for. They want to understand more about the mental or physical health issues the person they care for has. They want to understand how to cope with these. They also want to know what they can expect from our services and local resources. In addition, they want to be informed about who they can contact and what information can be shared with them. We need to improve the information that we provide to carers and improve the channels of communication between carers and staff.

What we plan to do:

Minimum expectations:

1. Provide up to date and relevant information for carers through a variety of methods including the Trust website that assists with finding help and support and directs carers to useful services and organisations
2. Provide carers, at first contact, with information about the service and points of contact

All teams undertaking the Triangle of Care will:

3. Complete the self-assessment for Standard 5 (A carer introduction to the service and staff is available, with a range of information) and undertake any actions resulting from this

3. To train staff to work with carers, families and friends and be aware of their needs and the contribution they can make

What the issues are:

The refreshed strategy will use the key messages of The Triangle of Care to support our workforce to be more aware of carers' needs. Carers have told us that they want staff to be able to identify them, provide them with information, help them to access support services, listen to their views and involve them in the care process. Staff need to be sensitive to the needs of carers, particularly during their first contact with our services, and recognise them as partners in care. Implementing carer awareness training across the Trust to develop the skills of our workforce has made good progress since the first strategy. Working with carers in partnership will require a consistent approach to ensure all staff receive carer awareness training.

What we plan to do:

Minimum expectations:

1. Carry out a carer awareness session as part of Trust Induction
2. Plan, design and deliver Carer Awareness Training for staff in partnership with carers

All teams undertaking the Triangle of Care will:

3. Complete the self-assessment for Standard 2 (Staff are 'carer aware' and trained in how to work with carers) and undertake any actions resulting from this

4. To have a policy and clear guidance on information sharing and confidentiality in place

What the issues are:

Confidentiality, though crucial, is often seen as a problem area in creating a Triangle of Care. The relationship between worker and service user is based on having confidence or trust that what is said will not be disclosed without their agreement. This agreement needs to be considered in the context that the carer may have key information relevant to safe and effective care planning for the service user. They may also be required to take on roles and responsibilities to achieve the best care plan in the home or once the service user is discharged.

Carers are likely to know the history of the crisis, and have known the 'well person'. They are aware of what may influence his or her recovery. They should therefore be encouraged to share this information, not only because it will help the clinical assessment and treatment, but also because it gives them a positive role and confidence in the programme. Consideration needs to be given to the fact that a crisis, especially involving the need for compulsory treatment and/or admission may provoke user/carers conflict that may temporarily prevent consent to sharing information.

Carers say professionals are understandably reluctant to engage with them when the service user has not given consent to share. Staff should be aware that this can lead to a failure to provide general information and can inhibit the carer from sharing valuable information and insights.

What we plan to do:

Minimum expectations:

1. Implement and review a clear and understandable policy on information sharing/confidentiality
2. Provide clear guidance for all staff on what information can and can't be shared

All teams undertaking the Triangle of Care will:

3. Complete the self-assessment for Standard 3 (Policy and practice protocols re: confidentiality and sharing information are in place) and undertake any actions resulting from this

5. To ensure that support and information about support is available to carers, families and friends

What the issues are:

Caring for someone who is living with an illness, disability, learning disability or mental health condition can be challenging for the carer and it is essential that they are supported as much as possible in their caring role. Carers want staff to be sensitive to their needs and their concerns, and also to have an awareness of the external support services available such as carer training courses, carer's assessments and local support groups. We need to improve the way in which we support carers within our services and also enable carers to access external sources of support.

What we plan to do:

Minimum expectations:

1. Provide information to carers on support that is available through statutory and voluntary organisations as well as carer support groups including advocacy and carers assessments
2. Provide information to carers on support that is available to carers from the Trust's services

All teams undertaking the Triangle of Care will:

3. Complete the self-assessment for Standard 6 (A range of carer support services is available) and undertake any actions resulting from this

6. To ensure that defined posts that are responsible for carers, families and friends are in place

What the issues are:

When asked about carers' issues, some services claim: "all the staff do it!" While it is fundamentally important that all staff should be competent in working with carers, this work needs to be coordinated, managed and led.

What we plan to do:

Minimum expectations:

1. Have a carers' lead in each Division to lead, plan, co-ordinate and manage the Carers' Strategy in each Division
2. Have a carers' lead in each Directorate to assist with the implementation of the the Carers' Strategy in each Directorate

All teams undertaking the Triangle of Care will:

3. Complete the self-assessment for Standard 4 (Clear staff roles, responsible for carers are in place) and undertake any actions resulting from this

7. To work in partnership with carers, families and friends on service changes and improvements

What the issues are:

Carers often have a great deal of experience of both what works when caring for people and the services provided for those they care for. They often want to be able to comment on these services and be involved in the planning, shaping and review of these services.

Since the implementation of the first strategy progress has been made in listening to what carers say. We now have an annual carer's survey and the views of carers are visible on our feedback website (<http://feedback.nottinghamshirehealthcare.nhs.uk/content/what-are-people-saying-about-our-services>)

The refreshed strategy aims to progress this area further and increase the use of Patient Opinion, (<https://www.patientopinion.org.uk/>) an independent online feedback website to

encourage carers to be open and honest about the services our Trust delivers good and bad. The strategy will focus on improved involvement from the beginning of the carer pathway and on co-design and produce services together in partnership.

What we plan to do:

Minimum expectations:

1. Carry out an Annual Carers Survey and respond to the feedback
2. Work in partnership with carers on service changes and future plans

8. To work in partnership with other statutory, voluntary and carer organisations

What the issues are:

There are a range of organisations that work with carers, have responsibilities to plan or deliver services for carers or provide support to carers. Sometimes the communication and co-ordination between these organisations and groups is not as good as it could be. Carers often tell us that they wish that there was better joint working and communication between organisations so that information, communication service planning and delivery was more joined up.

What we plan to do:

1. Work with the County Carers Local Implementation Group in Nottinghamshire and Nottingham Clinical Commissioning Group, the City Council and the Carers Federation in Nottingham City to ensure good communication and co-ordination of work to involve, communicate with and support carers.
2. Ensure good communication with and involvement of carers' organisations and support groups to ensure that carers and carers' organisations are aware of information, support and opportunities to get involved in improving services.

SECTION 4:

Implementation, Review and Monitoring of the Strategy

We will undertake the following actions to ensure that this refreshed Strategy is effectively implemented, reviewed and monitored.

- The Strategy will be reviewed and monitored by carers, carers' organisations and staff in the Trust Carers Strategy Group. This reports to the Trust Involvement and Experience Group and through to the Trust Board's Quality and Risk Committee.
- Updates on progress of the implementation of the Strategy will be provided to the Trust Board quarterly.
- Updates on progress of the implementation of the Strategy will be provided to each Division's Management Group every six months.
- Overall improvement of the carer experience will be monitored using a Carers', Families' and Friends' Feedback Survey, which is sent out to carers yearly. The results from this survey will be used to update the Carers' Strategy. The results will be reported on our feedback website:
<http://feedback.nottinghamshirehealthcare.nhs.uk/>

Contributors

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