



**Mental Health Care Plan Report to
Central & North West London NHS
Foundation Trust: (Kensington &
Chelsea, and Westminster)**

March 2014

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Introduction

Background

Healthwatch Central West London is the independent consumer champion for health and social care services in Hammersmith & Fulham, Kensington & Chelsea and Westminster. Healthwatch Central West London is a membership organisation and aims to empower and represent the diverse communities in our three boroughs. We also work to ensure that patient and service user's views and experiences are embedded in every decision made by health and social care services.

Mental health is a priority for Healthwatch CWL. Mental health is also an outlier for West London CCG which had the highest population with severe and enduring mental illness known to GPs in the country in 2012/13,¹ and as such, is a key priority identified by the Health and Wellbeing Strategy for Kensington & Chelsea¹, Hammersmith & Fulham² and Westminster.³

There are two Healthwatch mental health project groups to map to service provisions in our two local mental health trusts. The research described in this report was carried out by the Kensington & Chelsea and Westminster mental health group and relates to the main provider in the bi-borough; Central and North West London (CNWL) NHS Foundation Trust. In 2012/13, 57% of patients of community patients at CNWL felt definitely involved in the care plan decisions as they wanted to be, which was below the target of 65%⁴.

In addition, personalisation and shifting settings of care are key themes for improving mental health services in current policy^{5, 6}. The personalisation agenda hopes to transform the way in which mental health care is delivered, and enable people to take care of their own support and lives, giving service users control and choice in regard to services they receive.

¹ Kensington & Chelsea Joint Strategic Needs Assessment: Highlight Report, 2013/14.

² Hammersmith & Fulham Health and Wellbeing strategy(consultation draft) 2013-2015.

³ Westminster's Health & Wellbeing Strategy 2012-2015: Healthier City, Healthier Lives, 2012.

⁴ Central North West London NHS Foundation Trust. Quality Account 2012/13, 2013.

⁵ White Paper: Our Health, Our Care, Our Say: A New Direction for Community Services, 2006

⁶ Department of Health: White paper: Caring For Our Future,2012.

Shifting settings of care promotes the delivery of a greater range and volume of care in a community as opposed to a hospital (inpatient) setting.

Personalised care plans, where the service user is involved in outlining their needs, goals and actions to inform the planning of their services to address their needs are crucial to the success of both initiatives. The care planning process should support service users to be actively engaged in decisions about and co-produce their care pathway.

This survey builds on from previous research carried out by Kensington & Chelsea Local Involvement Network (K&C LINK), as the predecessor to Healthwatch, which assessed service user experience of community mental health services. That research, which was carried out in January 2013, showed Care plans as a key theme in which service users were dissatisfied. Service users' views in this report were that *'...their care plans were not followed or were ineffective and that CPA implementation was slow'*⁷.

What is a care plan?

A care plan outlines a person's health and wellbeing needs and how these needs should be addressed. It recognises that there are various factors including social, economic and health needs that affect a person's overall well-being. It should therefore be a holistic process that focuses on helping people to achieve the outcomes they want to improve their well-being. The service user co-produces this plan with health and care professionals (and with family or advocates as appropriate).

The care planning process

Personalised care planning should start with a discussion between the professional(s) and service user to identify goals to support the user's health and wellbeing. The discussion should also focus on how the individual can be supported to take up a more active role in their care, and finding out what affects their health and wellbeing. The result of this discussion should be a documented

⁷ K&C Link: Community Mental Health Services- Service User Views in Kensington & Chelsea, 2013. Link: <http://healthwatchcwl.co.uk/wp-content/uploads/2014/03/KCCMHReportJan2013.pdf>

care plan recording the outcome of the discussion and listing any agreed actions. The service user should have a copy of their care plan⁸.

Care planning at Central & North West London NHS Foundation Trust

Personalised care planning is a priority for Central North West London (CNWL) Foundation Trust. The trust has included care planning as one of its four priority areas to be addressed in its 2013/14 Quality Account: 'Helping our patients recover by involving them in decisions about their care'.

As stated in their 2012/13 Quality Account, key initiatives that CNWL has embarked on to address this priority, include developing and disseminating a briefing to staff about the importance of involving service users in care planning, and ongoing presentation and review of data at local managers meetings⁹.

Additionally, the trust initiated a project on improving involvement, during quarter 2 of 2013/14 to drive up performance in this area. As part of this project, mental health care plan folders, within which care plans, medication information leaflets and other information can be kept together were developed. Care plan posters were also placed on wards to increase awareness about care plans (Appendix 1).

However CNWL's quarterly performance by borough data showed that careplan performance in Kensington and Chelsea, and Westminster were low: In quarter 1, 47.4% and 69.1% of community patients said they felt definitely involved in their careplans were Kensington and Chelsea, and Westminster respectively. In quarter 2, the figures were below the 65% target at 54% and 63% for Kensington and Chelsea, and Westminster respectively.

Aim

This survey was carried out to assess service user's awareness of what a care plan is, their sense of involvement in creating their plan and how care plans could be improved. This research also aims to compare our findings with the internal research carried

⁸ Department of Health. Personalised Careplanning, 2011.

⁹ Central North West London NHS Foundation Trust. Quality Account 2012/13, 2013.

out by CNWL for their 2013/2014 Quality Account.

As the research was user led, we also hoped to help raise awareness of care planning as part of the process.

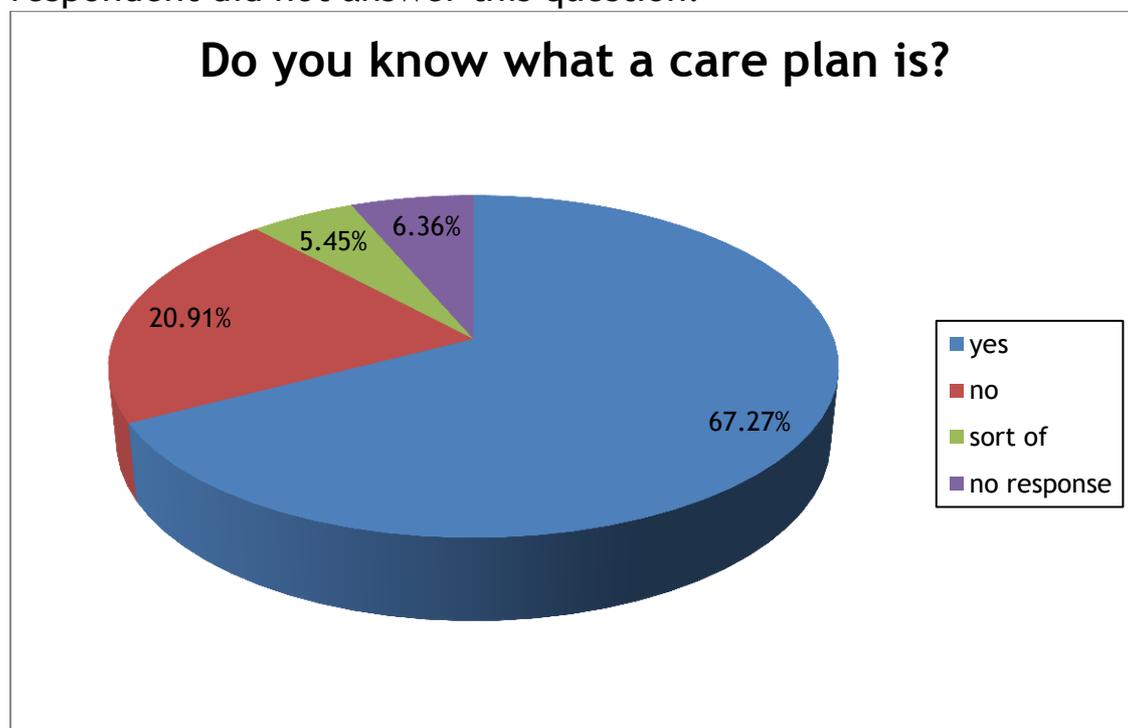
Methodology

This survey was carried out using a questionnaire of 5 simple questions (see Appendix 2) which were delivered via focus groups, face to face interviews and questionnaires given to people to complete by themselves. A total of 106 respondents completed the survey. Most of the questionnaires were filled in when visiting community services within Kensington & Chelsea and Westminster including SMART, MIND, Riverside, Hestia, St Charles Health Mental Health Unit and The Advocacy Project.

Results

Do you know what a Care Plan is?

106 service users completed our survey. 67% said they knew what a care plan was. 20% said they did not, whilst 5% said they were either not sure or partially knew what a care plan was. 6% of respondent did not answer this question.

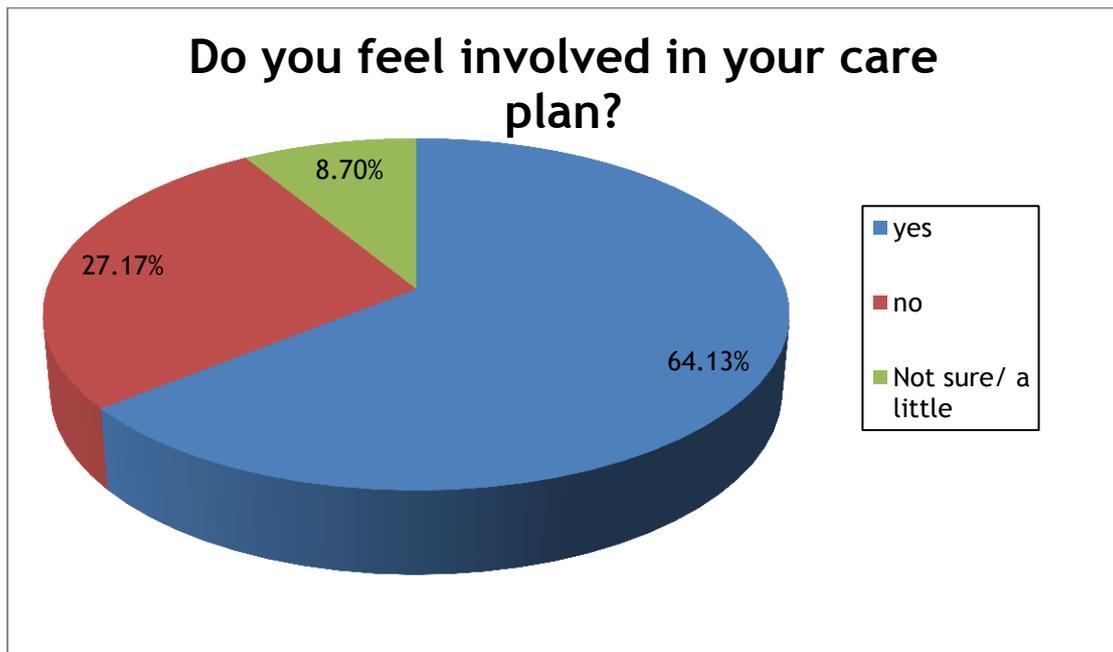


Graph1: Graph showing results for service user's awareness of what a care plan is (n=106).

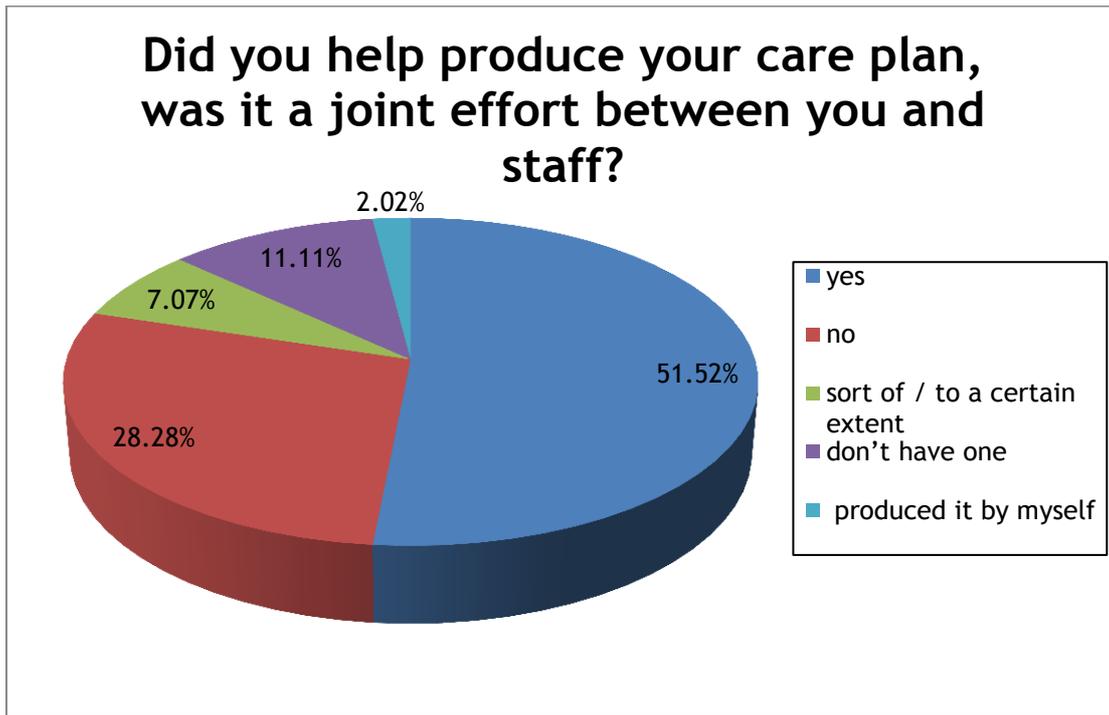
User's Involvement in Care plans

Two questions were asked to gauge people's involvement in their care plans. 92 people responded to 'do you feel involved in your care plans?' 64% of respondents said they felt involved in their care plans. 27% stated that they did not. 8% were not sure.

51% (of 99 respondents) said they created their care plans jointly with staff to this question, 28% of respondent said they did not. Approximately 9% were unsure. (Graph 2a and b).



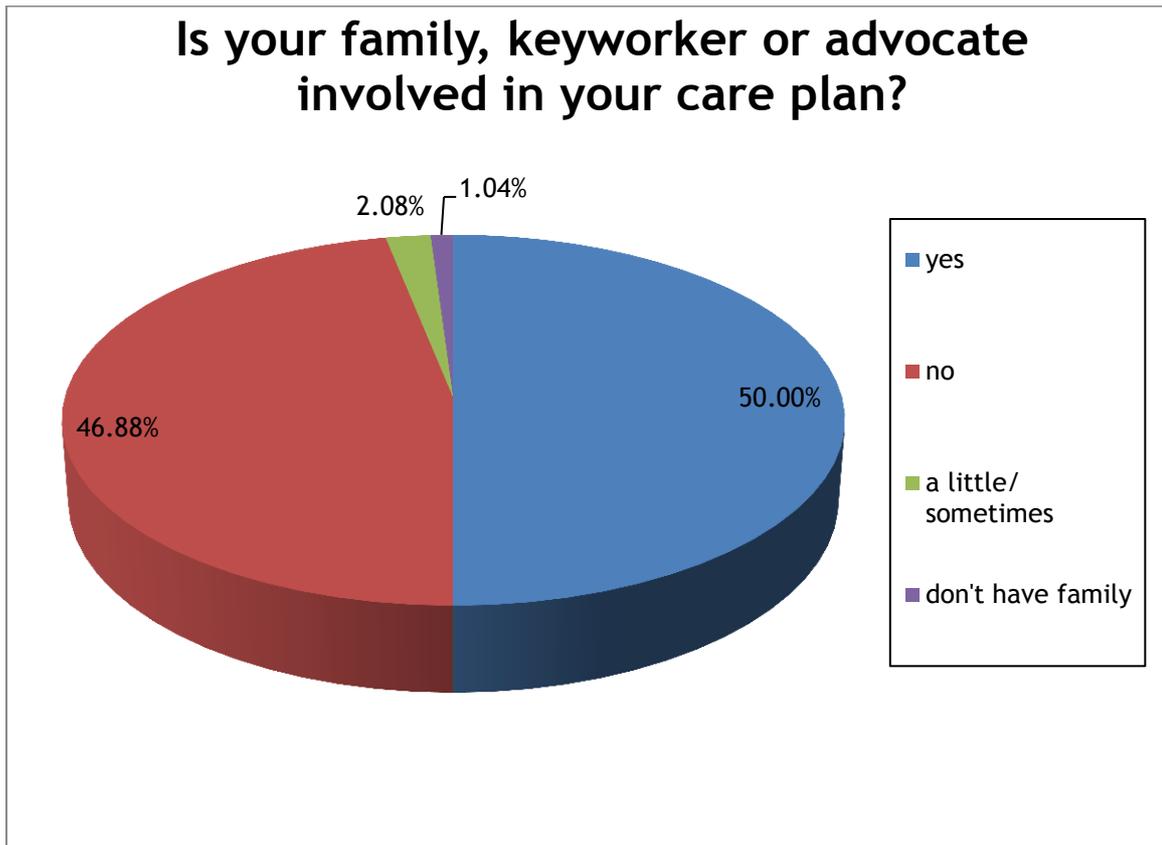
Graph2a: Graph showing service users' involvement in their care plans.
n=92



Graph 2b: Graph showing service users' involvement in their care plans.
n=99

Wider family or advocate's involvement in care plans

Of the 99 people that responded to this question, 50% said their family, keyworker or advocates were involved in their care plan. However, 46% stated that family or advocates were not involved in their care planning process. 2% of people said they were involved sometimes.

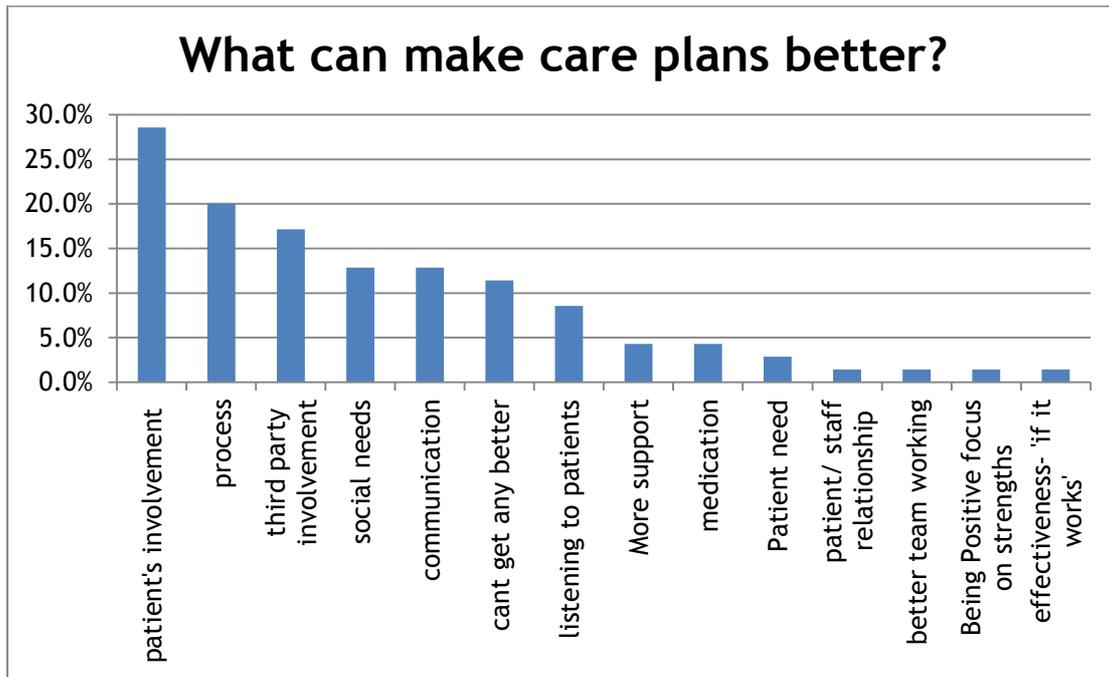


Graph3: Graph showing response for advocate and family's involvement with care plans. n=99

Whilst our research identified the need for a lot more work on raising awareness and involvement in care planning all along the service user pathway, we also wanted to support providers by identifying how people want to be more involved. The next section identifies how service users feel plans could be improved.

How care plans could be improved?

Service users were asked an open ended question of how they felt care plans could be improved to better meet their need. Graph 4 shows the themes emerging from the 99 responses we received for this question.



Graph 4: Shows what people say will improve care plans; n=99

Better involvement in care plans

Most service users said they wish to be more involved in developing their care plans to lead to improvements in the quality of their care.

‘Talk to the patients and get them more involved as some people don't realise they have one’.

‘More involvement from the start’.

‘Having one given to me- only asked if I want to be seen by H.T.T. or council’.

‘Actively involving patients in the planning of their care, respecting their opinions & not make assumptions’.

Process

People also referred to the care planning process itself, particularly the need for ‘more time for’ care planning, a more engaging process and more frequent reviews.

'To have time to talk about my care plan - how to support me and what is available'

'I think more time for support'.

'..... but then after a while they need to revise it with patient.'

'More frequent reviews'.

'Make sure it is updated as close as possible to the date of CPA meeting'

'Monthly calls to check health'.

'Have more sessions for a follow-up'.

'More time in a safer environment - a private space'

'Explain to people how they work.'

Involvement of friends or family

The wider involvement of friends, family and key workers was also a common theme identified by respondents:

'A third party (advocate) should attend the meeting to make sure patients understand everything and prevent biased approaches by care professionals'.

'More input from patients issues, family and GP and individual needs, including key workers'.

'It would be helpful if my family and key worker were involved'

'Information should be collected from patients, family, and friends'.

Social needs

Service users also stated that including and addressing wider social needs such as housing and involvement in community activities would improve care planning:

'Putting in space for more activities and holidays'.

'I would like something added about social life/space'.

'Opportunity for more social activities; such as gardening'.

'Maybe to be more adventurous in social activities. Work on housing needs.'

'More input on social activities'.

'More O.T. time'

'Activities that make people involved with other people.'

Communication

Better communication between staff and patients was another way of improving care plans, including better eye contact, tone of voice, focusing on patient's strengths and easy read versions for people with learning disabilities:

'Eye contact!'

'... better communication by staff members'.

'Easy read version and in meetings could they talk in English'.

'Explain to plain people how they work'.

'Easy read for people with dementia'.

'Not shouting.'

Listening to patient's views

Respondents also felt that care plans would be better if they were listened to, including respecting service users opinions and not making any assumptions.

'GP needs to pay more attention'

'Personal - ask more questions'

'Practitioners listening to what service users say, respecting their opinions & not make assumptions'.

'Actually listen to service users.'

'Improved communication and empathy'

Conclusions

In summary, 67% of the 106 service users who completed our survey said they knew what a care plan was. However 64% of the 92 people that answered this question, said they felt involved with their care plans and only 51% (99 people answered this question) said they had created it jointly with staff. This indicates that whilst nearly three quarters of the people we spoke with knew what a care plan was, around half were involved in co-producing it.

Similarly 50% of service users (n=99), said their family, advocates or keyworker were involved with care plans.

Our results are similar to CNWL research results which show that 54% and 63% of community patients in Kensington and Chelsea, and Westminster respectively, said they were definitely involved as much as they wanted to, in their care plans.

The most cited themes for improving care plans were:

- increased service user and family involvement in developing care plans;
- allowing more time and creating an ongoing process of engagement with regular reviews;
- including social needs, medication reviews and
- including the service user's stated views in their care plan.

Recommendations

In line with our findings and conclusions we make the following recommendations:

Awareness of care plan

- CNWL needs to invest more in raising the awareness and importance of care planning with service users and as an organisation.
- This could be done in conjunction with community groups and voluntary sector such as SMART, MIND, the Advocacy project.

Service user involvement in creating care plans

- Care plans should be created jointly with service users at the point of entry into care and should be reviewed annually (at a minimum).
- Patient's views should be listened to and stated in their care plan.
- The care planning process should be clear and understood by all parties. This means allowing sufficient time when creating care plans and reviewing needs.
- To achieve this, we recommend that CNWL produce a care plan template which should be signed off by service users as well as a copy given to them.

Care plan reviews

- There should be frequent reviews of care plan with service users. Reviews should be annual at a minimum and more frequent as needs change and goals are achieved.

- Proportion of care plans that are reviewed regularly with service users should form part of trust performance monitoring

Family and advocate involvement in care planning

- Family and advocates should be involved in the care planning process and in line with the service user wishes.
- Proportion of patients who have their family and advocates involved with their care plans should be continually monitored, and should form part of the trust's Key Performance Indicators.

Care plans should be holistic

- Care plans should be holistic and address wider social needs including activities, housing and medication.
- In achieving this, there should be improved coordination with adult social care, primary care and community services particularly when a patient is being discharged from inpatient care into the community.
- This should also form part of trust performance monitoring process which should be done in conjunction with community groups such as User Focused Monitoring (UFM).

Better communication

- All staff should be trained on communicating with and developing constructive relationships with users. This should be measured as part of the performance management system.
- There should be an easy read version of care plans. All information leaflets and posters about care plans should also be done in an easy read version also taking into consideration suitable colour contrast for people with visual impairment.

- Report on the effectiveness of the care planning campaign in 2014, including the effectiveness of staff training, take up rates of care planning, sense of involvement and an audit of the quality of the care plans, should be done.

Next steps

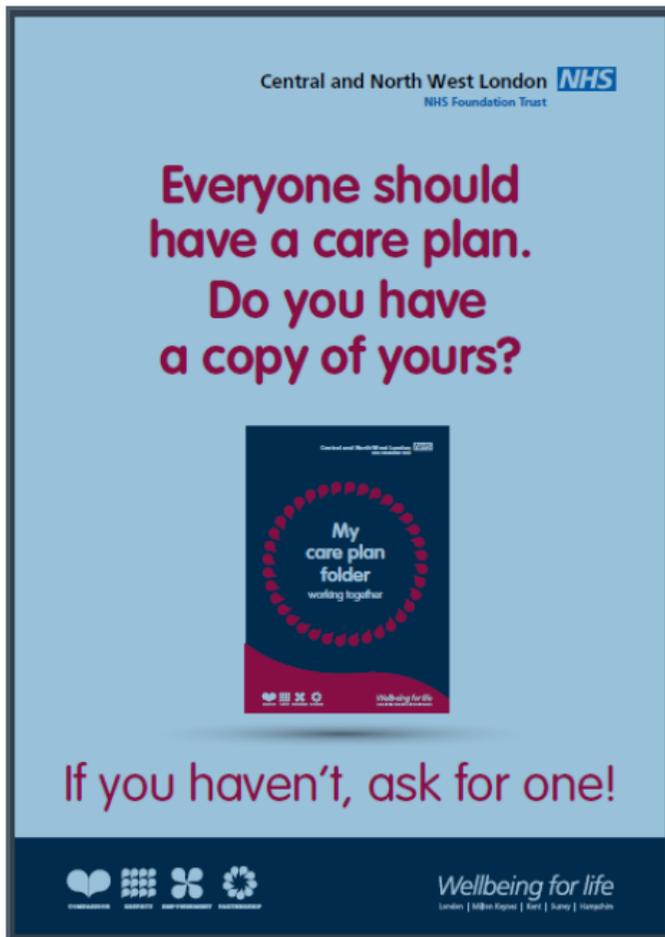
Healthwatch CWL will share this report with CNWL and local community providers. The report will be published on our website and request a response to the outlined findings and recommendations.

Acknowledgements

We would like to thank all the service users who kindly agreed to take part in this survey. Your opinion is very much appreciated and key to all our work at Healthwatch CWL. We would also like to thank the staff of SMART, Hestia at the Grove and the Oremi, MIND, Riverside, St Charles Health Wellbeing Centre, and The Advocacy Project for their support in assisting in engaging service users with our research.

Contact

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New care plan folders

Useful information

Local numbers

My mental health professional (name):

Their phone number:

Their team phone number:

CNWL Out-of-Hours Urgent Advice Line

Phone: 0800 0234 650
 Text: 18001 0800 0234 650

CNWL Medicines Information Service

Phone: 020 8206 7270
 Email: Medinfo.cnwl@nhs.net

CNWL medicines website

www.choiceandmedication.org/cnwl

CNWL website

www.cnwl.nhs.uk

PALS (Patient Advice and Liaison Service)

For confidential advice and information about CNWL services

Local PALS (name):

CNWL PALS

Phone: 020 3214 5773
 Email: pals.cnwl@nhs.net



Posters, encouraging involvement

Appendix 1: Improving Involvement CNWL Project: Care Plan Poster and Folder

1. Do you know what a care plan is?
2. Do you feel involved in your care plan?
3. Did you help produce your care plan? Was it a joint effort between patient and staff?
4. What can make care plans better?
5. Were your family or any key worker/advocate involved in the care planning process?

Appendix 2: Research Questionnaire given to service users