



HPFT Carer Plan

2019 - 2021

Consultation Paper

Period of consultation:

27 November 2018 – 27 December 2018

1. Background to consultation paper

At HPFT our vision for services is that we achieve Great Care and Great Outcomes for people, together. Essential to this is supporting people of all ages to keep mentally and physically well, and support for carers is a key part of achieving this. The purpose of having a carers plan is that carers should be able to seek the support they need at the time that they need it and that they should be recognised as expert partners in care.

Since August 2018, the Trust has invited carers, service users and staff to participate in a range of workshops to discuss what our future plan for carers should look like. This has included:

- Workshops in Hertfordshire
- Workshop in Essex
- Feedback from Norfolk family day (forensic services)
- 121 conversations with carers about their experiences and ideas
- Feedback from the Trust Carer Council.

Through these discussions we have picked out six themes that have come up frequently throughout our conversations and, most recently, began to refine all of the feedback into key areas of priority to focus on.

This paper provides a framework that we plan to work within throughout 2019 – 2021 inclusive that we are gathering feedback on until 27th December 2018.

2. Who is the plan about?

In the context of this plan, carers are people who provide help and support, unpaid, to a family member, friend or someone else, who would otherwise not be able to manage. The person they care for may have a physical or learning disability, dementia, mental health problem, may misuse drugs or alcohol or may be ill or frail.

Importantly this plan needs to be for all carers of all ages and experiences. As we know not everyone will identify with the term carer, throughout this document we have used the terminology 'carers, families and friends'.

3. Vision & areas of priority

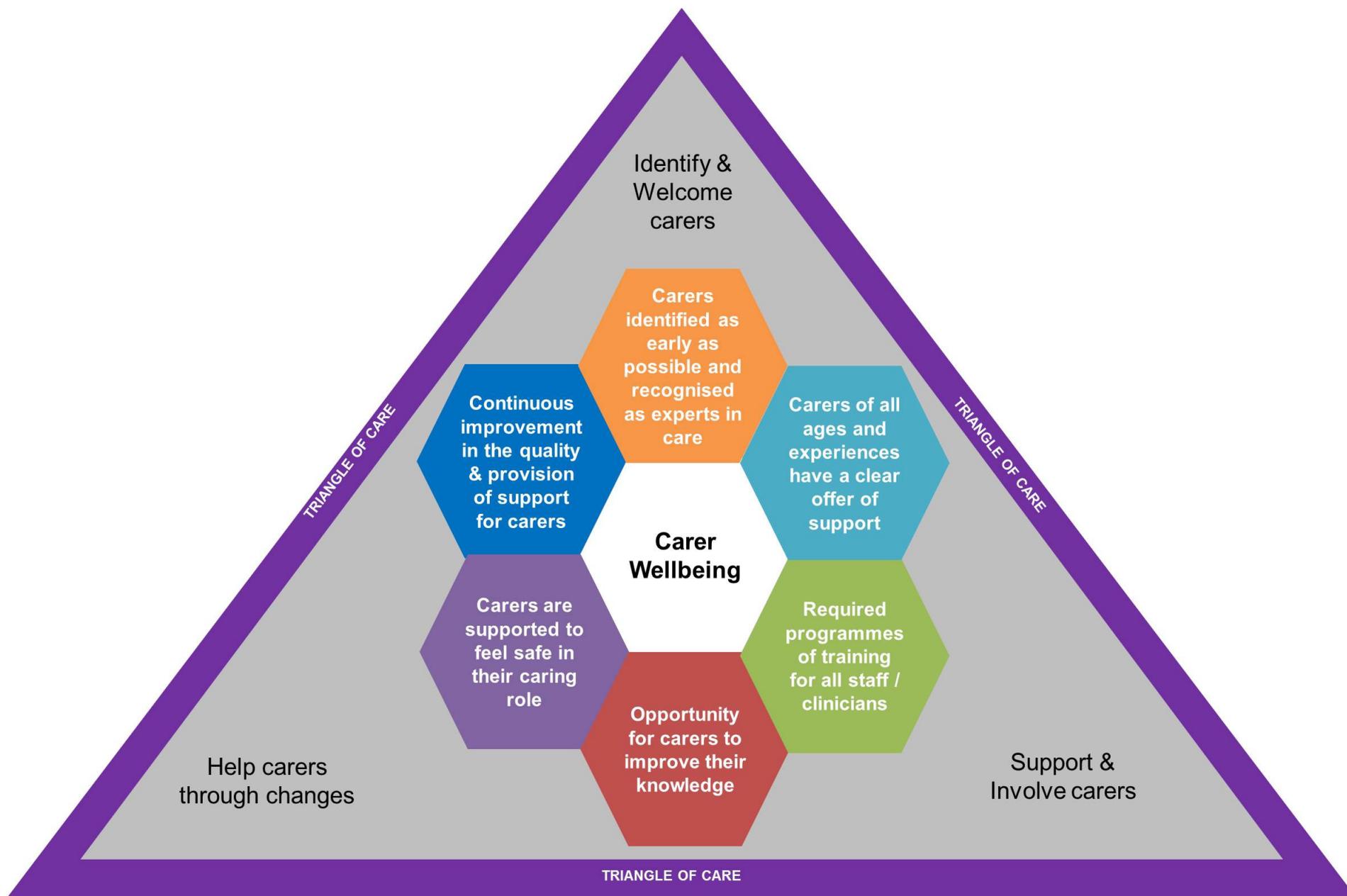
The vision for this plan is that:

Carers, families and friends have real control and choice over how they are supported, through ensuring early contact and identification of support needs; and through this are enabled to be active partners in the way that care is provided.

This vision supports government policy for carers and the priorities identified in county carer strategies for Hertfordshire, Essex & Buckinghamshire shown in Appendix 1 (there is currently no county carer strategy for Norfolk).

However, most importantly, the plan reflects those things that carers have told us are important to them when supporting people using our services.

Therefore, through discussions with carers, families, staff and service users we have developed a set of priorities as detailed in the following diagram:



The diagram above shows:

- **Carer wellbeing at the centre of this plan** – It is important that this plan is exclusively focused on support for the carer to carry on caring should they want to, but also needs to take account of where carers are unable to provide care.
- **The priorities for this plan in the hexagons around the carer wellbeing** – these are the things that we need to make sure we get right for carers. They have been agreed through discussions involving carers, service users, staff members and representatives from the third sector.
- **Our carer pathway principles surrounding this** – we co-produced this pathway in 2016 as a common sense approach to carer support. It is now used by all NHS providers in Hertfordshire and some outside of Hertfordshire.
- **The Triangle of Care encompassing all of this** – the nationally developed model of creating partnerships in care between service, service user/patient and carer. This model should thread throughout our priorities and carer pathway.

4. HPFT Values & Carers

The Trust values should underpin everything that takes place within the Trust. The interactions with service users and carers, the ways that staff relate to each other and the quality to which services are provided.

The organisational values are detailed below and it is expected, as a standard part of practice, that these values would be lived throughout all priorities listed within this document, however some of these will be more pertinent than others. We have tried to make this clear in section 5.

Our values

	<i>we are...</i>	<i>you feel...</i>
Our Values	Welcoming	✔ Valued as an individual
	Kind	✔ Cared for
	Positive	✔ Supported and included
	Respectful	✔ Listened to and heard
	Professional	✔ Safe and confident

5. Outcomes for carers

Through our work with carers, service users, staff and our partners we have developed the following priorities linked to the six areas of focus. We have included for each how we feel they link to one or more of the Trust values.

1. Carers identified as early as possible and recognised as experts in care

- 1.1 There is a clear process in place that identifies carers and provides outline of support offer at an early stage.
- 1.2 Carers are recognised by services for the expertise that they bring to the provision of care – and involved as experts.
- 1.3 Clear marketing of carer support across the communities that HPFT serves.
- 1.4 Carers are aware of benefits for themselves and the person they support at an early stage.
- 1.5 GPs, the Trust and the third sector work collaboratively to ensure early identification of carers.

This priority links closely with the Trust value to be 'Welcoming' to carers so that they feel valued as an individual.

2. Carers of all ages have a clear offer of support & involvement

- 2.1 Carer wellbeing is seen to measurably improve following support and involvement from services.
- 2.2 Cross sector working delivers dynamic and varied support options for carers.
- 2.3 Active signposting/social prescribing connects carers to local community support networks, including support from other carers (peer support).
- 2.4 Carers report that they feel listened to and engaged by services.
- 2.5 Carer needs are assessed and the capacity to provide care is clarified (and alternative support identified where needed).
- 2.6 Young carers (under 18) are protected from unnecessary caring responsibilities.

This priority links closely with the Trust values to of being 'Kind' so that carers feel cared for, 'positive' so that carers feel supported/included and 'Respectful' so that carers feel listened to and heard.

3. Required programmes of training for all staff/clinicians

- 3.1 Carer training forms a mandatory learning requirement for all staff / clinicians as a means to drive improvements in quality and performance of services.
- 3.2 Services provide clear messaging around confidentiality and ongoing communication with carers, families and friends.
- 3.3 Specialist training for staff on provision of statutory carer services (carer assessments, contingency planning etc) is provided to key staff groups.
- 3.4 Staff use existing holistic skills and apply these to supporting and involving carers, families and friends in care.
- 3.5 Clinicians are supported and able to applying new learning into their practice so as to deliver improvements to care.

This priority links closely with the Trust value to be 'professional' so that staff are safe and confident in the way that services are provided.

4. Opportunity for carers to improve their knowledge

- 4.1 Carers have access to education to improve understanding of health conditions and associated behaviours.
- 4.2 Opportunities provided for carers to learn about managing their wellbeing.
- 4.3 Knowledge and information on the range of community support services available.
- 4.4 Carers know how to access the full range of benefits available to them and are aware of their entitlement to support.
- 4.5 Understanding of how and when they can be involved in planning care.

This priority links closely with the Trust value to be 'professional' so we are equipping carers with the knowledge/skills to carry on caring should they wish to.

5. Carers are supported to feel safe in their caring role

- 5.1 Clear support planning which clarifies involvement and role in provision of care whilst working to reassure carers of the quality of service being provided.
- 5.2 Approaches to risk assessment and safeguarding include the impact of caring and risks to carer.
- 5.3 Carers are supported to stay well and able cope with the demands of caring.
- 5.4 Clear routes of contacts and support are in place for carers, particularly in times of crisis.
- 5.5 Those no longer able to provide care have clarity and support to understand how alternative support can be arranged.

This priority links closely with all values to ensure we are 'Welcoming' and identifying carers as soon as possible to promote safety, 'Kind' in that we are caring for carers needs and the people they support, 'Positive' in actively supporting and involving carers, 'Respectful' in the way we listen to carers and professional in support carers to stay safe.

6. Continuous improvement in the quality and provision of support for carers

- 6.1 Development of relationships with local support services for carers to develop new ways of working.
- 6.2 Carers are supported when things change in care or in their lives.
- 6.3 Contingency and Lifelong planning for carers is supported, particularly in relation to life limiting conditions.
- 6.4 Carers are respected, valued and involved as an essential part of delivering high quality care.
- 6.5 The Trust innovates as a great provider of support for carers and champions their involvement throughout care, whilst learning from those excelling in this field.
- 6.6 Opportunity for 360 appraisal to include feedback from service users and carers.

This priority links to all our values in that it is only by working in a values based way that we will continuously improve services for carers.

7. Action planning

In addition to showing what outcomes we want to achieve (our priorities), we will show in the final plan what action will be taken to achieving this up to 2021. However before we can do this we need to consult on this document to ensure our priorities are correct for people.

8. What are we asking for through this consultation?

We have already completed a substantial amount of engagement in relation to this plan to get to this stage. We are confident that, to date, the draft priorities have been co-produced between carers, service users, staff and our partners.

However, we need to provide wider opportunities for people to be consulted on what is being proposed. We are therefore keen to hear views on the following questions:

- What are your views on the proposed vision for this plan? A vision is necessary to set the broad direction for the plan and should be aspirational.
- Do the areas of focus and priorities for each feel correct and is there anything obvious that we have missed?
- If you are a carer in contact with HPFT what currently works well for you and what could we do better?
- How should we be making people aware of our progress on this plan? E.g. reports, events etc.

We have included a template in appendix 2 with this document that you can print and complete to return to us, or you can complete an electronic version by [clicking here](#).

9. Ways to feed back

We want to encourage as much feedback as possible from people with a range of different experiences/viewpoints. You can do this in the following ways:

- **Email** – hpft.carers@nhs.net
- **Telephone** – Sachdev Seyan (Carer Development Worker), 07909 930414 until 14th December or James Holland (Inclusion & Engagement Team Manager), 07770 701543 until 21st December
- **Post** – you can post your comments to us at: Inclusion & Engagement, 99 Waverley Rd, St Albans, AL3 5TL

Appendix 1 – strategic priorities from Herts, Essex, Bucks & Norfolk

Hertfordshire:

Our vision is that together we deliver the objectives that carers have identified, that they should be able to:

- Carry on caring if they want to.
- Get good quality information and advice when they need it.
- Be recognised, feel respected and heard as carers and partners in care and experts in the needs of the person they care for.
- Have a life outside of and after caring, including working or volunteering if they want to & being able to fully access their local community and local services.
- Stay mentally & physically fit and healthy
- Be safe
- Access full benefit entitlements and financial advice.
- Receive consistent joined up services

Essex:

- Choice and Control – Carers know what their options are now and for the future and are supported to plan for all stages of their caring role;
- Respect and Recognition – Carers are recognised, respected, valued and included as expert and knowledgeable partners by professionals;
- Access to networks of support – Carers are connected to local community support networks;
- Achieving full potential – Carers are able to access education, employment and life opportunities;
- Good Health and Wellbeing – Carers are able to maintain their health and wellbeing, both physically and emotionally, whilst managing their caring role; and
- Independence – Carers are resilient and able to sustain a life of their own alongside their caring role.

Bucks:

- Support , value and recognise carers as equal partners in care
- Support and give carers confidence to have a life of their own outside of caring
- Involve carers in planning and shaping services
- Recognise that Carers need flexible and responsive support

Appendix 2 – consultation response form

HPFT Carer Plan – Consultation Feedback

Your Name	
Your Contact Number or Email (if you wish to be contactable)	
Location	<input type="checkbox"/> Hertfordshire <input type="checkbox"/> Buckinghamshire <input type="checkbox"/> Norfolk <input type="checkbox"/> Essex
Which of the following best describes you when completing this form?	<input type="checkbox"/> Carer <input type="checkbox"/> Service User <input type="checkbox"/> HPFT Staff Member <input type="checkbox"/> Non HPFT Staff Member <input type="checkbox"/> Other (please specify below)
What are your views on the proposed vision for this plan?	
Do the areas of focus and priorities for each feel correct and is there anything obvious that we have missed?	
If you are a carer in contact with HPFT what currently works well for you and what could we do better?	
How should we be making people aware of our progress on this plan? E.g. reports, events etc.	
Anything else you would like to say?	

Please return this form to carers@hpft.nhs.uk or Inclusion & Engagement Team, 99 Waverley Rd, St Albans, AL3 5TL.

When responding please include the page number and, where appropriate, priority number so we are clear which part of the plan you are referring to.