Yorkshire and Humber Involvement Network



Carers Involvement and Support Bulletin 8

Last meeting summary 18th February 2016

This was the last meeting of the Carer Involvement CQUIN group as the CQUIN has now come to an end at the end of March 2016.

We had a presentation from TEWV about the carers initiatives that they have introduced over the last 2 years which was really useful and informative. The slides from the presentation can be found on pages 4 and 5. We also heard from a carer who has a son who is currently in Ridgeway and it was great to get a different perspective and to hear her story.

We then did some group work around the journey that people had taken in their services over the course of the 2 year CQUIN and barriers and solutions along the way. We finished off by looking briefly at how services can ensure

that they don't lose sight of carer involvement and really embed it into practice long term. The group work can all be found on pages 2 and 3.



Supporting Carer Involvement CQUIN Agenda

18th February 2016

14.00 - 16.00

INSIDE THIS ISSUE:

Information

Summary of last Carers CQUIN meeting	1
Group work—Lands end to John O'Groats	2, 3
Presentation from TEWV	4 , 5
COLUN Indicator	6

- 1. Welcome and Introductions
- 2. Presentation Sarah Clayton TEWV
- 3. Group work From Land's End to John O'Groats
 - Implementing a culture shift road works and rest stops



- 4. Group work continued
- 5. Discussion The future of Carer Involvement what next?

From Land's End to John O'Groats

Implementing a Culture shift

From: St Ives

Unit open day was done

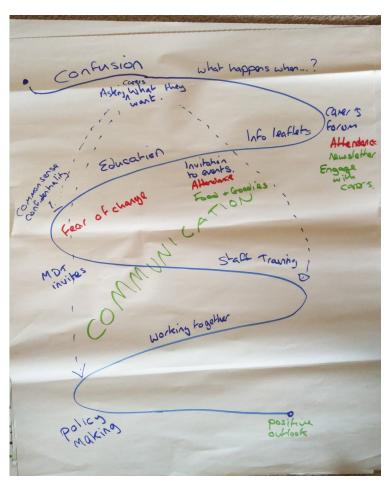
Re-evaluating the carers questionnaire making it more user friendly and relevant Skype

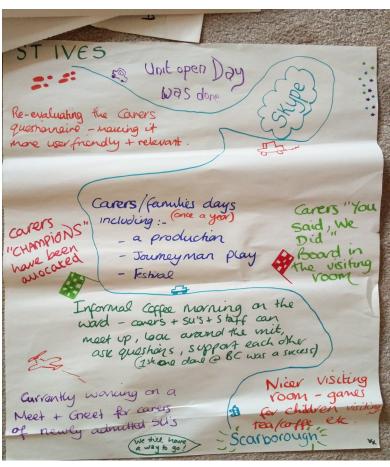
Carers "champions" have been allocated Carers/ family days including (once a year): a production. Journeyman play. Festival. Carers "you said we did" boards in the visiting room

Informal coffee morning on the ward—carers and service users and staff can meet up, look around the unit, ask questions and support each other. 1st one done and was a big success.

Nicer visiting room for children visiting Currently working on a meet and greet for carers of newly admitted service users. We still have a way to go!

To: Scarborough





From: Confusion

What happens when?

Asking carers what they think/want

Info leaflets

Carers forum

Attendance

Newsletter

Engage with carers

Invitation to attend events

Attendance

COMMUNICATION

Food and goodies

Fear of change

Common sense confidentiality

MDT invites

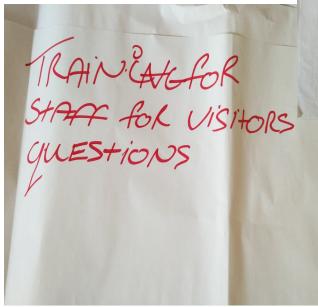
Staff training

Policy making

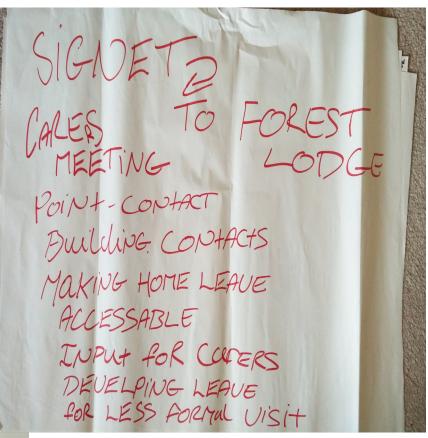
To: Positive outlook

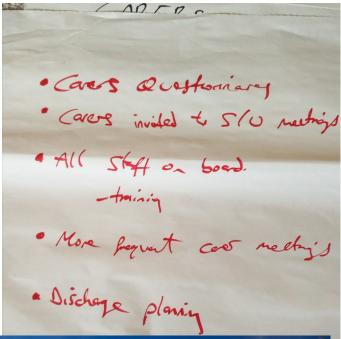
From: Cygnet

Carers meeting
Point of contact
Building contacts
Making a home leave accessible
Input for carers
Developing leave for less formal visit
Training staff for visitors questions
To: Forest Lodge



Carers questionnaires
Carers invited to service user meetings
All staff on board—training
More frequent carer meetings
Discharge planning









Carer Involvement Strategies CQuIn 2014 - 2016



Sarah Clayton Patient Engagement Facilitator Ridgeway, Roseberry Park Hospital

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Ridgeway

- Forensic inpatient service for Tees, Esk & Wear Valleys NHS Trust
- Combination of locked rehabilitation, low and medium secure, male and female learning disability and mental health wards
- Around 230 service users



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Recovery & Outcomes Support Team

- Formed when MSP was introduced as a CQuIn
- Now includes work on many areas associated with recovery, e.g.
 - Service user involvement
 - Recovery College
 - Service user events & fundraising
 - Service improvement, such as RPIW and Kaizen events
 - Reducing restrictive practice
 - CQuIns

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Carer Involvement and Support

- Prior to the CQuIn (2014-2015):
 - Standard Trust-wide carer surveys
 - No carers' meeting or forum
 - No forensic strategy for carer involvement
 - No formal way of identifying carers
 - No carer-specific information

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Carer Satisfaction Tool

- Were the existing questions relevant?
 - We didn't think so
 - We explored what was already out there, and found response rates were very low
 - Forensic carers are likely to have different needs and experiences from those in other mental health and learning disability services, e.g.
 - Living a long way away
 - Longer stays in hospital for the service user
 - We decided to conduct a postal survey with 8 questions and option to add comments

Carer Satisfaction Survey



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NHS Foundation Trust

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- In November 2014, 32 carers responded (18.5%)
- In November 2015, 23 carers responded (15.7%)
 - Response rates are not high, but this is typical for our forensic service for this type of survey
 - Results were consistent between the years... overall satisfaction rate (based on positive responses) was 79.5
 - 2014 = 78.3%
 - 2015 = 80.6%

Responses

Improvement of 2.3%...

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Responses

- Plenty of room for improvement...
 - Regular updates = 66% (increase of 10% in 2015)
 - Actively involved in decisions = 63.5% (decrease of 3%)
 - General information about the service = 64% (increase of 6%) Do you visit as often as you like = 65% (increase of 8%)

Carer Involvement Group (CInG)

- · Carer link nurses identified on each ward
- Invited to a monthly meeting
- Agreed by carers and carer link nurses that we would invite carers to alternate meetings
- 6 meeting have now taken place (with carers in attendance)
- Total of 26 carers have attended (9 is the maximum)

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Identifying Carers

- Consent form
- Admission checklist
- Updated in line with **CPA**

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consent given by the service user.		
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Forensic Strategy for Carer Involvement

- Trust Strategy but we know forensic carers can have very varied and complex needs
- We know staff in forensic (and other) services can "forget" about carers, or just don't have that reminder of how important carers are
- "Considering Carers" information pack for staff

Forensic Carer Plan – to support Trust Carer Strategy

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- Carer Awareness Training
 - This has taken place once at Ridgeway
 - Three carer link nurses have attended training provided by Middlesbrough and Stockton Mind
 - This will be built into the staff induction, with carer representation
 - We also have Carer Support Workers from Mind at ClnG meetings

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Challenges

- Stigma
- Attitudes of <u>some</u> staff
 - In relation to carers themselves
 - "Forgetting" about carers
- Engaging carers
 - We all have busy lives!
- Confidentiality, and the role of our team
 - Are we being useful to carers?

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CInG Newsletter





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Information for carers

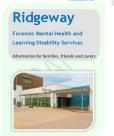
- 27 wards, all doing different things
 - Carer satisfaction survey identifies that information isn't always getting through to carers
- Challenges
 - A number of leaflets already giving most of this information
 - But, the Triangle of Care suggests a carer specific leaflet
 - All wards are different
- Solution...
 - A carer-specific leaflet, which can be amended to include a wardproduced information sheet

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Information for carers

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Further developments in carer involvement

- 2015 2016
 - Evaluation tools
 - Holding carer meetings in other locations
 - Carer involvement in service user events
 - Ridgeway "Bake-Off"
 - Ridgeway Recovery Awards
 - Christmas Party
 - World Mental Health Day event

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Sheena

A carer's view

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VQVIII BOLLLIII

Carer Involvement CQUIN requirements

Rationale for inclusions as a CQUIN

Carers play a significant role in the lives of service users and can play a large part in supporting an individual's recovery. Maintaining and building on relationships with carers, family and friends when in secure services can be helpful to the recovery of service users.

Carers may also learn from and support each other during and beyond someone's stay in secure care. This CQUIN builds on the carer involvement strategies developed during 2014/15 and requires providers to evaluate the effectiveness of these strategies and further develop ways to involve carers, family and friends at a local and regional level.

Quarter 2

The provider is to develop an evaluation tool for assessing the impact of the strategies for carer involvement from 2014/15 and use this to further develop involvement of carers, families and friends in their service at a local level.

Such developments would include carers' support groups, psycho-educational support as appropriate, carer involvement in service user events, carer participation in service provision and governance and support for carers experiencing difficulties engaging with the service user.

Quarter 4

The provider to produce a report that evidences the impact of the activities developed in Q1 and 2 with continued use of the evaluation tool and develop a strategy for continued embedding of these practices into the service.

The report should highlight where the provider has developed carer support structures in conjunction with other services at a regional level to further enhance the positive experiences of carers, family and friends. This would include the development of regular groups to provide mutual support, understanding, learning and feedback for improvements in service provision. There would also be consideration to how this would be achieved for carers geographically distant from the service user.