

NHS Lanarkshire Forensic Mental Health Inpatient Services

The MyPlan five stage approach to care planning - Alan Simpson & Caroline Watson NHS Lanarkshire

The **MyPlan** care plan approach was developed in Iona low secure and Gigha forensic rehab wards of Beckford Lodge, Hamilton, Lanarkshire. Both wards have been consistently recognised as having strong recovery and patient safety cultures.

Why? Mental welfare commission inspection feedback (2016) recognised that although care plans were comprehensive, recovery orientated and individualised they didn't offer a cohesive progressive structure in which to place and describe the service user's individual recovery journey.

And!!!! In line with recent developments in recovery approach to we wanted to introduce and evidence more strengths based co productive elements to our care plans.

What did we do? A small working group was created and given the task of adapting and improving care plans. This has been a dynamic and evolutionary process over many years. The group has had a number of contributors lead by Alan Simpson (SCN, Gigha ward) and Caroline Watson (SCN Iona ward).

We were guided by an approach rather than a firm idea or model, reflecting wider established standards of the recovery movement, namely

- Person centred
- Highly individualised.
- Co produced
- Community as a resource
- Self management
- Hopeful
- Step wise progression.
- Rights based
- Physical health
- The personal lived experience of mental illness
- Carer & family supports.

This piece of work was also informed by the work of the MWC, Scottish Recovery Network (narrative work), local voluntary agencies (community involvement) and the SRI 2 (individualisation and purpose).

We also wanted to be clear that the care plan is a nursing care plan with significant co productive elements.

We wanted to try and reengage our nurses with the art of creating great care plans; there can be no higher expressing of the profession than a well crafted care plan.

My Plan

My Story	My Story so far	What my legal status means for me and my recovery	Health and well being	My recovery plan
Starting point of the care plan package.	Provides a summary of circumstances leading to contact with services. Brief history and any past contact with services.	Clearly identifies service user's legal status and also includes other formal elements pertaining to service user rights.	Holistic and individual approach to maximising knowledge and self management of physical health needs and healthy lifestyle.	Subject to most change. Describes where the individual is at this point of their recovery. Co produced with the service user. Will require regular review.
Service users are encouraged to share their individual story. By creating it themselves.	Co produced with staff for the purpose of sharing with other health care professionals involved in care package.	Identifies, by name and contact details, those involved in supporting and representing the service user (i.e. solicitor, advocacy worker and/ or legal guardian)	Outlines local and national organisational responsibilities (i.e. annual physical health checks, alcohol brief intervention)	Goals, projects and higher aspirations (i.e. discharge planning, education)
Not compulsory	Highly individualised (i.e. finances, medication, accommodation).	Named person and advance statement information.	Community explored as a supportive resource to be exploited.	Stepwise progression sympathetic to the service user's capabilities.
Communicates the subjective lived experience of mental illness and crisis. What worked or didn't work in the past.	Records life roles, strengths, capacities and the subjective impact of mental ill health/ crisis beyond distressing symptoms.	Patient choice for information sharing; names and roles.	Smoking cessation, dietary services, podiatry etc.	Time limited, achievable, meaningful and relevant to the individual's wider recovery.
Service users choose their own starting point.	Move away from jargon, diagnostic terms and technical language; describes the lived experience and impact.	Planning information around CPA, detention and/ tribunals.	Clozapine, lithium and/or any other requirement for health monitoring as a result of treatment.	Identifies other players and supports by name.
Guidelines and recording sheets available.	Identifies all carers, family and other players by name and role.	Details suspension of detention, specified persons and T2&T3	Patient safety and harm reduction agenda.	Resuming life roles, responsibilities and supports.
Creativity is encouraged (i.e. art, rap, poetry).	Interventions focus on knowledge, self management, planning, choice, meaningful activity, inclusion and hope.	Interventions focus on rights, personal agency and how challenges/ complaints can be brought to the appropriate people/ agency (local and at government level).	Realistic and achievable. Concordance, relationships and right in relation to medication	Self management techniques.
No right or wrong ways to share beyond that which will help others understand the service users lived experience.	Future goals, hopes and dreams. Adopts a stepwise approach. Identified the community as a resource.	Interventions explanation, education and advice are evidenced.	Small positive changes in lifestyle leading to identifiably.	Positive, hopeful and always implying progression.
Records and share hopes, dreams and strengths.	Reinforces services users self agency and choice.	AWI, legal guardian and/ or appointee ship details and rights.	Spiritual health needs.	Strengths based and well recovery action planning.
Service user's discretion if story is to be shared.	Identifiable collaborative review and evaluation process	Data protection information	Realistic and achievable.	Personalised individual activity plans.

This is what we came up with!

The MyPlan five stage approach to care planning.

Very much a work in progress but here are some outcomes

- Service users like the opportunity to share their story in their own words.
- Two subsequent MWC inspections identified implementation of MyPlan as an example of good practice that should be shared.
- Feedback invariably positive in relation to understanding the service user as an individual.
- Easily picked up and applied by staff and student learners.

Whats next?

- University of the west of Scotland hopefully supporting the project through research.
- Future publication
- Continue to adapt and develop the MyPlan
- Share with other areas.
- Support other NHS Lanarkshire team in implementing the MyPlan.