Rethink Mental Illness.

INNOVATION network

Making a difference

Collaborative care planning in secure services

July 2016

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Rethink Mental Illness is grateful for the involvement and support of mental health professionals, individuals with lived experience, and carers throughout this project. In particular, we would like to thank:

Terry Fegan (West London Mental Health NHS Trust)

Kate Law (Priory Group)

Mike Lawson (Sussex Partnership NHS Foundation Trust)

Sue Havers and Amanda McGowan (South Staffordshire and Shropshire Healthcare NHS Foundation Trust)

And our colleagues Sue Harris, Karen Lewis and Aileen Orr at DNV GL for providing evaluation support.

Summary

The Innovation Network pilots set out to assess the benefits of involving individuals in the care planning and risk assessment process as equal partners. Overall, the pilots have led to:

– more individuals feeling in control of their recovery journey (an overall increase of 21%),
– more staff involving individuals in their care planning assessments (an increase of 12%),
– more staff saying they had changed their working habits to reflect a recovery approach (an increase of 20%),
– more service users saying the ward environment had improved (this was the case in 28 out of 30 measures).

The pilots suggest that other providers who are interested in collaborative care planning are more likely to have an impact if:

– staff and those with lived experience provide care planning training together,
– staff are supported to facilitate a culture change,
– feedback from users of the service is maximised as part of a wider effort to track progress.

Foreword

Following the publication of the Schizophrenia Commission report *The Abandoned Illness*, Rethink Mental Illness made a commitment to take forward the recommendations it made. We formed the Innovation Network, a leading group of mental health care providers, committed to working collaboratively and bringing about change within their settings whilst involving people who use services in all levels of decision making.

We have been proud to be part of this progress over the past few years. These providers have gone above and beyond to support each other, to share resources, and to add value to their interventions.

People are still spending longer than they need to in secure care settings. This is restrictive for the individual involved, and costly for the system. The pilots described within this report aim to change the care planning and risk assessment process within secure services, to be led by the individual using the service. Across the pilot sites, we have seen positive results; staff members talk about collaboration, and individuals using services speak about empowerment.

We've heard about individuals chairing their own care planning meetings. Our organisations have co-delivered training on risk assessments for staff and individuals using services. Regular safety management groups have been held.

During the evaluation period, many of the providers involved have gone beyond any progress we could have anticipated two years ago, and the results in this report highlight the cultural changes within these secure settings. This is a huge step forward, and it's important to consider the learning captured within this report to ensure that all individuals are at the centre of decision making at every point on their recovery journey.

Mark Winstanley
Chief Executive, Rethink Mental Illness

Background

Why have we focussed on collaborative care planning?

Rethink Mental Illness established the independent Schizophrenia Commission in 2011 to examine the provision of care for people living with schizophrenia, psychosis and other severe mental illnesses.

The Commission's members, drawn from a wide range of experts, took a strong interest in how to assist individuals to be involved in planning their own care.

Specifically, the Schizophrenia Commission recommended:

"It is crucial that shared decision making is placed at the centre of the support and treatment process. Individuals under the Care Programme Approach have a right to a care plan and a named care co-ordinator but there are significant concerns about the quality of care plans. All care plans should give people an element of choice as to where they are treated and by whom and include goals which have been agreed by the person."

The role of the Innovation Network

With the aim of turning the 42 recommendations made by the Schizophrenia Commission into change, Rethink Mental Illness established the Innovation Network – a group of mental health care providers committed to implementing a collaborative approach to practice improvement.

Today, the Innovation Network is a space in which mental health care providers can share experiences, discuss solutions to particular challenges, showcase examples of good practice and pilot new approaches.

The collaborative care planning intervention

The Innovation Network recognised that increasing the involvement of individuals who use services in their own care planning and risk assessments could lead to better recovery outcomes, especially for those in secure services.

Rethink Mental Illness commissioned an evaluation to assess the impact of a more collaborative care planning approach. Four mental health care providers agreed to take part in the evaluation.

What the pilots hoped to achieve

The aim was to evaluate whether involving people in their own care planning and risk assessment would lead to:

- better self-reported recovery outcomes from people using secure services,
- more recovery-focused care plans.

> I see CPA as part of my recovery. That is where they look at progress rather than ward rounds. I see it as a positive part of my recovery process.

What the pilots did

Each of the pilot sites in this project were at different points of progress at the start of the evaluation, and have taken a variety of approaches over the last two years. There are some key elements which all included in their approach:

- Care plans included elements of 'My Shared Pathway', a care planning approach written by the individual and focussed on their aims, plans, own progress milestones and outcomes.
- Training about the care planning process for staff and individuals who use services
- Risk assessment training for individuals in the service. This included developing a safety action plan and discussing how to apply this plan. The training included reflection skills, collaboration, planning, goal setting and broader perspective taking.

How did the pilots measure improvement?

Improvement was measured across 2 main outcomes.

1

Better self-reported recovery outcomes for people using the services

The pilots used interviews and focus groups with staff members and people who use services to find out how they felt recovery was supported within the organisation.

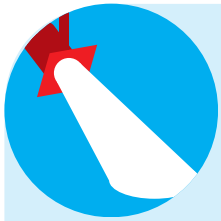
Individuals and staff also completed a survey before and after the intervention. This included 30 measures which we used to assess the climate in the organisation.

2

More recovery-focused care plans and risk assessments

Recovery and outcome-focused audit standards were developed by staff and service users together, and were completed at baseline and endpoint.

Discussions were held with organisations about training sessions and the impact these were having on care plans and risk assessments.



Spotlight on our pilot providers

Priory Group

The organisation decided that care plans would be revised to include the 8 'My Shared Pathway' headings. They would be reviewed in ward rounds and training would be provided for staff and residents in collaborative care planning. Individuals would be invited to their risk meetings and again, joint training would be provided. START and SAPROF would be used and each individual would have a safety plan developed through discussion with their primary nurse.

South Staffordshire and Shropshire

The Speech and Language service were asked to identify ways in which care plans could be made more user friendly. In collaboration with individuals they looked at the steps and tasks involved and then developed a technique called Talking Maps, alongside semi structured interviews. As well as making START (Short Term Assessment of Risk and Treatability) easy-read, they also made HCR20 (a risk-assessment tool used across the organisation) into a more easy to read format. They found that the key was to involve much more visual materials including photographs.

Pilot sites and limitations

Our pilot providers

- Priory Group
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust
- Sussex Partnership NHS Foundation Trust
- West London Mental Health NHS Trust

> It is very easy to get into hospital, it is much harder to get out.

Limitations of the pilot

There are challenges in evaluating change within secure services. This is because of limited access to data in secure care which makes it difficult to attribute progress to the pilots as opposed to other changes. The key limitations related to this project can be summarised as follows:

- The average length of stay in secure services is much longer than the duration of our evaluation. Therefore, it was not possible to make a link between the impact of the pilots and the time it takes to move through a service.
- All the pilot organisations had some other initiatives running alongside this one. It is difficult to solely attribute results towards any particular project.

Sussex

The training adopted a Recovery College approach (co-development, co-delivery, co-learning, co-review and choice). There are 3 stages to the training, with accreditation at each stage. All levels of training are offered to staff members and individuals who use the service. The feedback from individuals and staff was so rich and detailed, that the organisation developed an e-learning package to assist in the training process, and to be used in all subsequent staff induction programmes. This was completed in March 2015 and is currently live on the organisation's e-learning pages.

West London

Within the acute admissions unit, collaborative care planning can be challenging and individuals are often not well enough to participate fully. Staff members adapted the training sessions to include more pictures and photos, and discussions on themes rather than individual questions. This facilitated more open conversations.

What did the collaborative care planning pilots tell us?

Positive impact on people who use services

People using secure services told us they felt more confident about getting involved and talking to staff, and that they felt more valued.

Individuals told us that they found the training useful and valuable, and as a result felt more confident about discussing concerns with staff members. Throughout the focus groups, there was a consistent sense that people enjoyed the training sessions and felt 'part of a discussion' rather than just a recipient of information. There were increases in the amount of people who felt confident to be actively involved in their care plan and their six-monthly CPA meeting, although there was some reluctance about chairing the meeting.

Focus group feedback suggested that peer support could help – individuals could be supported to chair their meeting if they knew someone else who had done so.

Overall, there was less engagement in the risk assessment process than care planning. When prompted, individuals told us that they had already been familiar with their care plan, whereas a risk assessment was new to them.

Commitment from staff to a collaborative approach

Staff members have demonstrated a clear will to improve the lives of people using their services. Staff reported that working collaboratively with individuals was 'essential' and that goals should always be recovery

21%

There was a 21% increase in individuals who use services telling us they feel clear and certain about the steps needed to move through the secure pathway.

12%

The use of My Shared Pathway has increased by 12% during this intervention.

20%

Results of the staff organisational climate assessment showed a 20% increase.

28 out of 30

measures showed improvements in the recovery-enhancing environment survey taken by people who use services.

focused. There was a shared sense that openness, honesty and compassion are crucial when supporting people with mental health conditions.

Staff also cited the need for good communication between teams and a clear understanding of the individual needs of every person they come into contact with. Being open and non-judgemental were identified as important qualities when building relationships with individuals who use services, and supporting them on their journey to recovery.

A more collaborative working culture

A key aim of the pilots was to improve the self-reported recovery outcomes of people who use secure services.

The DREEM scores (related to enhancing a recovery-focused environment) told a positive picture of how people felt about the service they were using. Across the 30 indicators, we saw improvement in 28 areas during the evaluation. There were key improvements in areas including positive relationships, helpers who really care, review meetings and being respectful of rights.

This shift was also supported by the organisational climate survey completed by staff members, which showed a 20% overall increase in perceptions of a shift towards recovery-focussed wards during the evaluation period.

> It was good for me as I was able to do my risk assessment and share it with my primary nurse. It made me feel good and as if someone was able to listen to me.

What can providers learn from the pilots?

Culture change can be challenging – but it is worth it

Introducing a change in care planning approaches can be challenging. It requires a great deal of culture change within a secure setting.

Staff and individuals who use services will need to redefine previously established relationship dynamics. Staff will need to be encouraged to relinquish previously held controls. Individuals will need help to build the confidence to adopt a new role as decision maker in their own care.

Individuals mentioned the opportunity for peer support to play a role in fostering this confidence, especially from those who have been in a service for longer and may have already had some experience from their own care planning process.

Making people feel involved is valuable in itself

Throughout the evaluation period, people who use services spoke to us about what they felt had been of most value to them generally. Many spoke about the impact of 'feeling heard' or 'being listened to', and valued opportunities in which they could make decisions about their own care. For some, this felt like taking back control over their own direction.

> The care plan provides a good summary of your recovery: where you have been and where you are going. It tells me why I am here, how long I will be here, and where I am going next.

Collaborating with their care team made individuals feel empowered and recognised as holding a valued opinion. Individuals particularly valued training sessions that were held alongside staff members. They felt more engaged because they were all 'in the same boat' as opposed to the staff member having all the knowledge and the individual having very little. This level playing field enhanced the collaborative nature of this project.

Recommendations to other providers

Co-deliver training sessions for more impact

The training sessions which involved individuals with lived experience as a facilitator had the most impact during the evaluation.

Involving people with lived experience of services is crucial for the success of such an important change in approach. This is the case for both collaboration on individuals' care plans, but also on a wider level in terms of steering the pilot projects.

Organisations should consider involving lived experience consultants, or their service user council, in the leadership of this project. This can also provide a resource to support co-delivered training sessions which bring together staff members and individuals who use services.

There is also a real opportunity for involving peer support workers, to add an additional layer of support to individuals who may feel a lack of confidence about leading a meeting.

Support staff to facilitate a culture change

Engagement from staff members is likely to be better if they are involved with developing training sessions, and allowing local units to design their own training is more empowering and creates greater ownership.

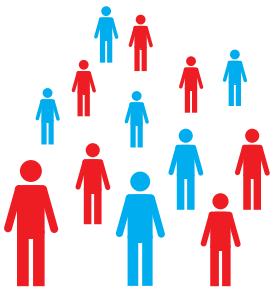
There are challenges for staff members within this intervention. Staff members are required to redefine the relationships they have with individuals who use services, and work with them in situations in which they may have previously worked on behalf of them. This is a shift for all individuals, and support is needed. This approach embeds the collaborative nature from the offset. In terms of ongoing support, organisations are encouraged to embed responsibilities and opportunities to feedback on this intervention within staff appraisals and supervisions.

Feedback from users of the service should be maximised as part of a wider effort to track progress

Embedding data collection methods within existing tools, rather than designing new tools specifically for an evaluation could be helpful to keep track of progress. Targets and measures for effective care planning should be incorporated into quality dashboards. Keeping track of progress within the pilots intervention has been challenging.

All data collection tools need to be written in non-clinical language suitable for individuals who use services, whatever their level of care. Questions should be directly relevant to ensure good engagement. Likewise, terminology should be clear and consistent to support all involved and facilitate good engagement.

Focus group planning can be difficult within secure services. A solution to overcome some of the challenges may be to schedule in several focus groups over a period of time. This would allow opportunities for all those involved in the project to be available and well to attend a session.



The Innovation Network brings together 13 mental health providers, including Rethink Mental Illness. We share a desire to achieve better outcomes for people affected by mental illness. We do this by sharing good practice and piloting new ways of working.

2gether NHS Foundation Trust
Lancashire Care NHS Foundation Trust
South London and Maudsley NHS Foundation Trust
Tees, Esk and Wear Valleys NHS Foundation Trust
Derbyshire Healthcare NHS Foundation Trust
Leeds and York Partnership NHS Foundation Trust
South Staffordshire and Shropshire Healthcare NHS Foundation Trust
A Keele University Teaching Trust
West London Mental Health NHS Trust
East London NHS Foundation Trust
Manchester Mental Health and Social Care Trust
Sussex Partnership NHS Foundation Trust
PRIORY

Rethink Mental Illness.

Leading the way to a better quality of life for everyone affected by severe mental illness

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