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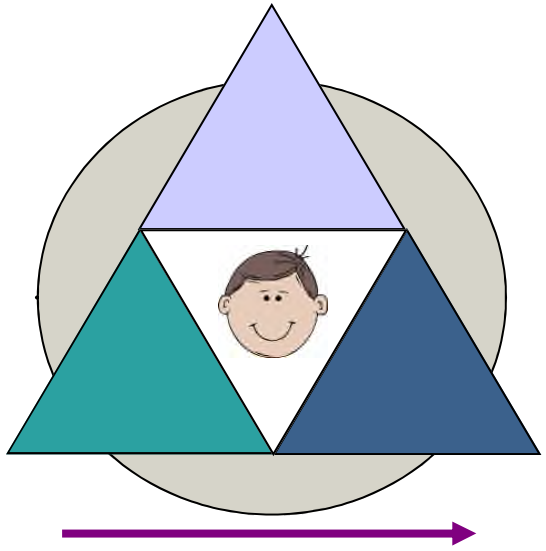
The Complex Case and Recovery Management Framework:

"The CCaRM"



Spurrell, Potts & Shaw (2019)

Background

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This framework was developed with Merseycare Whalley Specialist LD and Manchester Business School

It involved a collaboration between researchers, clinicians and service users interested in “complex case management”.

Informed by contemporary service literature on design and value based healthcare (Spurrell, 2019; Spurrell, Araujo & Proudlove, 2019)

The CCARM is a framework for service platform co-design involving mapping, coordination and resource integration:

To collaboratively realise what matters….

It makes sense to people!

It informs the operation and governance of services

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The Pickle

Think of a service user that you work with or know who you think of as complex.

What makes them complex ?

What is “Value” for them?

No Shortage of Professional Ideas!

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Person centred and individualised approaches
Building treatment and care around each individual and recognising that their needs are individual to them.

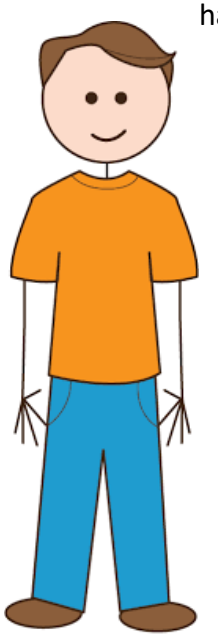
Hopes and Dreams
Goals for the future – both the service user and the people providing the treatment and care

Psychologically Informed Treatment and Care
An understanding of how the individuals difficulties have arisen / their journey to offending / hospital

Support Strategies
Combining the evidence regarding best practice with our knowledge of the person to provide the most effective support

Values
Service user and staff values - what is important?

Communication
Understanding communication needs and responding effectively to enable the individual



Involvement
Collaborative working so service users are involved and informed

Positive Behavioural Support Plans
A positive and individualised approach to supporting the individual when things are not going so well

Staying Healthy
Pro-active support to stay healthy and engage with self care

Insight and Skill Development
Supporting the individual to develop insight into their difficulties and skills to make future offending less likely.

Assessment and Diagnosis
An ongoing process of assessment to better understand the individuals needs at any given point in time.

Capacity and Consent
An understanding of what help (or not) is needed with making decisions

Understanding Functioning
Understanding the individuals learning needs and adaptations required to optimise abilities

Risk
Understanding the origins of risk and how to manage / mitigate it

Goals and Outcome Measurement
Monitoring progress

Defined Care Pathways
A plan for the most helpful pathway to recovery

Physical Health Care
Comprehensive physical health monitoring and care

Family and Carers
Working with family and friends—to inform the work we do and support our service users

Discharge Planning
Service planning for the future—after hospital

Medication
A well managed and monitored medication plan

Cultural Needs
Respecting cultural preferences

etc……

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How do we keep all of this information organised and structured so that we can make sure each aspect of each individuals care is discussed, considered, actioned and reviewed?

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…and do it as a team?

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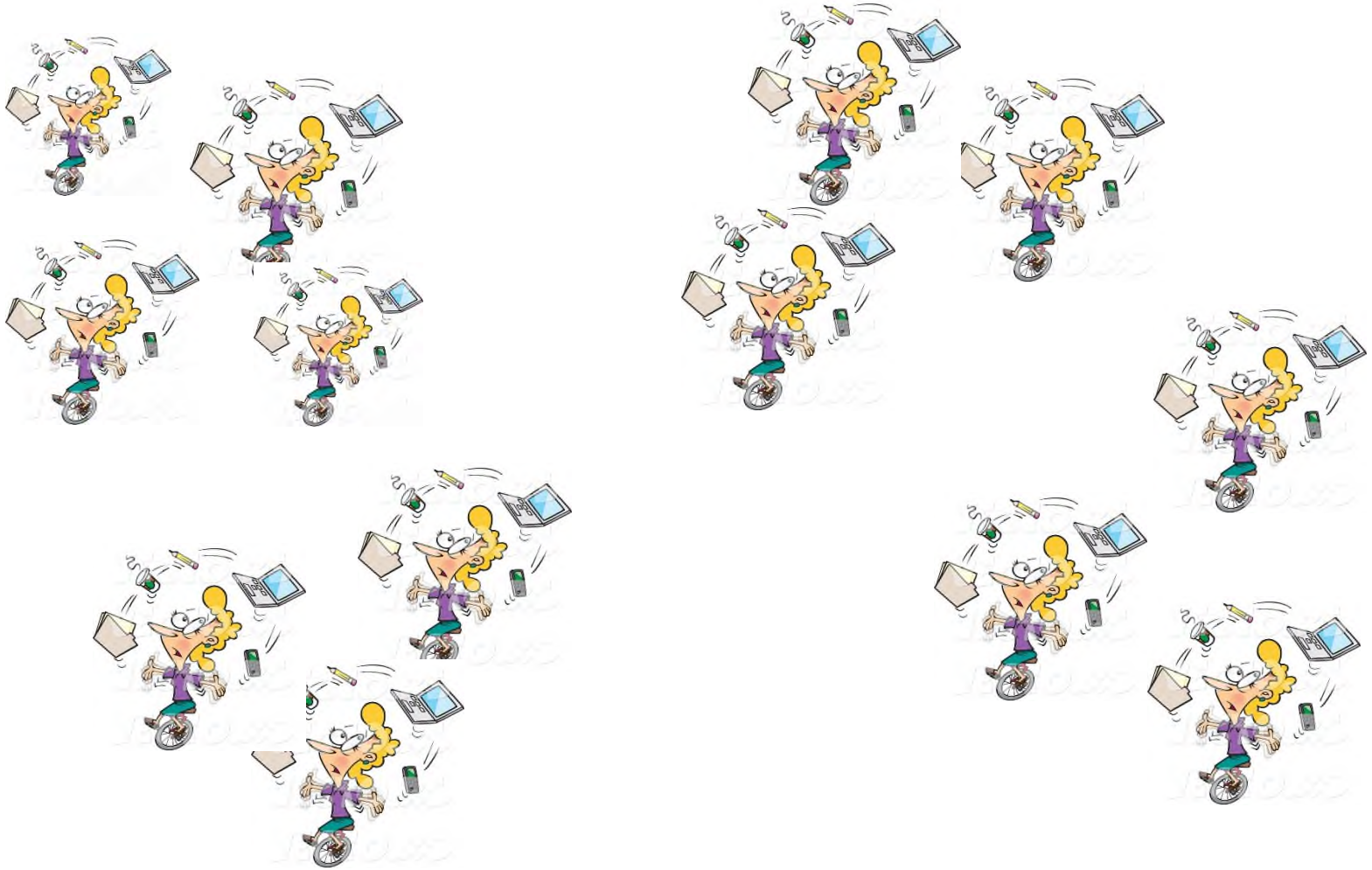
…and consistently across systems?



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Care Platforms are a basic building block for healthcare delivery (Bohmer & Lawrence, 2008)

- Value Based Healthcare: “That the patient is better off than before” drives the organisation (Porter, 2014)

- Value co-creation — the practice of developing systems, through collaboration with customers, managers, employees, and other stakeholders (Ramaswamy, 2011)

- 5 Principles for Framing Value Based Healthcare for the Complex Case (Spurrell, 2019)

Principle 1:
The Case as the Focus of Interest

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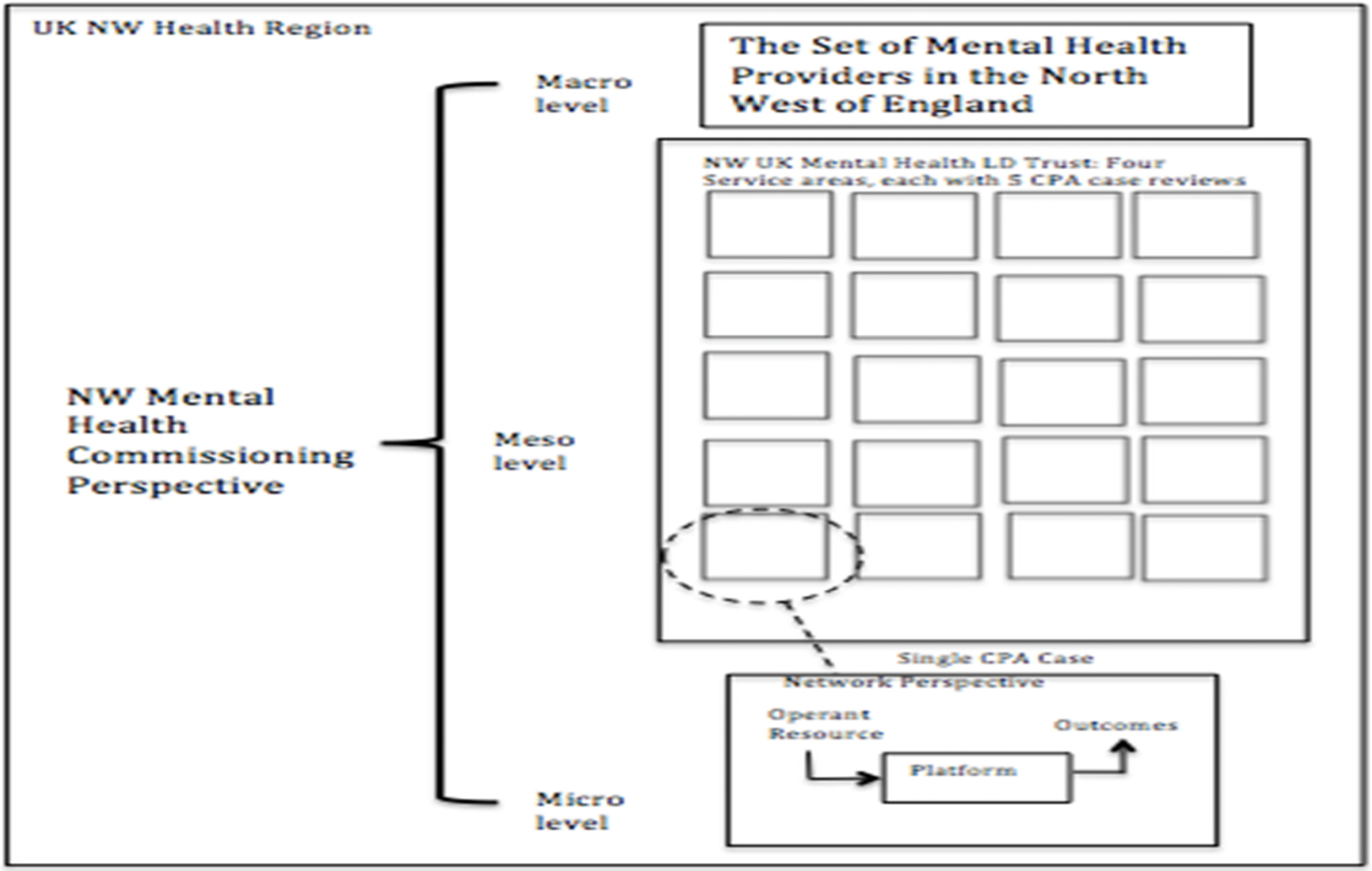

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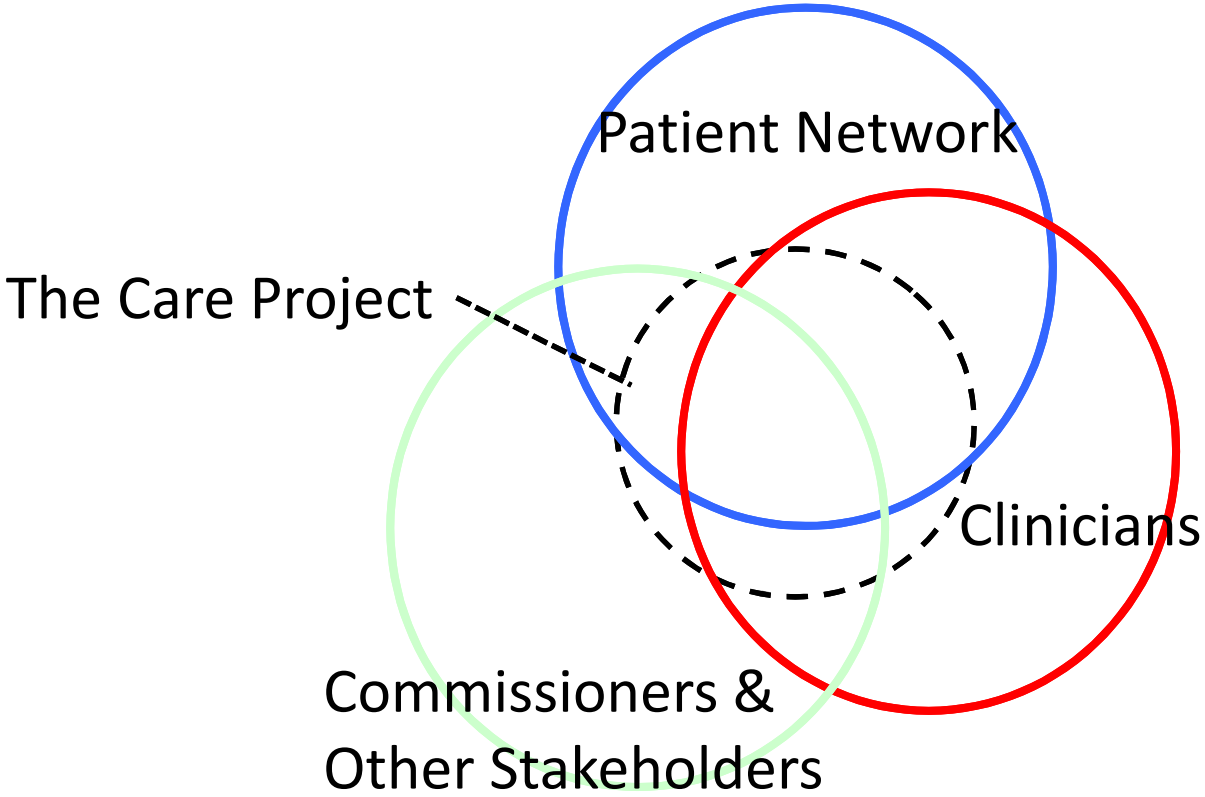
Principle 2: …..each with a unique service network context (Spurrell et al, 2019)



Principle 3: “Value” is not a given.

What matters is discovered and made together, shaped by some core themes

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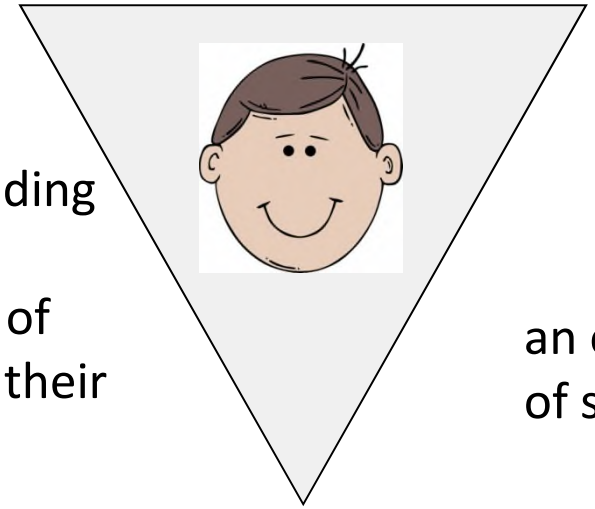
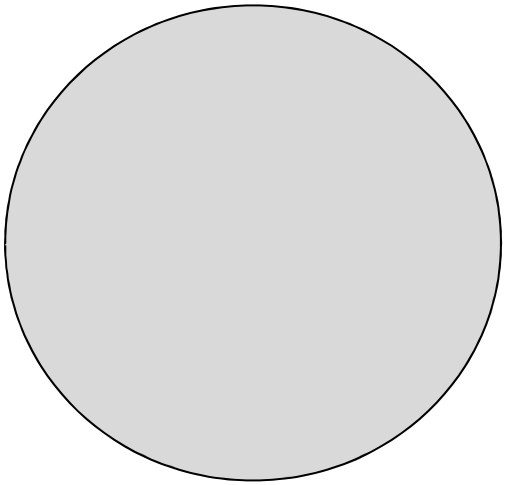
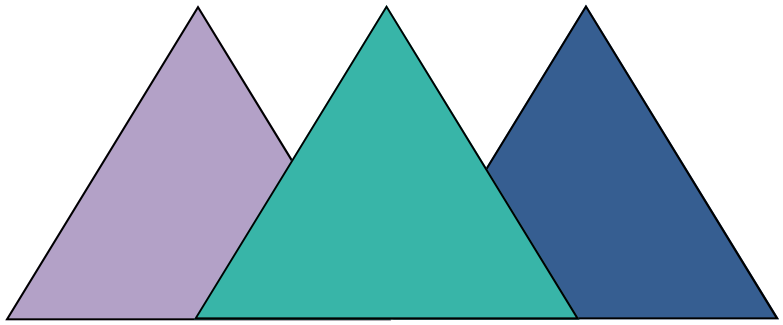
Our understanding with the individual of them and their needs…



an outer ‘circle of support’…





treatment and care plans that define the space for planning and supporting the individual…

and progress monitoring through collaborative forums.

Principle 4:

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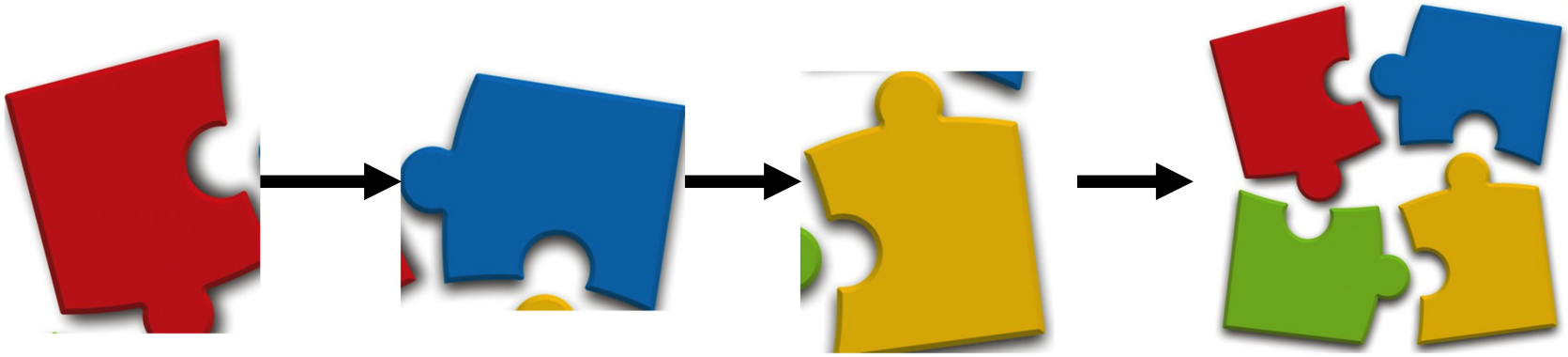
"Value" gains currency by how it is collaboratively realised and weighed over time:

Case Review to Case Review



Principle 5: A Platform for Service, Co-designed for Action (Spurrell et al, 2017)

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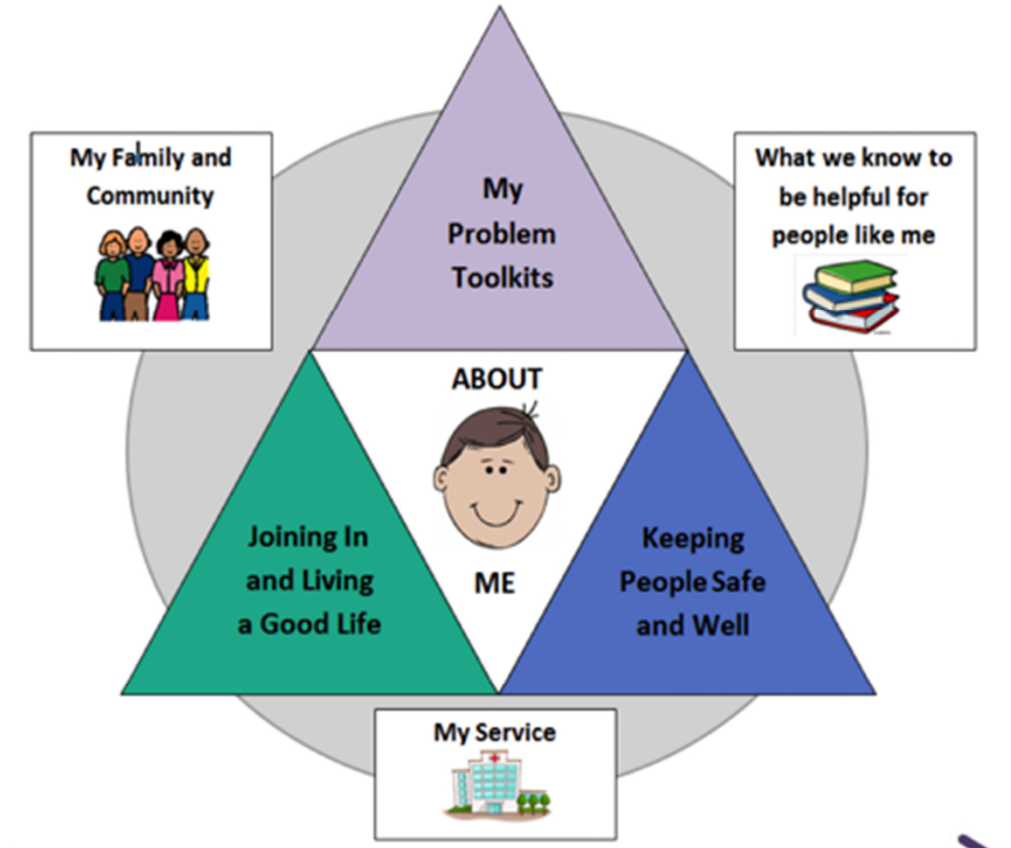
Complex Case and Recovery Management

"The CCARM"

Easy Read Version



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The CCaRM Consultation

Dr Lorraine Potts

Complex Case and Recovery Management

"The CCARM"

Easy Read Version

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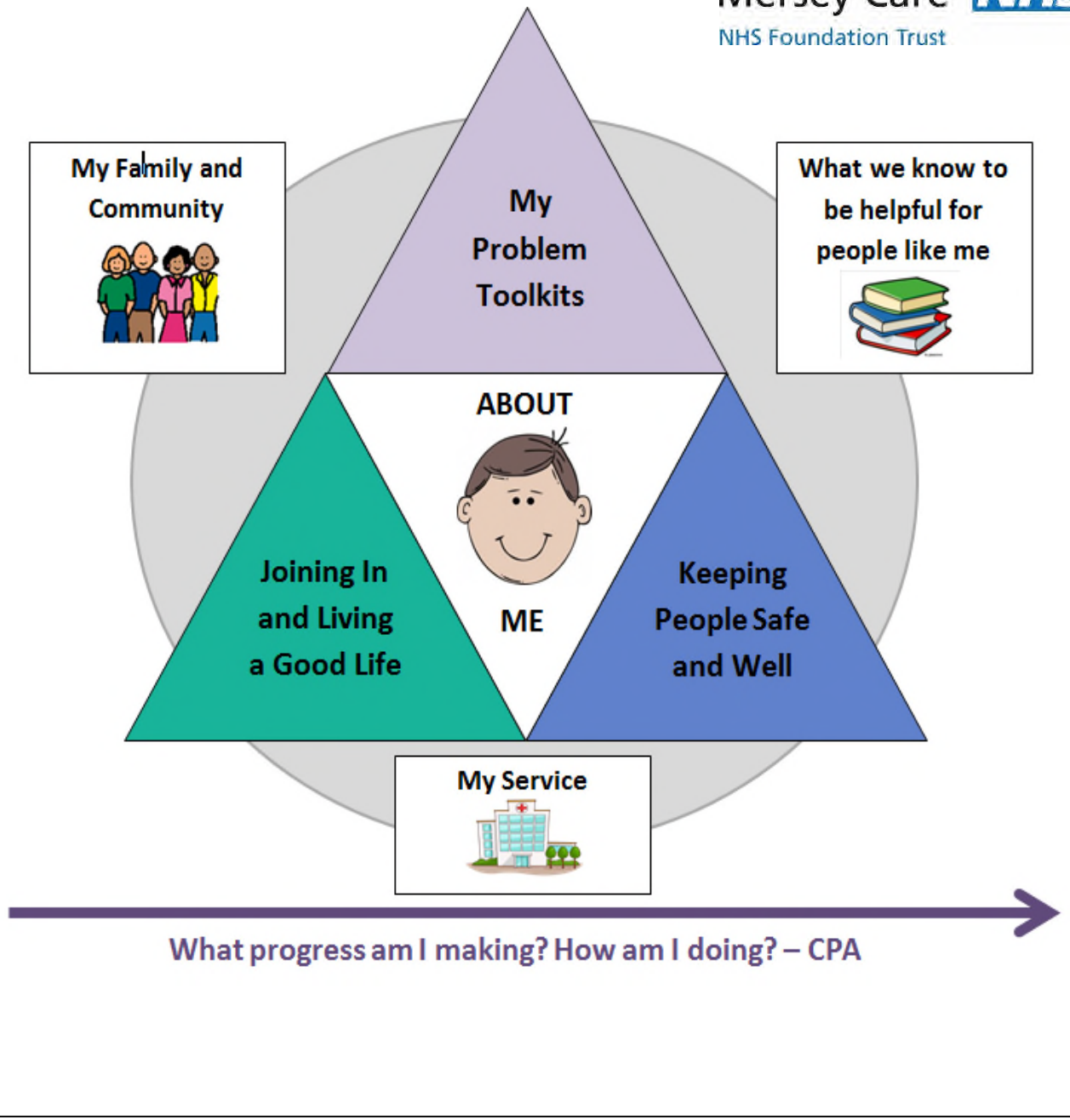

Introduction to Consultation

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Setting the scene

- Who are we and why are we here?
- What are the most important issues to be addressed now?
- What are issues for short, medium and longer term?

What counts as making progress

- Brief overview of current situation
- Where are we trying to get to?

In summary- at a high level

- *What is going well?*

- *What needs more attention, or what kinds of fresh ideas would be welcome?*

The Network of Support:
…have we thought of all?

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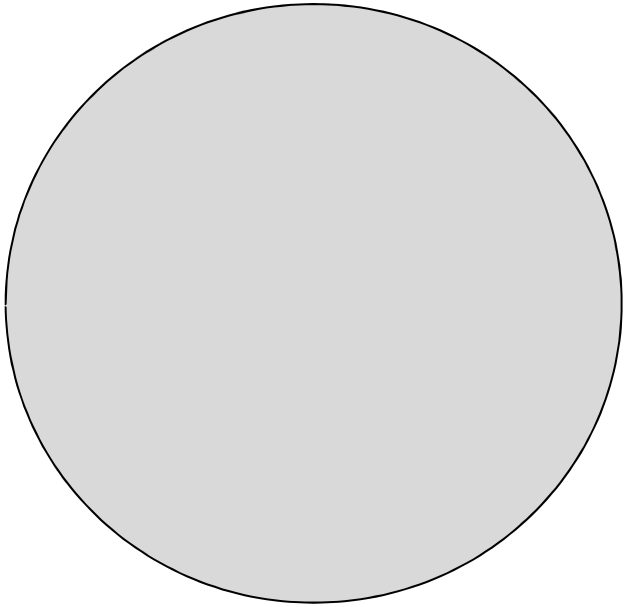
Family and Community

- Relatives & Carers
- Advocacy
- Home Team
- Social Worker
- Solicitor
- Commissioner
- Case Co-ordinator

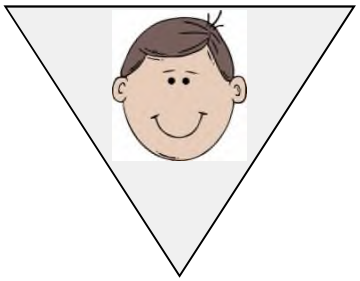


Best Practice / Learning

- Knowledge & Skills of the MDT
- Other Professional Clinical Colleagues
- Best Practice Guidelines
- Practice Based Evidence.

Organisational Resources

- The Physical Environment
- The Policy Environment
- The Resource Environment
- The Regulatory Environment.



All About Me: a shared understanding

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Quality of engagement

- How do we all, with the service user, get together on the same page to work collaboratively.

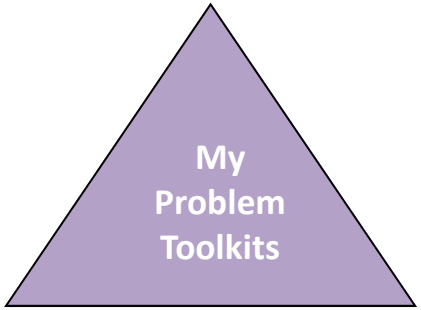
Quality and range of assessments

- Do we have the right assessments in hand
- Are we reviewing them

Quality of formulation

- Do we have a shared understanding of how the service user needs became complex, and what might be maintaining that

- *What is going well?*
- *What needs more attention, or what are fresh ideas?*
- *Actions*



My Problem Areas and Toolkits

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How many problem areas need to be defined?

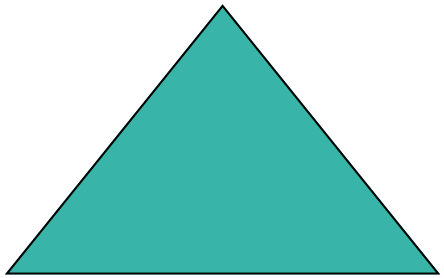
- Are these clear, simply stated and agreed by all?
- Are these covering all areas, including significant physical health concerns?
- Are these best as diagnostic labels, functional descriptions or more personalised statements?

For Each Problem Area

Is there:

- A clear collaborative care strategy outlined, referencing best practice
- Relevant collaborative care plans developed and being used in practice

- *What is going well?*
- *What needs more attention, or what are fresh ideas?*
- *Actions*



Joining in & Living a Good Life

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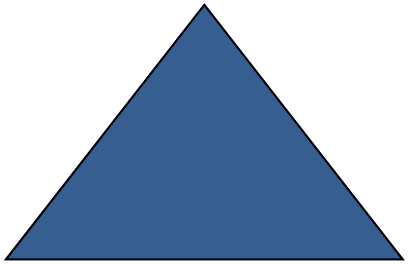
- How do people think About Joining In?
- What Does Living a Good Life Mean?
- Skill development
- Communication
- Making a Home
- How can it be made to happen?



Keeping People Safe & Well

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Management of Risk

- Harm to self/others, Deterioration, Vulnerability, Offending
- PBS Plan

Promotion of Physical and Mental Wellbeing

- Are there plans in place to promote healthy diet and exercise, and emotional resilience?

Medication Strategy

- Is medication used with clear purpose, and within guidelines?
- Any side effect issues and is routine monitoring in place?
- Has medication been explained and understood, and engaged with.

Autonomy, Capacity & Consent

- What areas of capacity need exploring.
- Is there consent and collaboration with care plans
- What issues of reputation need managing

Restrictive Practices and Legal Frameworks

- Are there incidents of restrictive practice
- What legal frameworks are in place, or being considered.

What Progress Am I Making?

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How am I doing?

What progress am I making?

How do I know I'm making progress, Case Review to Case Review?

How do we agree progress is being made (Democratic Outcomes; DSR..)?

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CCaRM a Unit: An Evaluation…

Amy Shaw RNLD

Some of the key images

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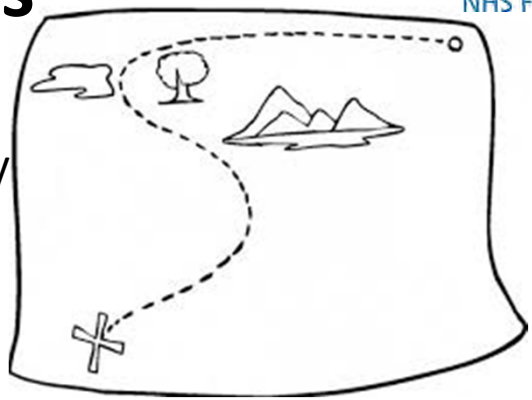
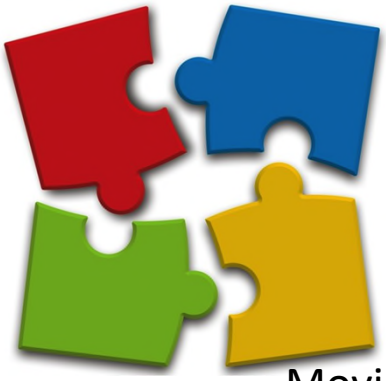
Care Journey





Moving On Jigsaw

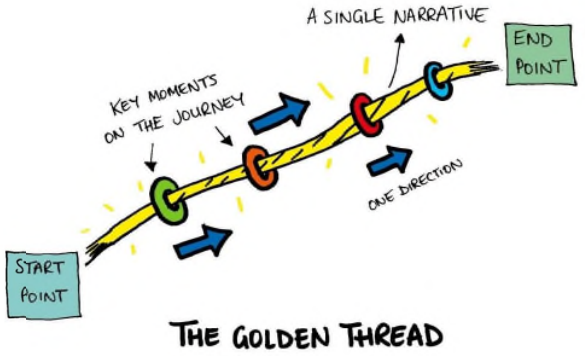
Service User : Case Manager

Service Users : MDT Review

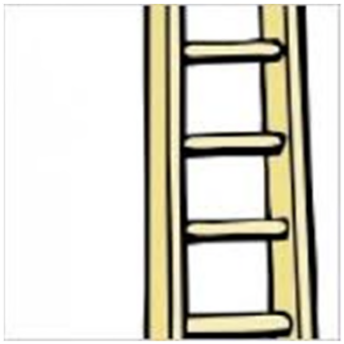
Service User + Family : MDT Review

CPA

CTR



THE GOLDEN THREAD



Leave Ladders

What's Going Well?
What Would We Like to Progress?

Lots of easy read tools to support Progress……

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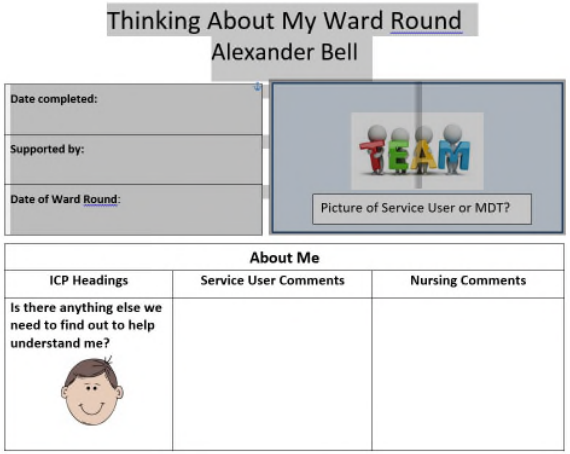
… individualised to take account of communication needs and personal preferences.


Thinking About My Ward Round
Alexander Bell

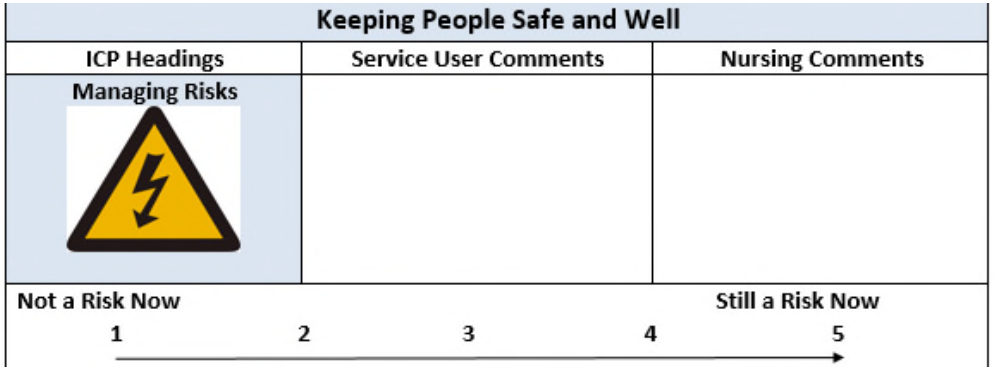
Date completed:
Supported by:
Date of Ward Round:

Picture of Service User or MDT?

About Me

ICP Headings	Service User Comments	Nursing Comments
Is there anything else we need to find out to help understand me?		

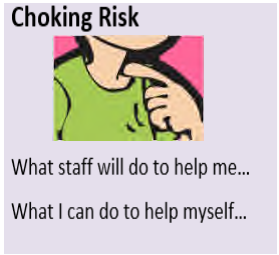
They incorporate collaborative risk assessment and provide pictorial support for discussion about risk.


Keeping People Safe and Well

ICP Headings	Service User Comments	Nursing Comments
Managing Risks		

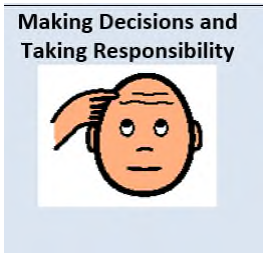
Not a Risk Now 1 2 3 4 5 Still a Risk Now

And they have headings which are the same as those within the individuals treatment and care plans to ensure we are collaboratively discussion and planning all aspects of the service they receive.


Choking Risk

What staff will do to help me…

What I can do to help myself…


Making Decisions and Taking Responsibility


Living a Good Life

- Having fun
- Having people in my life
- Emotional health and wellbeing


My Family and Community

Piloting the CCaRM: On MSU, LSU & ATU

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Questions

- Is the CCaRM understandable, and does it align with what matters?
- Do service users and staff find it helpful?
- What might work better?
- How does it look to others?
- What are the keys to effective implementation?

Evaluations

- Service user and staff surveys
- External Feedback
- Quarterly Incidents for key cases
- Reflective Diary

Service User Survey Findings

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17 Respondents Pre; 14 Respondents post CCaRM

1. Understanding?
   Post-5/14 gained simple understanding 7/14 more sophisticated
   (eg. “people working together, making things better, and being involved”)

2. Identifying what is important?
   Pre-14 simple vague replies; Post-9/14 shift to a more activated view
   (eg “My family and also my little girl. Getting myself well so I can move out from hospital. My medication is helping me really well and I am hoping to move on soon with my life”)

3. What works for me?
   Post-11/14 show notable shift to more focused and specific responses
   (eg My case manager support, everybody knowing my care plan and my treatment”)

4. What could work better?
   Pre- Posture of wanting more staff, to be listened to, content as is..
   Post- Contrasts with doing more activities, moving on, getting on with therapy and “having more opportunities to prove myself”

Staff Survey

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23 Pre, 16 Post Responses (10 are pre & post)

1. Understanding?
   Pre- 14/23 already well informed from groundwork done
   Post- 7/16 still needed more understanding, but most improving
2. Identifying what is important?
   The CCaRM gives a structure to talk about patient experience, streamlining care, aspects of professional role, confidence and team working
3. What Works?
   Pre- 12/23 Identified regular staff and team working
   Post- Shifts to structuring, streamlining and collaborative, accessible care.

4. What Could Work Better?
   Post- 6/16 More time to embed; 4/16 Further develop MDT working
   Also- IT issues raised, and 2/16 not convinced

Quotes

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- "The peer review team were particularly impressed by the CCaRM …"
  RCPsych Peer Review, December 2018.

- "..It offers a good pictorial map and structures information you gather about an individual," and "..this fits with the good lives model, it is person centred and gives the individual a voice, focusses on what they find important and of value"
  Member of Staff from Survey

- "Toolkit care planning: my opinion on this is fab! It really lets you look at the areas of concern, ……filtering what the underlining issues might be. Assisting with further learning of the team."
  Member of Staff from Workshop

- "It has allowed me to think outside the box"
  Member of Staff, Workshop

- "I prefer the previous system. Maybe I need to understand it more"
  Member of Staff, Survey

Quarterly Incident Figures for 5 picked cases of concern across the 3 pilot areas pre, mid and post the CCaRM Pilot: Suggests an Impact.

Case	Nature of Incident	Pre-Pilot	Mid-Pilot	Post-Pilot
1	Restrictive Intervention	11	21	14
2	Restrictive Intervention	3	1	0
3	Restrictive Intervention	N/A	3	0
4	Restrictive Intervention	4	1	0
5	Restrictive Intervention	N/A	3	0
1	Seclusion	0	0	0
2	Seclusion	5	1	0
3	Seclusion	N/A	2	0
4	Seclusion	2	0	0
5	Seclusion	N/A	0	0

Reflective Diary Highlights

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- Can be overwhelming if jumped into with zeal
- Investing in communication effort pays off
- Service users like it
- Developing local CCaRM champions is important
- Being present, attending case reviews and working with people to experience the CCaRM pays off
- The CCaRM sharpens MDT awareness and practice

Reflective Diary Highlights Continued…

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- Training Training Training
- Understand and collaborate with the underlying informatics & IT
- Collaboration with governance and service improvement people
- People get the mapping nature of the framework, and are empowered by the associated tools
- Conspicuous cases turn around

Democratic Conclusions

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- The idea of the CCaRM makes sense
- The CCaRM can be widely understood
- The CCaRM is likely to be useful & helpful
- The CCaRM would be welcome for my service need

References

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