

Care Planning and Care Coordination in Community Mental Health: What makes it collaborative, recovery-focused and personalised? Findings from the COCAPP Study

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Who carried out the research?

The research was carried out by a team of researchers from City University London and Cardiff and Swansea Universities.

Service user and carer involvement:

Service user and carer involvement was embedded throughout the study. Six service user researchers were involved: one as co-investigator and the others to interview service users and carers. In addition, there was an advisory group of people with lived experience.

Why did we do the research?

With the introduction of the recovery approach and personalisation, it is now expected that care planning and coordination should be recovery-focused and that people will be taking more control over their own support and treatment.

What were the aims of the research?

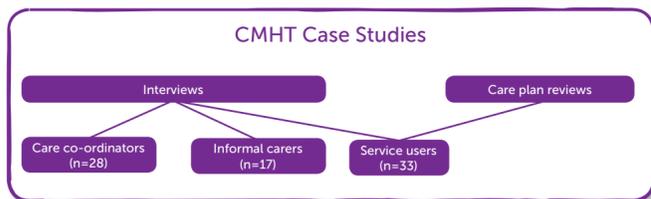
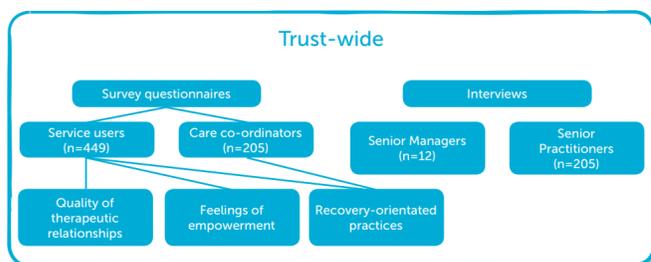
We wanted to find out what helps and what hinders care planning for people with mental health problems to be collaborative, personalised and recovery-focused.

Where was the research carried out?

The research was carried out in six NHS mental health service provider organisations: four in England, including Sussex Partnership NHS Foundation Trust, and two in Wales.

What did we do?

The focus of our research was on community mental health care. We wanted to find out the views and experiences of all of the different people involved: care coordinators, senior managers, senior practitioners, service users and carers. We used different methods to meet these aims.



We also carried out an extensive literature and policy review.

What did we find?

Summary of the cross-site survey findings:

- There were no major differences between the six sites on the empowerment or recovery scores on the service user questionnaires;
- There were some significant differences between the sites on therapeutic relationships: where there was good collaboration and input from clinicians, relationships were rated as more therapeutic;
- Where care coordinators saw a greater range of treatment options, the service was rated as more recovery-focused;
- Organisations perceived by service users as being more recovery-focused were also seen as having better therapeutic relationships.

Summary of the interview findings:

Some common themes across sites...

Care Planning:

- Overall, there were major challenges in trying to make care planning and coordination meet the different needs of service users, practitioners, managers and commissioners;
- Care plans were seen as largely irrelevant by most service users who rarely consulted them;
- Care coordinators regarded care plans as a useful record but also an inflexible administrative burden that restricted time spent with service users. Once written, they rarely consulted them.

Care planning and therapeutic relationships:

- Service users valued their conversations and relationships with care coordinators more than they valued care plans;
- Relationships with care coordinators, support workers, family and other carers were seen as far more important to recovery.

Risk and safety

- Risk was a very significant concern for managers and clinicians. However, issues of risk and safety did not appear to be openly discussed with service users (or carers) who were often unaware that risk assessments had taken place;
- This appeared to limit the involvement of service users (and carers) in exploring and managing their own safety, and prevented positive risk-taking from becoming a part of people's recovery.

Recovery and personalisation

We found great variation in understandings of recovery and personalisation, both within and across sites and

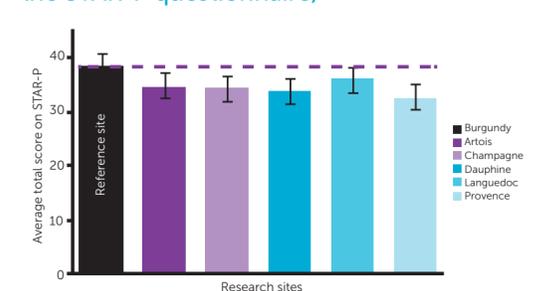
Conclusions

- Positive therapeutic relationships appear to be the most important factor in helping care planning and care coordination to be personalised and recovery-focused;
- Excessive administrative tasks and inflexible information technology should be addressed in order to increase the time staff can spend with service users and carers;
- Shared understandings of the ideas behind recovery and personalisation, developed in partnership with service users, carers, and frontline practitioners may benefit practice;
- Training may not be enough to bring about the necessary changes without also addressing the wider organisational and structural issues.
- We recommend research to investigate new ways of working and training to increase staff contact time with service users and carers and to improve a focus on recovery.

How does Sussex compare to the other sites in the study?

- Reported care coordinator caseloads in Sussex were higher than elsewhere (up to 50); high caseload numbers were increasingly attributable to growing demands and tighter staff budgets. Elsewhere, caseload numbers varied from as low as 25 to a more common figure of around 40.
- There were many commonalities relating to concerns about care across sites, but in Sussex in particular, the restructuring of services, notably the creation of 'ageless' services, and the movement towards generic mental health roles were identified as a real struggle for many staff. Staff in Sussex voiced greater uncertainty about developments than staff elsewhere. There were acknowledgments amongst senior staff that changes such as these can affect morale, and that there was uncertainty regarding the perceived benefits of the restructure. Despite the upheavals, staff in Sussex were trying hard to continue to work in a recovery-focused way.
- Compared with other sites, service users in Sussex identified a greater scope for improvement in their therapeutic relationships with their care coordinators. One aspect of this concerns care coordinators effectively communicating to service users that they are listening to them and support their work towards recovery. Improvement in this area could be supported through training and supervision of clinicians.

Therapeutic relationships across sites (mean scores given by service users on the STAR-P questionnaire)



The taller the bar, the more positively service users rated therapeutic relationships at their site (Sussex = 'Provence').

- Staff and service users in Sussex reported a greater use of recovery-focused care planning tools, such as the Wellbeing Recovery Action Plan (WRAP) and Recovery Star, than other sites. These types of care plan place the service user's own goals and strengths at the centre of their journey towards recovery and wellbeing.
- Sussex has a well-established Recovery College, where professionals and experts by experience work together to deliver courses about mental health and recovery. Courses aim to empower service users to develop self-help and self-management skills which will support them in their recovery. For more information, visit: www.sussexrecoverycollege.org.uk

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