

# Joint Emergency Team (JET)

Exploring the service user experience of those living with  
cognitive impairment through their carers and relatives  
(Oct 2022)

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# Executive Summary

## Overview

Healthwatch Greenwich (HWG) carried out a qualitative research project using one-to-one interviews on the experience of people who use Joint Emergency Team (JET) services. Our focus was on people living with a cognitive impairment/dementia through the lens of their carers/relatives.

JET is a multi-disciplinary service designed to support people at home and in the community through the delivery of crisis intervention and rehabilitation services at home or in intermediate care facilities. It is a central part of 'Home First' – an overarching strategy increasingly used by health and care commissioners and providers to support and treat people at home, where it is appropriate to do so, and avoid unnecessary hospital admission.

Being at home with the right support is often the best way for people to stay well. People who spend extended periods of time in hospital are less likely to be able to go home and be as independent as they were.

Interviews were carried out with service users' primary and secondary carers. Nine interviews were carried out with carers – the sons, daughters, wives, and grandchildren of JET service users. Gathering the perspectives of the carers/relatives of service users with a cognitive impairment is a useful way of assessing the quality of care received, particularly given the limited capacity of such service users to do so directly.

This was a commissioned piece of work carried out by Healthwatch Greenwich on behalf of the Home First Operational Project Group.

# Findings

JET is effective in providing timely and crucial support to service users with a cognitive impairment. In the short term, support addresses immediate health and care needs and provides carers with practical support and reassurance. Support delivered is person centred, meeting the needs and preferences of service users and carers, providing significant benefits to improve quality of life.

Beyond immediate crisis needs, broader health and care needs of service users are not addressed, and carers are not fully supported to manage the ongoing expectations of their caring role. Carers lack understanding of the role of JET. Limited follow up after crisis intervention means that carers are unable to adequately access further support. In addition, carers are not provided with adequate information or choices about what support is available for their relatives. This restricts carers from engaging in decision-making processes about care provided to their relatives.

# About

Healthwatch Greenwich (HWG) is an independent, statutory organisation representing people who use NHS and publicly funded health and care services in Greenwich. We collect patient and public feedback and use these experiences as evidence to drive change, and influence commissioners and providers to ensure the design and delivery of services is equitable for all. Our vision is for Greenwich to have high quality services, consistent levels of public engagement and an excellent service user experience that meets patient needs and preferences. To achieve our vision we listen, we act, and we influence.

# Acknowledgements

We would like to thank service users, and their relatives and carers who participated in this study for sharing their experiences with us. We are grateful for the support of JET staff, the Home First Operational Project Group, and Oxleas NHS Foundation Trust, in particular Rachel Matheson and Josephine Daley for facilitating this project.

## Aim

To explore the service user experience of the JET service of those living with dementia/cognitive impairment, through their carers and relatives.

## Methodology

At Healthwatch Greenwich we gather people's experiences of services using interviews, focus groups or small surveys, rather than conducting large scale quantitative research. In comparison to quantitative research, we focus on words rather than numbers, and depth rather than breadth. Our method is exploratory; we seek to unearth experiences, opinions, thoughts, and feelings. We have found this method to be the most effective and efficient method of capturing insight and engaging with communities and service users.

JET staff were responsible for recruitment into this project. Once consent had been received, contact details were passed on to the HWG team.

We investigated the experience of those living with cognitive impairment/dementia of JET services through the perspectives of their relatives and carers. We sought to assess:

- extent to which JET support is person-centred
- how it meets the needs of service users and carers
- barriers and challenges navigating support
- perception of JET, from the perspective of carers/relatives

In doing so, we hope this report provides crucial insights for healthcare providers and commissioning bodies in continuing to develop services for all.

## **Profile of participants**

We spoke with the relatives of JET service users living with a cognitive impairment or dementia. All relatives are either primary or secondary carers. All carers either live with service users in the same accommodation and/or are responsible for liaison with JET and coordinating support through this service. For some, their caring role was new, unplanned, and unexpected leading to a complete reorganisation of their current and future plans and day to day life. For others, their caring role has significantly increased over time, leading to a need to draw on the expertise and facilities of JET.

## **Sample**

9 carers, all relatives of service users participated in this study – daughters, sons, wives, and grandchildren. Of these nine, eight were female and one was male, five were White British, one was White Other (Eastern European) and three were people of colour from an ethnic minority background, – Nepalese, Black African and British Indian. Efforts were made to ensure that (as much as possible within

a small sample) interview participants reflected the diversity of Greenwich's population

## Data collection methods

Nine in-depth audio or video recorded interviews took place with carers, through a mixture of phone calls, video calls and in-person meetings. Interviews ranged between 30 minutes and one hour and were automatically transcribed using Microsoft Office. In addition, transcripts were manually checked for accuracy. Participants received a £20 Tesco shopping voucher as a thank you.

## Findings

We present our findings into two sections as they relate to:

- (1) immediate and short-term support provided by JET services
- (2) support beyond immediate crisis intervention

Both sections include analysis of:

- **access** and how critical information is communicated to service users and carers
- the extent to which the JET service is **person-centred, involving** service users and carers in decision-making
- **benefits** of JET service support and the impact on the quality of life of service users and carers
- the extent to which **choice** of support is made available by JET
- **barriers** experienced by service users and carers receiving support from JET
- **alternative** forms of support accessed by service users and carers
- service users' and carers' perceptions of JET **staff**

# 1. Short term support

## 1.2 Person-centred care and perceptions of staff

Service users access JET for a wide variety of reasons, including having sustained serious injury after a fall at home; following discharge from hospital; a need for more day-to-day support at home, or to assist with daily personal care or preparing meals.

Carers, on behalf of service users, utilise a wide variety of JET services and liaise with multiple JET staff members. Most frequently, arranging for home adaptations to be fitted, specialist equipment to be installed and taking part in case assessments to progress care packages.

All carers said the support offered by JET is excellent in responding to the immediate health and care needs of service users.

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*The experience that I've received from the JET team was absolutely first class. They were...I just couldn't believe it, things just got done. My father's care package was immediately reviewed by the JET team and actioned...It was done in a matter of moments.*

*Participant 1*

*She made sure that when I was there when the delivery was going to happen and she also came up herself with her stuff to make sure that everything was there, and she provided the best service.*

*Participant 3*

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The speed with which support is put in place is valued by carers and is often a welcome surprise. Expectations are shaped by previous experience with other services (not always related to current needs) and while all wanted and needed support, few expected such a rapid response from JET. Many said they spoke with JET on one day and received a visit the next, with one reporting a same day visit. The speed and efficiency provides “the best service” (Participant 3).

Carers report high quality of care, as translated through the behaviour and attitude of JET staff. Carers consistently describe JET staff as compassionate, informative, and respectful. Carers insight and knowledge as to service users’ needs and concerns are fully taken on board and carers feel they can influence and direct decisions about JET service care. Carers feel listened to, and the immediate needs of the service user are appropriately met.

Importantly, given the extent of cognitive impairment of some recipients of care, carers are impressed by the consideration and empathy of JET staff, and the attention given to ensure both service users and carers fully understand what support is provided and why.

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*I was visited by [name of JET staff member] who is an absolutely amazing guy. He spent so long with my mum just reassuring her, talking to her, you know, was here for way, way, much longer than he needed to be which was really, really lovely.*

*Participant 2*

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Support offered by JET meets service user and carer preferences in the immediate ‘crisis’ period. Significant individual attention is paid by JET staff to fully understand emotional and practical needs, as well as service users likes and dislikes. JET staff actively engage with service users in the planning of care and support, allowing them to

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contribute as much to the discussion as they want to or are able to do. Service users' preferences and wishes are respected, and they are treated with care, empathy, and dignity.

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*You know, I don't want my dad to just exist. I want him to have a good level, a good quality of life. And that was provided in a phone call and a few discussions with the JET team.*

*Participant 1*

*I think what I liked more than anything is, although I was communicating on Dad's behalf, they were actually talking to Dad...The advisor was actually having the conversation with Dad and he would then clarify what they did – did you understand that, do you need anything. And actually that conversation with Dad made, you know, for Dad, for me, it felt like it was actually the support for Dad and I'm not just talking on his behalf...And I think that's really difficult when you've got a cognitive situation, because it's so much easier just to accept, well, actually he's over understanding, so we'll just go and do what we want to do. Whereas, actually, at the very heart of all of this was Dad.*

*Participant 9*

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Carers suggest the compassion of the JET team and the attention given to the service user can also reduce their (carers) anxiety about the inevitable progression of their relative's cognitive impairment.

## **1.4 Benefits**

Carers report JET intervention at a critical moment, often when they didn't know where, or who to turn to, and feeling completely overwhelmed by the intensity of their caring responsibilities. Some

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carers told us they were scared to leave the house in case their relative put themselves in danger, and this made them feel, in the words of one participant, a “prisoner” in their own home.

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*But now I'm frightened to leave her on her own, because she might walk out the front door or she might turn the cooker on. So, what am I meant to do with her? Because I live on my own with my special needs child, my granddaughter's staying for a little while, but I can't get out to the shop, so I'm absolutely a prisoner in my own home, and when you're 24/7 caring for somebody who's accusing you of all sorts, I'm not being very nice, but it's really hard.*

*Participant 2*

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While struggling with a new-born baby who had been screaming all day and trying to provide personal care for her mother, one carer felt lost and unable to cope. In desperation – not knowing what else to do, she called 111 for an ambulance. After a referral from 111, JET immediately stepped in and visited the same day, with a care package following a few days later. Without this immediate response, the carer would not have been able to continue to look after her mother and her own mental health would have been at risk. The contribution of JET services in times of crisis cannot be underestimated.

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*I think, I honestly can't compare. I can't compare from where I was at, which was level zero.*

*Participant 6*

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*I just think the JET team stepping in like that was...I think otherwise I'll have ended up going off a cliff, you know.*

*Participant 1*

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The responsive nature of support provided by JET is an immediate relief to the practical aspects of caring and to related emotional stresses. Intervention from JET reassures relatives that they can manage their new or increasing caring responsibilities.

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*It was really impressive. I was already under a lot of pressure and some of that pressure was cushioned by that team.*

*Participant 1*

*They were, you know, the ones that kind of educated me and assuring me that, actually, my mom is doing well and that I tried the best I can to manage the situation. And so it was, you know, it's those kind of things in addition to the fact that I now get some help. And, you know, she able to take her medication more regularly and she's been much better than before and now I have more time to do other things for her.*

*Participant 6*

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In the short-term, JET eases practical and emotional pressures on carers and offers vital relief.

# 2. Support beyond immediate crisis intervention

## 2.1 Access and information provision

Although carers access and liaise with various forms of JET support, most are unclear or unaware of what services JET is responsible for, JET's role within the broader social care system or even how to contact JET if they need to. Carers are not always aware of how they've been referred onto JET.

While all receive an initial phone call with JET, no further information that can be referred back to (such as an email or leaflet) is provided. As such, some carers are confused about which service is providing which support, and how to contact them.

One carer receiving JET support for his father, is struggling to find support for his mother-in-law, also living with dementia in Greenwich. He is not aware of how to contact JET, or where to find more information on the service, despite currently receiving JET support.

Lack of awareness suggests information about JET is not accurately or comprehensively communicated to service users and carers. This has implications for service users' and carers ongoing and future access to crucial support and care.

Carers expectations of the JET service are unclear. While very grateful for what they are receiving, carers did not know what support they *should* or could be receiving from JET, or what they could ask for.

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*Like I said, I've never heard that word [JET]. That's the first thing. I really only had a contact with the social worker and the discharge team. I don't know whether there's anyone else in*

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*that team but as far as I'm concerned that was the team that I had.*

*Participant 4*

*You know, as far as I was concerned, the JET team was supposed to be like the care, aftercare and how they can make your life easier indoors.*

*Participant 7*

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## **2.2 Choice: Follow up, referrals, and signposting**

While JET provides high quality, swift support to address immediate concerns, a lack of follow up weakens the overall experience for service users and carers. Carers face barriers knowing, or even trying to find out, what other support is available.

Carers don't receive follow-up calls or contact from JET in the weeks after crisis intervention is provided. While follow-up may or may not be the responsibility or role of JET, carers expect and need follow-up. Carers are not always provided with relevant contact details for services, or they simply can't find key information when they need it.

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*I've got so many people's phone numbers; I don't know who's who. My phone didn't stop ringing, seriously all day, for days. Because there were so many people and then all of a sudden, there's nobody.*

*Participant 2*

*Yeah, I think it's really important, especially, you know, if they've come in and put in so many equipment. Just even, here's our details if you need it next time. But actually, you know, it's been three weeks or it's been 4 weeks, so you know, how are you finding it? Is there any other changes you need? More than*

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*anything, that's just courteous, right and just to review, you know what actions being taken and I think for me, I think that that's the only part that's missing in all of this.*

### *Participant 9*

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Lack of follow up has implications for the health and wellbeing of both service users and carers. Carers are worried that service recipient's new health needs are not addressed or that required adjustments to care are not made. Carers suggest little or no signposting is offered by JET to other services, and carers don't know where to find this information. As such, carers can feel disempowered and unable to make informed decisions.

One carer describes frustration that only immediate support issues are resolved, but the interrelated nature of needs is overlooked. Another tells us the challenge of trying to get a disabled parking space for her parents who live on a steep hill as well as a mobility rail installed outside their front door.

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*The mental health part or the dementia now, I mean it's never taken as seriously as a physical illness and for my dad, that's, you know, it's the primary thing that causes all the physical harm. And I never feel listened to, and I don't feel heard when I expressed my concerns about his safety. That was one of the things I had to really hammer home with the JET team was my concerns about his safety and he has had a number of falls since coming out of hospital...And one of the major things, actually now I'm talking to you, is there's been no follow on physio, nobody's come home, you know he's just sort of been left with a frame, no physio, nothing, to sort of really motivate him, get him moving around and stuff...And so I had to sort of follow up on things like that...The initial problem is treated, it's*

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*the fall, but there's no, OK, what else is going on here?*

*Participant 4*

*And you know, having a contact number would have been quite useful. So, things like, I'm sorting out for them a disabled parking space outside. So I'll go into the Greenwich Council website myself to look at how to do that, ring the disabled team and I'll get the forms myself. And yes, I've got the ability and capability to do so, but actually had mum and dad been on their own they wouldn't have even thought about these things. They could have made it so much easier, and it wouldn't have taken me 4 weeks 'cause I'm actually at 4 weeks since I made the first phone call to get the form out.*

*Participant 9*

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Service users living with cognitive impairments are, to varying degrees, dependent on carers to organise various aspects of their life. If carers find navigating available support too challenging, service users end up without the facilities and care they need and are entitled to.

People's caring responsibilities and busy lives are complex, requiring management of their own as well as their relative's day to day needs. Carers we spoke to would like to receive guidance and information on where and how to access a range of services, such housing and benefits, to more easily resolve broader social issues that impact on both service users and carers wellbeing. None of the carers we spoke to were aware of the Carers Centre and from our interviews, few if any, had the time or ability to visit the Carers Centre.

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*So though they came in the first instant and got things that I needed for mum, I wish I could have kept them 'cause I need*

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*the support right now and I've got nobody else to call on. I don't seem to have a social worker or anyone who's in charge.*

*Participant 2*

*So I have to do 8 hours of work a day as well. I think if instead of thinking, well at lunch I can't just sit down and have my lunch, I've got to call the benefits team and then getting through to the benefits team, you have to explain what's going on.*

*Participant 1*

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Follow up from JET (or another agency) in the weeks after crisis support would provide carers and service users with the opportunity to raise concerns and receive signposting to other sources of support. A lack of signposting or referrals from JET means carers have no choice but 'to just get on with it'. It is questionable how sustainable this approach is.

The carers we spoke to are either new to their caring role or the extent of their caring role has significantly increased. The lack of follow-up and additional support services creates a fragile environment which may affect long-term sustainability. In discussing the organisation of her mother's care, on top of the challenges of her mother's dementia, one carer described it as *"frustrating, it's just...it's soul destroying (Participant 7)."*

'Home First', the strategy behind JET, is designed on the principle of asking "how best can we keep this person at home?". The additional, and sometimes new and unexpected, responsibility on carers to facilitate, organise and monitor care at home has not been sufficiently interrogated. Carers are undoubtedly the lynchpin and foundation for the long-term success of both JET services and the broader Home First strategy. From our interviews, it is not

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unreasonable to suggest if carers are not adequately supported the caring relationship may be unsustainable as a long-term approach and vulnerable service users will have no other option but hospital stays or care within other institutions. Consideration should be given to supplementing Home First with an additional question asking not only “how best can we keep this person at home?” but also “how can we best support carers and relatives?”

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*I don't think there really is much support is there? But to be honest, I am that kind of person that just does what I'm supposed to, what seems to be expected of me and...I just get on with it. Which probably isn't the best way, right?*

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## **2.2 Communication with carers**

As the main point of contact between the service and the service user, the relationship between carers and JET is crucial. As detailed earlier, carers appreciate involvement in decision-making processes regarding the immediate or crisis care needs of their relative. However, limited communication with JET can lead to a lack of understanding in respect of the wider circumstances or context of service users’ lives. For instance, carers are often one of several involved in the care of a family member and more than one may be responsible for liaison with JET. For relatives that don’t live nearby (or in London at all), organising and coordinating care is complex and time consuming.

JET assumes carers have full knowledge and understanding of the often large and complex health and care needs of their relative. This is not always the case. One secondary carer became responsible for liaison with JET because she speaks English, and the service recipient, and his primary carer, do not. In our interview, she told us that she didn’t know much about the service recipient’s health and care needs, and she relies on the primary carer (his elderly wife) to

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provide this information, which she translates and passes on to JET staff. In turn, JET staff relay critical information to her, which she translates and passes on to the primary carer and the service recipient, her grandparents. As the intermediary between JET and her grandparents, she is responsible for translating important information. While she has good command of both languages, at no point were any questions asked to find out if she felt comfortable or confident enough, or had the requisite linguistic ability, to adequately translate and no offer of an interpreter was ever made. While transmission of information through an intermediary may be a quick and easy method, it risks a lack of insight and assurance into how successfully key concepts have been both relayed and understood by the service user and/or the primary carer.

For example, after a mobility bed was organised for her grandfather, she was told how to use it and asked to explain how to use it to her grandmother. Her grandmother is not following instructions, but it is not clear, and JET staff have no way of assessing, if this is a product of how the instructions have been relayed – perhaps too much information – or if there are other reasons for non-compliance.

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*I don't live local, I live in Leicester, so actually coming down to the area and supporting Dad, it does become slightly difficult...But we've basically split the roles as far as the support between the four of us [siblings] and I suppose I'm a bit more talkative and I can get things done, which is why I've taken on the care side of stuff.*

*Participant 9*

*I explained to her [the grandmother] what she needs to do, make sure the bed is in a low ground level. I explained it to her...but she said that she still puts something on the site as a barrier. Maybe because she heard that my grandad says that he's going to fall or something, but she shouldn't be doing*

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*that. Me and my cousin, we were there, and we explained everything to her. But maybe because the information was too much and she's not really practicing that now.*

### *Participant 3*

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Limited exploration or attention paid to service users' and carers broader day to day context can mask or hide service user's needs and reduce carer's ability to influence care decisions. In the case of Participant 3, JET relied on her to translate for her grandparents, yet there may have been health and care issues her grandparents felt uncomfortable sharing with their grandchild. Moreover, as the quote highlights, when it came to explaining how to use the mobility bed safely, the exercise has not been successful, potentially putting both the service recipient and his elderly wife at risk of an accident. We don't know if something has been 'lost' in translation, or if instructions haven't been translated in an accessible way, if too many instructions have been given, making it overwhelming, or if there are other health and care issues that may impact on following instructions that elders might not want to disclose to younger relatives.

Communication with carers is critical, and even more so when service recipients live with cognitive impairment. The carer experiences we've highlighted demonstrate the multiple roles carers perform and the importance of understanding the wider context for both service users and carers.

## **2.2. Barriers: Cohesion between services**

A lack of coordination between health and care services creates additional challenges. For service users living with dementia, support from JET was often one of several services involved in their care. Support services commonly include, social workers, care

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assistants, physiotherapists, occupational therapists, home adaptations, the hospital discharge team, GP, district nursing, and the local pharmacy. As discussed earlier in this report, service recipients and carers often don't know what the role of the JET team is. Consequently, when support is put in place, neither service recipients or carers know which service is responsible for what, or which service to contact if an issue arises.

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*To be honest, we've had so much going. I've literally had so much going on my end and the panic of making sure that, of looking after her and dealing with my own life, I'm just taking so many phone calls and we'll be round here this time, that time and I'm just agreeing to everything. And half the time I don't even know who the hell I'm talking to.*

#### *Participant 7*

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Multiple services don't commonly share information. Carers and service recipients must repeat information, often multiple times on the same day, to ensure correct and up-to-date information is held by all. This is on top of navigating between different teams of staff and care packages in an already stressful period. On occasion, conflicting advice is given by different services, with none of the services speaking to each other.

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*I mean, I've had three beds in one week...Because each person says, no, we'll get a different one, you need this one. So there's three different mattresses I've had in a week. [Name of JET staff member] got me a hardback chair, but then the OT that came in this other day [name of OT] said no, that's the wrong chair. She moved the [existing] recliner. So another chair got taken out and we've now got this big recliner here. I've had so*

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*much equipment. I've had great big standing boards, commodes. I mean there's loads of stuff but they got to a point where I couldn't move and, you know, there was no room for her to walk.*

*Participant 2*

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Lack of communication between services can create financial anxiety. After JET arranged a care package for her relative, one carer was told another service would need to carry out a financial assessment – as some of the care might need to be paid for. After a month of not hearing from anyone about the financial assessment, and with no idea who to speak to, the carer became increasingly worried about the possibility of having to find the money for a large bill to pay for care.

*There is no certainty, and because there's been so much confusion in the process, I'm thinking I'm just going to get a huge bill. But again, there is no clarity between Jet team, Social Services who's doing what? Both JET team and Social Services didn't give me a straight answer to how it's done. And it's kind of worrying because...when I applied to get some help and there was so much contradiction, it's kind of worrying that there's no clarity on that matter.*

*Participant 4*

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Difficulty navigating multiple services and not receiving consistent information across services adds to the overall complexity and challenge of the caring role.

## 2.6 Alternatives: sustainability and impact on carers lives

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*My mental health isn't fantastic because the last few years we've basically we've been left to care, me and my sister have been left to care for my grandparents. My mom passed seven years ago, and we promised her they wouldn't go into care, so it's kind of like we've been involved in looking after him really since she passed.*

*Participant 7*

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We asked carers what they would have done if support from JET hadn't been available. Some suggested looking at care homes, or moving relatives in with other family members, while others thought they would send them to hospital, via A&E, and some had no idea at all what they would have done without JET services.

*What would I have done? I don't know, maybe I would have had to seek help. And at that time, I was more or less on my own with that...And this was not even in my horizon at all. You know, I didn't, I didn't know [with this] condition - could you know my mom doesn't know how to cook anymore? She forgot how to? So, it's like...I just couldn't even understand what was going on.*

*Participant 6*

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Throughout all our interviews, it's clear support from JET provides relief at a time of crisis and urgent need. However, when asked about the future and the potential long-term nature of their new or increased caring responsibilities, carers are unsure, and in some cases uneasy, about how long they can carry out this role. While many took reassurance from managing so far and said they would

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'just have to figure it out', it is clear most would prefer not to look too far into the future.

For carers to continue to support others it is clear they need to be better supported themselves. Without knowing what alternative options and services exist, or where to turn for support, caring responsibilities may become more fragile and prone to breakdown. The same pressures that brought service users to the attention of JET may simply repeat again. JET offers a needed and essential short-term response; it is not clear if or how this leads to long-term sustainable solutions.

## Conclusion

This report highlights key areas of success for JET, where the service works well meeting the needs of service users and their carers, especially its rapid response and timeliness, and person-centred care delivered by skilled and empathetic staff. In the short-term, JET provides critical support in a time of crisis, often when people are unaware that any home-based support is available. The quality of care provided is high, delivered in a kind and compassionate manner ensuring both service recipients and carers feel listened to and respected. In providing support in a crisis, the pressure on carers, struggling with the stress and demands of new or increased caring responsibilities, is significantly eased. While pressure on carers is initially eased, there is potential for it to quickly build again as the sustainability of long-term caring responsibilities can become fragile.

There are areas for further development, most notably improving communication with services users and carers to clarify what JET can offer – the range of available options and who to contact for what, greater coordination between services and departments so carers and service recipients don't have to continually repeat



information, consistent follow-up, and greater support for carers to access and navigate wider support services.

Greater consideration should be given to addressing the broader needs of service users and carers. Introducing or expanding contact beyond the initial crisis offers opportunities to address arising health and care issues. Simultaneously, greater signposting to other services offers carers the ability to draw on a wider range of support.

# Recommendations

- Provide carers and service users with clear information on what JET is responsible for, and how to contact/access the service. This should include where JET sits within the broader care system and how it works alongside other services such as social services. Resources should include physical (hard copy) and digital information.
- Offer greater signposting and referral to both formal and informal support services. This should include greater recognition of the emotional and practical impact of caring e.g., carers support groups and resources on managing the social and financial aspects of caring – such as benefits/finance advice, housing information, and legal advice
- Implement regular follow ups beyond the initial crisis intervention.

# Limitations

- The sample was recruited by JET staff. We do not know how many carers (in total) were asked and if there is a pattern with regards to those who agreed to take part and those who did not or if those participating represent a biased sample.
- There is a gender imbalance in respect of the carers we spoke to, eight out of nine participants were women. Given the gendered impact of caring, it would have been useful to speak with more male carers, to gain an understanding of how their needs and concerns as carers may have differed.
- Only a third of the participants came from an ethnic minority background. This limited our understanding of how services are navigated and experienced by those from diverse ethnic and cultural backgrounds.

# Response from provider

## Report & Recommendation Response Form

Report sent to:	<b>Rachel Matheson and Josephine Daley</b>
Date sent:	11/10/2022
Title of Report:	JET Report

Date of response provided	26/11/2022
Response to recommendation 1.	<p><b>Provide carers and service users with clear information on what JET is responsible for, and how to contact/access the service. This should include where JET sits within the broader care system and how it works alongside other services such as social services. Resources should include physical (hard copy) and digital information.</b></p> <p>Action taken:</p> <ul style="list-style-type: none"><li>(a) Leaflet / postcard describing the JET Service and what the remit is of the Team including contact numbers designed and provided to staff.</li><li>(b) All staff to give patients / carers explanation of the team and where JET sits within the Health and Social care system as part of initial introduction. Content of discussion to be documented within progress notes</li></ul>
Response to recommendation 2.	<p><b>Offer greater signposting and referral to both formal and informal support services. This should include greater recognition of the emotional and practical impact of caring e.g., carers support groups and resources on managing the social and financial aspects of caring – such as benefits/finance advice, housing information, and legal advice</b></p> <p>Action taken:</p> <ul style="list-style-type: none"><li>(a) Dementia training to include the role of carers to be arranged for staff within JET.</li></ul>

	<p>(b) For JET staff to have a deeper understanding of both national and local organisations that work with service users and carers in dementia. Information on dementia groups in the Borough collated. To be sent to staff / discussed in team meeting / supervision.</p> <p>(c) Build closer relations with Live Well Greenwich to enable support to be provided to carers and service users particularly those who are living with and supporting service user with dementia. Arrangement to attend Live Well Greenwich meetings in place. Request Live Well Greenwich to come and speak with Team at Team meeting.</p> <p>(d) Ensure that all avenues of support for both service users and carers are explored to ensure ongoing support following JET intervention. Document within progress notes.</p> <p>(e) Carer's assessment to be completed by JET for identified carers.</p> <p>(f) Training / understanding of the carer assessment process.</p> <p>(g) Awareness / understanding of the financial implication of social care packages through training. All staff to document in progress notes details of the conversation with the service user / carer.</p> <p>(h) All staff to endeavour to get professional interpreter to ensure the service user can speak to the professional in confidence. List all languages spoken in the team to enable allocation of professionals who speak the language of the service user / carer. Process for commissioning interpreter to be circulated to all staff (RBG and Oxleas)</p>
<p>Response to recommendation 3.</p>	<p><b>Implement regular follow ups beyond the initial crisis intervention.</b></p> <p>(a) All service users and carers discharged from the service to have discharge discussion / copy of discharge letter. To be reinforced at MDT. Content of discussion to be added to progress notes</p>

	<p>(b) Information to be provided on all teams referred to / remit of team / possible waiting times. Content of discussion to be added to progress notes</p> <p>(c) All service users / carers to be informed that they can self-refer to JET should there be another crisis. Content of discussion to be added to progress notes</p> <p>(d) Further Patient Experience Deep Dive to be undertaken to ensure service improvements beyond the initial crisis are embedded into the service delivery</p>
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