

**IDEA 1. FIND OUT WHAT PEOPLE WANT**

**For example:**

- CPA - what do people want it to be called?
- What should we call the 'care plan'?
- What do you want from a care plan? (what should it look like about a person's paper?)

**BE CLEAR WHO THE PEOPLE ARE** - sometimes to give people that info the wrong, sometimes about what to say.

**STOP & THINK** - when is the right time of the decision making process, check that the right people are involved in making the decision. Ask the RIGHT people.

**IDEA 2. GET THE INFORMATION RIGHT**

We can only really know what information people want when we ask them, but a common complaint is that people don't know what they don't know.

Current info could be a starting point THEN start the dialogue and listen, listen hard.

Reach out:-

- Provide written info in clinical areas - poster, leaflets
- Post out information to people about CPA
- Invite people to get involved
- Use social media along with conventional methods - external website, twitter, facebook, Planning Care Network blog
- Use easy on file, accessible formats, easy read ie. DITCH THE JARGON

**ITS TIME TO DO SOMETHING DIFFERENT** if we keep doing what we always do then we will keep getting what we always get



**IDEA 3. SHARED LEARNINGS**



**CONCLUSION**

It is time to do something different; this presentation outlines the actions needed to bring about change but more importantly it articulates the mind shift in thinking required to truly involve people in their care and services.

# CPA - making a difference

**IDEA 1. FIND OUT WHAT PEOPLE WANT**

**FOR SUCCESS**

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- What should we offer? (services)
- What do we want from a care plan? (what should it look like about a person's paper?)

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DIFFERENT, if we keep doing what  
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We need to be 'ALL EARS'

Prepared to LISTEN to what people are telling us:

- People that use our services
- Their carers and supporters
- Third sector
- Partner agencies
- Staff members

and prepared to take the right action.



# Fixed point



7 key milestones for  
2013-2014

1. Integrated Care Pathways (ICP's)
2. Formulation
3. Providing information
4. Terminology
5. Supporting best practice
6. Communication
7. Evaluation

Destination, a place where



- people know they are at the centre of their care, support & treatment
- people have enough information
- people report positively about their experiences
- people say they understand what is being said
- people can get as involved as they want to in their own care & service and organisational developments
- people feel close to the organisation
- Staff have the tools & support they need to serve people well
- Staff have the information they need to provide the best care, support & treatment

## IDEA 1. FIND OUT WHAT PEOPLE WANT

For example.....

- CPA - what do people want it to be called?
- What should we call the 'care plan'?
- What do you want from a care plan? How should it look? What about apps/online/paper?

BE CLEAR WHO THE PEOPLE ARE - sometimes its about people that use the service, sometimes about staff. Or both.

STOP & THINK - where is the impact of this decision - work backwards, check that the right people were involved in making the decision. Ask the RIGHT people.

## IDEA 2 GET THE INFORMATION RIGHT



# GET PERSONAL!

Face to face interactions to ask questions:-

- Focus groups - facilitated by people that use the service ideally. Option to explore SU led research, maybe options to attract funding for this
- Meeting 1:1 with Planning Care Network members
- Link in with existing fora for service users and carers - eg. Knowledge Cafe, SUN, partner agencies SU groups, ward community meetings
- Loitering in clinical/waiting areas - starting dialogue about current experience and sharing information too
- Linking in with Planning Care Network members (staff)- spending time in practice/with teams
- Creating small working groups with interested people

FIND A WAY TO GET FIRST HAND FEEDBACK

BE CLEAR WHO THE PEOPLE ARE - sometimes its about people that use the service, sometimes about staff. Or both.  
STOP & THINK - where is the impact of this decision - work backwards, check that the right people were involved in making the decision. Ask the RIGHT people.

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# IDEA 3. SHARED LEARNING

Quarterly 'training/engagement' day:-

Attendees- People that use the service, carers, members from partner agencies, people that want to know more about planning care/CPA

Co-facilitated by people that use the service

Workshop style

Visiting speakers

Care Coordination training:-

People's and carers views 'captured' (video, audio) providing current feedback on experiences in our services

Co-facilitation of training

CPA trainer in post + clinical lead for specific area

Option of University training for senior staff in planning care

Vicarious learning/Leadership:-

Leaders leading by example, professional leads and senior clinicians modeling best practice in planning care & shadowing clinicians

Team learning:-

Facilitated process to embed CPA principles with revisit/follow-up after 6 months to review progress (includes feedback from people that use the service, audit of existing care plans and discussion about the current process/practice). Like 'rapid improvement' approach.

1:1 Support in co-production of care plans

## IDEA 4. A NEW WAY OF LOOKING AT IT



Proper involvement, not a tokenistic, after the event, cursory nod.

Involving people before the start; let PEOPLE decide what the start is and what the end point is.

Consultation is no longer enough. Take direction and recommendations from SU groups, have conversations and make agreements- then be held to account.

IDEA 5. THATS ALL GREAT  
BUT.....



We need the right things in place to get this going:

- Spot The Gaps - SU groups across the organisation OR whatever way people tell us that they want to contribute
- Valuing and acknowledging the contribution that our experts bring - people with lived experience, carers, supporters, statutory partners and third sector
- Opportunity for SU groups to be work groups - 'commissioned'
- Clear feedback loop
- Organisational culture of involvement rather than consultation; led by professional and clinical leads
- Acknowledgment that doing it right is not going to be the fastest route
- Challenging where the service user and carer voice are not being heard
- Freedom to get creative and to get it wrong (occasionally)
- Individualised team development plans, start with one and work outwards.


What are the next steps to achieving this?



Offer a range of options to meet the aim of enhancing recovery.

- Arrange quality assurance
- Develop plan
  - Produce training materials
  - Offer 1:1 support
  - Liaise with Commissioning users/carers
  - Explore options for working with Recovery Experiences
  - Scope options for implementation
  - Clarify role of staff in care coordination
- Contribute to the development of prioritised care planning
- Ensure the development of care planning is embedded
- Embed Triad

# Planning Care Work-plan

Leeds and York Partnership   
NHS Foundation Trust

Key Area + Milestone Link	Action	Lead Person	Time Frame	Progress
1 Engagement  Milestones: Network for communication (a,b,c)  Qualitative measures (e,f,g)	Engage people, carers, partners & staff to gather data on which to base CPA work streams & initiatives:- a. Launch Planning Care Network (blog); meet with members for feedback; ask the questions for what people want	DK	Nov 2013	
	b. Book in to service user groups and forums; identify any gaps in groups & fora	DK	Dec 2014	
	c. Arrange to attend clinical and waiting areas; canvas views; engage with people – produce a programme	DK	Jan 2014	
	d. Identify & engage with people of interested people as themes emerge & respond (reactive).	DK		
	e. Administer service user questionnaire on service user experience	DK/JW	Nov 2013	
	f. Improving Perinatal, Maternity & Children's CQUIN (SCG) Commissioning - Low secure, to be completed	LD	March 2014	
	g. Involvement in research - focusing on Quality, Safety & Patient Experience	VB/DK	Feb 2014	
	Scope options for research - more potentials	DK	January 2014	
	Contact Alison ...			
	Provide accessibility information also inviting people in a range of ways; a. Display posters in clinical and waiting areas b. Leaflet to be available in clinical and waiting areas Ensure leaflet is available in often requested languages Update the external website to provide info list	DK DK CB	Dec 2013 Dec 2013	



### 1. Engagement

Engage people, carers, partners & staff to gather and share data on which to base CPA work streams & initiatives:-

- Launch Planning Care Network (blog)
- Book in to service user groups and forums; identify any gaps in groups & fora
- Arrange to attend clinical and waiting areas to canvas views
- Identify working groups of interested people as themes emerge & work is agreed (reactive).
- Administer postal questionnaire on service user experience of review
- Implement and evaluate sessions on diversity and inclusion; focusing on meeting needs of individuals
- Improving the CPA process COJIN (SCG) CAMHs, Perinatal, Eating Disorders, Low secure, to be completed
- Involvement in Data Hack, focusing on Quality, addressing specific questions

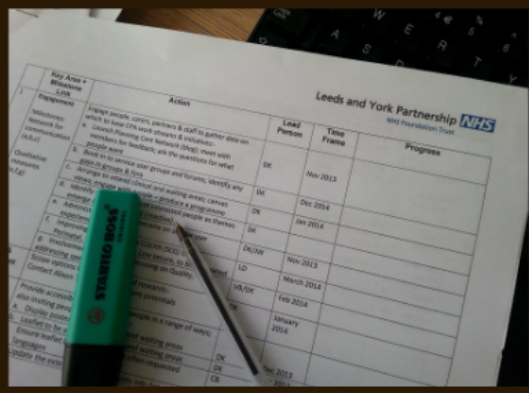
### 2. Research & Development

Scope options for service user led research

### 5. Shared learning

of approaches to develop understanding & to improve skills; overall  
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 ngle of Care' on acute in-patient areas; then to community.

# Planning Care Work-plan



### 3. Providing Information

Provide accessible information to people in a range of ways; also inviting people to get involved:-

- Display posters & leaflets in clinical areas and waiting areas
- Ensure leaflet is available in most often requested languages
- Update the external website
- Carers information to be developed and disseminated
- Post out accessible CPA information booklet to people on CPA

### 4. Policy & new initiatives

- Review and revise CPA Policy
- Audit practice against CPA standards/policy
- Have oversight of progress with the Personalisation Agenda/SDS

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- b. Audit practice against CPA standards/policy
- c. Have oversight of progress with the Personalisation Agenda/SDS

## 5. Shared learning

Offer a range of approaches to develop understanding & to improve skills; overall aim of enhancing people's experience of services;-

a. Arrange quarterly 'Planning Care Engagement Day':-

b. Develop plan for care coordination training over 2014; team based and generic:-

- Produce training plan & content
- Offer 1:1 support in care planning to care coordinators
- Liaise with Communications team re options for making video/audio of service users/carers experience
- Explore options for co-facilitation of training with people with lived experience with Recovery & Social inclusion team
- Scope options for University providing bespoke training in need areas
- Clarify role of professional leads in developing skills, competence and confidence in care coordination

c. Contribute to the development of ICP/Vision to ensure that CPA remains prioritised

d. Ensure the formulation process is in place to support the use of the ICPs and care planning:-

e. Embed 'Triangle of Care' on acute in-patient areas; then to community.

## CONCLUSION

It is time to do something different; this presentation outlines the actions needed to bring about change but more importantly it articulates the mind shift in thinking required to truly involve people in their care and services.

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