healthwatch
Worcestershire

SERVICE USER AND CARER EXPERIENCE OF THE MENTAL HEALTH HOME TREATMENT SERVICE

MARCH 2019

ACKNOWLEDGEMENTS

Healthwatch Worcestershire (HWW) would like to thank the people who participated in this project. They generously gave of their time and personal experience and we gratefully acknowledge their contribution.

We would also like to acknowledge and thank Worcestershire Health and Care Trust, for their help and cooperation with this project.

Special thanks go to HWW Ambassador – Alan Richens for his outstanding contribution to the project and report.

1. ABOUT HEALTHWATCH WORCESTERSHIRE

Healthwatch Worcestershire (HWW) provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners to improve services.

2. WHY WE UNDERTOOK THIS PROJECT

During 2016 Worcestershire Health and Care NHS Trust (WHCT) approved a new model of support for adults with mental health issues. Widespread engagement with service users, families/carers and staff suggested a shift to a more community-based service which was:

- recovery focussed
- allowed people to maintain control and independence
- reduced the risk of people needing to be admitted to a mental health ward

The new model aimed to improve services providing mental health support to people at home or in their local community.

HWW in February 2016 published a report 'Sharing your experiences of support for mental health and wellbeing' which identified potential issues with the quality of the previous Home Treatment Service.

In January 2017 HWW published a 'Spotlight on Support for Mental Health and Wellbeing – A Carers Perspective' identified almost 50% of carers received no information at all to support them in their role.

HWW therefore were keen to explore patient and carer experience of the new redesigned Home Treatment Service in relation to:

- Care Planning and Crisis Planning
- Information and Support
- The Carers Experience

Worcestershire Health and Care Trust Mental Health Home Treatment Service

The Home Treatment Service (HTS) provides treatment to people who are acutely mentally ill, in their own home as an alternative to hospital admission. Home treatment is available to people 16 years and over who are experiencing an episode of acute mental illness. The service provides a next day response to referrals from Community and Acute Mental Health Teams.

There are four locality-based Home Treatment Teams covering the County:

- Wyre Forest

- Wychavon
- Worcester and Malvern
- Bromsgrove and Redditch

Each team is staffed by:

- Consultant Psychiatrist
- Doctors
- Mental Health Nurses
- Social workers
- Occupational Therapists
- Support workers

3. WHAT WE DID

Senior Management at WHCT were very supportive of the project. Initial delays were encountered as data sharing protocols were explored. The final approach agreed was for WHCT to send out information to former Home Treatment service users and their carers on our behalf. HWW decided to focus on patients and their carers who had been **discharged** from the new Home Treatment Service between February 2017 and January 2018. It was agreed not to include current service users on the basis of their current ill health.

Two surveys were co-designed; one for service users and one for carers. The service user one was shared with existing patients of the HTS for input, the carer survey was informed by consultation with carers attending Jigsaw – a Malvern based support group for carers of someone with mental ill health.

Although HWW used the term ‘carer’, it was apparent that not all family members or friends who provide support/care, consider the title to be appropriate in their own case.

A meeting was held with the Patient Experience Lead and Manager of the Home Treatment Service where documents were shared in development for discussion. Final documentation provided to participants was:

- Brief covering letter
- Survey
- Project information sheet including our privacy information
- Consent form

Links to all documentation used are included in the Appendix.

WHCT supported with the dissemination of surveys and supporting information to the identified sample group of former service users and their carers. HWW invited the group to participate by completing either a hardcopy or electronic version of the survey. In addition, participants were given the opportunity to meet if they wished to share their experience in person.

All interviews were conducted in settings chosen by interviewees (e.g. their homes; HWW office, venue in local community) who were invited to have someone with them if they wished. Each interview was undertaken by two members of HWW, broadly aware of good practice about mental health, service provision and safeguarding.

It is worth highlighting that all 55 survey responses were hard copies returned by Freepost or collected at an interview. No electronic responses were submitted via our online survey platform - Survey Monkey.

4. WHO WE SPOKE TO

The new Home Treatment Service (HTS) had been running for 16 months when this project began. HWW chose to contact patients who had been discharged from the service in its first 12 months - February 2017 to January 2018. In total 902 people were contacted including 70 Carers. HWW were aware of the potential challenges of trying to engage with the client group who were going to be at varying stages of recovery and well-being. So, it was decided to initially test the response rate and wrote to 200 service users who had been most recently discharged between December 2017 and January 2018.

Participants were given a four-week window to respond if they wished to partake. The closing date was 13th May 2018 and yielded only 8 survey responses. Telephone calls were made to those indicating (via their returned consent forms) they wished to be contacted and resulted in 7 interviews including 3 with carers. It was evident from the interviews that some patients in this group were likely to still be in the early stages of recovery. So, it was decided to next approach those who were discharged between 9 and 12 months earlier.

338 letters were sent out in June with a closing date of 13th July 2018. This group yielded a slightly better survey response rate of 27. A final batch of 364 letters were sent in September to the middle group who had been discharged between May and October 2017 resulting in a further 20 survey responses.

In total 22 interviews were arranged and 18 completed as per the following table:

Interviews		Completed Face to Face	Telephone	Did not Attend	Withdrew	Incomplete
Service Users	16	11	1	2	1	1*
Carers	6	6	0	0	0	0

*Concern about the capacity of one service user to provide meaningfully informed consent for their engagement with the project led us to replace the structured interview with an informal conversation. The content of that has not been included in the data analysis presented here.

In total 49 survey responses were received from service users and 6 from carers. HWW are grateful to all those who took part and were willing to share their experiences. Whilst 55 is a relatively small response rate compared to the number of letters sent out, it was always a known risk that response rates might be low due to the methodology of a survey and varying stages of recovery of potential participants.

5. HOW WE HAVE REPORTED OUR FINDINGS

All responses to our surveys were anonymous and for consistency survey questions were used to structure the interviews. All comments from respondents have been anonymised and gender-neutral language used throughout to protect identities. However, where quoting a respondent, wording has been left unchanged to maintain authenticity.

72% of service user responses were female and 28% were male. The majority of responses came from people aged 45 and over, only 10% were aged between 24 and 44. The demography of Black and Minority Ethnic communities in Worcestershire is 4% according to the latest census date of 2013. Almost 9% of respondents were from Asian British/Indian or Asian other backgrounds.

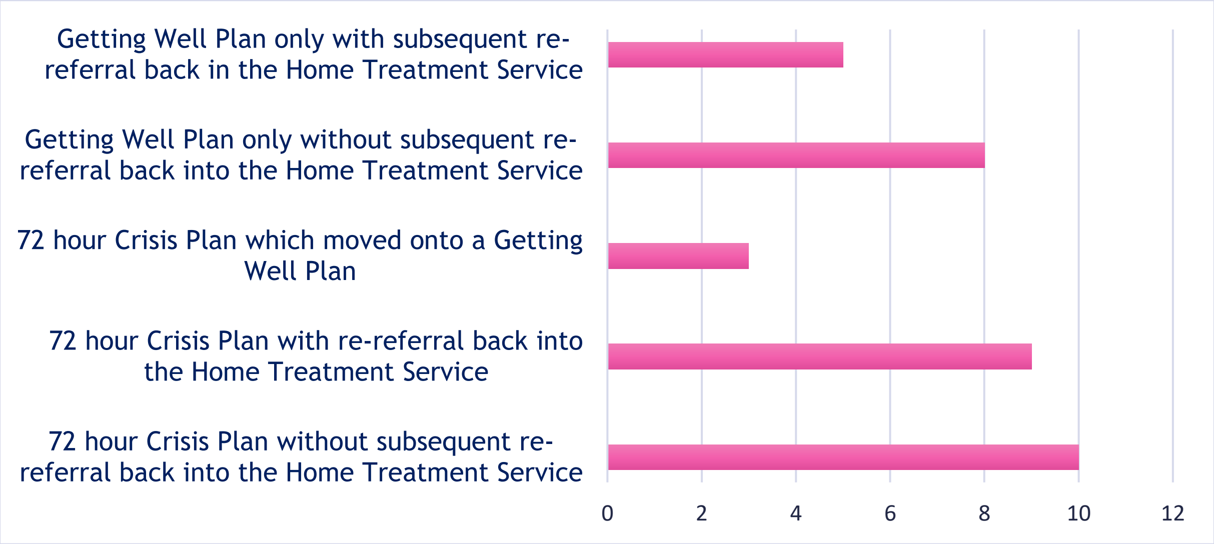
It is acknowledged that participants were at varying stages of recovery and due to the nature of their illness and medication, it was not always possible to clarify if some comments pertained to the Home Treatment Service or the Community Psychiatric Team during after care. HWW tried to highlight this where relevant throughout the report.

Percentages have been used rather than absolute numbers when summarising findings. This is intended to provide clarity and consistency. It should always be kept in mind, however, that the absolute numbers behind these percentages are not of statistical significance (see section 4, above). The focus of this qualitative report is that of the patients experience.

6. SERVICE USER FINDINGS

Service User - Care Planning and Crisis Planning

Q1. Which of the following Home Treatment Plans have you experienced in the last 12 months?

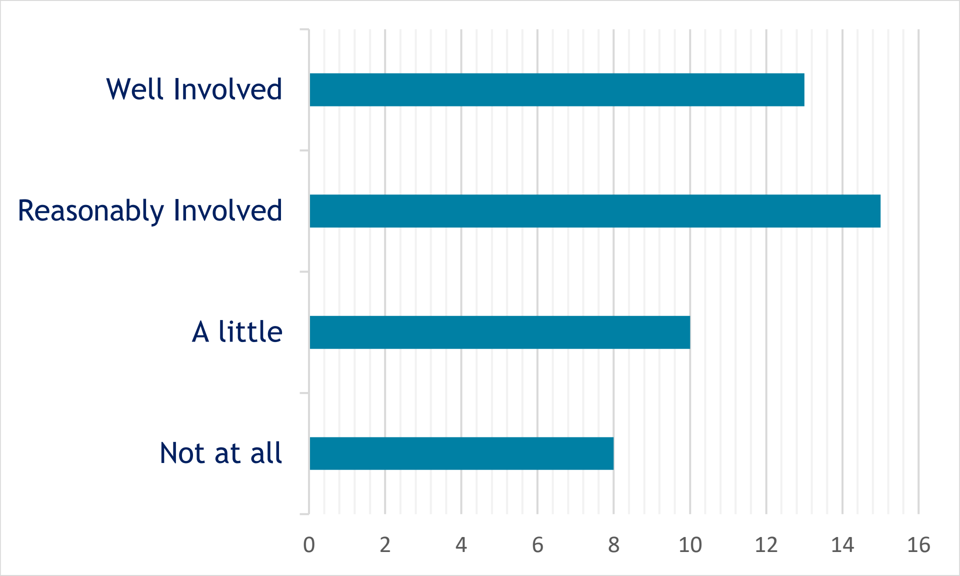


71% of respondents answered - 29% omitted the question

Point for consideration

It was noted when interviewing that not all service users and carers were certain which of the variations above had applied to them. This may have implications for future evaluations of the HTS.

Q2. How involved were you in the planning of your Home Treatment Plan?

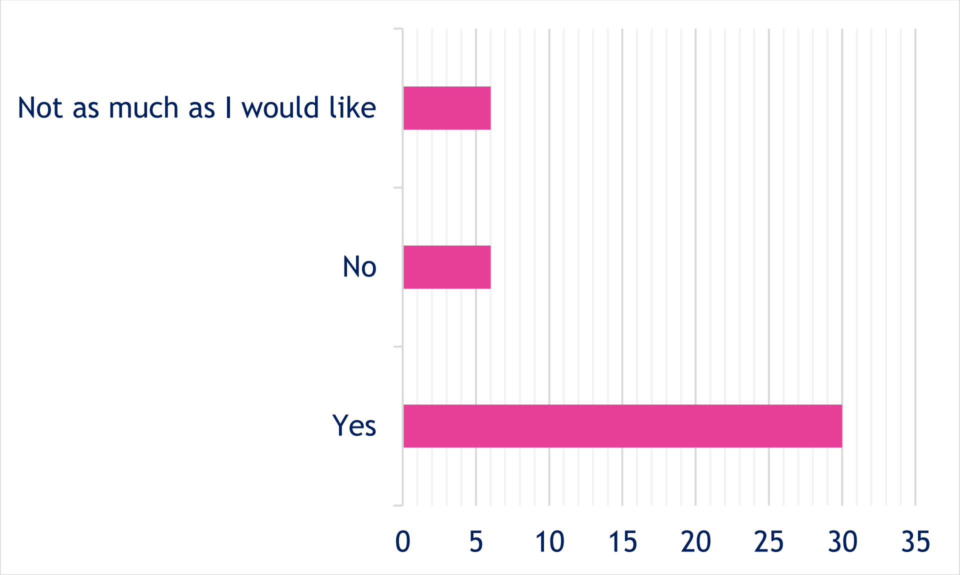


94% of respondents answered - 6% omitted the question

Point for consideration

It is good to see that most were ‘well’ or ‘reasonably well involved’, but it appears there is scope for achieving an increase with the involvement of patients in the planning of their care.

Q3. Were you asked what things would help you feel better?

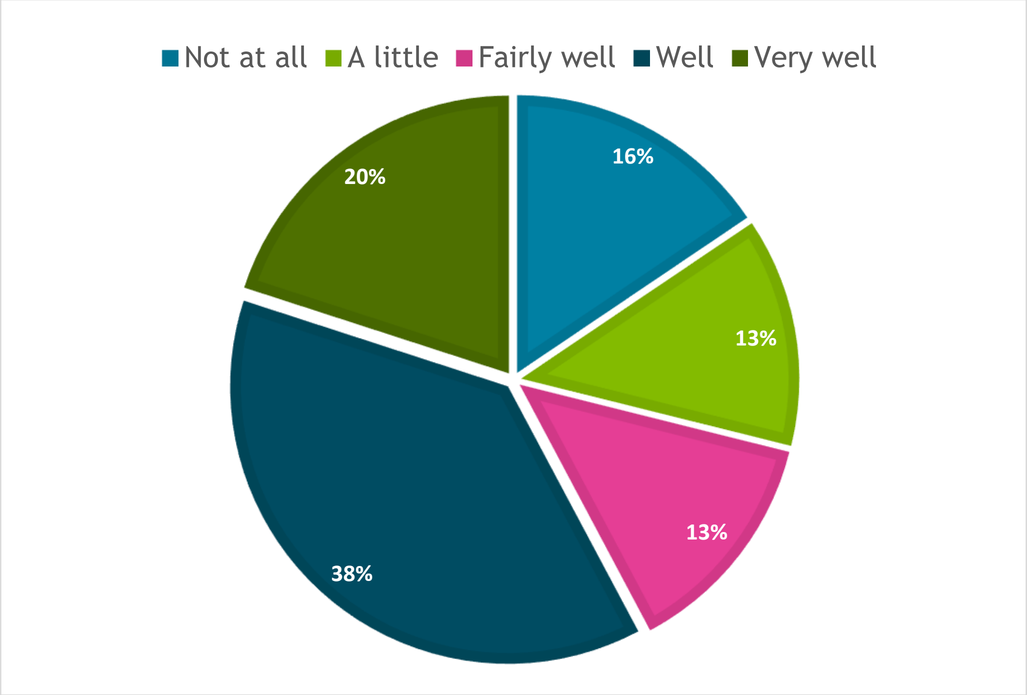


86% of respondents answered - 14% omitted the question

Point for consideration

A good proportion of affirmative answers, but again scope for achieving an increase in identifying what would help patients feel better.

Q4. How well did your Home Treatment Care Plan meet your needs?



92% or respondents answered - 8% omitted the question

Point for consideration

"Well" or "Very well" for 58% of those who answered is good to see, but "Not at all" or only "A little", for 29% provides room for improvement.

Q5. What if anything, would have made your Home Treatment Plan better meet your needs?

59% of respondents answered – 41% omitted the question

With some service users having already said they did not have such a Plan, or they were not as involved as much as they would have wished in its production, the mixture of responses here is not surprising. 41% of respondents skipped this question. Of the 59% who answered it, 17% indicated (in various ways) that their Plan had no need to be enhanced. 7% repeated the point that they had had no Plan, and another 3% said that their Plan was "unrequired".

Other respondents used this question to comment on the ***service*** they had received from the Team, rather than the Plan specifically.

Positive comments were:

- *"Very helpful, quick response from the Team"*

- *“A continuation of their support instead of the mental health team becoming involved”*
- *“They were very good”*

One negative comment was:

- *“We were referred to HTS then told my wife was too old and was dropped like a stone”*

Suggestions of what would have made it a better patient experience were more numerous (16 in total), with the following each being separately proposed by at least two service users:

a) More frequent visits

b) More consistently by familiar Team members

c) Spending more time

d) With more medical/psychological input

Point for consideration
WHCT should consider service users comments on these specific suggestions.

Q6. How long were you with the Home Treatment Team?

73% of respondents answered - 27% omitted the question

Where responses were clear and straightforward, they were distributed similarly between those who referred to up to one week (33%), those who referred to beyond that up to a month (28%), and those who gave an answer in terms of months (25%). Within the first group, the shortest periods referred to were “*30 mins*” and “*2 hours*”.

The remainder (14%) said that they were unable to remember, or gave answers which were awkward to interpret, including “*various times over the years*”.

Interviews with a subgroup of respondents highlighted a lack of certainty about the duration of their time with the Home Treatment Team, and about the variant of the Team’s services received, were rather more prevalent than implied here. (This may be due to the possible impact upon memory function of both the symptoms of mental ill health and some of the medications used to treat it.)

Point for consideration:
HWW suggest WHCT considers the merits of adding a discharge summary, that records this information reliably to the record of the Home Treatment Plan and ensures the service user is provided with copies of both. This would assist future assessments of user satisfaction with the Home Treatment Service.

Q7. What happened next?

71% of respondents answered - 29% omitted the question

63% of those who answered described what followed their period of home treatment as a referral back to, or a referral onward to, another team, and they made no adverse comment on this course of events.

For 21%, however, there is explicit or apparent dissatisfaction with what happened next, as follows:

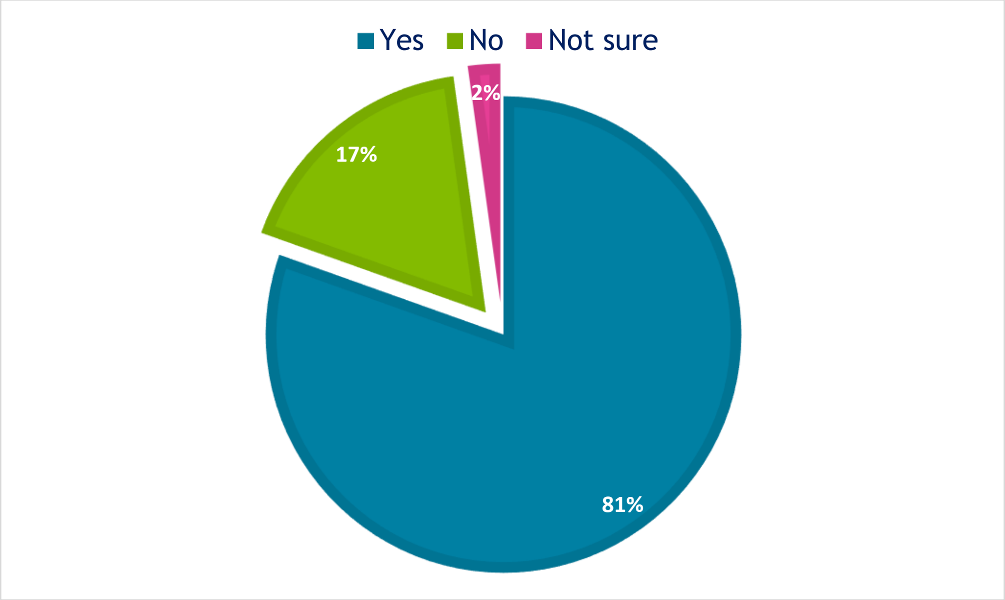
a) *“nothing”* (9%)

b) *”no follow up/left to get on with it”* (9%)

c) and the two specific (and polarised) responses: *“They said I was not taking my meds, and dragged me back to the hospital”* and *“I asked to be put on the waiting list to see a counsellor and never received an appointment…I rang…due to feeling very anxious and was told by someone to go through my doctor…”*

Point for consideration
WHCT should give consideration to the level of dissatisfaction with the exit process from the HTS.

Q8. Did you know what to do and who to contact if you began to feel unwell again?



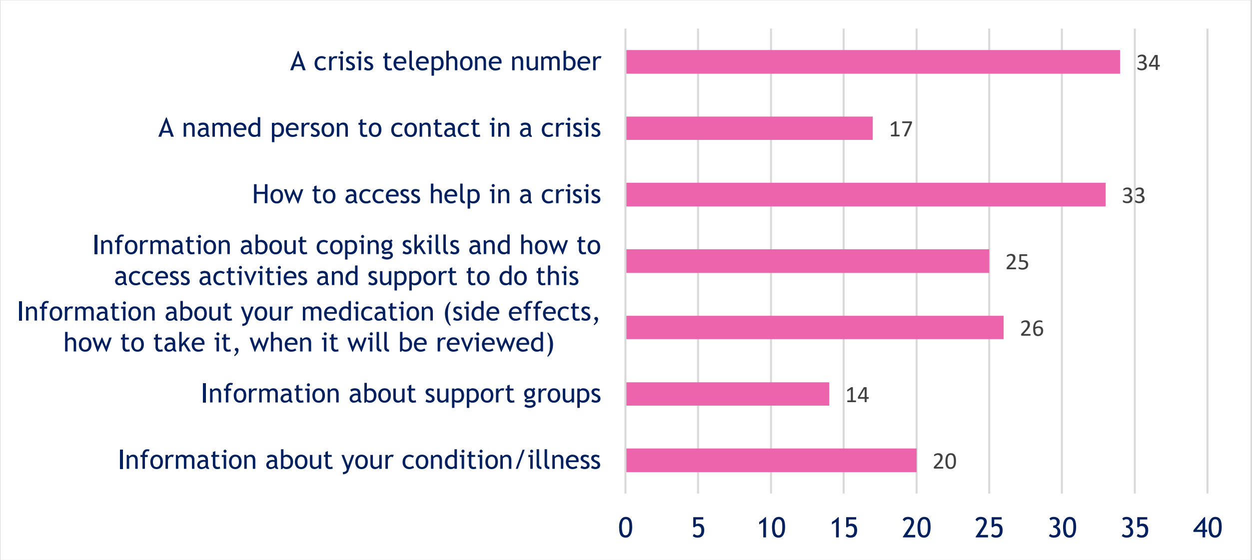
94% of respondents answered - 6% omitted the question

This is clearly being achieved for the large majority (81%), although not for all.

Point for consideration
The HTS could record what to do/who to contact in the Home Treatment Plan Discharge Summary.

Information and Support

Q9. What information did you receive from the services you were supported by?



88% of respondents answered - 12% omitted the question

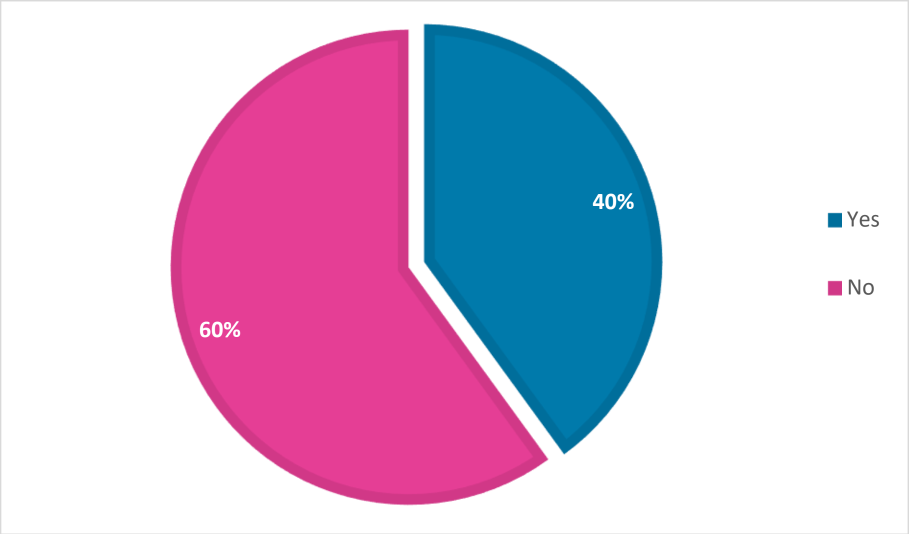
Other responses specified:

- No support
- No information on medication
- I really want a support group but there aren't any
- A mobile telephone was lent to me to telephone Home Treatment
- New Brook came into effect yourselves
- (Member of staff) was supportive, listened to me and faxes pharmacy local weekly medication
- They sent me to A&E

Point for consideration
A desire for written information on medication and their side effects, was mentioned on more than one occasion. One interviewee with complex needs, explained their medication was sometimes changed without consideration for other medication they were on and the consequent side effects had been unbearable.

WHCT should consider providing patients and carers with written advice and information on medication and its side effects in an accessible format.

Q10. Did you know how to make a complaint if you weren’t happy with your Home Treatment?



92% respondents answered – 8% omitted the question

Point for consideration:

60% of respondents answered *not* having been aware of how to complain. WHCT should ensure 100% are aware of the complaints process and provide information to patients about its Patient Advice and Liaison Service (PALS).

Q11. Is there any information you would have found helpful that you weren’t given?

57% respondents answered – 43% omitted the question

39% of those who answered expressed satisfaction with the information they received while with the Team. 7% said they had received no information, and a further 7% were uncertain. Please note this does not constitute 100% of responses received.

18% of respondents who answered made the following suggestions:

a) “What would happen next – if there’s further treatment.”

b) “What further help is available.”

c) “Anything in writing to help me cope.”

d) “Information about my medication.”

e) “Any local groups I could access.”

Comments here related to the team or the service, but not specifically about information. To this group should perhaps be added the respondent who made the specific information request for “how to sue”.

Point for consideration

WHCT to consider the use of an information checklist by the HTS, with standard items and spaces for specific individual requests from service users. This again could be included in a shared record.

Q12. Are there any other comments you would like to make?

55% respondents answered – 45% omitted this question

This opportunity to make further comments was skipped by 45% of respondents and taken up by 55%, although 22% of the latter simply told us they had nothing to add. Of those who did say more, 33% were complimentary:

a) *"When Home Treatment visited…support was good"*

b) *"The staff at this team in Redditch were brilliant. (named staff member) was an angel sent to help me through this rough time"*

c) *"Always found the team very helpful and caring"*

d) *"I thought they were kind, excellent, and I was lucky to receive care"*

e) *"They saved me, and I will be forever grateful"*

f) *"Home Treatment certainly stabilized my condition, raised my mood and got me back on track"*

g) *"Keep smiling. Keep being your dear selves"*

By contrast, 8% were critical (sometimes in rather colourful language):

a) *"I have never been treated fair by Home Treatment or Crisis Team…I don't contact them any more as they make me feel worse"*

b) *"When phoning the Crisis Team, the number had changed. Once new number found, staff responding to call were not helpful"*

c) *"These people are mentally ill themselves, obsessed, OCD."*

d) *"What a waste of NHS resources. Care Plan is shocking. CQC would have a fit."*

20% of responses expressed or implied experiences that fell between these two positions.

Point for consideration

It is evident the Home Treatment Service is producing many satisfied and appreciative customers, but also that a proportion of its users do not find their experience as good as all service users would wish it to be.

Q13. Given your experience of Home Treatment, how would you like to see the service develop?

67% respondents answered – 33% omitted the question

Of those who responded to this final question (67%), 15% did not make suggestions and the comments of 15% were not open to interpretation as they were not direct answers to it. The remaining 70% recommended changing the service in the following ways:

a) Giving it more staff/resources/funding, to enable it to expand
b) Changing it very specifically to address individually voiced criticisms
c) Finding a way of reducing the number of different staff involved in delivering the service to each individual patient
d) Finding a way of enabling familiar staff to stay with service users after the latter have transferred on from Home Treatment
e) Reverting to the previous model, or finding a third
f) Making home visits available day and night
g) Being discrete with identity badges when visiting service users within sight of neighbours
h) Becoming more accessible to ex-Forces personnel

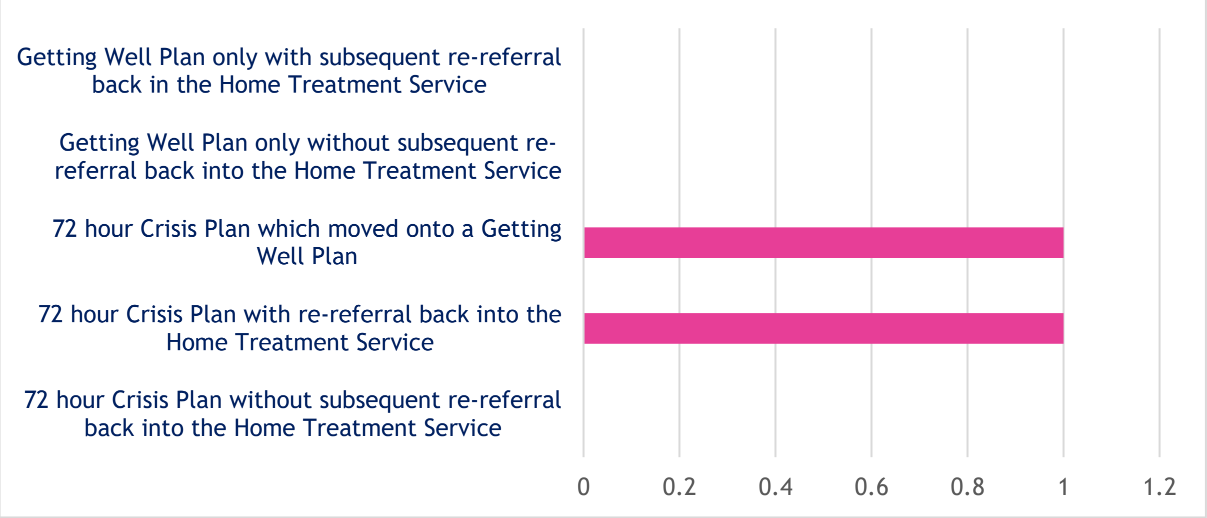
Point for consideration:

There are constructive suggestions here, some of which may, of course, have been considered already. HWW would welcome the WHCT's comments on each.

Carer Findings

Care Planning

Q1. Which of the following Home Treatment Plans have you experienced in the last 12 months?

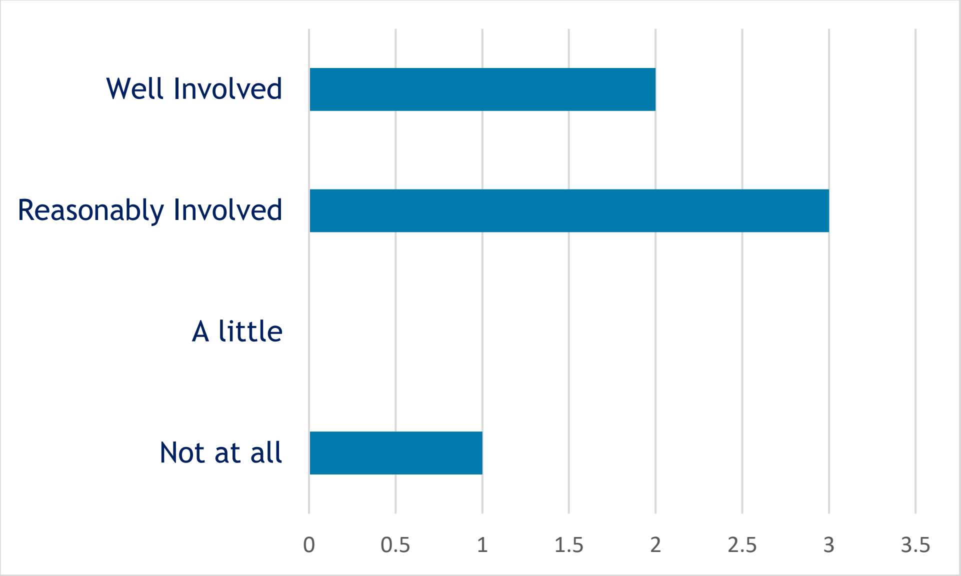


33% of respondents answered – 67% omitted the question

Point for consideration

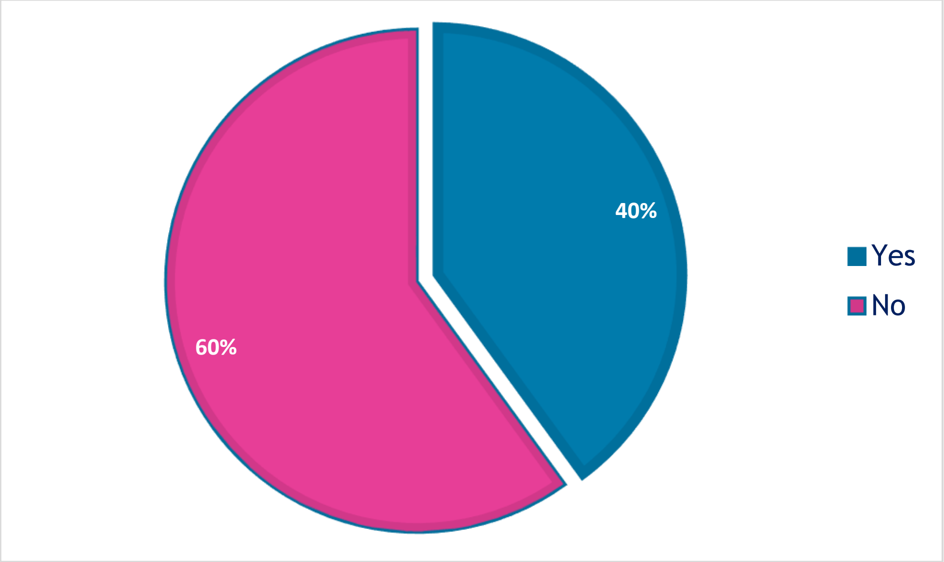
It is notable most carers were not aware of a care plan and didn't recall there being one. WHCT should consider how carers can be further included in their development.

Q2. How involved were you in the formulation of the Service Users Home Treatment Care Plan?



100% of respondents answered

Q3. Were there expectations of you as a carer within the Home Treatment Care Plan?



83% of respondents answered – 17% omitted the question

Q.4 If yes, what was expected of you?

Carers who answered yes to this question seemed less clear about what the expectation was. One stated they:

'Kept the team updated, oversaw medication, feeding and monitoring'

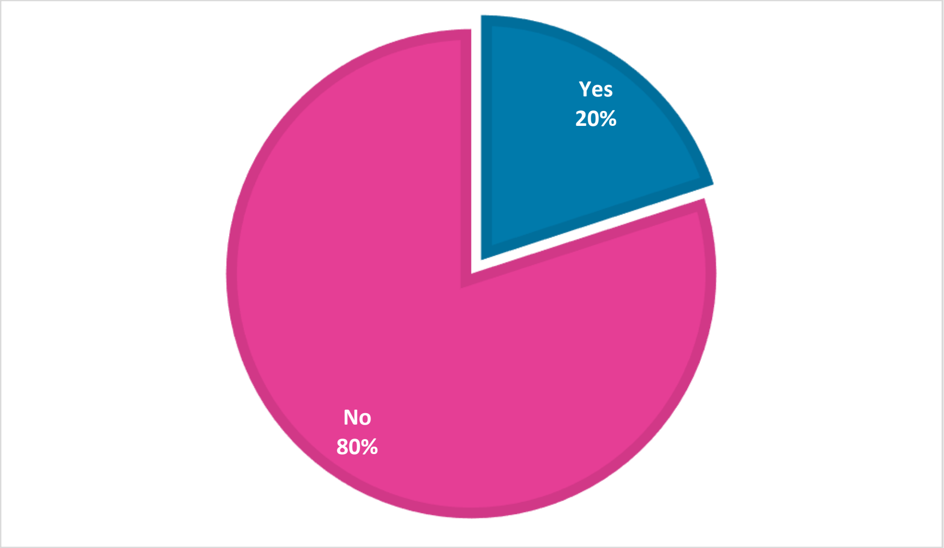
Another carer spoke of future plans that the service user would live with them eventually.

A third carer stated they didn't feel care was dependent on their presence.

Point for consideration

Carers seem to perceive there were expectations on them rather than being able to articulate clearly what those were. Where expectations of the carer exist, they should be written into the Care Plan for clarity of both patient and carer.

Q5. Were there expectations of other family members within the Home Treatment Care Plan?



83% of respondents answered – 17% omitted the question

Q6. If yes, what were they?

Again, respondents answering yes to this question were unclear what the expectation was. One carer said they had to keep their father updated whilst another stated there was 'no formal involvement'

Q7. What was the impact on other family members?

83% of respondents answered – 17% omitted the question

One respondent (20%) said the impact was 'very substantial, family are very stressed'

Other responses to this question were made from the perspective of the impact on the carer themselves and included:

a) *‘The HTS didn’t like me leaving the house - said they weren’t a babysitting service. Our life has stopped, we get away 2-3 times a year with respite care bought in. It takes lots of organising.’*

b) *‘Sleepless nights, 24hr care, exhausted by end of first week’*

c) *‘The impact on me as a carer was enormous, really difficult, you can’t imagine unless you have been through it. It was amazing to be able to speak to someone around the clock – day and night.’*

d) *‘Felt reassured and comforted by the HTS’*

Q8. What, if any, formal support were you offered?

83% respondents answered – 17% omitted the question

There was a mixed response to this question, 40% respondents said they weren’t offered any support. Whilst 20% said the HTS staff supported and 20% respondent said they were offered the support of a psychologist/CPN.

Point for consideration

Only one carer mentioned Worcestershire Association of Carers (WAC), HWW would recommend all carers are signposted to WAC for information, advice and a Carers Assessment and to Jigsaw for peer support.

Q9. How long was the person you care for with the Home Treatment Team?

100% respondents answered the question

- 72 hours – (33%)
- 2 weeks – (16%)
- 4 weeks – (16%)

33% respondents couldn’t recall how long the patient had been with the HTS and were unclear what happened next.

Point for consideration

Lack of clarity has been a consistent theme which WHCT should consider how best to address.

Q10. What happened next?

100% respondents answered the question

Responses included:

- Patient was referred on to the Community Assessment and Recovery Service at Studdart Kennedy House, Worcester - (16%)
- Passed on to Community Mental Health Team – (16%)
- Patient was hospitalised – (16%)
- Patient was referred to Healthy Minds Gateway – (16%)
- Patient unclear what happened next – (33%)

Information and Support

Q11. Have you as a Carer received any training?

100% respondents answered the question

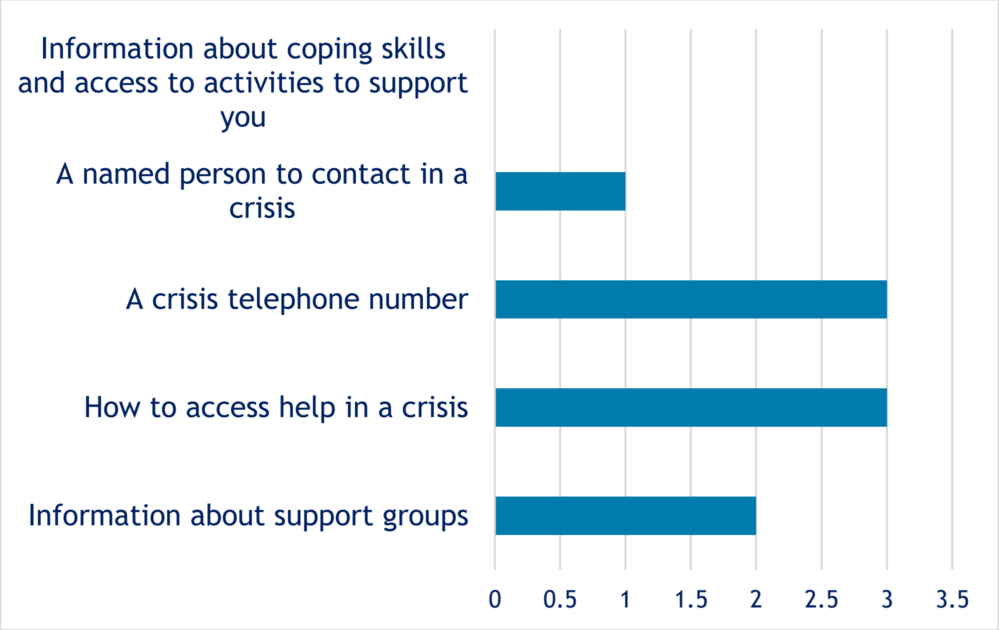
None of the Carer respondents had received any training via the HTS. However, one carer said they had received training via Worcestershire Association of Carers.

Q12. If yes, what training was it and how was it funded?

This question didn't apply due to preceding question responses.

Q13. What information did you receive about services to support you?

Carers were asked to tick all options applicable to them.

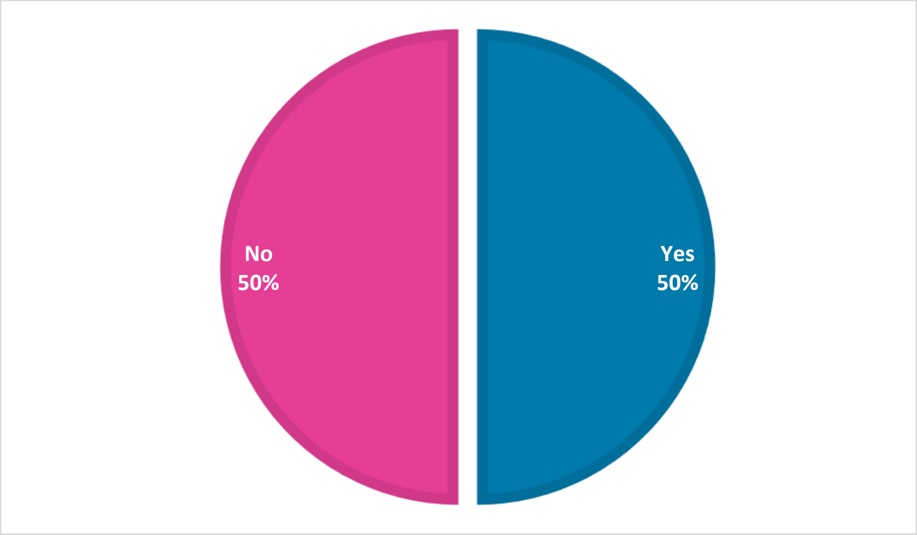


Whilst carers had received one or more pieces of information, none had received information about how to increase their own coping mechanisms. This support is available from WAC and can be invaluable in helping carers stay well within their caring role.

Point for consideration

WHCT should routinely signpost carers to WAC for information, advice and a carers assessment.

Q14. Did you know how to make a complaint if you weren't happy with the Home Treatment Service?



100% respondents answered

Point for consideration
50% answered ***not*** having been aware of how to complain. WHCT should consider how to ensure ***all*** carers know how to make a complaint. Carers could also be provided with information about PALS.

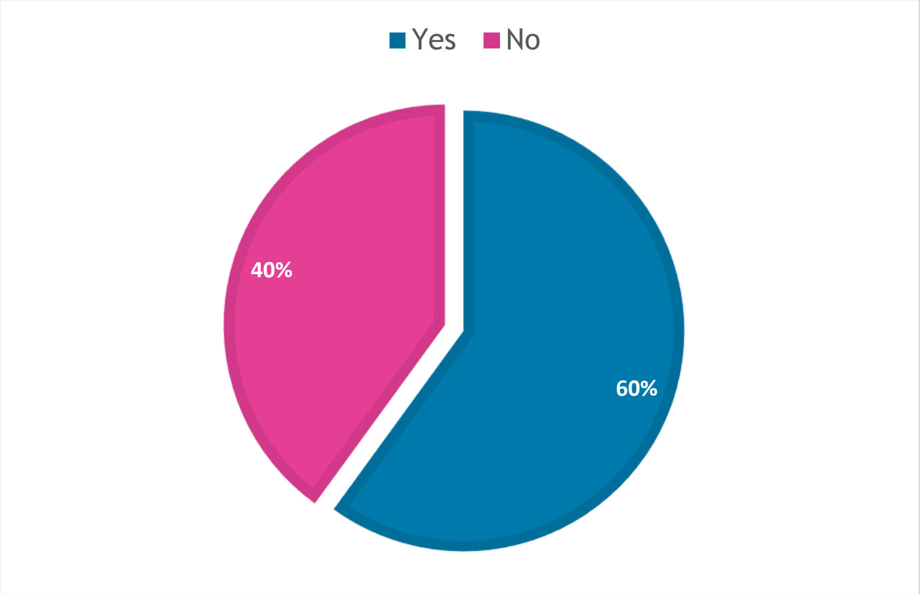
Q15. What information would you have found helpful that you were not given?

83% respondents answered – 17% omitted the question

20% of respondents said they would have liked a named person to contact. However, there was general satisfaction with the information carers had received, comments included:

- *'I was confident to self help where needed, I can do my own research via Google'*
- *'I am already connected to Jigsaw and the Worcestershire Association of Carers'*

Q16. Was it explained what would happen when the Home Treatment Care Plan came to an end?



83% of respondents answered – 17% omitted the question

Point for consideration

A lack of clarity about next steps was reflected in the conversations held with carers. The introduction of a discharge summary within the care plan could address this.

Q17. Given your experience of the Home Treatment Service, how would you like to see it developing?

83% respondents answered – 17% omitted the question

Similarities emerged in response to this question:

- Would like to see the same staff members (3)
- More joined up approach to the transition between HTS and Community Teams (2)

One carer wanted a clear point of contact and another felt an estimated time of arrival am or pm would have helped even if it was a text in the morning. In this instance it was explained that the service user would have benefitted from being able to plan their day which was important for their recovery.

Point for consideration

Concern around continuity of staff and transition to other services was expressed on more than one instance. Consideration about improvements to this area are suggested.

Q18. Do you have any other comments you would like to make?

100% respondents answered the question

Responses to this question were extremely positive regarding the HTS and include the following comments:

- a) *'It's a very good system'*
- b) *'Amazing and supportive!'*
- c) *'Have had a good experience of HTS'*
- d) *'Some workers were good, some were marvellous! Summing up as a carer the HTS was extremely supportive – having someone to talk to when needed was really useful.'*
- e) *'Couldn't fault the HTS – would want to thank them. It was a better experience at home than in hospital.'*

There were also comments from two carers about links between services which they felt could be improved. Suggestions were made for better communication between HTS and onward referral partners. One carer stated:

'Previously support from different partners was good, well integrated and good communication between them. More recently support has been fragmented with no communication between services.'

Another carer stated:

'There was a gap when the service stopped, it was annoying not to be able to refer back to the HTS when needing to ask a question. It would be good if there was an overlap with the next team/GP.'

7. POINTS FOR CONSIDERATION

This section simply brings together, for collective consideration, the individual points raised by Healthwatch, in relation to the foregoing survey findings.

Service User Section

Q1. Which of the following Home Treatment Plans have you experienced in the last 12 months?

It was noted when interviewing that not all service users and carers were certain which of the variations above had applied to them. This may have implications for future evaluations of the HTS.

Q2. How involved were you in the planning of your Home Treatment Plan?

72% of respondents stated they were "well" or "reasonably well" involved, but it appears there is scope for achieving an increase in the involvement of service user planning with their care.

Q3. Were you asked what things would help you feel better?
A good proportion of service users were asked, but again there is scope for achieving an increase.

Q4. How well did your Home Treatment Plan meet your needs?
"Well" or "Very well" for 58% of those who answered is good to see, but "Not at all" or only "A little", for 29% of them provides scope for improvement.

Q5. What if anything, would have made your Home Treatment Plan better meet your needs?
WHCT should consider service users comments on these specific suggestions.

Q6. How long were you with the Home Treatment Team?
HWW suggest WHCT considers the merits of adding a discharge summary, that records this information reliably to the record of the Home Treatment Plan and ensures the service user is provided with copies of both. This would assist future assessments of user satisfaction with the HTS.

Q7. What happened next?
WHCT should give consideration to the level of dissatisfaction with the exit process from the Home Treatment Service.

Q8. Did you know what to do and who to contact if you began to feel unwell again?
WHCT could record this information in the Home Treatment Plan/Discharge Summary.

Q9. What information did you receive from the services you were supported by?
A desire for written information on medication and their side effects, was mentioned on more than one occasion. One interviewee with complex needs, explained their medication was sometimes changed without consideration for other medication they were on and the consequent side effects had been unbearable.

WHCT should consider providing patients and carers with written advice and information on medication and its side effects in an accessible format.

Q10. Did you know how to make a complaint if you weren't happy with your Home Treatment?
60% of respondents answered *not* having been aware of how to complain. WHCT should ensure 100% are aware of the complaints process and provide information to patients about its Patient Advice and Liaison Service (PALS).

Q11. Is there any information you would have found helpful that you weren't given?
WHCT to consider the use of an information checklist by the HTS, with standard items and spaces for specific individual requests from service users? This again could be included in a shared record

Q12. Are there any other comments you would like to make?
It is evident the Home Treatment service is producing many satisfied and appreciative customers, but also that a proportion of its users do not find their experience as good as all service users would wish it to be.

Q13. Given your experience of Home Treatment, how would you like to see the service develop?
There are constructive suggestions here, some of which may, of course, have been considered already. HWW would welcome the WHCT's comments on each.

Carer Section

Q1. Which of the following Home Treatment Plans have you experienced in the last 12 months?
It is notable most carers weren't aware of a care plan and didn't recall there being one. The Trust may wish to consider how carers can be further included in their development.

Q4. If yes, what was expected of you?
Carers seem to perceive there were expectations on them rather than being able to articulate clearly what those were. Where expectations of the carer exist, they should be written into the Care Plan for clarity of both patient and carer.

Q8. What, if any, formal support were you offered?
Only one carer mentioned Worcestershire Association of Carers, HWW would recommend ***all*** carers are signposted to WAC for information, advice and a Carers Assessment and to Jigsaw for peer support.

Q9. How long was the person you cared for with the Home Treatment Team?
Lack of clarity has been a consistent theme which WHCT should consider how best to address.

Q13. What information did you receive about services to support you?
The HTS should routinely signpost carers to WAC for information, advice and a carers assessment.

Q14. Did you know how to make a complaint if you weren't happy with the Home Treatment Service?
50% answered ***not*** having been aware of how to complain. WHCT should consider how to ensure ***all*** carers know how to make a complaint. Carers could also be provided with information about PALS.

Q16. What information would have found helpful that you were not given?
A lack of clarity about next steps was reflected in the conversations held with carers. The introduction of a discharge summary within the care plan could address this.

Q17. How should the service develop?
Concern around continuity of staff and transition to other services was expressed on more than one instance. Consideration about improvements to this area are suggested.

8. CONCLUSION AND RECOMMENDATIONS

It must be acknowledged this report is based on the responses of a relatively small sample of people who have engaged with the newly designed Home Treatment Service. Whilst the size of the sample in no way invalidates the experiences and perceptions of the respondents and the views expressed in the report (both positive and negative) it is difficult to ascertain how representative they might be of all service users and their carers.

HWW also note the relative uncertainty of some respondents about who was providing their support at home, some referred to the 'Crisis Team' and it wasn't always possible to clarify where the HTS began or concluded.

However, most participants were clear about their experience with the HTS and the extremely positive effect it had for both service users and carers, as evidenced by the following comments:

'I thank the Home Treatment Service for saving my life'

'They saved me, and I will be forever grateful'

For a smaller number of participants, the experience was less positive and 'points for consideration' have been provided throughout the report.

The Care Act 2014 created an obligation on Worcestershire County Council to identify carers needs through a Carers Assessment, (Worcestershire Association of Carers (WAC) are currently contracted to undertake these on their behalf).

Whilst no specific questions were asked about Carer Assessments, none of the carers interviewed made any reference to having an assessment. Carer Assessments should address many of the issues raised by carers in this report, it would therefore benefit WHCT to ensure routine signposting of carers to WAC.

Whilst conducting interviews we encountered a safeguarding concern which became an unexpected focus within the project. Our experience of using the WHCT's due process for asking for guidance, leaves us to suggest WHCT reviews its Safeguarding process for reporting concerns by telephone.

Recommendations for Worcestershire Health and Care Trust

Based on the findings in this report it is clear there are variations in knowledge and experience of the Home Treatment Service amongst service users and carers. Whilst overall the experience for the majority is very positive, there are areas for improvement to enhance the experience of the minority. On this basis Healthwatch Worcestershire make the following recommendations for Worcestershire Health and Care Trust's consideration.

Service User - Crisis and Care Planning

- Worcestershire Health and Care Trust identify ways to better involve service users in the co-design of their Care Plan

- Worcestershire Health and Care Trust considers the following service user suggestions regarding improving patient experience of the Home Treatment Service:

    1. More frequent visits
    2. Visited more consistently by familiar Home Treatment Service team members
    3. Spending more time with the service user
    4. More medical/psychological input

- Worcestershire Health and Care Trust considers the use of a recorded Discharge Summary within the Care Plan to be shared with the service user for future reference as an aid to the transition between services

Information and Support

- Worcestershire Health and Care Trust should aim to achieve 100% awareness amongst service users of how to make a complaint

- Worcestershire Health and Care Trust considers the following service user suggestions for service improvement:

    1. More staff/resources/funding to enable its expansion
    2. Changing it specifically to address individually voiced criticism
    3. Improve consistency of Home Treatment Service team members attending each service user
    4. Enable a familiar staff member to stay with service user after the transfer on from the Home Treatment Service
    5. Reverting to the previous model or finding a third alternative
    6. Making home visits available day and night
    7. Discretion with identity badges when visiting service users within sight of neighbours
    8. Becoming more accessible to ex Forces personnel

- Worcestershire Health and Care Trust ensure all service users are fully informed in an ***accessible*** format about prescribed medication and its potential side effects

Carers - Care Planning

The sample size of 70 carers was the total number of carer contact details listed by Worcestershire Health and Care Trust within the 12-month period we focussed on. This number seems low given the total sample group of service users. Carers play a vital role in the support and recovery of service users and indeed require support themselves. Healthwatch Worcestershire recommend:

- Worcestershire Health and Care Trust systematically capture the contact details of all carers (regardless of whether they identify as carers) supporting patients engaged with the Home Treatment Service

- Worcestershire Health and Care Trust ensure all carers are meaningfully involved in the planning of the Home Care Plan and fully understand any expectations required of them where applicable

- Worcestershire Health and Care Trust should aim to achieve 100% awareness amongst carers of how to make a complaint and of the Patient Advice and Liaison Service

Information and Support

None of the 6 carers we spoke to had received information from the Home Treatment Service about Worcestershire Association of Carers, although one carer was already linked into them prior to their experience with the Home Treatment Service. Worcestershire Association of Carers confirm receiving 24 referrals from the Home Treatment Service in the time frame of this sample group. Whilst this is encouraging, Healthwatch Worcestershire recommend that:

- Worcestershire Health and Care Trust routinely provide **all** carers with information about Worcestershire Association of Carers, the Carers Assessment and Jigsaw support group

- Worcestershire Health and Care Trust ensure **all** carers are aware of the complaints process and the Patient Advice and Liaison Service

9. APPENDIX

Copies of the following documents are available for view on our website https://www.healthwatchworcestershire.co.uk/our-work/our-reports-responses-and-feedback/

- Introductory letter
- Participant Information Sheet
- Service User Survey
- Carer Survey
- Consent Form