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## Developing the Triangle of Care in Somerset



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South West

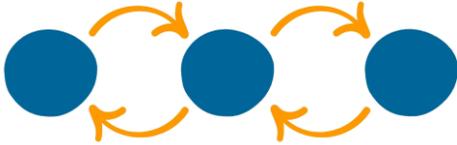
Mental Health Alliance –  
30.04.14



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## A common model of professional involvement with carers.



*Professional    Service User    Carer*

**Some of the consequences that carers report :-**

- » The 'care relationship' is not recognised.
- » Carer not given key information.
- » Carer not involved when important plans were being made.
- » The carer's emotional or health needs not recognised.

Worthington et al. 2013

2



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• “I want to know what is going on” - **information**

• “Am I responsible in some way?” - **reassurance**

• “What is going to happen to us in future?” - **hope**

• “How can I manage his/her behaviour?” - **skills**

• “I need to off load one-to-one or with a group”  
- **find support**



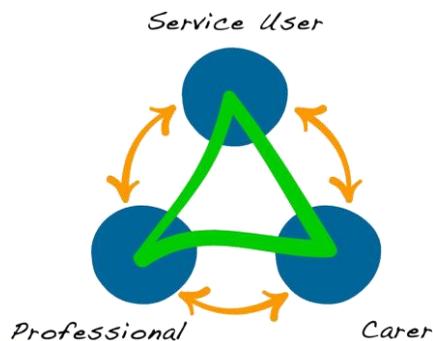
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## The ‘Triangle of Care’

(Worthington et al., 2013)

Many carers want to be an active partner within the care team;  
a more collaborative model of involvement.



# The Triangle of Care

## Six key elements

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2. Staff are 'carer aware' and trained in carer engagement strategies.
3. Policy and practice protocols re confidentiality and information sharing are in place.
4. Defined post (s) responsible for carers are in place.
5. A carer induction to the service and staff is available, with a relevant range of information across the acute care pathway.
6. A range of carer support services is available



## INTRODUCTION: Somerset

- A rural county; population 520,000
- Integrated Mental Health, Social Care & Community Health Foundation Trust; 4 Service Areas
- 1996 onwards developed FI services, Carers Services team, Family Liaison Service.
- University accredited 1-year Family Interventions course & Trust wide staff training programme.
- Families and Carers Steering Group, Trust Strategy to Enhance Working Partnerships with F & Carers, Carers Charter, Carers Participation Group, Friends of Somerset

Carers (charity), Triangle of Care Steering Group



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## Working with Family and Carers in Somerset: a Chronology

- A number of family therapy clinics established 1980s
- **1996-2000** Developed Family Interventions Service (4 teams)
- **2002** Carers Services team created
- **2002** Trust Strategy to Enhance Working Partnerships with F & Carers
- **2002** Families and Carers Steering Group created
- **2005** Carers Participation Group created
- **2006** Young Carers Rucksack Project
- **2006-2008** In patient staff Family Inclusive Practice training programme
- **2007** Carers Charter
- **2007-2011** Family Liaison Service developed
- **2013** Triangle of Care Steering Group created

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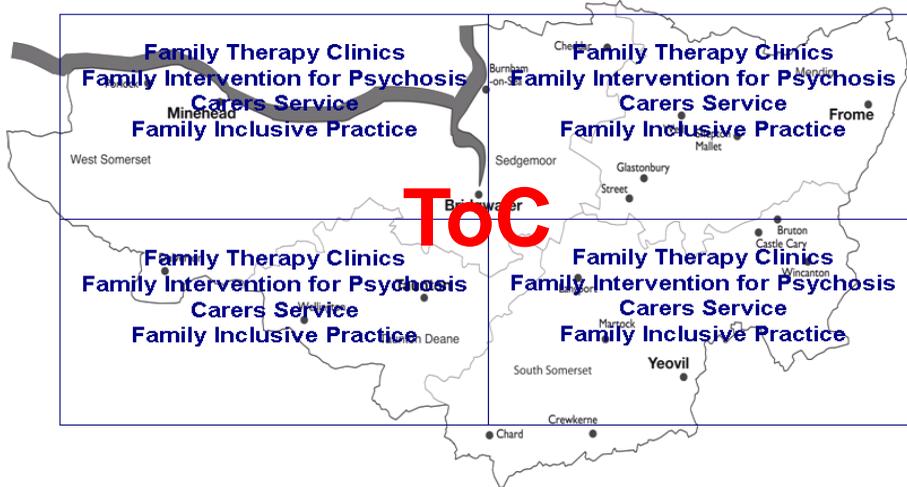
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## Family/Carer Services in Somerset

- 1. Specialist Family Services**
  - **Family Therapy clinics**
    - NICE Guidelines
  - **Family Interventions in Psychosis Services**
    - 1999 NSF: Early Interventions Service
    - 2001 NICE Guidelines for Schizophrenia
- 2. Carers' Needs Assessment Services**
  - 1999 NSF: Carers Assessments and Care Plans (Standard 6)
- 3. Family - Inclusive mainstream clinical practice**
  - 2002 DoH Developing Services for Carers and Families of People with Mental Illness
  - NICE Guidelines recommend partnership working with families and carers

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## Services focused on the needs of families across 4 service areas

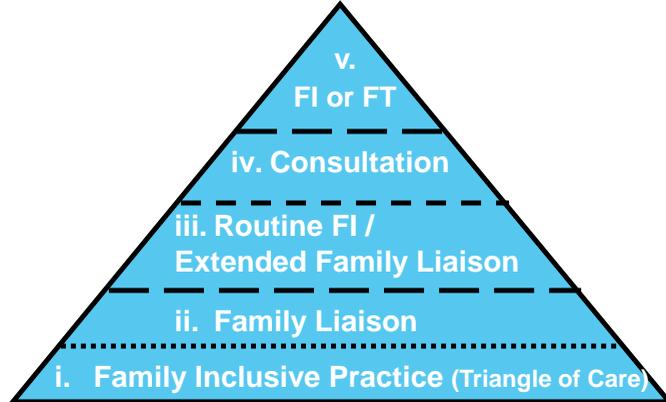




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# SOMERSET FAMILY SERVICES (work in progress...)



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## ‘Stepped Care’ models and the ‘Sufficiency Principle’

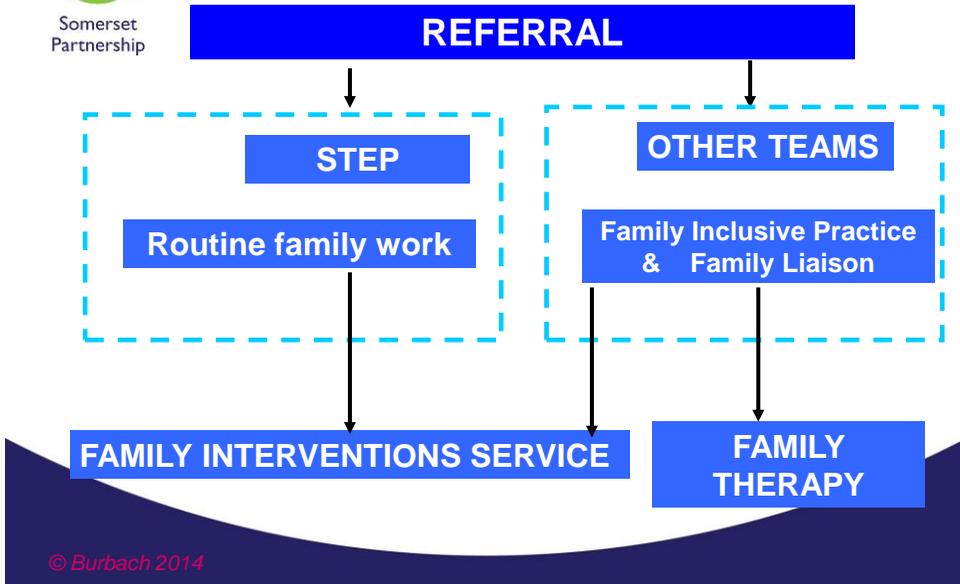
Increasing recognition that it is not necessary (or feasible) to offer in-depth interventions to all families.

The ‘sufficiency principle’ – by providing a range of family based services the needs of clients and family members can be met with the least intensive intervention.

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# Service Interface



# Family Inclusive Practice





# Trust Strategy to Enhance Working Partnerships with Carers and Families

## Vision - A Family/Carer Friendly Trust

The Somerset Partnership Trust will strive to respond to the needs of carers and families in all parts of the service.

This entails having a social network perspective to all assessments and interventions provided by our staff and the involvement of families and carers in service delivery wherever possible.

(2002/2010)

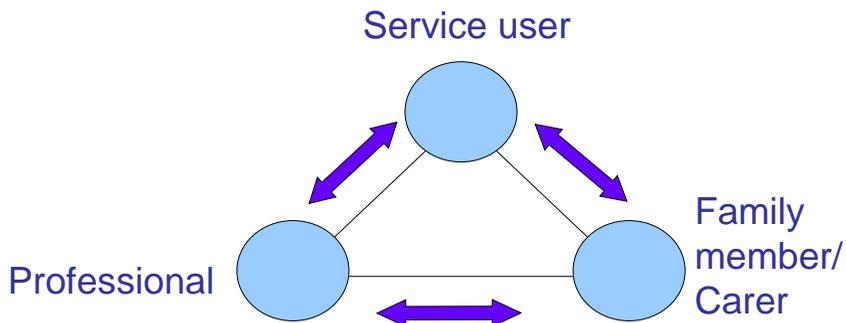
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## Family Inclusive Practice:

2- or 3- day training to promote a '3-way partnership'



2002 Trust Strategy

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# Focus of Family & Carers Steering Group

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- **Improving information/ education and support services for carers** e.g. website, ward packs, assessments, groups, breaks.
- **Increasing the involvement of families/ carers in assessment/ treatment/ CPA process.**
- **Raising staff awareness and skills in working with families** e.g. Staff training programme.
- **Influencing/ developing Trust policies and guidelines** e.g. Carers Charter; operational policies; confidentiality guidelines; guidelines for obtaining information from families.

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# STAFF TRAINING PROGRAMME

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**Enhancing Working Partnerships with Carers and Families.**

- A two/ three-day training package for all ward staff and many community mental health teams.
- Topics: Carer's story, Policy/ Guidance, Confidentiality & Information sharing, holding a family meeting.
- A team training approach.
- Subsequent regular top up courses for new staff.
- Training provided since April 2006 and ongoing.
- A core element in the successful Practice Development Unit (PDU) accreditation of inpatient wards.
- Management support (ward/ team and Service managers) has been crucial.

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## The Principles Underlying 'Confidentiality'

Prevents disclosure of any information provided or discovered in the course of the professional relationship, to a third party without consent.

### *However*

The client does not have the right to prohibit the professional from engaging with the carer, or providing information, advice, and support or from talking to the carer about the client, provided that no confidential information is divulged.

## PRE & POST TRAINING SURVEY

- Confidence about skills for working with families

	Not confident			Very
	1	2	3	4
	5			
<b>Pre:</b>	5	22	28	6
0 (N=61)	<b>Ave= 2.57</b>			
<b>Post:</b>	0	2	20	28
4 (N=54)	<b>Ave= 2.90</b>			

# The Family Liaison Service in Somerset



*“A useful exchange of information”*

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# Family Liaison Service

**Best practice guidelines** agreed by Trust Board –

contact to be made with families within 24 hours a family meeting held within 7 days of admission as part of the assessment process.

## Service Aims

- To implement Trust guideline and increase the number of face to face meetings between staff and families.
- To involve ward staff in family meetings to raise staff confidence and skills in working with families and carers.

## Implementation

To provide a member of staff, with training and experience of working with families, to work alongside ward staff for one day each week.

**Service developing in Community Mental Health Teams,  
fully developed on mental health wards**

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## What happens in FL meetings?

- Active listening.
- Discussion of families' experiences of accessing services.
- Families account of onset of problems.
- Addressing of confidentiality and information sharing.
- Consideration of Risk
- Giving and receiving of information.
- Creating a rapport and platform for future collaboration.
- Developing with the family an understanding of the context of the individuals problems.
- Collecting family history
- Discussion of family goals
- Offering of a carers assessment, registration of carers & referral to other services
- Recording of relevant information on R.I.O



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## Care Quality Commission (2009/10) Monitoring the use of the Mental Health Act

### Involvement of family and carers

*“ One example of good practice is Somerset Partnerships N.H.S Foundation Trust which has for some years adopted a strategy to enhance working partnerships with the family and carers. This involves staff training and a family liaison project designed to increase the number of face -to -face meetings between staff, families and carers on inpatient wards and to hold such a family meeting within seven days of a patients admission ...*

*This is an excellent way to ensure that aftercare planning is started from the point of admission. This, in turn could help to avoid future re-admission. We commend this project as a model for other services”.*

*(page 58)*



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## Referenced in National Publications

Our work in developing services for families in Somerset has been specifically acknowledged and described in the following national publications:

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<http://www.citypsych.com/docs/Carersfinal.pdf>
- Current practice, future possibilities (2007)** Association of Family therapy and Systemic Practice in the UK. [www.aft.org.uk](http://www.aft.org.uk)
- Social Exclusion Task Force (2008)** Think Family: a literature review of whole family approaches. London. Cabinet Office. <http://www.cabinet-office.gov.uk/>.
- Family Friendly UK: Making it happen (2009)** Association of Family therapy and Systemic Practice in the UK. [www.aft.org.uk](http://www.aft.org.uk)
- Preventing suicide: A toolkit for mental health services (2009)** National Patient Safety Agency. [www.nrls.npsa.nhs.uk](http://www.nrls.npsa.nhs.uk).
- Triangle of Care. Carers included: a guide to best practice in acute mental health care. (2010)** NMH DU & Princess Royal Trust for Carers
- Care Quality Commission (2010)** Monitoring the use of the Mental Health Act in 2009/10. Care Quality Commission.

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## Diana Rowe & I receiving the ToC Quality Mark from junior health minister, Daniel Poulter, MP.



*Houses of Parliament 29 October, 2012*

## To Conclude

- Families can benefit from a range of support services
- Incrementally add family services throughout the care pathway
- Good relationships between carers, staff keen to promote working with families and managers (not money) is the key
- Link your service development plans to current policy initiatives such as the Triangle of Care!

Thank You



Any Questions?

## References

**Worthington, A., Rooney, P. and Hannan, R. (2013)**  
**The Triangle of Care - Carers Included: A Best Practice**  
**Guide in Acute Mental Health Care (Second Edition)**

London: Carers Trust [www.carers.org](http://www.carers.org)

**Burbach (2013) Developing systemically-oriented**  
**secondary care mental health services.**  
**Plymouth University PhD thesis archived in PEARL:**  
**<http://hdl.handle.net/10026.1/1599>**

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## PUBLICATIONS: FAMILY INCLUSIVE PRACTICE

- Stanbridge,R. and Burbach,F.** (2004) Enhancing Working Partnerships with Carers and Families in Clinical Practice: A Strategy and Associated Staff Training Programme. *Mental Health Review*.9:4 32-37.
- Stanbridge,R. and Burbach,F.** (2007) Developing Family Inclusive Mainstream Mental Health Services. *Journal of Family Therapy*. 29: 21-44.
- Stanbridge,R. and Burbach,F.** (2007) Involving carers Part 1: Including carers in staff training and service development in Somerset,U.K. Chapter 5 in : *Families as partners in care:A Guidebook for Implementing Family Work*. Toronto. Worldwide Fellowship for Schizophrenia and Allied Disorders.
- Burbach, F. and Stanbridge, R.** (2008) Training to Develop Family Inclusive Routine Practice and Specialist Family Interventions in Somerset. *Journal of Mental Health Workforce Development Vol 3:2 23-31.*
- Stanbridge,R.,Burbach,F.,and Leftwich,S.** (2009) Establishing family inclusive acute inpatient services: a staff training programme in Somerset *Journal of Family Therapy*.Vol 31: 233-249.



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- **Leftwich,S., Carter,K., Mclver,C. and Stanbridge,R.** (2011) Facing the family: the Family Liaison Service in Somerset, three case examples. *Context 114: 40-44.* .
- **Carter, K.** (2011) Family Liaison project in an adult acute inpatient ward in Somerset. *Mental Health Practice* Vol 14:8, 22-25.
- **Stanbridge,R.I., Burbach, F.R., Rapsey,H.S., Leftwich,S.H., & Mclver,C.C.** (2012) Improving partnerships with families and carers in older people's inpatient mental health services: a staff training programme and family liaison service . *Journal of Family Therapy (early view)*.
- **Gore,S and Stanbridge, R.** (2012) Families' views on the Family Liaison service on mental health wards in Somerset. *Context, 121: 25-32.* .
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