
A new strategy to improve the Trust's response to carers, families and friends of people using our services.

Document Information

Report of the service user and carer information group with recommendations for action for improvements in customer service management and governance.

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A New Strategy to Improve the Trust's Response to Carers, Family Members and Friends

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1. Introduction

NHS services must reflect the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment.

NHS Constitution Principle 4 – commitment to family and friends

- 1.1 The Trust has clear responsibilities towards carers, family members and friends of people using our services. We have obligations in law to enable carers to access assessments and resources in their own right. We have obligations to ensure the safety and wellbeing of family members particularly those living with people using our services, especially children and vulnerable adults. We work within clinical protocols which make clear the importance of working well with families and social systems to achieve best outcomes. And working well with social support systems is an underpinning of recovery, personalised and social inclusion approaches.
- 1.2 There are recent policy drivers emphasising these obligations. The 2008 national policy document, *'Carers at the heart of 21st Century Families and Communities: a caring system on your side, a life of your own* (DH 2008), set out a vision for greater partnership between State and caring citizens in the context of changes in society. These include more people living longer, sometimes with disabling long term conditions but also having higher aspirations for their quality of life including extending choice of non-institutional living arrangements. The report recognized the impact of changes in household formation including more geographically scattered family networks, changes in gender roles and expectations and a more culturally and ethnically diverse society. Overall the number of people providing informal care is set to increase considerably in the next few decades from the current estimates of 6 million at any one time - about one quarter of which are mental health carers¹. All these and other social changes mean the State and those providing informal care will need to work together in new ways. The *'Carers at the heart...'* report emphasised the rights of carers to have a good quality of life and access to ongoing life opportunities outside their caring role. The policy was backed by some new investment routed through PCTs and Local Authorities.

¹ Princess Royal Trust for Carers, 5 key facts on mental health carers <\\sprfs\CorpAdmin\Director of Social Work\Carers\Princess Royal Trust for Carers\5-key-facts-on-mh-carers-final-2825.doc> accessed 14:19 hrs 7th January 2009.

Our vision is that by 2018, carers will be universally recognised and valued as being fundamental to strong families and stable communities. support will be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen.

By 2018:

- *carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role;*
- *carers will be able to have a life of their own alongside their caring role;*
- *carers will be supported so that they are not forced into financial hardship by their caring role;*
- *carers will be supported to stay mentally and physically well and treated with dignity; and*
- *children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes.*

this is a shared vision and responsibility between central and local government, the nhs, the third sector, families and communities. it has been shaped by the thousands of carers, their advocates and front-line support staff, who have told us what matters most if we are truly to ensure that carers have the best possible quality of life and recognition that they deserve'

(pp 9-10).

From 'Carers at the heart of 21st Century Families and Communities: a caring system on your side, a life of your own. DH 2008

- 1.3 The themes of the report echoed those in other recent key policy documents including 'Our Health, Our Care, Our Say' (DH 2006) and 'Putting People First' (DH 2007) the interministerial concordat that gave expression to the need for a new form of adult social care – co-developed, co-produced and co-evaluated by people using services and their informal carers and families at every stage. These aspirations should be reflected in joint Borough and PCT strategies for carers which should also take specific account of mental health carers, families and friends' needs.
- 1.4 The impending financial crisis in public spending will only emphasise in a different – perhaps more powerful - way the importance of informal care within the whole health and social care system. As public sector finances are increasingly strained over the next few years, finding ways to retain collaborative rather than oppositional relationships with carers, families and friends will become even more pressing. People providing informal support will inevitably fear being left to manage with fewer and fewer resources for them or their loved one and service changes are likely to be increasingly seen as part of cuts and scaling back. Throughout this period the Trust needs to keep finding innovative ways to authentically engage informal networks of support and the communities which they form or to which they belong.
- 1.5 It is a reputational imperative as well as a clinical and social well being imperative that we improve work with families, friends and carers. They are potentially great allies of the Trust and wherever possible, should be active partners in our work. Where this partnership works well, direct benefits can accrue to all concerned – to the person with the mental health problem, to the family and social system around them and to the Trust. The benefits may even spread to the wider community of which a family or friendship circle is a part - and good news about the Trust may be spread by many voices. The whole benefit grows beyond the sum of its parts. Where opportunities for this type of partnership are missed, this positive process may be reversed. Clinical improvements for service users may be hampered. Carers, families and friends can feel helpless, angry and confused. In some cases, they may

be put at risk. This often becomes the stuff of complaints, both formal and informal. The reputation of the Trust can be tarnished and mutually trusting relationships can be very hard to re-establish.

'Reputation is a consequence of experience'

Trust Community Development Worker, Strategy Consultation Event, Sept 2009.

2. Challenges and opportunities for Trust staff to work more effectively with carers, families and friends (CFF)

- 2.1 The overall aim of adopting a new strategy for work with carers, families and friends of people using Trust services is to develop better partnerships, improve the quality of the support we provide directly to people, improve clinical and social outcomes and recognise the vital importance of close social networks to the mental well being. We need to ensure staff attitudes and approaches are oriented towards including carers, families and friends positively, recognising their expertise and their usual great commitment to their loved ones, wanting what is best for them.
- 2.2 The Trust needs to be confident its workforce is adequately skilled to work in this way and aware of the responsibilities implied.
- 2.3 Of course, working in partnership with carers, families and friends is not always straightforward. Sometimes, staff in the Trust feel they struggle to establish constructive relationships of trust with service users' carers, families and friends. Dilemmas can arise when staff feel caught between the perceived best interests of the service user and the views of their social support system. There are responsibilities on all sides to try and work well together and this includes responsibilities on the part of carers, families and friends to have due regard for the obligations and expertise of the services, in line with the NHS constitution. The Trust will strive to ensure its staff and its communication processes are fit for purpose to develop better relationships with carers, families and friends.
- 2.4 It is, of course, the case that some apparent carers, family members or friends are unhelpful and may even be abusive towards people with mental health problems. For some people using our services, events involving carers, family members or friends may be a contributory factor in their mental illness or distress, either presently or in the past. In such situations, Trust staff must be skilled in identifying abuse or neglect which needs to be investigated through Safeguarding Vulnerable Adults processes and sometimes through criminal investigation. Maintaining a realistic awareness of the risks to some people with mental health problems from people close to them whilst recognising and supporting the majority of positive, loving carers, families and friends is a very important task of professional good judgement.
- 2.5 This complicated reality only emphasises the importance of ensuring Trust staff are able to work effectively and broadly with family and social issues. Enhancing basic recognition and recording of significant relationships on our client record system is one of the fundamental improvements that the Trust needs to make. Even where it is inappropriate (e.g. for reasons of confidentiality) or impossible to have direct contact with significant family members or friends, understanding the significance of family members and friends to the

person we are providing services to – the meaning of the relationships they are in - may be very important to their recovery or treatment.

3.0 A note on terminology

- 3.1 During consultation on this strategy, participants asked that we recognise the Trust's responsibilities towards providers of substantial informal care *and* to significant others in family and social networks. They asked that we adopt terms which are inclusive and easy to understand.
- 3.2 'Carer' is a term used in law and policy and denotes people who have rights to have their needs assessed and met. The Trust must embrace this term in order to define its primary tasks. However, many people offering substantial amounts of care do not define themselves as 'carers'. The term may be alienating or simply not be recognised as referring to them. Others providing support may not fit local definitions of 'substantial and regular' carer (the gateway to local authority resources) but may need and want a relationship with the Trust in respect of their concerns about a loved one.
- 3.3 The term used throughout this strategy is 'carers, families and friends' (or just 'CFF') when referring to *all* close social contacts who might be important to people using our services and who may have role to play in care plans or have needs for information and support themselves. The term 'substantial carer' will be used when referring to someone providing the most intensive support or help. The box below further defines those to whom the Trust has particular responsibilities.

This strategy is built upon the notion that there is a continuum of people playing roles in informal networks of support. All may be important and legitimately be the concern of the Trust, but not necessarily to the same degree. The people to whom we have particular responsibilities are:

- Providers of regular and substantial emotional, physical or other forms of direct care and support, whether or not they are in the same household. In addition to needing a positive and helpful response from the Trust in all their dealings with us, they may be eligible for an assessment of their own needs and be able to access services and resources in their own right, according to local authority criteria. Such 'carers' in the traditional sense may be of almost any age, from very young to very elderly and may include:
 - Parents of a child with mental health problems
 - Parents of an adult with mental health problems
 - Partner or spouse of an adult with mental health problems
 - Other family member, close friend or neighbour providing regular and substantial care or support, not necessarily in the same household
 - People acting as multiple carers to several people
 - A child or other young family member looking after an adult with mental health problems
- Children living in families where there is significant mental illness, particularly if that person is a parent or other provider of child care.
 - Young siblings of people with mental health problems
 - Children living with other adults with mental health problems
- People who may be at risk as a result of a person's mental health problems.
 - E.g. estranged parents of an adult, not providing care and support but at risk from aggression, exploitation or unwanted contact.

4.0 The need for a new Trust strategy

4.1 To date, there has not been a coherent, corporate Trust response to meeting the needs and aspirations of carers, family members and friends of those using our services. There have been effective local initiatives within different directorates and parts of service. These have related to local Council and PCT strategies and the Trust has had some involvement in the development of these. The challenge, as always, is to bring together areas of excellent practice and identify where lack of consistency or gaps in service are compromising the Trust's response.

4.2 This strategy and the proposals are designed to fit with existing and future local strategies – both PCT and Council strategies for carers in general and any local strategies for mental health carers, family members and friends. The intention is that this document will be helpful to people locally negotiating for resourcing or focus upon mental health carers.

4.3 There are particular indicators in the Trust's performance which indicate the pressing need for new strategic energy on this topic:

4.3.1 Identification of carers: Carers UK and the Princess Royal Trust for Carers estimate that mental health carers are 25% of the total 1.5 million carers in the UK (2007 figures).

Carers can be recorded and counted on RiO. However, the proportion of current service users with an identified carer is lower than might be expected (although there is no local or national agreed benchmark figure) and is also very inconsistent across Boroughs, changes inconsistently within Borough on a quarterly basis and the average for the last 9 months has reduced.

Proportion of caseload with an identified carer on RiO

| | Kingston | Merton | Richmond | Sutton | Wandsworth | Average |
|----------|----------|--------|----------|--------|------------|---------|
| 30/09/09 | 11% | 18% | 5% | 12% | 18% | 13% |
| 31/03/09 | 10% | 18% | 4% | 16% | 15% | 13% |
| 31/12/08 | 13% | 16% | 8% | 20% | 24% | 16% |

4.3.2 Offering and carrying out carers' assessments: Carers have a legal right to an assessment of their needs. It is a duty on Local Authorities which the Trust enacts as part of our partnership agreements with Borough Councils. Not all carers want an assessment and some may not be eligible for the assessment or any funded services after the assessment. However, the Trust's performance to date, as with identification of carers, is lower than may be expected and is very inconsistent across Boroughs.

Carers' assessments completed as a proportion of the total caseload within whole year 08/09:

| | Kingston | Merton | Richmond | Sutton | Wandsworth |
|-------------------|----------|--------|----------|--------|------------|
| 01/04/08-31/03/09 | 8.2% | 8.6% | 3.3% | 1.9% | 3.4% |

4.3.3 Feedback from community survey

In the 2008 community survey, the Trust did better than the national average when service users were asked about the information received by their family members, but there was still considerable room for improvement.

5.0 The strategy consultation process and findings

5.1 A full description of the consultation methodology is available from the report author. In brief the process was as follows:

- Discussions were held with carers, carers' centre workers and Trust staff within the Trust 'Carers Communication and Feedback meeting' during early 2009. A schedule of themes for exploration within the consultation was worked up and checked back with that group.
- The strategy development and consultation process was launched in July 2009 at the evening seminar on positive approaches to schizophrenia (opened by Judy Wilson).
- Five Borough based meetings were organised with each Carers' Centre, Trust staff, commissioners and local carer representatives to explore the issues for each locality.
- A series of open, cross-Borough consultation meetings were held, exploring different themes in detail.
- A specific meeting was held to explore issues arising relating to black and minority ethnic service users and their carers, families and friends.
- A specific meeting was held to explore issues for young carers.
- Draft proposals for quality standards were tested with the Carers Feedback and Communication Group and with Trust staff.
- Gaps within the consultation process were identified (e.g. need to consult more with parents of young people and children) and are written up as areas of work to be subsequently carried out as part of strategy implementation.

5.2 An overwhelming impression from the discussions held – in small and large groups – was a sense of pent up demand for dialogue with the Trust. Carers, families and friends came – sometimes to several events – with many contributions, questions, concerns and sometimes anger that had not had adequate expression, neither through the channels available in local services nor through Trust wide mechanisms. The need to open up discussion and offer effective forums to engage with people was evident. Complex and emotive issues were raised and effectively explored, including in large group settings and the consultation process was able to move forward through exploring issues, recognising the emotions behind issues raised and seeking mutual understanding and consensus wherever possible.

Some Key Messages from the Consultation

The first thing we want is more confidence in the quality of care our loved ones are receiving

The stigma of mental health gets carried through to how mental health carers, families and friends are treated by services and by society.

Staff attitudes towards carers, families and friends need to become more positive and respectful – like answering letters and phone calls in a reasonable time and listening to us

Relevant information needs to be more available, at the right times.

Staff need to be confident themselves in their knowledge so that they can impart it to us more effectively

Staff hide behind 'confidentiality' when they don't really know what it means and they don't understand what it is like not to know what is going on

There are lots of different types of mental health problem and lots of different types of carer, family and friend. Don't lump us all together.

The Trust needs to understand what the 'care pathway'- the journey of trying to use services - is like for carers, families and friends as well as the service user

We want help earlier, when we first find ourselves as carers and we need to know what to do in a crisis.

We want to develop skills to help our loved ones as well as ourselves

We want more consistent carers' services across the Boroughs

We need a map of how different bit of the system work together – its confusing and changes all the time

Carers and their representatives need to be able to influence things constructively more quickly

*It's not about the needs **of** carers so much as about the need **for** carers! We are a huge resource to you.*

5.3 Some of the most revealing aspects of the consultation came from the stories people told about their experiences and those of their loved ones. These illustrated both where the Trust is getting it right and where problems arise in the context of lived, felt experience. They included

- The parents who had had 'fantastic support' from a recovery support worker working with their adult daughter up to the point when the team manager blocked the recovery worker (or any other member of staff) accompanying the young woman to her brother's wedding or making any other support arrangement for this unusual and potentially stressful day. When the daughter became quite distressed at the wedding, as predicted, her parents had to leave to take her to hospital, missed a significant part of the day and were themselves very upset by events.
- The frustration and disbelief of a man who spent a year advocating for his son to have a direct payment without getting a clear response from either the Trust or the Borough about whether his son was eligible. His son was eventually provided with the direct payment.
- The man who suddenly found he was being told absolutely nothing about his son's care and treatment having previously been very involved for many years. His son had expressed his desire for confidentiality to his worker when he had become particularly unwell, having previously been open with his parents about what was happening. When his son recovered, he was very upset that his father had been kept out of the picture so completely, but it wasn't until a new worker was allocated that the use of an advance statement was discussed. This provided a framework to ensure communication between the father and the care team could be better managed if his son became unwell again.

6.0 Actions speak louder than words: changes already made during the period of consultation

6.1 While the consultation has been undertaken, a number of changes have already been made. These include:

- Agreeing to change the way in which we undertake and record carers' assessments to ensure more consistent completion and recording. This will be implemented in 10/11 Trust wide, with agreed local variations.
- Increasing engagement between Trust and Carers' Centres and beginning to agree joined up action plans to meet local needs.
- Prompting and then supporting specific service and strategic developments within Boroughs e.g. a new carers strategy in one Borough, a new programme of direct skill workshops for carers and for staff in another.
- Setting out a programme of carer, friend and family events throughout the year including training events on Recovery Approaches, current best practice around particular conditions and collaborating on new psycho-educational programmes with partners.
- Developing an extensive contact list of CFF from across all Boroughs and Directorates to use to invite people to future events and canvas their views.
- Revision and redistribution of the carers' booklet
- Consolidating Trust carers' directorate and Corporate lead roles.
- Running training for staff with Princess Royal Trust for Carers on dealing with confidentiality issues with carers, families and friends in 09/10, evaluating this and re-commissioning input in 10/11.

7.0 A Three Year Strategy: Proposals for action

7.1 The proposals below focus specifically on actions to enhance the quality of life and satisfaction with services of carers, family members and friends in their own right. However, consultation participants have been very keen that the strategy is placed in the context of carers, families' and friends' *overwhelming concern for improvements in direct mental health service provision for their loved ones*. Underpinning this strategy is the belief that improving responses to

carers, families and friends will significantly improve the Trust's ability to deliver its primary task - treating and promoting recovery of people with mental health problems in south west London.

7.2 Another underpinning theme of this strategy is that enhancing the quality of life of carers, families and friends is not just a 'Trust issue' but a collective challenge - for individual carers, family members and friends themselves, for local advocacy and community groups, for other relevant organisations such as voluntary sector Carers' Centres and for health and social care commissioners. The Trust can take responsibility for those things over which it has control, but cannot deliver desired outcomes without collaboration. The stringencies on the public purse - including on Trust finances - only make the need for this collaborative way of working more urgent. On occasions, the Trust will need to stand with carers and their advocacy organisations to ensure local commissioners take full and fair account of mental health matters in their local carers' strategies and resource allocations.

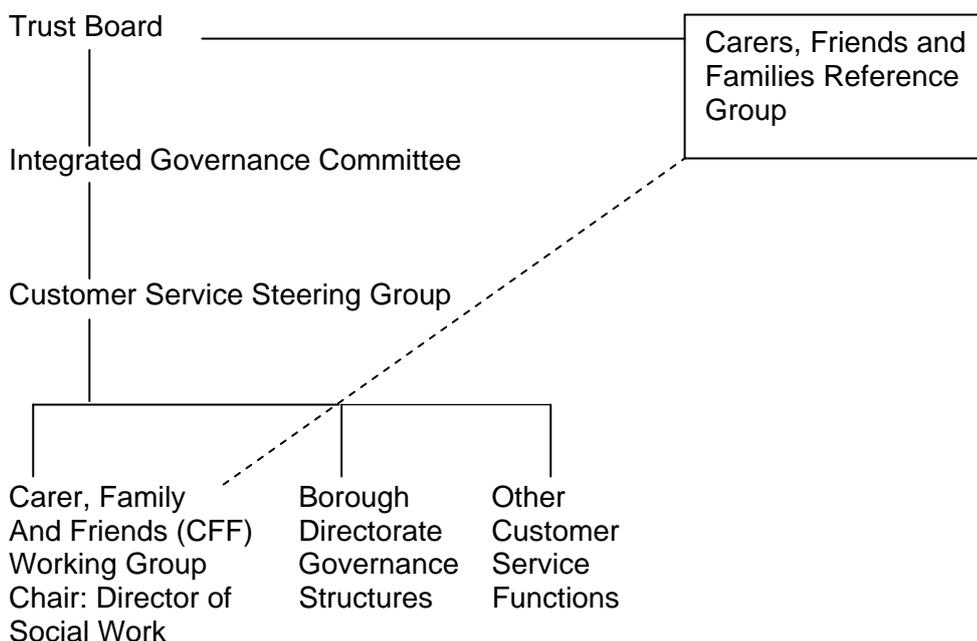
7.3 This document proposes:

- ✓ Ten new quality standards for the Trust to aspire to.
- ✓ Initial actions against each of these quality standards to be worked on over a three year period
- ✓ A straightforward governance process for monitoring performance and progress, both within the Trust and with partners.

7.4 The strategy has been developed with the assumption of shrinking resources across the health and social care sectors. The specific resource implications of making improvements in this important area of work are indicated in the action plans. It may be the case that resources should be moved or redesigned into this area of work to make savings through improved productivity, efficiency and streamlined customer service. Any such decisions will need further discussion and agreement with operational directors.

8.0 Governance of improvements in the Trust's response to Carers, Families and Friends.

8.1 It is proposed that the governance structure outlined below will maintain an overview of progress on the action plans against the quality standards and will periodically review and amend the strategy as necessary.



- 8.2 It is proposed that the progress against the action plans for each quality standard will be overseen by the CFF Working Group on a monthly basis, with quarterly reports to the Customer Service Steering Group and annual reports to the IGC and/or Board. The CFF working group will be primarily an internal group to the Trust but will be open to the involvement of external partners for the delivery or particular issues. The group will be chaired by a senior manager in the Trust, currently the Director of Social Work.
- 8.3 The CFF Reference Group will meet quarterly and be made up of CFF representatives predominantly with Trust and Carers' Centre Workers' representation and other agencies as appropriate. It will be serviced and supported in its administration by the Trust. It will replace the existing Carers' Communication and Feedback Meeting. The membership will be quite large (c. 30 people) and will be designed to ensure a broad representation of CFF issues are brought to the table regularly, e.g. issues for young carers, parent carers, members of black and minority ethnic communities, older carers, siblings and spouses. Its terms of reference will include advising the Board and the CFF Working Group. It will particularly have a role in scrutinising progress on achievements against the standards and in suggesting new and creative ways for collaborations to move forward. A detailed terms of reference including clarifying the scope of its influence will be drawn up.

The Proposed Ten Quality Standards:

- 1. Develop relationships of mutual respect, partnership and courtesy with carers, family members and friends, responding promptly to queries, suggestions and concerns.**
- 2. Identify and accurately record relevant details of all substantial carers and other significant family members and friends.**
- 3. Enable carers, families and friends to have timely access to the information and training they need about mental health conditions, services, rights and how to best support their loved ones.**
- 4. Involve carers, families and friends in treatment, care and support planning wherever possible, recognising them as 'expert contributors' in accordance with NICE and other best practice guidance.**
- 5. Recognise the rights and aspirations of carers, families and friends, offering carers' assessments, personalised support, advocacy and signposting to further sources of assistance where appropriate.**
- 6. Take account of the diverse personal needs and circumstances of carers, families and friends, including factors such as age, gender, ethnicity and relationship to the cared for person.**
- 7. Improve the training of all relevant staff to work effectively with carers, families and friends.**
- 8. Work in close partnership with other agencies, carers' organisations and commissioners, to improve support services and advocacy for carers, families and friends in South West London**
- 9. Take account of the implications for carers, families and friends within all relevant Trust activities including service and policy developments.**
- 10. Routinely monitor performance against these Quality Standards through Board and Executive level reporting against action plans and through the operation of a formal, representative carers, families and friends Partnership Group**

CFF Quality Standards Action Plans

This action plan is preliminary and will be subject to ongoing change and refinement through the CFF Working Group and the CSSG. This is a three year strategy but the timescales here are for the first year's possible actions. Implications for further years will be added into the next iteration of the action plans.

The Trust will:

- 1. Develop relationships of mutual respect, partnership and courtesy with carers, family members and friends, responding promptly to queries, suggestions and concerns.**

| Action | By whom? | Outcomes | Measures | Resource implications | Timescale and Review |
|---|--|---|--|--|---|
| <p>1. Issue statement of expectations upon staff including response to queries etc from carers, families and friends.</p> <p>Run briefings for managers on statement.</p> | <p>Author: CFF Working group</p> <p>Briefing delivery: CFF working group with leadership from local Trust carer leads.</p> | <p>Reinforce culture of courtesy and helpfulness towards carers, families and friends in all teams.</p> <p>Improve carer, family and friend reported experience.</p> <p>Improve administrative mechanisms for responding to calls and letters</p> | <p>Evidence wide distribution and visibility of statement.</p> <p>Deliver briefings for managers.</p> <p>Reduced instance of poor carer, family and friend customer service in complaints and other feedback mechanisms.</p> | <p>Statement production: - part of existing job roles</p> <p>Briefing delivery: - possible within existing job roles. Additional pressure on carers' leads where not dedicated worker.</p> | <p>Statement issued and distributed by May 2010</p> |
| <p>2. Enhance customer service training opportunities for all staff in including managers and supervisors</p> | <p>CS steering group</p> | <p>As above.</p> | <p>Numbers of staff trained</p> <p>Training feedback from participants.</p> | <p>Resources need to be identified</p> | <p>Some training delivered in 2010/11, evaluated by 31/3/2011</p> |
| <p>3. Promote psycho-social family work training and reinforce delivery for all relevant staff.</p> | <p>Cath Gamble with Carer, friend and family working group</p> | <p>As above</p> <p>Enhance staff confidence and skill in involving carers, families and friends.</p> <p>More families to benefit from family intervention.</p> | <p>Numbers of staff trained</p> <p>Numbers of staff in practice</p> <p>Numbers of staff in supervision</p> <p>Qualitative evaluation by Nurse Consultant</p> | <p>Resources for training available internally. Resource implications to ensure sustainable supervision and staff time to engage in family work.</p> | <p>Ongoing</p> <p>Review by 31/03/2011</p> |

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| 4. Instigate a new service user, carer, family and friend open feedback system e.g. 'Have your say' comment cards in all Trust locations. | Customer Service Steering Group | Much quicker and more nuanced feedback on experience of services informing service developments and operations. | Richer and more contemporary feedback data available and in use. Evidence of impact on service improvements – case studies and themes. | Resource needed to manage process c. 0.2 wte. Band 5. | To be determined by CSSG |
|---|---------------------------------|---|---|---|--------------------------|

2. Identify and accurately record relevant details of all substantial carers and other significant family members and friends.

| Action | By whom? | Outcomes | Measures | Resource implications | Timescale and Review |
|--|---|--|--|-----------------------|---|
| 1. Issue new guidance on RiO recording of carer/family/friend details, including definitions of 'carer' in this context. | Carer, friend and family working group with IM&T. | Enhanced quantity and quality of data on RiO Greater use of family and friend information in care and treatment planning Improve safeguarding of family members including children at risk | Increased number of carers, families and friends recorded. Specifically number of people with a substantial carer recorded increased. | None | Ongoing Quarterly review from 01/04/2010 |

3. Ensure carers, families and friends have timely access to the information and training they need about mental health conditions, services, rights and how to best support their loved ones.

| Action | By whom? | Outcomes | Measures | Resource implications | Timescale and Review |
|---|---|---|---|--|---|
| 1) Review and revise standard Trust wide information available, improve booklet/s and web access and make information more relevant | Carer, friend and family working group with Information Group and Comms | Better feedback on satisfaction with relevant, timely, accessible tailored information. | Evidence of distribution of hard copy information and web hits. Periodic review of feedback forms (if implemented) | Authoring – within resources. Production – requires budget. May exceed current spend. | Ongoing Quarterly review within CSSG |

| | | | | | |
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| and accessible to carers, families and friends in different circumstances. | | | Better feedback from patient surveys | | |
| 2. Agree the Trust, Borough carer's centres and Councils can work jointly and deliver training and information provision initiatives. | Carer, friend and family working group | Joint training initiatives delivered Improved access to information and skills workshops for CFF | Numbers of people attending training Feedback and evaluation from training | From existing carers' issues workers however additional capacity may be required depending in success and popularity | Deliver training within 2010/11 Review quarterly through working group |
| 3. Require all Trust produced leaflets for service users to include reference to carers, families and friends. | Carer, friend and family working group With Information Group and Comms. | Embedding CFF issues in the way we describe services and in our practice | Information audited for CFF visibility | None | Review progress through CSSG March 2011 |

4. Involve carers, families and friends in treatment, care and support planning wherever possible, recognising them as 'expert contributors' in accordance with NICE and other best practice guidance.

| Action | By whom? | Outcomes | Measures | Resource implications | Timescale and Review |
|--|--|--|--|--|--|
| 1. Offer new training to staff on involving families and friends, including supervisor training and new CPA/care coordination training | Coordinated by the CFF Working Group with Cath Gamble Ben Nereli (CPA lead and Clinical Ref Group chair) | Greater involvement in support plans, better use of informal carers information, less family/household conflict, risk reduction. | Numbers of people trained Numbers of people in supervision for active psychosocial family work Increased demand for other family intervention including family therapy | Better use of existing Nurse Consultant resource. Staff needing release from duties for training. Need to find ways of integrating | Implement throughout year, Review March 2011 |
| 2. Develop a 'circle of support' CPA invitation letter to carers, families and friends if the person consents. | CFF Working Group | All identified carers and other family and friends to be automatically asked to be involved, with service user consent. | Numbers of letters sent. Increased identification of carers Increased presence of CFF in CPA reviews etc | | To be agreed by the working group |

5. Recognise the rights and aspirations of carers, families and friends, offering carers' assessments, personalised support, advocacy and signposting to further sources of assistance where appropriate.

| Action | By whom? | Outcomes | Measures | Resource implications | Timescale and Review |
|---|--|---|---|---|-----------------------------|
| 1. Increase offers of carers assessments to identified carers ,record offers and carry out all those requested. | Implementation: Service Directors and other operational managers | More carers, family members and friends receive a meaningful assessment and receive helpful services. | Increase in recorded number of assessments offered and undertaken. Increase in spend on mental health carers for services in their own right. | None – should be part of existing primary tasks | Review quarterly |
| 2. Develop bank of resources on Quick and on the internet website to inform staff of CFF resources. | Communications with CFF working group | As above | Evidence of information available on Quick and being used (hits) | None | September 2011 |
| 3. Ensure staff are made aware of carers' rights and Trust obligations towards them. | CFF working group to devise staff development programme | As above | Number of staff trained | To be confirmed | Ongoing Review March 2011 |

6. Take account of the diverse personal needs and circumstances of carers, families and friends, including factors such as age, gender, ethnicity and relationship to the cared for person.

| Action | By whom? | Outcomes | Measures | Resource implications | Timescale and Review |
|--|---|---|--|------------------------------|--|
| 1.CFF Reference Group to include more diverse range of CFF | Customer Service Steering Group and CFF Working Group | Raise profile and visibility of diverse CFF needs. It acts as effective scrutinizer of gaps or inadequacies in Trust response. | Diverse membership of CFF Reference Group Gathered evidence of innovations to meet more diverse needs e.g. new projects, new collaborations, and more presence of different CFF groups at Trust events. | To be confirmed | Establish reference group by June 2011 |

| | | | | | |
|--|-------------------|--|---|-----|--------------------------|
| 2. Work up sub-action plans for particular groups including young carers, parent carers, bme carers, siblings, ageing carers | CFF working group | Actions taken to raise profile and voice of all main sub-groups within year Representation at CFF Reference Group | Increased diversity of carers on contact lists, within events, on the reference group, contributing to Trust activities. Feedback from carers on better services/attention to their needs. | tbc | Review quarterly in CSSG |
| 3. Work with partner agencies on joint local responses to specific needs. | As above | As above | As above Feed back from local agencies on our collaborative working with them. | tbc | Review CSSG March 2011 |

7. Improve the training of all staff to work effectively with carers, families and friends.

| Action | By whom? | Outcomes | Measures | Resource implications | Timescale and Review |
|--|--|--|---|-----------------------|----------------------|
| See actions under standards 1 and 3 | | | | | |
| 1. Routinely involve carers, families and friends in the planning, delivery, evaluation of staff training. | CFF working group and partnership group. Learning and development team. | Improve the quality and relevance of training and sensitise staff to CFF experience. Enable CFF representatives to understand staff position and challenges Develop CFF trainers in their own right. Empower CFF to take more control of knowledge creation and sharing | Numbers of CFF involved in training and learning events. Evidence of CFF training and learning facilitators feeding back into Trust governance | tbc | Review march 2011 |
| 2. Develop learning environments where staff and CFF can learn alongside each other. | | Further break down barriers between staff and CFF, developing mutual understanding. | Numbers of staff and CFF trained together. Learning event evaluations | tbc | Review March 2011 |

8. Work in close partnership with other agencies, carers' organisations and commissioners, to improve support services and advocacy for carers, families and friends in South West London

| Action | By whom? | Outcomes | Measures | Resource implications | Timescale and review |
|---|-----------------------|--|--|------------------------------|---|
| 1. Ensure mental health CFF are properly recognised in Council and PCT commissioning and providing strategies for carers. | CFF Partnership Group | More services for mental health CFF Better consistency of service accessibility between Boroughs | Higher visibility of MH CFF in local strategies and more equitable spend across carer groups | tbc | In line with PCT and Council commissioning rounds |
| 2. Share models of good practice amongst local commissioners and providers | CFF Partnership Group | Better understanding of what is most helpful. Better targeting of resources both within the Trust and externally. | As above | tbc | Event or dissemination exercise by December 2010 |

9. Take account of the implications for carers, families and friends within all relevant Trust activities including service and policy developments.

| Action | By whom? | Outcomes | Measures | Resource implications | Timescale and Review |
|---|--|---|---|---|------------------------------|
| 1. Ensure effective advocates for CFF issues are involved in all service and policy development initiatives | CFF Working Group Customer Service Steering Group | More routine and effective consideration of CFF issues throughout the business of the Trust. Better outcomes for CFF resulting from changes and policy implementation | Evidence of CFF issues noted and actioned in all service and policy development. Better CFF satisfaction with Trust taking account of their needs and views. | None re advocacy. May be resource implications if operational decisions are changed as a result of CFF considerations. | Ongoing Review March 2011 |

10. Routinely monitor performance against these Quality Standards through Board and Executive level reporting against action plans and through the operation of a formal, representative carers, families and friends Partnership Group.

| Action | By whom | Outcomes | Measures | Resource Implications | Timescale and Review |
|--|--|---|--|------------------------------|-----------------------------|
| 1. Establish new governance structure as described | Exec | Clearer arrangement for steering and evaluating quality of CFF work | Structure in place and operating | tbc | By June 2010 |
| 2. Recruit new, wide membership to Reference Group | CFF Working Group | Broader range of CFF issues raised and addressed on a regular basis. Better scrutiny of Trust performance | Diverse and wide representative membership recruited and attending | tbc | As above |
| 3. Agree and implement reporting arrangements to Customer Service Steering Group, IGC and Board. | Customer Service Steering Group CFF working group | Better quality assurance of CFF work, greater visibility of CFF issues throughout the organisation and corporately. | Reports produced as agreed | tbc | Agreed February 2010 |