

Acute Carers Recovery Worker: learning from an initial pilot

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With thanks to the joint funders of this pilot project:

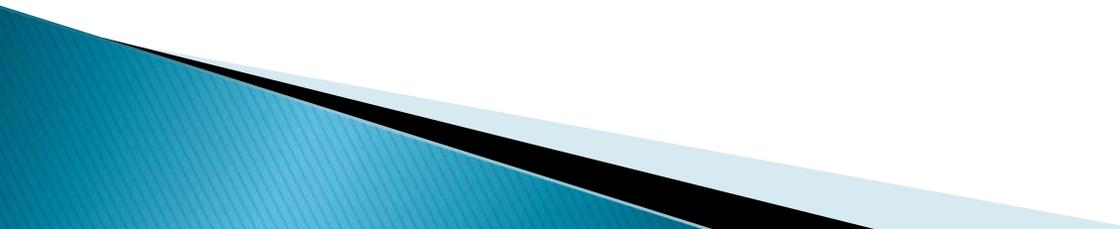
- London Borough of Richmond upon Thames
- Richmond Clinical Commissioning Group
- South West London and St George's Mental Health NHS Trust.

The data presented is from April 2012 to end of January 2013

Aim of Project:

- ▶ To integrate a 'chain of care' for informal carers during and post an acute crisis period
 - ▶ Establish a dedicated service to ensure carers have quick access to specialist advice, support and guidance from a trained family worker
 - ▶ Support Triangle of Care implementation on one acute inpatient ward and a Crisis and Home Treatment Team (CHTT)
 - ▶ Promote collaboration, partnership styles of working and co-produce service changes
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Richmond and Lavender Ward

- ▶ “The London Borough of Richmond upon Thames is a prosperous, safe and healthy borough. It covers an area of 5,095 hectares (14,591 acres) in southwest London and is the only London borough spanning both sides of the Thames, with river frontage of 21½ miles.”
 - ▶ 190,000 population (approx)
 - ▶ Least deprived areas in the country and in London according to the 2010 Index of Multiple Deprivation
 - ▶ CMHTs have a caseload of approximately 1,100
 - ▶ Carers in Mind caseload 370 carers
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- ▶ Lavender Ward: adult acute ward located at Queen Marys Hospital, Roehampton
- ▶ Opened in March 2006
- ▶ Mixed 23 bedded ward for 18 – 65 year olds
- ▶ Modern facilities: single rooms, en suite facilities
- ▶ Bed occupancy averages = 110% per cent; approximately 234 admissions last year.
- ▶ Average length of stay 2 – 4 weeks
- ▶ Multidisciplinary team input
- ▶ Richmond Crisis and Home Treatment Team (CHTT) is based on Lavender and holds a caseload of between 25-30



Key elements of the project

- ▶ Co-produced service development
 - ▶ Identification and triage
 - ▶ Opportunity to 'tell my story'
 - ▶ Transitions between acute services
 - ▶ The offer of respite during CHTT
 - ▶ Ability to work with complex cases as a lone worker
 - ▶ Modelling best practice
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Acute Carers Recovery Worker's Role

- ▶ Sharing risk concerns and addressing confidentiality barriers
- ▶ Identifying early warning signs
- ▶ Providing guidance on how to respond to difficult behaviour symptoms
- ▶ Teaching communication skills
- ▶ Navigator role between health, social care and voluntary sector services
- ▶ Carers Advocate and Role Model

Lavender: Triangle of Care Audit

2nd audit - 2012

Participants: 7 team members completed audit (consultant psychiatrist, nurses and healthcare assistant).

Results: Mean Score 33.5 with significant response variations.

Outcome: 3 carers recruited to audit results and identify 5 key areas for the ward action plan.

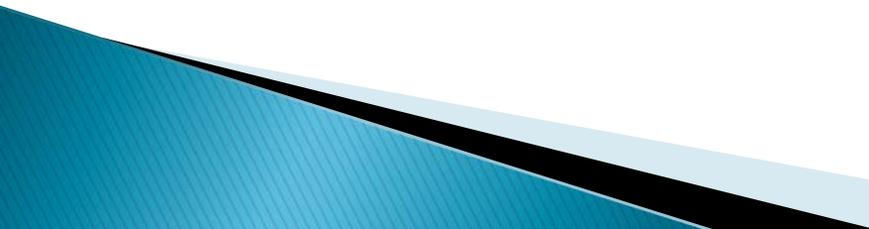
3rd audit - 2013

Participants: 3 members of team completed

Results: Mean Score 40 with significant response variations.

Outcome: All respondents knew about Carers Lead and local carers support services.

Carers Champion Nurse Lived Experience

- ▶ Delivery of seamless care for carers
 - ▶ Co-production
 - ▶ Act as a role model re. how to engage and support families
 - ▶ Carer identification and registration
 - ▶ Appropriate delegation of carer support/work
 - ▶ Getting key stakeholders on board
 - ▶ Weekly support group changed to drop in sessions
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Extract of Force Field Analysis

Driving Forces To Change

Access to crucial information, due to the carers relationship with the service user. 

Teaching carers coping strategies, vital for successful care and recovery of the service user. 

Reduced burn out of carers, due to more support & understanding of problems. 

Opportunity to meet other carers, no longer feeling alone. 

Co-production therefore improving seamless care consistent with person centred approaches. 

Quicker discharge due to carers increased skills, reduced long admissions. 

Carers feeling a "release" due to being listened to and given practical actions = empowerment and utilisation of their expertise. 

Multidisciplinary team increased awareness of cultural/ethnic needs due to carers info = increased therapeutic engagement with service user. 

Restraining Forces To Change

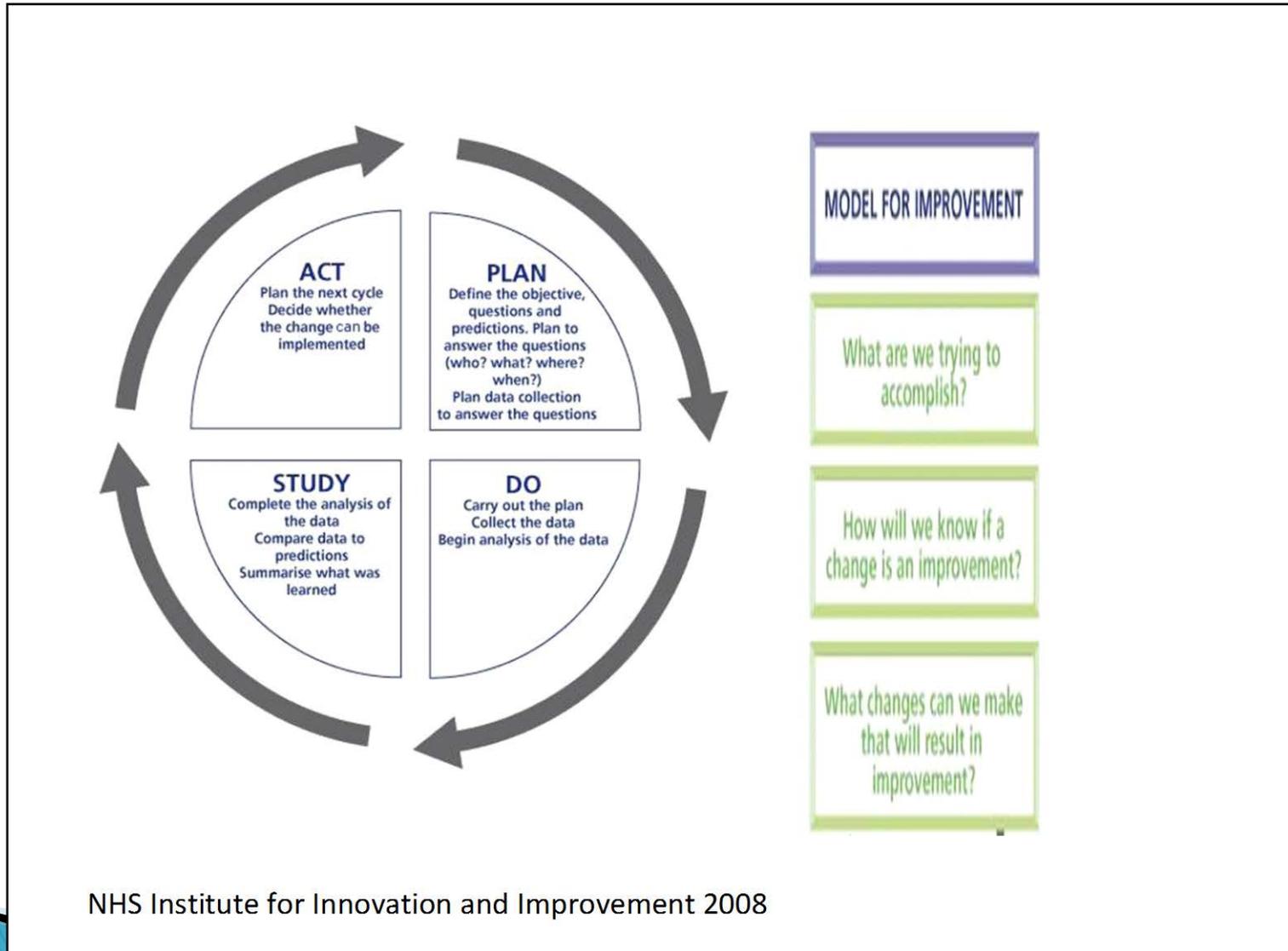
 Time to meet carers on top of current workload.

 Carers refusing to engage, withdrawing support when relative is in hospital.

 Staff feeling threatened, culture change from being "professional" to the carer as the "expert"

 Concern regarding confidentiality for both carers and service users.

Plan Do Study Act Cycle of Improvement



ACRW pilot outcomes

- ▶ 4 respite sessions were delivered for 2 carers
 - ▶ 289 face to face 1:1 support meetings with a total of 340 hours direct face to face contact
 - ▶ 213 telephone support calls with a total of 98 hours contact
 - ▶ 68 crisis assessment plans completed
 - ▶ A total 438 hours 1:1 support - an average of 6.4 hours support per carer
 - ▶ 60-90% of service users on Lavender had a carer recoded on RiO
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What worked?

- ▶ Identification of carers (60-90%)
 - ▶ Crisis Assessment Plans
 - ▶ Carer feedback about the value of the service
 - ▶ Carer feedback about experiences on ward
 - ▶ Carer awareness training and skills workshops for staff
 - ▶ Transitions between acute services and into the community
 - ▶ Support for carers who would not traditionally access a carer support service (44%)
 - ▶ Continued funding for another 2 years
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What didn't work?

- ▶ Support group
- ▶ Written consent forms for service user
- ▶ Letters inviting carers to an appointment at an arranged time

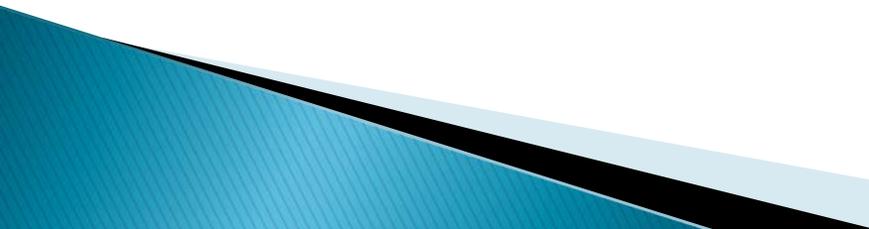
What hasn't been achieved?

- ▶ Carers exit survey
 - ▶ Carers 'Coping in a crisis' booklet
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Next steps – 2 years funding

- ▶ To continue to improve the service delivered and evaluate outcomes
 - ▶ To continue the implementation of the Triangle of Care with dedicated support from the ACRW
 - ▶ To work in partnership with SWLStG's in developing ways of improving the effective involvement of carers in relapse prevention
 - ▶ To continue with the strong focus on co-production
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Acknowledgements

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 - ▶ Catherine Gamble, Consultant Nurse SWLStG's
 - ▶ Sarah Mullett, Carers Recovery Worker
 - ▶ Members of the Richmond Mental Health Carers Development Group
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Audience Discussion

- ▶ How do you find the pilot?
 - ▶ Any suggestions on the findings, e.g. Triangle of Care outcome variations, overcoming obstacles?
 - ▶ Any implications?
 - ▶ Any successes/ case studies on integration/ implementation projects to share?
 - ▶ More about role preparation and recruiting?
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