

Improved Care Planning for Service Users

Increasing the evidence of recovery in care plans to an average score of 6 out of 12 for service user identified high priorities and 8 out of 16 for lower priority areas by the end of April 2017

Aim

Increasing the evidence of recovery in care plans to an average score of 6 out of 12 for service user identified high priorities and 8 out of 16 for lower priority areas by the end of April 2017

Why is this important to service users and carers?

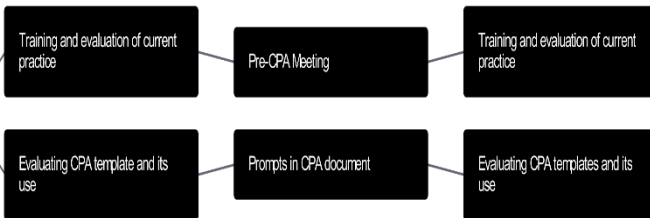
The aim of the service is to promote service user involvement, choice and recovery. To achieve this we aim to ensure that the service user's voice is central to the decision making process in CPA and care planning

Tests of Change

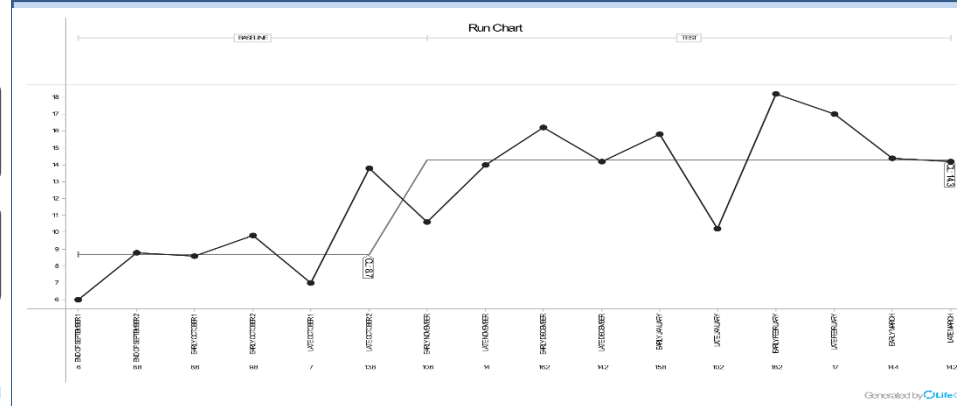
- Pre – CPA meetings
- Prompts in CPA documents
- Care plan meeting led by service user
- Care plans written by service users

AIM PRIMARY DRIVERS SECONDARY DRIVERS CHANGE IDEAS

To positively change our approach to care planning, so that it is more focused on recovery. This will be demonstrated by: * Increasing the evidence of recovery in care plans to an average score of 6 out of 12 for service user identified high priorities and 8 out of 16 for lower priority areas by the end of April 2017 [Baseline scores are 3 out of 12 for high priorities and 5 out of 16 for lower priorities] * Qualitative feedback from service users and staff



Data



Learning and what next?

Change ideas have now been implemented into the normal working practices and the results continue to be maintained