

Livewell Southwest

Carers Policy

Version No.1

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Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

Author: Service User Experience Manager

Asset Number: 601

Reader Information

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	<p>NHS England Carers Toolkit May 2016</p> <p>The Triangle of Care. Carers Included: A Guide to Best Practice in Mental Health Care in England</p> <p>Commitment to Carers (draft 2017) - NEW Devon STP Our Carers and Families Strategy 2018-2021, Devon Partnership NHS Trust</p> <p>Carers Policy, University Hospital Plymouth NHS Trust, August 2017</p> <p>Carers National Action Plan 2018 – 2020 (Department of Health 2018)</p>
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Document review history

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V: 0.1	New document	May 2019	Service User Experience Manager	New document.
V1	Ratified	June 2019	Virtual Policy Ratification Group	Ratified with minor amendments.

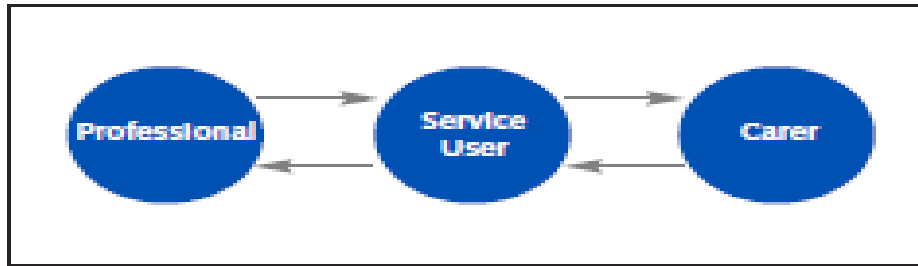
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Carers Policy

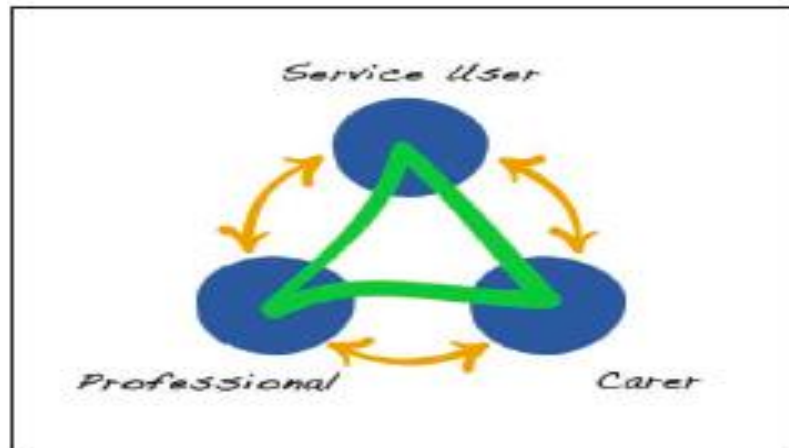
1. Introduction

- 1.1 'A Carer is considered to be anyone who spends time looking after or helping a friend, family member or neighbour who, because of their health and care needs, would find it difficult to cope without this help regardless of age or whether they identify as a carer' (Department of Health 2018).
- 1.2 The 2011 Census identified 27,247 carers in Plymouth alone, with 43% providing 20 hours or more caring-hours per week. However, due to the rising elderly population, this number is likely to now be well over 30,000.
- 1.3 In the County of Devon, the support that informal carers provide has been valued at £2.5 billion. As such carers not only make an enormous contribution to the person they care for but are also integral to the health and social care system.
- 1.4 Livewell Southwest CIC (LSW) believes that the support that carers provide, the expertise they bring and the needs they have in terms of their own health and welfare, deserve to be recognised and supported.
- 1.5 Under the 2014 Care Act a carer is legally entitled to an assessment of their own needs and their needs will be treated as of equal importance as the needs of the cared for person.
- 1.6 Young carers have additional protection under the Children's and Families Act (2014) which identifies the need for a whole family approach.
- 1.7 This policy will ensure that carers are acknowledged and valued as expert partners in care, consistently and in every setting by embedding the following principles:
- Identify Carers
 - Carers are respected as experts partners in care
 - Effectively Support the Carers of our service users
 - Enabling Carers to make informed choices about their caring role
 - Staff are trained to be Carer Aware
 - Information Sharing policy and guidance are in place

By effective involvement of carers as partners in care, relationships are transformed from a three-way, disconnected process:



To a connected therapeutic alliance:



(Triangle of Care, Carers Trust)

2. Who Are Carers?

2.1 A carer is an individual who provides unpaid help and support, on a regular basis, to a partner, family member or friend. The help they provide can be practical help, physical and/or emotional support to a person who due to age, disability, physical or mental illness or other issues such as substance abuse, requires that help.

2.2 The term carer applies whether or not the carer and the cared for person live together or apart and carers are entitled to an assessment of their needs (Care Act 2014).

2.3 Some carers have spent many years caring for another person, whereas others find themselves in this role suddenly, due to an acute event such as a stroke, head injury or mental health crisis.

2.4 Many family members and friends would not identify themselves as carers.

2.5 Carers are often the only constant support in a service user's life and have important information about the service user which may be lost if the carer is not included in regular discussions.

2.6 In addition, many of our service users and our staff will be carers themselves and their caring responsibilities may lead them to neglect their own health needs.

3. Purpose of Policy

3.1 A carer usually knows the person they care about best and may want to contribute to their care when they are in in-patient settings. However, they can feel excluded when the professionals appear to 'take over'. This strategy aims to ensure that, whenever possible and when it is to the benefit to both the service user and the carer, they will be actively involved in the care provided.

3.2 Carers routinely neglect their own health and care needs in order to prioritise the needs of the person they care for (In *Sickness & in Health*, Carers UK, 2012). LSW staff will support carers to access the care that they need in order to keep themselves in good physical and mental health, in accordance with the Care Act (2014). This will enable them maintain the caring role being provided and, when appropriate, to relinquish some aspects of their caring role.

Staff concerns regarding the need to respect patient confidentiality sometimes creates an obstacle to the effective involvement of carers in health and social care. This can result in 'over-caution, lack of confidence, and misunderstanding of the laws that govern it....and sometimes get in the way of acting in the best interests of their patient' (Wessely, 2016). It is therefore essential that LSW staff have a clear and unambiguous approach to carer involvement which is consistent with legislation and good practice, so that staff can make well-justified, well-recorded decisions to share information in the service user's best interest and respecting their confidentiality, while ensuring this is not an impediment to carer involvement whenever possible.

3.3 LSW has been improving involvement of carers for some time, most especially by the implementation of the Triangle of Care (TOC) in our mental health services since 2016.

3.4 The TOC aims to 'improve engagement between professionals and carers by a therapeutic alliance between service users, staff member and carer that promotes safety, supports recovery and sustains well-being'.

3.5 This strategy aims to build and spread the TOC philosophy in order to ensure that carers are treated as key partners in all our services.

3.6 Supporting carer well-being and resilience as well as being morally right also makes good sense for the service user and for the local health economy by reducing crises, escalations in treatment and readmissions.

4. Who is this Policy for?

- Carers who have many years of experience in their caring role due to a long-term physical or mental health condition of the cared for person
- Carers who have become carers suddenly, due to the sudden onset of a physical or mental health condition in the cared for person
- Parent carers, who often have to adapt their caring role as their children grow and become adults
- Young carers who maybe providing care to parents and/or siblings and may risk being overlooked due to their age
- Patients/service users, so that LSW's approach to carer involvement (and the benefits thereof) is easily understood by them
- Voluntary, community and Third Sector groups who represent service users and/or carers
- All LSW staff including health & social care professionals and admin and clerical staff

Note: For some LSW services it will not be relevant or appropriate to involve family and/or carers and this will be clearly stated in the service's Operational Policy.

5. Policy Context

5.1 The NHS Long Term Plan (January 2019) identifies 'improving the recognition of carers and the support they receive' as one of its priorities over the next 10 years.

5.2 The NEW Devon Sustainability & Transformation Plan (STP) has stated that 'In everything we do, we take Carers into account' as the strapline to its Commitment to Carers.

5.3 The Triangle of Care (TOC) aims to 'improve engagement between professionals and carers by a therapeutic alliance between service users, staff member and carer that promotes safety, supports recovery and sustains well-being'. LSW has been implementing the TOC since 2016.

5.4 Many other strategies, guidelines and Acts are also relevant to this policy including the 2014 Care Act which gives carers statutory rights

5.5 National Drivers

- NHS England 10 Year Long Term Plan (January 2019)
- Confidentiality: NHS Code of Practice (2003)

- Carers and Confidentiality: Law and Good Practice', Graham Machin, 2012
- The Caldicott Report (1997, reviewed 2013)
- The Care Act 2014
- Carers and confidentiality in mental health: Issues involved in information sharing (Royal College of Psychiatrists, 2014)
- Information Sharing and Suicide Prevention Consensus Statement (January 2014)
- The Five Year Forward View for Mental Health (February 2016)
- NHS England Carers Toolkit – (May 2016)
- AN Integrated Approach to Identify & Assessing Carer Health & Well-being, NHS England May 2016
- NHS England Carers Toolkit May 2016
- The Triangle of Care. Carers Included: A Guide to Best Practice in Mental Health Care in England
- Carers Policy, University Hospital Plymouth NHS Trust, August 2017
- Our Carers and Families Strategy 2018-2021, Devon Partnership NHS Trust
- Carers National Action Plan 2018 – 2010 (Department of Health 2018)
- Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers (Her Majesty's Government, July 2018)

5.6 Local Drivers

- LSW Confidentiality and Data Protection Policy v2
- Commitment to Carers NEW Devon STP
- LSW Information Governance Policy. V.1.6
- Carers in Devon: Joint Strategy 2014-2019
- Plymouth Carers Strategic Partnership Board Action Plan 2018-20

6. Strategic Objectives

1. Identifying and recording Carers:

- Staff will identify all significant carers at first contact with the service user or as soon as possible thereafter.
- All Operational Policies will state:
 - When, where and how carers will be identified and recorded in the clinical record system.
 - When, where and how the service users information sharing preferences will be recorded in the clinical record system.

2. Carers are respected as expert partners in care

- Listening to carers' views and concerns should be 'everybody's business.'
- Respecting carer's knowledge and experience should help avoid crises arising.
- Adult Social Care client assessment must also involve consultation with the carer (Care Act, 2014).
- Whilst the service user's confidentiality must be respected, it should not be used as an obstacle to listening and involving carers.
- Where a service user does not wish information to be shared with carers, this is communicated sensitively with carers.
- Carers who have lived experience of caring should be invited to participate in staff recruitment where appropriate

3. Effectively Support the Carers of our service users

- The written carer introduction to the service will outline how carers can expect to be involved and supported by the service including points of contact, regular meetings that they may wish to attend and the discharge process
- Informal support will be provided to carers as part of the cared for persons care, however, if carer support is not a commissioned part of the service, this may be limited
- Where feasible, such as in-patient settings, a regular carers' support group should be provided.
- When the carers need for support cannot be provided as part of the service user's routine care, carers will be referred or signposted to commissioned carers services.
- All carers should be advised of their legal entitlement to a Carers Assessment which can be conducted by adult social care staff and third sector organisations
- Carers and staff can gain further information about services available to carers LSW website page for carers where staff.

- Carers will be encouraged to identify as carers with their GP and with the local carers service in order to gain support available.
 - Carer involvement and support will be recorded in the clinical record system.
4. Enabling Carers to make informed choices about their caring role
- Carers will be supported in making informed decisions about their lives and their caring responsibilities, as these may vary over time.
 - Staff will support carers in exploring options for care provision when they need or want to relinquish some of their caring responsibilities.
 - Carer well-being and resilience will be considered a priority, especially during the discharge process.
5. Staff are trained to be Carer Aware
- All staff will be offered Carer Awareness Training ensuring carer involvement and support are seen as everybody's business.
 - Carers who have lived experience of caring should be invited to participate in training of staff.
 - LSW Staff must have a working knowledge of information sharing principles and legal framework.
 - Staff will be provided with guidance and strategies in balancing the need to respect service user confidentiality and ensuring carers are listened to, involved and supported.
6. Information Sharing policy and guidance are in place in order to ensure that
- Staff understand that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information is shared appropriately.
 - Staff are open and honest with the service user and/or their family from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement (unless it is unsafe or inappropriate to do so).
 - Where possible, staff share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared.
 - Staff base their information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
 - Staff keep a record of their decisions and the reasons for them – whether it is to share information or not. If a decision to share is made, then what has been shared with whom and for what purpose will be recorded in the service user's records.

- Staff seek advice from other practitioners, or information governance lead, in a timely fashion when in any doubt about sharing the information concerned.

7. Carers of Patients on In-Patient Wards

7.1 Since a carer often knows the person they care about best, they may wish to be actively involved in that person's care when they are in hospital. Sometimes this may not be considered to be in the patient's or the carer's best interest, for example on mental health wards. In these circumstances the rationale for such a decision will be explained sensitively to the service user and/or carer and will be documented in the clinical record. However, where active carer involvement is considered desirable by staff, carer and patient this will be supported by LSW in the following ways:

- An identified carer can be included in an in-patient's care plan when;
 - i. it is safe and appropriate to do so
 - ii. roles and responsibilities of the carer are agreed and clearly defined with the patient, carer and staff and documented in the patients care plan
 - iii. staff have undertaken a risk assessment of manual handling, infection control and other risks
- When an identified carer contributing to care in an in-patient setting, access to the ward will not be limited to visiting times and they will not be subject to parking charges
- When an identified carer contributing to care in an in-patient setting, meals can be provided free of charge by the in-house catering service
- Carers will be encouraged to take breaks and look after their own health and welfare needs
- A 'Carers Card' may be used by the ward to identify a carer who is actively involved in the care plan
- Guidance for staff delegating clinical tasks to informal carers and relatives can be found in the LSW Third Party Delegation Policy.

8. Carers of People in Community Settings

8.1 Carers within community settings (for example when the service user is in their own home) can sometimes take on a large share of responsibility for the service user. This help may be practical help, physical and/or emotional support depending on the nature of the service users mental and/or physical health conditions.

8.2 Staff have a responsibility to advise and support carers, both in the care they may be providing, but also in terms of meeting their own health, social and emotional needs. This will often take the form of signposting the carer to organisations which have specific responsibilities for supporting carers.

8.3 Where it is safe and appropriate to do so, some aspects of care will be safely delegated to carer. This will be agreed and clearly defined with the patient, carer and staff member and documented in the patient's care plan

8.4 This process will be clearly outlined in the Third Party Delegation Policy.

9. Roles & Responsibilities

9.1 The Executive Carers Lead (Appendix 1) will assure the Executive Team that this policy is being implemented and, when required, seek further support and resources in order to do so.

9.2 The Organisational Carer's Lead (Appendix 2) will be responsible for the implementation of this policy across LSW by ensuring training is available and compliance is monitored. This will be reported on in the Service User Involvement and Experience Quarterly and Annual Reports.

9.3 On a day-to-day basis the Team Leader/Ward Manager will be responsible for ensuring good carer involvement by all staff by providing strong leadership and focus on carer experience and involvement.

9.4 The team leader/manager should also identify at least one Team Carer's Lead to help manage the day to day practicalities of complying with this policy (see Appendix 3) and promote and model excellent carer support and involvement.

9.5 All staff will have attended Carer Awareness Training and recognise carers as expert partners in the care.

9.6 Adult Social Care staff have are bound by The Care Act (2014) which puts the carer's assessment on the same footing as the disabled person's assessment and gives carers a clear right to receive services for their own needs.

9.7 The Locality Manager and Deputy Locality Manager will be responsible for monitoring the performance of each ward/team via locality business meetings.

10. Implementation

LSW has been implementing the Triangle of Care since 2016 and have already received our 'First Star' upon the successful completion of implementation in our in-patient mental health units.

LSW will continue to use a slightly modified, locally designed electronic version of the TOC Self-Assessment Tool in order to evaluate each service and develop and action/implementation plan.

11. Monitoring Compliance and Effectiveness

All carers will be asked to provide feedback using a specially designed questionnaire, based on the Triangle of Care (TOC) principles.

All teams/services will be required to complete an electronic annual audit and action plan on carer involvement based on the TOC self-Assessment.

Bi-monthly Carers Showcase meetings will be held in order to support and share implementation and effectiveness, as well as provide peer support.

Carers who wish to be involved in service improvement will be invited to participate in LSW service improvement projects as part of our Quality Improvement programme.

The Quarterly User Experience reports will be presented to the Operational Performance Committee and the Annual Service User Experience report presented to the Board by the Service User Experience Manager.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Safety and Quality

Date: 17th July 2019

Appendix 1

Executive Carers Lead Role Description

1. To assure the Board of the involvement and experience of family and carers of service users under the care of Livewell Southwest (LSW).
2. To promote a culture within the organisation that routinely includes family and carers in all aspects of care and development.
3. To monitor the delivery of the Carer's Policy.
4. To support the Organisational Carers Leads.

Appendix 2

Organisational Carers Lead Role Description

1. To improve, embed and maintain the involvement and experience of family and carers of service users under the care of Livewell Southwest (LSW).
2. To provide strong leadership to promote a culture within the organisation that routinely includes family and carers in all aspects of care.
3. Determine the strategic vision for family and carers in LSW and ensure there is a coherent approach to carer involvement across the all frontline teams.
4. To monitor the performance of frontline teams against agreed standards of the involvement and support of family and carers.
5. To ensure training programmes that aim to improve the experience and involvement of family & carers are available.
6. To ensure regular Carers Showcase meetings are held in order to share good practice, provide support and problem solve.
7. To support team managers and Carers Leads.
8. Maintain an overview of national and local policy development for Family and Carers.
9. To support self-assessments and to collate & evaluate services' self-assessments and action plans, review and advise.
10. To provide advice and support services Carers Self-Assessments and achievement of action plans.

Appendix 3

Team Carer's Lead Role Description

Role purpose:

The overall purpose of the role of Team Carers Lead is to act as an activist and a resource for colleagues and carers at Ward/Team Level, to ensure that Carers are offered effective information and support and encouraged to be involved in the Care Pathway.

In order to achieve this, the Team Carers Lead will:

- Develop greater awareness of Carers within the team, supporting colleagues to routinely identify and be sensitive to the needs of Carers.
- Promote good practice and partnership working with Carers; communicating directly with Carers and supporting them to access appropriate meetings, raise their concerns etc.
- Develop and maintain systems and processes that actively support the identification and support of Carers.
- Ensure that colleagues understand the value of working with Carers.
- Ensure that there is relevant and update date information available to Carers.
- Endeavour to undertake Family Work Training where possible.

Responsibilities:

- To provide a role model for partnership working with key family, friends and carers in order to provide the best care for the patient.
- Maintain stocks of Carer Information and Resources; including Welcome Packs, and local Carers Service information and ensure that colleagues are aware of what information is available to Carers and that it is displayed in relevant areas, e.g. Family Room, Reception.
- Liaise with Key Worker/Named Nurse and other staff on the ward to ensure that contact is made with Carers and they are given information within seven days.
- Promote the keeping of accurate Carer records on SystmOne regarding contacts & outcomes.
- Maintain knowledge of local Carer Services, Carers Assessments etc, signposting and referring Carers as appropriate and sharing

this knowledge with colleagues.

- Act as link for Carers at Ward/Team level; supporting them to access MDT Meetings, raise their concerns, talk to the Key Worker/Named Nurse etc.
- Identify any training or learning needs of colleagues in relation to working with Carers.
- Develop and maintain relationship with colleagues from local Carer Services and other external organisations.
- Ensure that Carers' feedback is collected in a consistent and timely manner.
- To attend Carers Showcase Meetings.
- Ensure Carers are a standing item on the agenda for monthly business meetings.

Support:

For the Team Carers Lead to fulfil their role, the approval and support of the Ward Manager in terms of agreed 'protected time' may be necessary in order to focus on Carers & Family work is a necessity, including participation in relevant Forums & Meeting.

Appendix 4

Triangle of Care Community Health Self- Assessment Tool This tool uses the Red Amber Green system to assess the current of each criterion. This tool is designed to be suitable for all services, there may be words or phrases that are not suitable for your service; if so, adapt this tool to meet your service's needs. **It is important to read and understand the Triangle of Care guide and the specific guidance accompanying this tool before completing it.**

*Throughout this document the word "carer" is used to denote unpaid carers. Carers Trust uses the following definition to describe unpaid carers: A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

Element 1 – Unpaid Carers and their essential role are identified at first contact or as soon as possible afterwards

	Criteria	R	A	G	Where are we now?	Action Plan	Evidence of Achievement	By whom?	By when?
1.1	Processes are in place to establish whether carers are involved, the main carer is identified and agreed named contacts are recorded in the notes. Information is sought about all significant others who may support the person, for example neighbours or other services. Special circumstances of the carer are recorded if applicable e.g. <ul style="list-style-type: none"> • Parent of young family • Single parent • Caring for parents • Young carer • Carer with own physical or mental health problems • Friend • Partner • Relative 								
1.2	Carer views and knowledge are sought throughout the assessment and treatment process.								

1.3	Written consent of the patient is routinely obtained re carer involvement.							
1.4	The carer is regularly updated and involved re care plans, treatment and discharge planning.							
1.5	Treatments and medication management is explained to the carer.							
1.6	The carer has access to advice re advocacy, equipment and welfare rights.							

Element 2 – Staff are ‘carer aware’ and trained in carer engagement strategies

	Criteria	R	A	G	Where are we now?	Action Plan	Evidence of Achievement	By whom?	By when?
2.1	All staff have received carer awareness training.								
2.2	The training includes: <ul style="list-style-type: none"> • Awareness of carer needs • Carer expectations re assessment, treatment and support • Dealing with carer queries and concerns • Advising on sources of help • Advising and support re medicine management • How to involve and engage with carers and patients including those with dementia and at End of Life. 								

2.3	Training is delivered by Staff trained in ToC principles and in conjunction with carers.								
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Element 3 – Policy and practice protocols re confidentiality and sharing information are in place

	Criteria	R	A	G	Where are we now?	Action Plan	Evidence of Achievement	By whom?	By when?
3.1	Patient consent is sought to share confidential information with the carer where possible.								
3.2	Agreement is reached with the patient about the level of information which can be shared with the carer. If lacking capacity, decisions are based on best interest decisions. If consent is not given this is sensitively revisited.								
3.3	The carer is encouraged to share information about the patient to inform assessment and treatment.								
3.4	Establish if the patient has provided a statement of their wishes eg. Advance Statement/Advance Directive or informally expressed their wishes to the carer. If yes: -include in care plan and implement. -ensure documented and adhered to: -advance directives -planning ahead document -living wills -lasting power of attorney								
3.5	Information sharing with carers is								

	documented.							
3.6	Practice guidelines about information sharing with carers are in use.							

Element 4 – Defined post(s) responsible for carers are in place

	Criteria	R	A	G	Where are we now?	Action Plan	Evidence of Achievement	By whom?	By when?
4.1	Carer lead posts are in place on each ward/community team and they understand the Triangle of Care and are able to explain it to colleagues.								
4.2	Team Leader/Ward Manager is responsible for ensuring carer involvement by all staff. Carer champions and the Ward Managers take responsibility for ensuring carer involvement by all staff on each shift.								
4.3	A Carer champion network or peer support forum is in place locally to provide carer support and carers are signposted to this.								

Element 5 – A carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway

	Criteria	R	A	G	Where are we now?	Action Plan	Evidence of Achievement	By whom?	By when?
5.1	Community service or the ward provides a booklet which explains the service and points of contact of the Hospital or Community Team.								

5.2	An initial family meeting is offered to the carer to hear story, history and address carer concerns at admission or acceptance into the community service and documented.								
5.3	Upon admission, or acceptance onto the caseload, there are meeting and greeting protocols in place, addressing carer concerns.								
5.4	Locally developed carer information packs are provided to carers upon admission of the patient if required.								
5.5	The cultural and language needs of carers have been addressed in the preparation of the information pack.								
5.6	The format of the information pack is flexible and regularly updated.								
5.7	A member of staff is made responsible for commissioning, storing and issuing the packs.								
5.8	Ward staff/community team will offer carers the opportunity to have a conversation and provide support.								
5.9	The carer is involved in the discharge planning process and is clear about "what to do if..." The carer is aware of what happens when the care episode is complete								

	– next steps.							
5.10	The carer is asked for feedback regarding the service provided as part of service monitoring and improvement.							

Element 6 – A range of carer support is available

	Criteria	R	A	G	Where are we now?	Action Plan	Evidence of Achievement	By whom?	By when?
6.1	The carer has access to local carer advocacy services.								
6.2	The carer has access to 1:1 support when needed.								
6.3	The carer is offered a referral to Social Services for a Carer's Assessment and the value of this is explained.								
6.4	The carer's needs are regularly re-assessed.								