



THE BIG BOOK OF BEST PRACTICE

2016/17

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Foreword from Dr Anushta Sivananthan, Consultant Psychiatrist and Medical Director

It is with great pleasure that I welcome you to CWP's Big Book of Best Practice 2016–2017.

This publication is now in its fourth year and I'm pleased staff have embraced it as a way of sharing innovative work and improvements that have been made to ensure we deliver high quality care.

Every day, the people who deliver care across the range of CWP's services have the privilege and responsibility of providing care to thousands of people across all ages, with acute or long term chronic illnesses, in inpatient and outpatient clinical areas, as well as in people's own homes.

Wherever this care is provided, it is delivered by people who are united in an ambition to ensure the highest levels of safety and quality. Each of the case studies I have read give just a flavour of this, and every one makes me very proud of CWP staff.

The Big Book of Best Practice is part of the Trust's #CWPZeroHarm campaign, and the key message is 'Stop. Think. Listen'. This concept involves supporting everyone to deliver the best care possible, as safely as possible to reduce unnecessary avoidable harm.

Last year we welcomed a CQC inspection which saw us being named as overall 'Good' and 'Outstanding' for care. However, there is still work to do and it is vital that CWP shares and learns from good practice to provide the best care possible for people who access our services.

We were especially pleased that the CQC's inspection report recognised our investment in staff through Zero Harm and our commitment to improving quality of services, supported by good governance structures.

Similarly, of the 14 core services inspected, inpatient services for people with learning disabilities and/or autism were rated 'Outstanding' – an extremely rare accomplishment.

The spread of contributions across all services and localities paints a picture of just some of what CWP has to offer and I'd like to thank everyone who submitted an entry to this year's book. We have had a huge amount of submissions showing a commitment to continuous improvement.

I'm always interested to hear the ideas of staff. If you find yourself inspired by this year's Big Book of Best Practice please feel free to get in touch via Anushta.Sivananthan@cwp.nhs.uk



Dr Anushta Sivananthan



#CWPZeroHarm

North West Emergency Accommodation Plan for Secure Services

What did we want to achieve?

CWP's Emergency Planning Team chairs the North West Emergency Accommodation Plan, which exists to enhance the resilience of the Trust to withstand, handle and recover from disruptive challenges. In doing so the team seeks to provide leadership, expertise and guidance to support decisions and actions taken in accordance with the strategic, tactical and operational objectives defined by incidents and their consequences.

What we did:

As chair for the North West Emergency Accommodation Plan for Secure Services Group (NWEAPSS) CWP works with both NHS and private providers who, like CWP, provide secure services. The group includes representation from:

- Mersey Care NHS Foundation Trust
- 5 Boroughs Partnership NHS Foundation Trust
- Greater Manchester West Mental Health NHS Foundation Trust
- Pennine Care NHS Foundation Trust
- Lancashire Care NHS Foundation Trust
- Cygnet Health Care
- St George Health Care
- Partnerships in Care

Results:

- The group has delivered a NWEAPSS plan that all members have signed up to at Board level.
- The plan can be invoked in the event of a major incident being declared at a secure services facility.
- This provides CWP with the ability to call on immediate assistance from its partners in an emergency event.
- Alternatively, CWP will work collectively with other partners to assist another member organisation who may declare a major incident.

Next steps:

The plan is published on the Emergency Planning pages of the intranet and is readily accessible. It will be maintained and regularly reviewed.



Occupational Therapy Equine Care Group

What did we want to achieve?

To enhance the health, wellbeing and independent life skills of young people through the medium of equine care and horse riding.

What we did:

- The group attend weekly sessions. The first half of the session includes yard skills and equine care, including:
 - yard safety
 - horse/pony behaviour
 - grooming
 - hoof care
 - cleaning
 - stable hygiene
 - tack assembly/cleaning
 - tacking-up
 - nutrition/feeding.
- The young people then have the option to engage in a formal group riding lesson.
- Following the riding lesson, young people are encouraged to complete their workbooks and record their learning points from the session to support reflection, a record of achievement and a useful tool for increasing self-esteem.

Results:

- Two young people who have completed the course have now gone on to volunteer in the equine care industry, supported by their Occupational Therapist.
- Young people have reported positive feedback: "It's made me feel more confident and easier to talk to people", "They (the staff) are all so non-judgmental and lovely to speak to"; "I have now looked into working with horses in the future". "This experience was amazing. You learn and gain so much from it and it could really help you when trying to find a job if you have experience."
- Specialist Occupational Therapist Aeron Gates said: "I am so glad I took the time to plan and put together this course as I have truly seen young people thrive. I think they have all surprised themselves!"



Joint neuropsychology, neuropsychiatry and neurorehabilitation clinic

What did we want to achieve?

Despite two thirds of brain injury survivors also having a psychiatric diagnosis, and a third with more than one diagnosis, our health service is still constructed around symptoms and body parts. The team created a joint brain injury and mental health clinic, in order to reduce the cost to the health economy and frustration and anxiety for those accessing the service. The clinic has also helped to increase clarity, coherence and speed of diagnosis.

What we did:

- Created a joint neuropsychology, neuropsychiatry and neurorehabilitation medicine clinic providing biopsychosocial assessment, formulation, advice, consultation and intervention.
- Three experienced consultants and a rehabilitation assistant staff the clinic.
- The team offer a monthly one stop shop for clients, families, case managers and other health professionals to find timely, practical, holistic and creative solutions to complex presentations of acquired brain injury.

Results:

- Those attending clinic have seen a near halving of the cognitive, social and emotional issues which can impact on daily living, with a median HoNOS score at initial assessment of 16, dropping to nine at discharge.
- Client feedback has indicated the extent to which people appreciate the speed, simplicity and single point of contact, as well as the obvious contribution to their recovery.
- The parents of one ABI survivor who had previously been seen by 17 different specialists said, "You've given us our son back. Thank you."
- Another service user thanked the team for "a wonderful service that has improved not only my life, but those of my family and the people I work with."
- The uniqueness and effectiveness of the clinic was recognised by the 2016 11th World Congress of Brain Injury at The Hague, at which the team were chosen to present, and it appeared in peer-reviewed journal 'Brain Injury'.

Next steps:

To carry out a cost analysis of time-money savings in short/medium/long term. Secondly, to pilot a 'mobile clinic' service for those unable to travel due to ABI, including telephone consultations and other sessions around the region.

Using the Qb test to enhance diagnosis, treatment and outcomes in adult ADHD

What did we want to achieve?

The Qb test is an objective measure of the core symptoms of adult ADHD. By using a computer-based test, clinicians can use the Qb test results to more accurately identify or rule out adult ADHD, to differentiate between the sub types of adult ADHD and to monitor progress and response to treatment.

What we did:

- Adult ADHD clinicians and their managers secured funding to purchase the licence and equipment to use the Qb test within the Adult ADHD Service.
- Support staff have been recruited to deliver the test.
- Both clinicians and support staff have been trained to conduct the test and interpret the results.
- The test combines motion-tracking analysis with a uniquely designed continuous performance task.
- The test is an adjunct to clinical assessment and treatment.

Results:

- The data gathered from the Qb test will give Clinical Commissioning Groups objective outcomes achieved by the service in terms of diagnosis, treatment and improvements in symptomology.
- This will be provided at no extra cost to the Clinical Commissioning Groups.
- "I am made up that after having the Qb test it has proved that I no longer need medication for my ADHD." - feedback from someone accessing the service earlier this year.

Next steps:

It is also hoped that it will contribute to further research within the service, particularly in evaluating the impact of ADHD psychoeducation on ADHD symptomology.



Young people's involvement in Ancora House

What did we want to achieve?

To have young people participate in the design and build of Ancora House, CWP's brand new state of the art purpose built £14 million hospital for Child and Adolescent Mental Health Services (CAMHS) inpatients.

What we did:

- This fabulous facility will bring together the Trust's existing two wards, Pine Lodge and Maple, which are on separate sites, into one facility.
- The new wards have been named Coral and Indigo, names suggested by young people and voted for by the public.
- The 26 bed unit will also contain the short stay school as well as therapy rooms and outpatient rooms.
- Young people were involved from the beginning by attending meetings with design teams and architects. The needs of the young people were taken into account from day one.
- They joined workshops to design rooms and created mood boards for the colour schemes.
- They helped paint the mock bedroom, had site visits and even took over the new build on Takeover Day - a national day led by the Children's Commissioner whereby young people take over schools, councils etc.
- Young people took over the new build and ran a site meeting, led a question and answer session and then decorated a room.

Results:

- This project has been huge and involved so many young people over the last couple of years.
- They have put so much effort into this and learnt so many new skills along the way.
- They are very proud to have helped design and influence mental health facilities for the young people of the future and have had a lot of fun along the way.
- When planting trees in ankle deep mud one young person said: "I have never laughed so much in all my life. My sides hurt so much".

Next steps:

Young people will continue to participate fully in Ancora House and continue to work towards improving the service for young people.



4D DBT cards to support young people in learning DBT skills

What did we want to achieve?

To support young people in developing their dialectical behavioural therapy (DBT) skills via a resource which acts as a prompt to use their skills. It has been co-created with young people to ensure it is engaging and useful.

The 4D Toolkit gives these skills a physical presence within the young peoples' lives; acting as a constant reinforcement of their learning, outside of and beyond their involvement in the therapeutic setting.

What we did:

- The young people provided an understanding of the purpose and benefits of DBT, determined the structure and format of the resource and resource themes and created the artwork to visually represent the DBT skills.
- The result of this consultation was the '4D Toolkit' resource: a series of 20 visual prompt cards, that can be displayed on, or stored in, a calendar case.
- Each card within the 4D Toolkit contains a unique QR code which links the young person to a respective page on the MyMind website at MyMind.org.uk, where they can find extra information about their chosen topic, including activities, downloadable PDFs and podcasts.

Results:

- There has been great initial feedback from young people who have been using the cards
- "Yes I do use them. I have been looking at them whenever I need to and they work!"
- The 4D DBT was also shortlisted for the 2016 Patient Safety Awards for Best Emerging Technology and IT.

Next steps:

The team have had a number of other Trusts interested in using the cards to assist with our evaluation and promote the use of DBT Skills. Those who run the UK branch of DBT are interested in disseminating the cards within their Trust and would like to take part in the evaluation.

Designing and delivering cardio metabolic risk factor training for community staff

What did we want to achieve?

The project aim was to increase the understanding of all community staff of the cardio metabolic risk factors and interventions of people accessing the service through:

- Reviewing background evidence.
- Discussing national guidelines and local policies.
- Sharing assessments of cardio metabolic risk factors.
- Introducing the Lester tool, which helps frontline staff make assessments of cardiac and metabolic health.
- Discussing current CQUINs pertaining to physical health in both disciplines.
- Enabling staff to practice their skills.

What we did:

- Training was designed and delivered to all community staff.
- The training was rolled out in April 2016 across the localities.
- Each session is run by a specialist health facilitator in learning disabilities and a facilitator from mental health services giving a holistic overview of both disciplines.

Results:

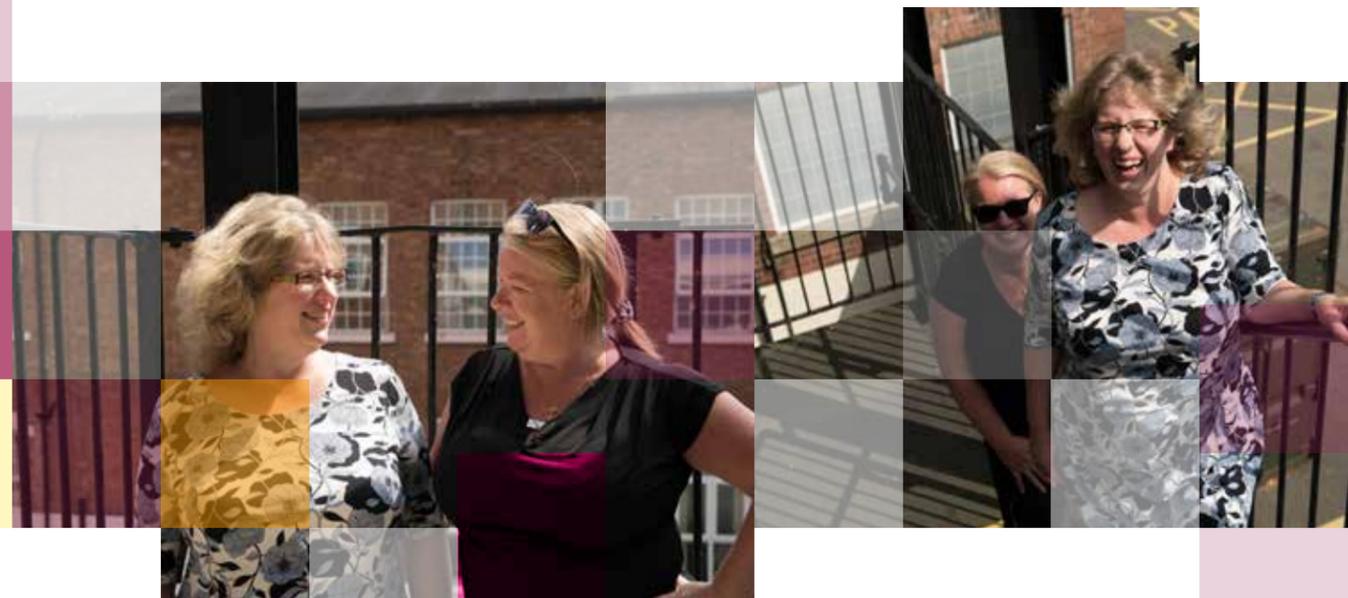
- This training has been enriched by the fact it is delivered by two disciplines working together.
- To date 118 staff have taken part in the training with future dates and bookings made.
- Staff felt they could apply the learning into practice, in line with the Trust's values:
 - “More aware of guidelines to increase competence and improve care.”
 - “Courage to challenge and address physical health needs.”
 - “Great awareness of physical health issues.”
 - “The training reinforced the need for good communication especially with primary care, training improved knowledge and competence.”

Next steps:

The training will continue to be delivered to all community staff.



Antibiotic Guardianship



What did we want to achieve?

The Infection Prevention and Control (IPC) and Clinical Pharmacy teams work collaboratively to promote judicious prescribing of antibiotics across inpatient settings.

Prescribing is to be jointly monitored and managed in line with the Trust antibiotic formulary and to educate staff encouraging best use of antibiotics.

What we did:

- Since early 2016 the nurse consultant for IPC speaks at all junior doctor inductions with the clinical pharmacist about antimicrobial resistance and good practice prescribing in relation to antibiotics and signposts to the antibiotic formulary.
- The team changed the way antibiotic use is audited from snap shot audits to auditing every prescription for antibiotics.
- The Pharmacy team begin completing the audit form, intervening if prescribing is not as per formulary, and then share this information with IPC who can arrange for any further education or follow up and recording of the audit data.

Results:

- Auditing each prescription has enabled Pharmacy and IPC to target interventions to prevent inappropriate prescribing of antibiotics.
- The need for support in relation to tissue viability has been identified and IPC now have a nurse providing tissue viability advice and prescribing dressings for more complex cases on the wards.
- An addition to the CWP formulary for dental/oral infections has been made.
- Pharmacy and IPC discuss difficult cases or those who have had repeated courses of antibiotics.

Next steps:

- The team will now audit compliance with the new dental and oral infection formulary.
- Improve identification of people truly requiring an antibiotic for a UTI by promoting the standard operating procedure for UTIs.
- Provide training around identifying those who may be at risk or need treatment for sepsis.

The Patient Journey Record

What did we want to achieve?

People accessing Bolton Eating Disorder Service can be with the service from between 6-12 months. During this time they are required to complete a number of physical and psychological interventions as part of their assessment and treatment. To help process this information and deliver seamless care, an electronic database was set up, specifically tailored to the Eating Disorder Service.

What we did:

- The service identified what essential information is required and used this to produce a chronology detailing a patient's journey through the service.
- Detailed information incorporating all aspects of care starting from the date of GP referral through to discharge is captured using the database.
- The service identified 32 colour-coded columns to reflect the stage the patient is at, along with a dropdown box with multiple answers to allow professionals to select choices with speed, consistency and ease.

Results:

- Professionals using the database are alerted when certain investigations or questionnaires are due, and if a patient is re-referred their previous case history can be located instantly.
- The service has found that the database helps produce qualitative and quantitative reports required for the service provider's clinical commissioning group quarterly reports.
- The database allows this information to be accessed using only a few clicks.
- This supports reporting of outcome measures for the service.

Next steps:

The team have shared this work at their managers' meetings, other Eating Disorder Services and at the Clinical Network meeting to ensure that best practice continues to be shared.



Peer support and staff mindfulness; a team approach to stress management and improving wellbeing

What did we want to achieve?

Further to the team's in-house multidisciplinary training programme (a previous example of good practice), additional discussions emphasised the importance of staff support and wellbeing to reduce stress, anxiety and burnout. A 'peer support group' was set up which subsequently developed into a successful programme of staff support.

What we did:

- There is no specific agenda for the majority of meetings. Instead, coping strategies to manage work related stress and other difficulties have been explored, including relaxation, and mindfulness-based approaches.
- A bespoke 'staff mindfulness' course was subsequently developed due to demand. Five 30 minute sessions led by a member of the team were initially held once a week, offering brief theoretical background and practical sessions.

Results:

- The peer support group has now been running for 12 months and staff have reported finding it helpful to have the space to reflect about positive and challenging aspects of roles and patient care.
- There have been subjective reports of increased feelings of wellbeing and reduced sickness which in turn can impact positively on the wellbeing of those using services.
- Staff reported using and sharing these psychologically informed skills in personal and professional domains to positive benefit, and attendance and engagement remains high.
- Having a 'safe space' and opportunity for support and team connection is valued in a climate where flexible working can lead some to feel isolated and therefore more at risk of possible 'burnout'.
- The prioritisation of and participation in these initiatives by team management has allowed staff to engage fully and has supported them to continue to provide the most effective and compassionate care to those accessing services.
- The recently re-launched CWP Stress Prevention and Management Policy supports the work the team has been focusing on during the past 12 months, and they are keen to build on this.

Next steps:

Peer support group attendance is healthy and growing. Ongoing staff mindfulness sessions on a weekly basis are planned, led initially by one team member with hopes to encourage co-facilitation.

The team may also look at auditing factors that influence staff wellbeing, possibly using the individual/team stress survey to support this



Review team links with care homes

What did we want to achieve?

The review team practitioners identified that several staff were visiting the same care homes, sometimes on the same day. The care home staff would then discuss other residents who they were not visiting. The team reviewed ways of working that could prevent this from happening.

What we did:

- The team identified how many care homes review staff visit, and allocated a practitioner.
- The allocation was based on staff's previous contact with care homes and if they already had links.
- The staff and families of the residents were then provided a named person to speak to if any issues arose.
- The practitioners could identify the residents they work with and discuss or raise concerns when visiting a care home.
- This has also led to the development of care home clinics. The team has also linked to the GP link and practice nurses which has led to improved integrated care and management of both mental health and physical health problems.

Results:

- Practitioners are able to respond quickly to any changes in residents' mental health as they are visiting the care home regularly and are aware of the residents in that home.
- If there are any concerns raised by the staff they know who to contact within the team and they know they have an understanding of that resident.
- One care home manager said: "It's a much better way of working. It's quicker, more effective and you have a direct link who knows the person."
- The project has saved on practitioner time and travel expenses by seeing people in a 'clinic' at the care home.
- Carers and family have said: "It's better because you often see the practitioner in the care home and are able to build a relationship with them."

Next steps:

The team would like to extend the project to care homes of which CWP do not have many residents.

An inclusive and proactive service for those who have severe and complex needs in association to personality disorder and/or ADHD, with high dependency on services



Results:

- By providing appropriate support and intervention, the service has significantly reduced the frequency of those attending GP surgeries and A&E departments.
- For those people who engage with us on an ongoing basis, the data also shows huge reductions in the use of psychiatric inpatients admissions.
- A recent audit of the service for the period 2015/2016 showed improved mental health outcomes and significant levels of service utilisation for clients who engaged with the service.
- For example, in the case of 103 service users who had completed both an initial baseline assessment and subsequent review, their contact with GP surgeries decreased from a combined total of 479 to 181 visits. Their visits to the local A&E department decreased from 143 to 21 and their use of inpatient psychiatric beds reduced from a 264 to 113.

What did we want to achieve?

The purpose of the project is to provide an inclusive, proactive service for clients who have severe personality disorder, and other related difficulties, who often engage in self-destructive, self-harming behaviour. The service is aimed at those who might otherwise be excluded from existing services due to the nature and severity of their problems.

What we did:

- The aims of the service is to provide a structured clinic management approach to address these issues and reduce the over dependency on services and attendances.
- The overall remit of the service has been to improve mental health outcomes for people with high levels of service utilisation presenting with combinations of severe personality disorder and other comorbidities such as ADHD and drug and alcohol misuse.
- The team have worked intensively as a multi-disciplinary team to provide those who use our services with appropriate types of support and intervention.

Next steps:

The next step is to expand the service by developing specialised, local inpatient facilities for clients who might otherwise be placed in expensive, generic, out of area placements.

A pilot mindfulness based cognitive therapy (MBCT) group for those affected by acquired brain injury

What did we want to achieve?

To evaluate the helpfulness of a mindfulness-based group for those with a brain injury. To increase the understanding of those who access our services and those who care for people. Understanding the emotions post brain injury and how a mindfulness based approach could help them develop skills in managing strong emotions and to provide group peer support, and decrease social isolation.

What we did:

- Two groups were run, involving 11 people.
- The group involved six weekly sessions covering the following topics: Introduction to MBCT, noticing when one is getting caught up in the cycle, understanding self-criticism, the role of compassion and a non-judgemental approach, mindful activity, being effective and acceptance.
- Each week there was a group discussion and a mindfulness exercise was introduced.
- Clients were asked to practice the mindfulness exercise as homework to help them explore which exercises might be the most helpful for them as individuals.
- A family member or friend was invited to the first and last session to help develop their understanding and support the individual in the use of the mindfulness approach.

Results:

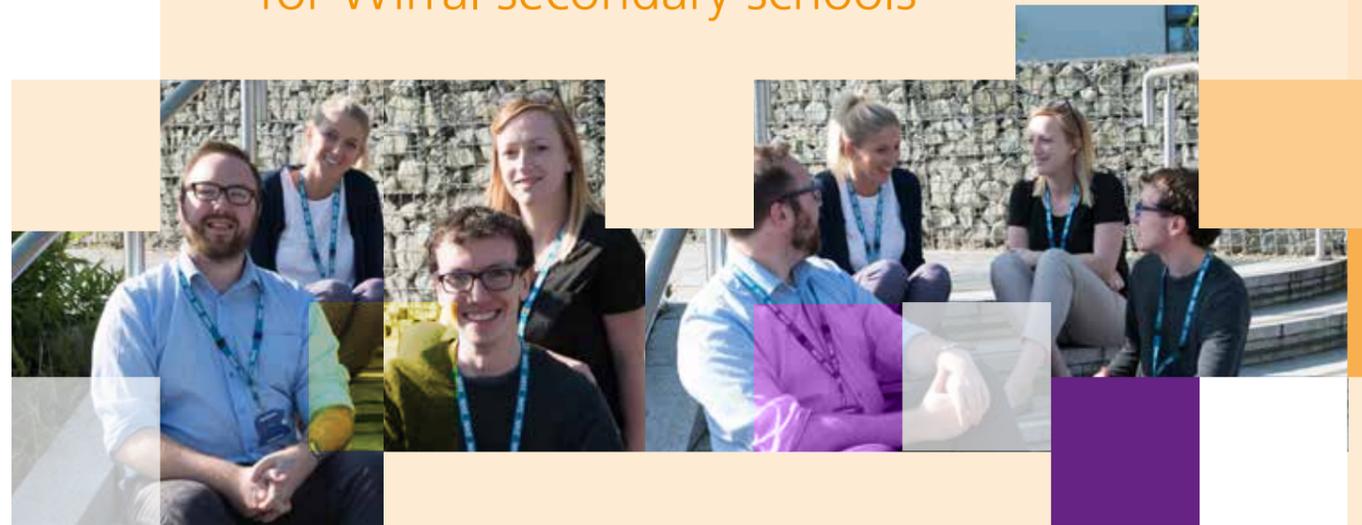
- Providing this intervention on a group basis led to a 50% reduction in clinicians' time to provide training in mindfulness compared to one to one sessions.

Next steps:

The ABI service hopes to continue to run the MBCT groups and develop the approach. The team are also developing a CD of short mindfulness exercises used in the group to help individuals continue to use the approach. There are also plans to write up these findings to submit to a journal or publication for wider dissemination.



Incorporating the experiences of young people in developing the Wirral Early Intervention Team's Mental Health Awareness presentation for Wirral secondary schools



What did we want to achieve?

The project aimed to involve the views of young people, school staff and CAMHS professionals in developing the Mental Health Awareness presentation that the Wirral Early Intervention Team delivers to all Wirral Secondary schools. It aimed to produce a more youth-friendly presentation to normalise mental health.

What we did:

- The team endeavoured to make the experiences of young people central to the schools' presentation by holding a range of focus groups.
- Firstly, EIT staff, those who use the service and a local charity collaborated to produce 'The Big Life Film'. The film's themes, written entirely by young people, became the focus of the presentation.
- Secondly, Wirral CAMHS' Listen Up Group, provided their input on how to make the material accessible and youth-friendly.
- Finally, the views of teachers and pupils were incorporated to ensure that the style of the presentation suited their needs.
- An updated presentation has now been produced and delivered to local schools.

Results:

- The finished presentation represents a multi-media, psychoeducational project designed by young people across Early Intervention and CAMHS services.
- It is now being rolled out as part of a CWP Schools Mental Health Awareness Project by EIT and CAMHS staff.
- Joint working between EIT and CAMHS has increased integration between services, making CWP's offering to schools more streamlined.
- It is estimated that 750 young people aged 14-18 have seen the presentation in the current academic year.

Next steps:

EIT and CAMHS plan to re-engage with schools who have received the presentation in the past to increase the scope of the delivery in the coming year. Additionally, the team are currently considering the best way to more formally evaluate the impact of the project moving forwards.

The Peer Education Project: peer-led, classroom-based psychoeducation, anti-stigma project

What did we want to achieve?

The project aims to facilitate peer-led mental health awareness presentations in local schools by training sixth form students in Mental Health First Aid (MHFA). Its primary purpose is to destigmatize mental health, raise awareness of available support and build resilience within schools.

What we did:

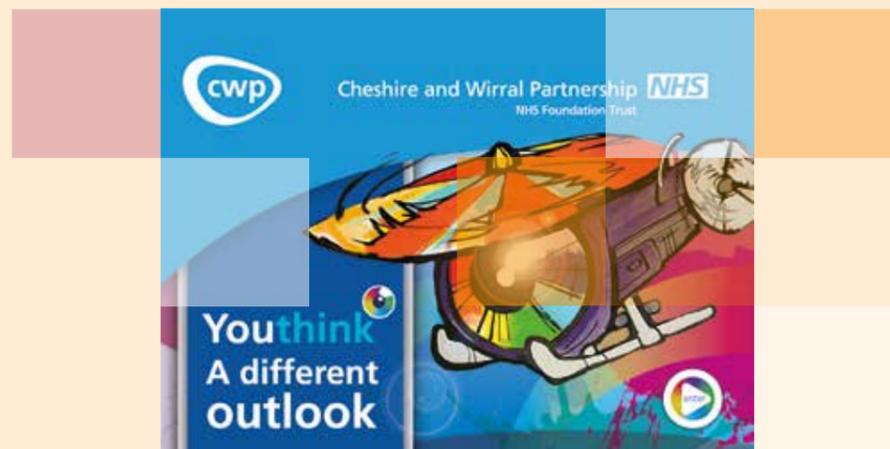
- Local schools provided two sixth form students and two members of staff each, who then received two days MHFA training by CAMHS staff.
- Following this, with follow-up support from Child and Adolescent Mental Health Service (CAMHS) staff, the pupils produced bespoke Mental Health Awareness presentations which were later delivered to all Year 9 pupils within their schools.
- Evaluation forms measuring attitudes towards mental health were completed by all pupils before and after receiving a presentation.
- The team also consulted the CAMHS Listen Up Participation Group for feedback on making the questionnaires more youth-friendly.

Results:

- Evaluation of the pre and post measures of attitudes towards mental health shows a significant increase in positive attitudes after the presentation, from 514 individual respondents aged 14-15.
- There was also an increase in self-reported awareness of where to access support, most notably from the peer educators themselves.
- Feedback from pupils included:
"It has helped me realise that it isn't a negative thing and that with support it can be overcome";
"I feel more positive that if I had an issue it could be treated".

Next steps:

CAMHS has secured funding to deliver the project in the 2016-17 academic year and nine schools are currently signed up, making it the most popular year so far. The team plan to continue to adapt the project to school and pupil feedback, and going forwards there will be support from the Wirral Early Intervention Team in its delivery.



An example of lean service transformation

What did we want to achieve?

To set up and evaluate a genuine single point of access for CAMHS in order to improve quality, equity of access, satisfaction, and data collection whilst reducing inefficiency and improving flow. The project followed lean principles and used a plan, do, study, act (PDSA) framework.

What we did:

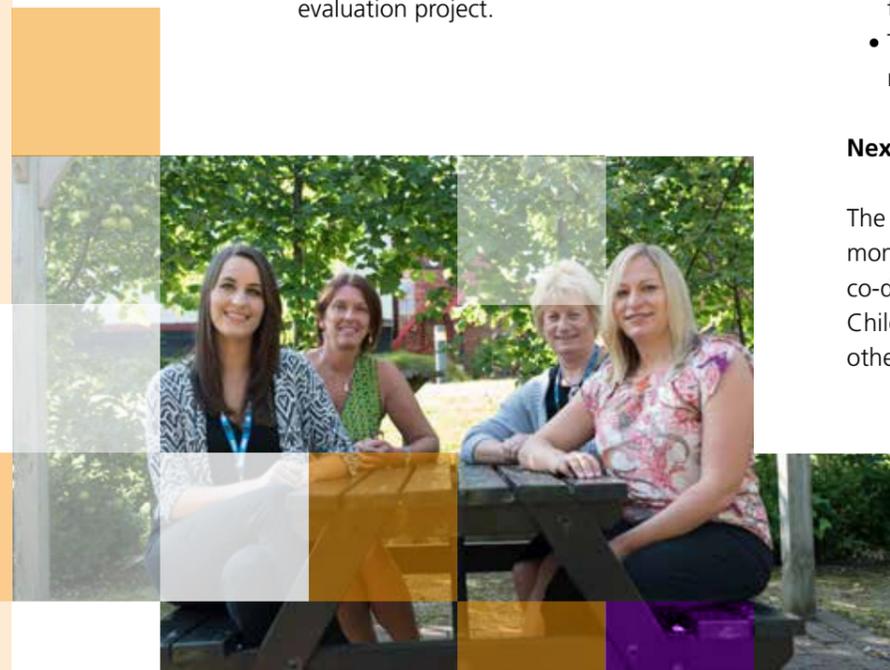
- Once the team manager and lead psychologist were identified they set up the clinic in a very short timescale (Oct-Dec 2015).
- The team organised rotational and core staffing rotas, began recruitment of new posts, organised facilities and equipment, developed administrative systems and planned the structures and philosophy of the team.
- The clinic became operational in January 2016. Staff were then trained in the desired ethos of the clinical work (Choice framework) and oversaw the quality of the clinical work, collected data and then delivered a six month evaluation project.

Results:

- A single point of access to CAMHS now exists and those referred report this feels simpler and that communication is improved as a result.
- Managers report a time saving of 3.5 hours per week as a result (equivalent of 0.5 managers).
- Clinical staff are doing 20% less admin and this work is now completed by admin staff.
- Staff report the daily debrief system ensures they feel supported.
- Waiting times for CAMHS are now equitable across Wirral.
- Data collection has improved (for example, the team now have 100% CARSO risk assessment completion and useful data on treatments need which is informing development of care pathways).
- Satisfaction of those using the service remains high as measured by CHI Experience of Service questionnaires.
- Rates of people who do not attend appointments have reduced by 7% with further changes expected to reduce this again later in the year.
- Transfers from first appointment to treatment meet national standards of 60%.

Next steps:

The next steps are to complete and present the six month evaluation project, develop self-referral and co-delivery models with partner agencies in the Children and Young People's Workforce such as other local organisations like Response.



Collaborative working with secondary care

What did we want to achieve?

CWP West Physical Health Community Care Teams wanted to improve communication and information sharing between primary and secondary care which would in turn contribute to reduced length of stay and provide improved continuity of care for patients.

What we did:

- CWP Community Care Teams receive information from the Countess of Chester Hospital (COCH) about their inpatients on a daily basis, and then three times a week.
- A pilot scheme of sharing admissions and discharges daily was started in Princeway Community Care Team.
- This list is automatically generated from COCH every weekday morning. If someone on the list is known to the Community Care Team the relevant ward is contacted within 24 hours for a summary of the person's circumstances and abilities.
- Following the success of this pilot further meetings have been held, and data sharing agreements have been established to allow all Community Care Teams to receive these lists on a daily basis.

Results:

- Working collaboratively has meant that there is a greater understanding of what each team does to enable a slicker, safer flow of the patient journey.
- The lists of discharges and admissions have proved extremely useful for identifying people known to the Community Care Teams, both to provide the wards with information about those known and to avoid failed community visits where people have been admitted to hospital. This releases staff to provide other visits.
- Knowing who has been admitted and discharged from hospital keeps the Community Care Teams better informed.
- Having this understanding allows contact to be made with the ward and patient to arrange the necessary care to ensure patient safety.
- It is felt that communications have greatly increased between primary and secondary care.

Next steps:

The teams have begun conference calls within the rural locality with COCH to further integrate care and understanding to aid the patient journey and continuity of care.



The Interactive Pressure Ulcer Pathway



What did we want to achieve?

The Tissue Viability Team wanted to provide Community Care Teams to have 'at a glance' pressure ulcer information and guidance using iPads.

What we did:

- In conjunction with Cloud2, the developers of CWP's intranet, an interactive pressure ulcer pathway was designed for use in the community and made accessible using iPads.
- The pathway has all relevant information about the management and treatment of pressure ulcers.
- Community Care Team staff were involved in the workshops and the team also worked alongside CWP IT services to deliver an effective product.

Results:

- Staff now have instant, up to date information and guidance on the management and treatment of all stages of pressure ulcers and discharge care.
- Staff working in the community can now instantly link to the pathway via their iPad.
- New starters and those returning to work following an absence can access the pathway using their desktop computer.

Next steps:

The pathway is constantly updated so only the most recent documentation is available.

Developing and implementing of a 'drop in' service at all high schools in Cheshire West and Chester

What did we want to achieve?

To meet the needs of school age young people, it was recognised that a first point of access was required so that they could seek support from a health professional at school. This has been set up via a weekly 'drop in' clinic that young people can attend on a self-service basis and seek support and advice from a school nurse.

What we did:

As part of the 'drop in' offer, this service provides informative advice and support around a range of health and wellbeing topics that are important to young people. These include:

- Smoking cessation
- Sexual health advice and resources
- Relationship and peer support
- Advice around feelings and emotions
- Drugs and alcohol
- Healthy eating
- Body image
- Self-harm

Results:

- Since the service has launched, many young people have accessed the 'drop in' service and have sought the advice and support of professionals offering the service.
- The service has received verbal feedback both from students and teaching staff expressing encouraging and positive reactions and feelings towards the service.
- It is felt that the service is integral in offering support and advice to young people within schools, and acts as an excellent 'front door' to meeting students and offering information and resources.
- It has given the 5-19 Health and Wellbeing Service the opportunity to speak to young people around the accessibility of the Sexual Health Service. This has encouraged young people to access important services to manage their sexual health and prevent unwanted pregnancy.

Next steps:

The team will continue to offer support via the school 'drop in' offer, and provide targeted work within the clinics to meet the differing needs of the young population in Chester and Cheshire West.



Online emotional wellbeing support to young people in Cheshire West and Chester

What did we want to achieve:

The team has been set up to enable young people aged 11-19 living or attending school or college in Cheshire West and Chester to access online emotional wellbeing support from the 5-19 Health and Wellbeing Service.

What we did:

- The team worked closely with young people to identify what they would want from online support and the best way for them to access it.
- The team offers online support via email every weekday evening and Sunday afternoon. Young people self-refer and staff respond via email.
- The team links closely with school nursing teams, Tier 2 CAMHS and Adult IAPT to ensure young people receive a holistic service.
- The team have written information sheets on a range of issues that young people can access via the MyWellbeing website.

Results:

- The team has now been providing online support for six months.
- One 16-year-old contacted the team in regard to anxiety and low mood. During the initial 'drop in' session, they disclosed ongoing self-harm and suicidal ideation. They talked about going to their GP but this was making them very anxious and wondered if they would be able to articulate fully what was happening.
- Team member encouraged this individual to think about how to address this, looking at various options including www.docready.org, a website which allows you to build a checklist of things to speak about at your doctor's appointment.
- The young person then engaged in a number of sessions with a member of the team experienced in working with 16-19 year olds. They contacted their GP the next morning.
- Through support offered by the team, the individual's self-harm reduced. They were referred to IAPT for CBT: "After two weeks things have been significantly better. The urges [have] dramatically reduced. I'm starting to see a brighter outcome in life, I just need to keep pushing down this road."

Next steps:

The team will build on the work of the first six months, continue to publicise the service and look to introduce a secure instant chat facility so young people without email can access the service.



Seamless transition of stroke service: from unit to early supported discharge team to community

What did we want to achieve?

To improve the patient pathway for people with communication and swallowing difficulties following a stroke. The team wanted to improve the pathway for patients accessing out-of-hospital stroke services to improve patient outcomes in therapy.

What we did:

- A small cohort of stroke specialist Speech And Language Therapists (SALT) were allocated to follow the patient through their stroke pathway from hospital out to returning home.
- This allows continuity of care and having worked with the patient they are aware of their individual goals so can focus on function and these goals rather than assessment.

Results:

- The work has benefitted both the SALT service and patient by building positive relationships and rapport between the patient, therapist and family members.
- This allows the team to develop supportive interventions for both the patient and their family.
- Waiting times have been reduced.
- This reduces overall patient contacts as the client is already known to the therapies team, increasing service capacity.

Next steps:

The team will carry out a clinical audit of the stroke pathway, to further investigate wait times, patient contacts and re-referral numbers.



Improving access to mental health services and recording response times for CRHTT / Liaison Psychiatry



What did we want to achieve?

The project was to make the Crisis Resolution Home Treatment Team (CRHTT) accessible 24/7, and to record response times for those accessing liaison psychiatry, out of hours and CRHTT.

What we did:

- The team invested in an electronic whiteboard to plan activities. The whiteboard is in the team area, allowing everyone to view and interact with it.
- The person on triage is responsible for the phone, diary and desktop.
- The patient CRHTT number was forwarded to a mobile phone which is rotated among the team.
- Following a process of change, two staff were made available for out of hours where there had previously only been one.
- The team are also working with Informatics to produce a spreadsheet, manually recording response times from CRHTT / Liaison on a monthly basis to then be able to produce a report.

Results:

- Patients have contacted the team 24/7.
- The number is also used by NHS 111 and the North West Ambulance Service (NWAS).
- The median response time to be seen in Accident and Emergency Department Out of Hours is less than one hour. This work has contributed to service development plans, and reported on the impact of a new consultant working in the team.
- It informs the Crisis Care Concordat as an outcome measure and was identified as an area for development by the Care Quality Commission.

Next steps:

- The team will be looking to pilot, with local partners, NWAS' Electronic Referral Information Sharing System (ERISS) which gives the ambulance service mental health contact numbers for people they visit.
- The team have linked in with IT who have been able to create a report manager for CareNotes to collect information which was previously time consuming. The plan is to meet in future to formulate reports.

Enhancing protective behaviours using the 'Underpants Rule'

What did we want to achieve?

To support children and young people and protect them from sexual abuse, enhance personal safety and give them the ability to tell in order to avoid being victimised.

What we did:

- The team developed a PowerPoint presentation to teach the 'underpants rule' which was originally developed by the NSPCC.
- "PANTS is a really easy way for you to explain the Underwear Rule to your child:
Privates are private
Always remember your body belongs to you
No means no
Talk about secrets that upset you
Speak up, someone can help".
- The nurses worked with identified children who had displayed sexualised behaviours within the classroom environment using a practical approach to personal safety.
- The purpose of the session was to support children to recognise and trust intuitive feelings and develop the ability to say no and tell by developing strategies of self-protection.
- The session focused on who children could tell if they were in certain situations, looking at family, school and the community.
- The session was interactive with much discussion generating debate without mentioning fear.

Results:

- Feedback from teachers was positive.
- The session allowed the opportunity to explore safety with professionals who are experienced in delivering age appropriate education.
- Another teacher felt anxious talking about sexual abuse without scaring the children and commented that the school nurses were a great support to her and she was able to learn along with the children.
- Evaluation from the children was also overwhelmingly positive with words circled on the evaluation including 'fun', 'interesting', 'great', 'knowledgeable'.

Next steps:

The school's family case worker together with a school nurse will carry out follow up work with those identified as more vulnerable. The aim of this small group work is to develop self-empowerment and skills to raise self-esteem and to help avoid being victimised.



Dementia Friendly Ward

What did we want to achieve?

Work with young people from Maple Ward to take part in dementia friendly training and facilitate further joint working across wards.

What we did:

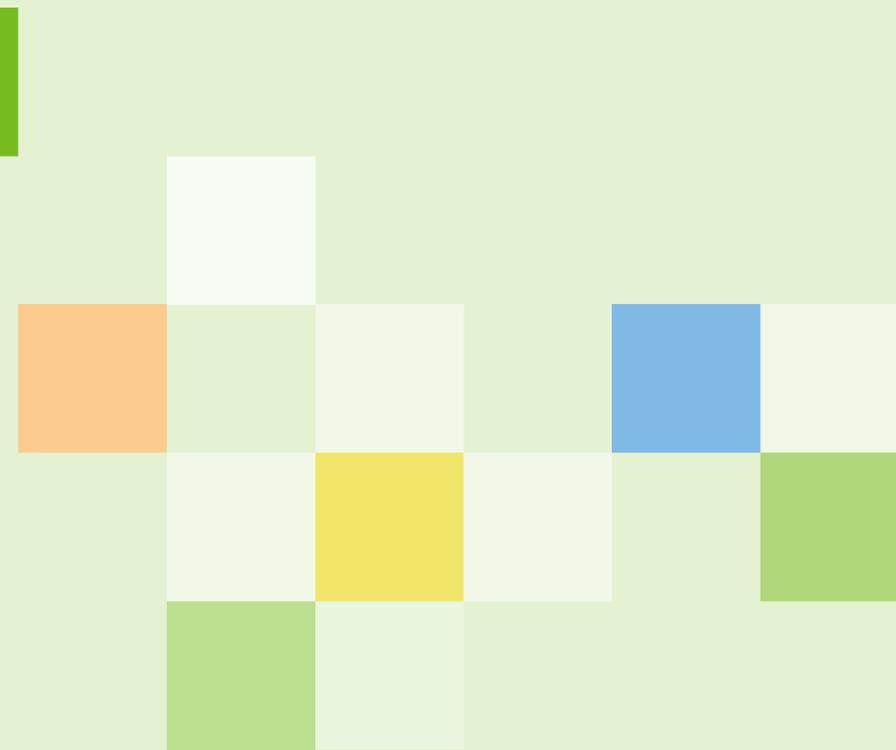
- The young people on Maple Ward were keen to find out more about Cherry Ward, another ward in Bowmere Hospital.
- A discussion about older people's mental health took place with a particular focus on dementia.
- A lot of the young people had grandparents and other older relatives who had dementia and were keen to find out more and help.
- A speaker from the Alzheimer's Society visited the ward to deliver dementia friendly training to the young people and staff.
- The young people were really interested and spoke openly about their own experience with family members as well as engaging well in the activities and workshop.

Results:

- Following the session the young people asked if they could do something for Cherry Ward.
- The team met with the OT staff from the ward and the suggestion was made for a piece of artwork to go in the memory room.
- The young people set about researching and making a collage with lots of references to the 1950s and 60s including headlines, products from the day as well as music and film stars.
- The collage will be going up in the room shortly.

Next steps:

When Ancora House opens, the young people would like to arrange joint sessions in the new allotments with some of the older people from Cherry Ward.



Providing specialist mental health training and education for the Youth Offending Service (YOS), Police, other professionals and those who use services to enhance communication and confidence

What did we want to achieve?

To share knowledge and competencies, break down barriers and perceptions of mental health services and to enhance other professionals' knowledge. To provide professionals the understanding and knowledge to take into their roles and offer a better, more comprehensive service to all accessing many different services. The aim is to reduce repeat offending where it is influenced by poor mental health by increasing understanding.

What we did:

- Held presentations, group work and workshops to help professionals recognise mental illness and emotional problems and signpost young people to the appropriate support services.
- Used role play to demonstrate the difficulties a young person with a mental health or neuropsychological condition going through the criminal justice system experiences.
- Delivered information about healthy living, healthy eating and healthy minds to young people involved in YOS.
- Ensure appropriate interventions and language is used in order to empower the young people to successfully complete their order with YOS.

Results:

- Over 80 people attended the presentations and group work.
- Of those young people that attended, several referrals were made to CAMHS due to agreeing to access services after perceptions/barriers were broken.
- Over 95% of professionals reported that the information gained was a great help and gave them more confidence in managing mental health and physical health problems.
- As a result there are positive working relationships between YOS and the police, through an increased understanding of young people's needs, therefore increasing the likelihood of successfully supporting young people to complete their order, and reduce their impact on the courts, prisons and police.

Next steps:

The team have just started to hold a marketplace attended by many different, talented and holistic services to encourage young girls from YOS to identify their needs in relation to emotional, physical and mental health wellbeing and access the relevant support services. Further workshops include dealing with anger, a focus on ASD and Asperger's syndrome and more are planned for both YOS staff and police.



Setting up communication books in a special school for nonverbal children

What did we want to achieve?

To enable nonverbal children to communicate to the best of their ability, which also in turn allows them to learn language skills and access the curriculum.

What we did:

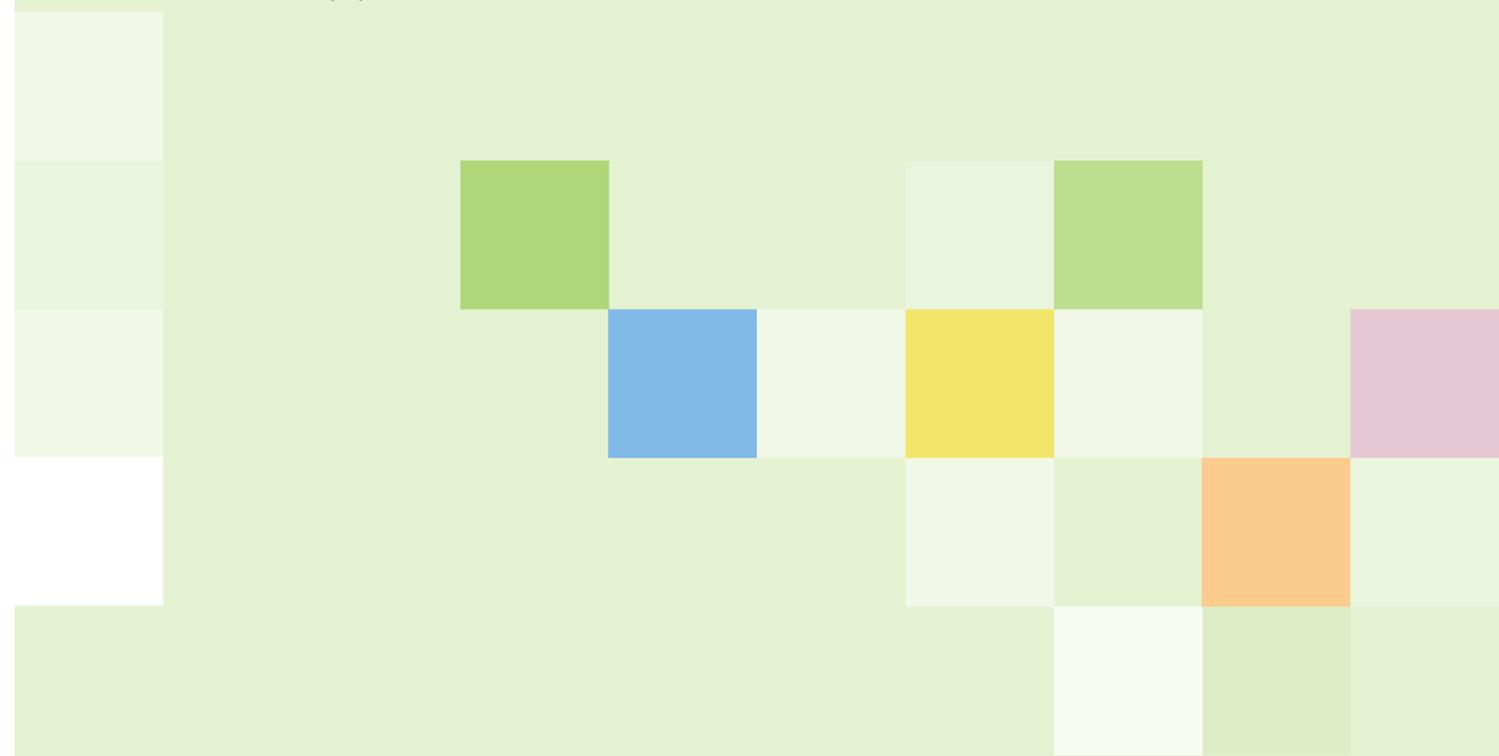
- A member of the team attended a two day training course along with a parent at the school.
- On return, all staff and parent training was provided, and a number of template books were set up for the pupils to use.
- Staff and parents were shown how to use the books across the day.
- Since then a working party of interested staff members has been set up and personalised books have been produced for a large number of pupils.

Results:

- The pupils are hugely excited about the books they have, which are set up specifically for them.
- Parents have reported that their children are communicating more at home, and have less frustration.
- Staff are reporting that pupils can now communicate ideas as never before and that other pupils are using the books with them as a good way into conversations.
- There are now another special school and a mainstream school involved with the project.

Next steps:

There are plans to extend the project to other pupils and schools.



Traffic light system

What did we want to achieve?

To improve and assist communication between the people who access our services and staff, particularly at times of difficulty and distress, especially as this is commonly the most difficult times for people accessing the service to express themselves and when communication is most important.

What we did:

- A member of the team and someone using services devised the system when completing a care plan.
- This has subsequently been used with others accessing the service.
- Each person describes what the colours green, amber and red mean to them in terms of how they are feeling or emotions they are experiencing.
- They identify what helps at these times and what they would like staff to do to help and support them.

Results:

- There has been no cost involved in this project.
- Each individual adapts it to their own specifications so it is totally personalised.
- This has been used to aid communication within families.
- Each person has coloured wrist bands as a visual prompt of communication of the moods and emotions associated with mood.
- A positive outcome of this has been a reduction in deliberate self-harm behaviour due to interventions being completed in a swift, timely way without the pressure on the individual having to describe how they are feeling in great detail at times when this is the most difficult.
- This is used when feelings and emotions are decreasing as well as increasing.
- This forms the basis of conversations around risk and helps people feel more in control.
- The traffic light system has been adapted to support people who are on leave with the identified interventions to be completed by themselves and carers.
- Feedback from those accessing the service and the people who care for them has been positive, including a reported increase in confidence in managing distress and stressful situations.

Next steps:

The system has recently been adapted to support families while their loved ones are on leave of absence. The next step would be to work with community staff to continue this system on discharge.

An innovative general practice delivering holistic, patient centred, on the doorstep care to the practice population



Results:

- A running club has been set up aimed at improving symptoms of depression, particularly among young mums.
- It has helped reduce social isolation.
- A lifestyle clinic has been set up which is a 12 week programme aimed at reducing HbA1 or preventing patients from developing diabetes.
- A Dementia Chat group has also been set up. There are two separate sessions, one for patients with dementia and one for carers.
- To form links with younger patients work has taken place with the headteacher from the local primary school who are going to do some posters for the 'Strictly' themed gold fish.
- Artwork has been done by a patient who sustained head injuries years ago. These are currently being framed and will go up in the waiting area.

What did we want to achieve?

CWP won the tender for this surgery in July 2015. The purpose has been for CWP/Primary Care Cheshire/surgery staff to deliver holistic care utilising local groups and delivering care in different ways.

What we did:

- The transition and refurbishment of Westminster Surgery now provides spacious facilities for patients, carers and their families and an increased number of consulting rooms.
- The team have looked at ways of delivering holistic care and combining all aspects of health including mental and physical, with general wellbeing becoming the main focus.
- Staff are trying to educate patients by giving them knowledge around their own diseases and health risks and working with them to improve their own health.

Next steps:

- The team are sourcing old photos from Ellesmere Port to hang up so local patients can take a trip down 'Memory Lane'.
- A gardening club will be set up to encourage patients to pot small plants that can be put in and outside the surgery.
- The practice nurse and healthcare assistant have also visited patients at home with chronic disease that do not come under the care of the district nurse but don't attend surgery.

Health promotion within learning disabilities

What did we want to achieve?

People with learning disabilities often experience health inequalities resulting in poorer health than the general population. Often there are limited opportunities to exercise regularly through lack of support. In some cases, having a disability can increase the likelihood of being overweight; therefore the aim of the work was to offer practical and achievable opportunities around health promotion.

What we did:

- A patient-led walking group was established which took place each morning.
- A phone app was used to map the walk, count steps and calculate calories burnt.
- Patients took it in turns to guess how far they had walked, whilst staff translated calories burnt into known food items, allowing everyone to practically understand the benefits of exercise.

Results:

- It was evident from the beginning that patients were keen to join the walking group and improve their general health.
- As a small ward the number of participants is limited however five patients were involved.
- The length of walks increased from an occasional ten minutes to at least thirty minutes daily.
- One person involved has lost over 8lbs through changing his lifestyle and diet.
- When the group were asked about what has been most beneficial for them, they highlighted weight loss, getting active and making friends.
- Those who find it difficult getting along with others were able to develop friendships through a mutual interest.
- Those who don't generally engage in activities or have limited daily structure now request the sessions.

Next steps:

- Daily walking groups and educational sessions will remain part of the ward structure.
- Opportunities around health promotion will be explored further, starting with a dental hygienist to visit the ward to offer advice.
- A healthy sleep routine will also be explored to reduce the reliance on medication for relaxation purposes.



East Cheshire Clinical Commissioning Group (CCG) commission CWP Young Advisors to develop and deliver mental health training

What did we want to achieve?

CWP Young Advisors were commissioned by East Cheshire CCG to develop and deliver training using their lived experience. The training was to raise awareness, understanding and improve support for young people who present with mental health difficulties or in crisis at their GP surgery, in A&E or on a paediatric ward.

What we did:

- Following a baseline audit, CWP Young Advisors and East Cheshire Primary Mental Health Workers came together to deliver mental health training to staff in GP surgeries, A&E and paediatric wards.
- The Young Advisors developed a bespoke training programme, tailored to each of the three environments.
- This was determined by their own lived experiences, the existing knowledge of the setting and specific learning requirements.
- The programme was co-delivered over 14 hour-long sessions at practices and surgeries to all staff in contact with young people that may present with mental health issues and/or self-harm.
- This is an area of need that has been previously highlighted by the Young Advisors and it has been very rewarding to be able to deliver this training.
- So far there have been 14 sessions attended by 138 professionals.

Results:

- A questionnaire was given to all participants at the end of each session.
- With two remaining sessions to be delivered from the total of 14 sessions, the present overall feedback is that 89% of participants rated the training at "excellent" or "professional", with 86% choosing to describe the training as "helpful" and 91% choosing to describe the training as "interesting".
- Professionals who attended the training said that hearing the Young Advisors' stories and experience of services, and having the opportunity to ask them questions was 'very useful'.
- The training gave many attendees an improved understanding of young people with mental health issues and it was felt that having attended there would be improved communication with young people when using services.

Next steps:

Two further sessions are planned following which a report will be produced and presented by the Young Advisors to the East Cheshire CCG. It is hoped that the findings from this report will encourage the CCG to consider including this training with staff induction in these key areas.



Recovery College staff work in collaboration with third party organisations to reduce the feelings of stress felt by their colleagues

What did we want to achieve:

Health and work are intrinsically linked and reduced productivity due to ill health has an unfavourable effect, not just on individuals, but the NHS as a whole. Musculoskeletal disorders and mental illness are the most common health reasons for staff taking time off. In response to requests for more conveniently scheduled staff only workshops, the Recovery College (RC) devised several 'mini' workshops to reduce feelings of stress among the workforce and aid their mental and physical wellbeing.

What we did:

- The Recovery College set up before and after work Pilates sessions to strengthen the muscles necessary to support the spine and bring an awareness about what proper posture actually is, as well as promote relaxation through gentle exercise.

Results:

- Staff were given a choice of sessions and encouraged at each session to complete a pre and post stress survey.
- Results from the survey showed that attending the sessions reduced stress by 42.3% overall.
- Staff were invited to share their feedback with the Recovery College staff and their comments showed how the sessions had made them feel less stressed, as shown below:
"I definitely feel they are making a difference for me and would come to a class every day if they were available."
"Thank you for the mindfulness training today, I would be interested in doing more sessions for myself and to pass on to my clients."
"It was a great way to help with the stressful role we all play as part of the mental health team. It helped me to refocus for the rest of the day and enabled me to continue forward being as effective as possible."
- 83 staff have participated in the trial, with 58 attending holistic/complementary therapy session.

Next steps:

Weekly mindfulness sessions have now been added to the RC curriculum. College staff are being trained to teach Zumba and community complementary therapies. The trial is to expand in September to include Zumba, reflexology sessions and staff lunchtime mindfulness sessions at Delamere Resource Centre.



Pregnancy Liaison Group

What did we want to achieve:

By working together, professionals can identify when early help and support is needed particularly in the case of substance misuse in pregnancy where agencies working together to engage vulnerable families earlier can have a significant impact on outcomes.

What we did:

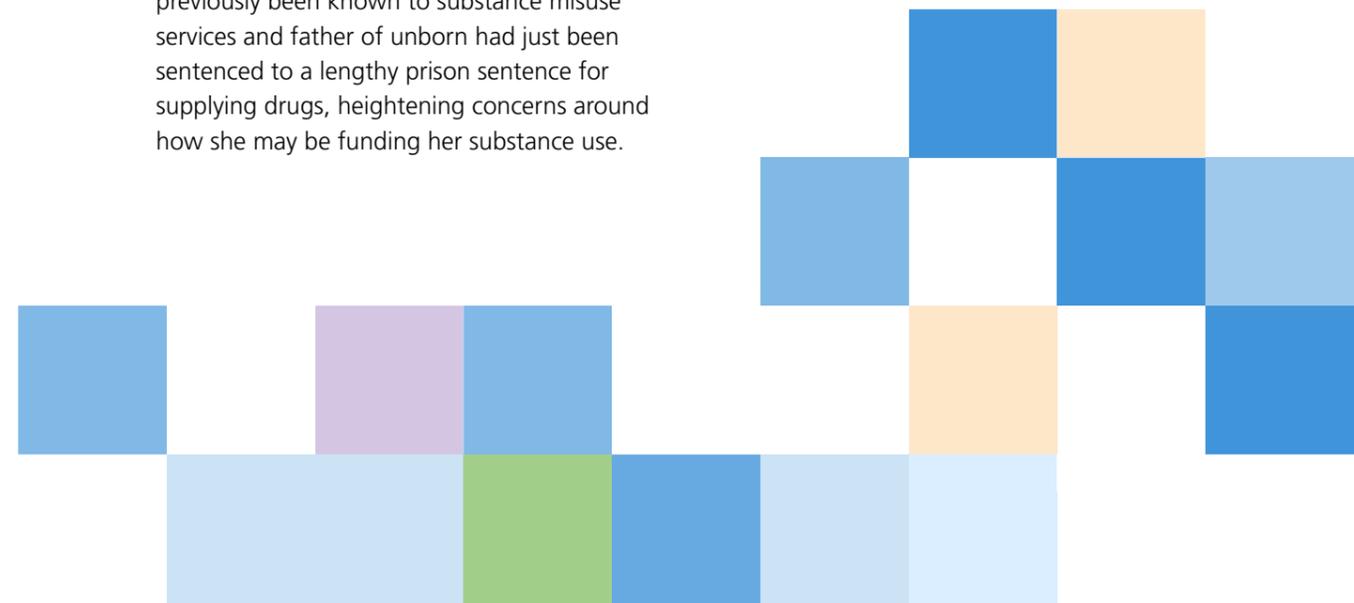
- Pregnancy Liaison meetings were implemented by the Substance Misuse Service in Crewe, bringing together professionals from midwifery, children's social care and health visitors, yet not always well attended by other multi-agency partners.
- A female contacted the service and disclosed that she was 21 weeks pregnant and using heroin and crack cocaine. She was offered rapid response into treatment but declined.
- Due to concerns for the unborn, the decision was made to discuss at pregnancy liaison.
- At this meeting, the midwife also reported a pregnant woman had come to her attention as she appeared to be under the influence of substances at appointments.
- Further checks discovered the woman had previously been known to substance misuse services and father of unborn had just been sentenced to a lengthy prison sentence for supplying drugs, heightening concerns around how she may be funding her substance use.

Results:

- Working together, agencies successfully engaged the pregnant woman into treatment services and due to safeguarding concerns for unborn a referral was made to Children's Social Care which led to unborn being made subject to a Child Protection Plan.
- The meetings are now well attended across Cheshire East and seen as good practice by all group members.
- To encourage multi-agency commitment, the Safer Families Lead attends team meetings of partner agencies and requests dedicated representatives from each agency attend monthly meetings, which agencies agreed to.

Next steps:

Partner agencies are fully committed to the pregnancy liaison group continuing, and professionals from across the trust are welcome to become group members to continue sharing knowledge and experience to support positive outcomes for families.



'Head Space' project for Macclesfield Barnaby Festival

What did we want to achieve?

The aim of the event was to promote mental health and challenge stigma within the wider community.

What we did:

- The team linked in with local organisations and the festival committee to secure a spot in the Macclesfield's 'Barnaby Festival'.
- The space was used for promoting mental health and wellbeing, which was organised through group work.
- The group constructed and decorated signage, created 'recovery stars' and a plan for how the project would work.
- Ward staff and people accessing the service engaged with the local community to promote mental health and challenge stigma.

Results

- Those on the unit were heavily involved with the project, from making signage for both our project and other projects within the festival.
- The team made furniture out of pallets for 'our gardens project' which was also a huge success.
- Both staff and those accessing the service manned the 'Head Space' stall engaging with the public and demonstrating our fun activities which included mindfulness exercises and cognitive tests.
- Those involved found this project to be both fun and empowering, it was the first time some had ever done something so public and required great courage.

Next steps:

Off the back of the success of the event, the team are continuing our 'guys and gals in greenhouse' project which involves woodwork, making planters and pallet furniture.



Sex and cancer: opening therapeutic conversations and challenging assumptions

What did we want to achieve?

Sexual and relationship problems are common following cancer. Both patients and health professionals have difficulties discussing sexual problems. Patients feel guilty and disempowered, health professionals anxious and inadequately skilled, leading to poor assessment and treatment. The aim was to investigate ways of overcoming these communication barriers.

What we did:

- Socio-cultural understanding sees sex as private but also susceptible to social influence.
- The sense of sexual self develops from cultural and religious understanding, learning from significant adults with whom we live and life experiences.
- Communication Medicine and Art (ComMA), working through design activism, have trialled the use of art textile as a metaphor, an alternative language for patient wards.
- They created visual statements to challenge these notions at experiential workshops within two International Conferences on sexuality and cancer.
- The analysis of feedback from these workshops has been published as the initial development of this project.

Results:

- The analysis from participating clinicians' feedback has shown the workshops were able to challenge, and reflections from the experience suggested health professionals felt better equipped to talk about sex with patients.
- The published paper looks at the background to the work, processes involved, pilot study results and considers the next stage of research involving developing a visual communication in collaboration with patients, to challenge both health professionals and patients alike to empower therapeutic conversations.
- There has been additional work, at their request, with Macmillan Health Care, voluntarily carried out by a member of the psychosexual team.
- This has been in study days which focused on opening up conversations with patients on sex and cancer. These have been held at Macmillan units around the UK.

Next steps:

The next stage of this work will be research in collaboration with patients on developing a visual communication and will be with CWP psycho-oncologists at Clatterbridge. It is also likely that there will be further collaboration with Macmillan Health Care.

Introduction of reflective practice meetings to staff on adult mental health wards

What did we want to achieve?

The aim of reflective practice meetings is to provide a forum in which staff can process the difficult feelings which arise from work.

What we did:

- Over ten months, staff from three wards were offered reflective meetings.
- These took place for one hour every two to three weeks for each ward.
- The meetings offered support to work through feelings together allowing the team to develop a more objective approach to those who access the service and challenging issues.
- Participants are encouraged to have curiosity about the problem.
- In the group staff can have their difficult feelings heard and validated, enabling emotions to be processed and allowing a space for thought.
- The emphasis is on listening and learning from each other as well as 'getting things off your chest.'

Results:

- 64 staff attended and 94% of those who gave feedback scored the sessions as 8 or above out of 10 in being helpful or beneficial.
- Comments included:
 - "The session has a high benefit not only for patients and individuals but for inter-professional relationships."
 - "This is something we really need. To help each other in our job. To improve patient care."
 - "I feel calmer and more focused."
 - "It helped knowing some frustrations are shared by colleagues and you don't feel as burdened as a result."
 - "We need reasons and emotions. If emotion is missing, you can't decide things in life."
 - "It was helpful that you asked us to think of things from the patient's and the carer's perspective. That made me think of things differently."
 - "I felt listened to."

Next steps:

One area of development identified will be to promote and develop the full range of multidisciplinary attendance at the reflective meetings.



Football as an intervention to improve and maintain mental health

What did we want to achieve?

To promote football as part of a healthy lifestyle, encourage fitness, social inclusion, team working, coordination, combat medication side effects and maintain CWP staff links.

What we did:

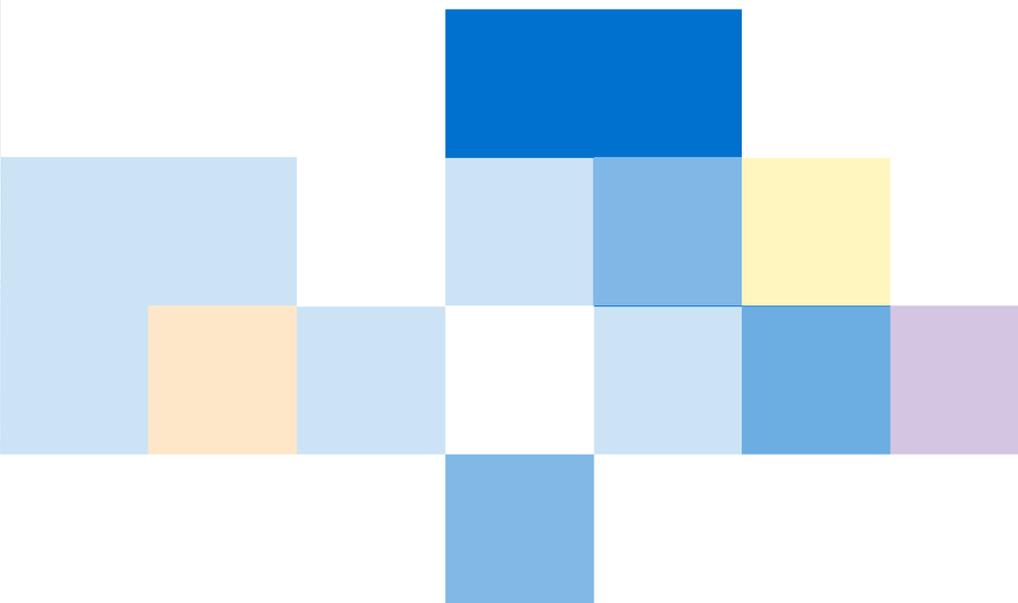
- The team worked with Crewe Alexandra FC to support attendance at a weekly football session.
- Those involved also took part in training with coaches from Crewe to work towards tournaments.
- Both men and women took part from review.
- Participants are encouraged to be supportive of each other's ability, mental and physical fitness levels.
- Staff also play which helps to build therapeutic relationships and collaboration.
- Each year culminates with a Christmas meal and medal presentations, presentations by Crewe Alexandra Academy managers.
- Those who take part value the annual celebration and work towards this throughout the year.

Results:

- Patients report having a focus in life and "always feeling better when I've played".
- A few years ago some players went to Kensington Palace to take part in a match against MPs to highlight this as an important therapeutic intervention for mental health.
- One person said that "This was the first day in two years that [he] had not thought of self-harm and knew that [he] needed more of this in [his] life."
- Over the years there has been a drastic reduction in the number of readmissions in the players.
- The implications of this are huge both in terms of individuals' health and wellbeing together with cost savings for CWP.

Next steps:

The plan is to promote aspiring roles such as football coaching education and qualifications, as well as continued enhanced fitness education using physios and nutritionists provided by a local university. The team will continue to research into reduced readmissions and fitness levels.



Dementia and learning disabilities post diagnosis quality standard

What did we want to achieve?

To support individuals with learning disabilities (LD) and a dementia diagnosis to receive quality care so they can live well with dementia. This can be achieved by having access to a range of multi-professional, specialist person centred assessment and interventions aimed to support the person, their family and paid carers throughout their dementia journey.

What we did:

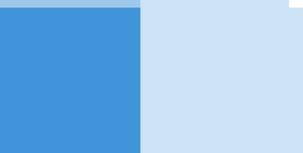
- Trafford Community Learning Disability Team (CLDT) have a shared vision on how the team can and will deliver a quality service.
- This included developing a 'post-diagnostic quality standard' which identifies multi-disciplinary assessment and intervention areas.
- Delivered training to support professionals work through difficulties with the person at stage of dementia by identifying what is and isn't working; identify possible solutions and agree a way forward.
- Identified resources in addition to CWP leaflets to support a person with learning disabilities understand their dementia diagnosis.
- Explored research around cognitive stimulation therapy, reminiscence, reality orientation and validation therapy for people with LD and identify if this is something Trafford CLDT are able to offer at this time.

Results:

- Trafford CLDT have a quality standard which they use to guide them to support individuals with dementia and LD.
- This promotes health and social care multi-disciplinary team (MDT) working, care planning and reviewing at regular intervals so assessment and intervention is delivered in a timely way.
- Bespoke training is delivered to the right support staff at the right time has meant better knowledge and understanding and ultimately better care and support to the person with dementia and LD.
- MDT working has enabled one person to return to work. They had not been able to work prior to their dementia diagnosis.
- Positive evaluations received from both one day and bespoke training.
- Individuals with learning disabilities have a better understanding about their dementia diagnosis and use the accessible information to refer back to them.

Next steps:

There are plans to develop guidance and possible training with regards to developing Life story work with people with dementia and LD. The team will look to develop relationships with mainstream Dementia Crisis Team to ensure that people with dementia and LD get the right support at the right time, therefore reducing risk of admission to hospital but offering continued support in the community.



Peer supervision and team formulation in low secure services

What did we want to achieve?

The evaluation explored staff perceptions of team formulation in a 'low-secure' unit for people with a learning disability. It also aimed to see if team formulation is helpful for achieving the key aims of relational security. This would inform the service of how effective and useful team formulation is and advise service delivery.

What we did:

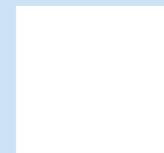
- All staff who had participated in one or more team formulation meetings were asked to take part.
- In total, this was 20 professionals.
- Participants were invited to complete a slightly amended version of the questionnaire used within Hollingworth and Johnstone's (2014) evaluation of staff experiences of team formulation in an adult mental health setting.
- Participants were asked to complete the questionnaire.
- Fifteen questionnaires were completed by a range of professionals including occupational therapists, clinical support workers, psychology staff and nurses.

Results:

- The evaluation revealed that staff viewed team formulation as a helpful process across the majority of areas including: developing a shared understanding of the individual and drawing on knowledge and skills from different professions.
- It also allowed generation of new ideas, challenged beliefs and increased understanding of risk patterns and staff responses to such patterns.
- Open-ended question responses also revealed that staff viewed team formulation positively in terms of: sharing knowledge, offering protected time, increasing confidence, improving intervention planning and creating a good learning platform.
- Overall, results from the evaluation suggest that team formulation is positively perceived by professionals and provided an opportunity to fulfil the recommendations in the 'team' factor of relation security.

Next steps:

Team formulation is now a well-established practice within four units across Cheshire East including: the Alderley Unit, the Saddlebridge Recovery Centre, Lime Walk House Rehabilitation Service, and the Complex Assessment and Recovery Service (CARS).



Intensive rehabilitation day case provision

What did we want to achieve?

Following assessment for suitability for a period of intensive rehabilitation people accessing service are now automatically considered as to whether they could attend on a day case basis. This involves the individual spending time on Rosewood from the hours of 9-5 Monday to Friday.

What we did:

- While on Rosewood, people have an individualised therapeutic programme of activity devised by a nominated key worker.
- They are able to access groups such as the hearing voices and relaxation groups, the local gym and can join groups accessing local amenities for leisure purposes.

Results:

- The intervention is initially for a six week period with potential to extend if required.
- During this period of time progress outcomes are measured by the Rosewood multi-disciplinary team.
- The benefit to the individual is a reduction in bed days of their inpatient stay with the establishment of a routine and knowledge of the interventions required to address their functional needs.
- It also reduces anxiety and frustration which can occur while waiting for a bed to become available.
- During this six week period, it may be felt that the level of intensity of rehabilitation initially required is no longer needed, and a less restrictive option for their placement is now more suitable.

Next steps:

The next step is to liaise with fellow Rehabilitation Units within CWP to share this experience and to share ideas around the progress of the intervention. This should lead to a standardisation of service across the Trust.



Patient slideshows

What did we want to achieve?

To show parents and carers examples of activities that their son, daughter or other person they care for had been doing whilst being an inpatient at Greenways.

What we did:

- Staff take photographs of people accessing the service (with their permission) taking part in activities such as trips out, gardening, arts and crafts etc.
- This is then put together in a slideshow which is shown at their review meetings for all the multi-disciplinary team (MDT) and family to see.

Results:

- The slideshows have been positively reviewed by both the MDT and families.
- It gives them an insight as to what their loved one has been doing, what they can do and how they do things.
- This has been particularly well received by parents who are not able to visit regularly.
- As photos are taken during activities already for letters home and scrapbooks, those involved were asked if they would be happy with them being used for slideshows in their meetings.
- They have also been used to help in staff training as inspiration for other service providers to see what things they can do and have been doing.

Next steps:

The team will continue to develop the slideshows for all people accessing the service. When the slideshows have been encrypted they can be securely shared with families on request.



Honourable mentions

With well over 100 entries being submitted to the Big Book of Best Practice 2016/17, we have unfortunately been unable to include every entry.

However, many of the projects - despite not being selected for full publication - deserve to be celebrated for the fantastic outcomes achieved.

These are included below as honourable mentions. You can find more information about these projects, in addition to an online version of the entire publication, at www.cwp.nhs.uk.

Area: Trust wide

Team name: CWP Central and East with Safe Services

Title: Using safety huddles and quality improvement methodologies to reduce avoidable harm from inpatient falls

Team name: CHEDS (Adolescent Eating Disorders Service)

Title: A 'hub and spoke' eating disorder service

Team name: Mental Health Act Team

Title: Improving the availability of Mental Health Act documentation

Team name: Occupational Health Service

Title: Staff Health Checks (MOTs)

Team Name: Emergency Planning

Title: Exercise Ancora: a multi-agency exercise

Team name: Clinical Education

Title: Changing clinical practice to improve patient care

Area: Wirral

Team name: Meadowbank Ward

Title: Meadowbank carer drop-in sessions

Team name: Wallasey and West Wirral Adult Mental Health Team

Title: Perinatal clinic service development

Team name: Health Facilitation Team

Title: Meeting the health needs of people with a learning disability training programme

Area: West Cheshire

Team name: Maple Ward

Title: Maple Ward Activity Recipe Book

Team name: Infection Prevention and Control

Title: Reducing avoidable infections in care homes

Team name: Infection Prevention and Control Team

Title: Tuberculosis (TB) screening for those who are homeless who are part of the underserved population client group

Team name: Acute Inpatient Care

Title: The role of the Advanced Nurse Practitioner

Team name: Starting Well 0-5 Service

Title: Developing a pilot for an integrated two year review for children

Team name: Eastway Assessment and Treatment Unit

Title: Meaningful involvement of those accessing the service in the development of their Positive Behaviour Support Plans (PBSP)

Team name: Eastway Community Learning Disability Team

Title: Supporting volunteer health promoters with learning disabilities to actively engage in the co-delivery of healthy lifestyle education sessions.

Team name: Eastway Community Learning Disability Team

Title: Joint work between Countess of Chester Hospital NHS Foundation Trust Breast Screening Unit and CWP regarding uptake of breast screening for women with learning disabilities in West Cheshire.

Team name: Cardiac Rehabilitation Team

Title: National Accreditation for providing best practice and standards within cardiac rehabilitation.

Team name: Cherry Ward and Clarion Centre, Bowmere Hospital

Title: Introducing Otago falls prevention exercise sessions to Cherry Ward.

Team name: West Cheshire Community Learning Disability Service

Title: Epilepsy awareness session for staff and carers who support people with learning disabilities.

Team name: Rosewood Intensive Rehab Unit

Title: Enhanced discharge planning

Team name: Ellesmere Port South Community Care Team

Title: Introduction of a quality assurance tool to ensure all necessary actions are taken on finding a new pressure ulcer

Team name: Clinical Pharmacy Team

Title: Streamlining the administration of medicines by CWP district nursing teams

Team name: Rosewood Intensive Rehab Unit

Title: The development and provision of an eight week Wellness Recovery Action Plan (WRAP) group on Rosewood

Honourable mentions

Area: Central and East Cheshire

Team name: Expert Patient Programme (EPP), Central and East Recovery College
Title: Another volunteer milestone for the Expert Patient Programme

Team name: Cheshire East Substance Misuse Service
Title: Young people's health and wellbeing engagement event

Team name: Community Learning Disability Team, Trafford
Title: Presentation around reasonable adjustments to Trafford GP Forum by those who access Learning Disability Services

Team name: Cheshire East Substance Misuse Service
Title: Drop-in Clinic at the YMCA Crewe

Team name: Cheshire East Substance Misuse Service
Title: Health and Wellbeing Group - 5 Ways to Wellbeing

Area: Wirral and West Cheshire

Team name: Rosewood Intensive Rehabilitation Unit
Title: Collaborative Learning Initiative – a monthly learning event

Area: Central and East & West Cheshire

Team name: Criminal Justice Liaison and Diversion Team (CJLDT)
Title: Improving outcomes within criminal justice





THE BIG BOOK OF BEST PRACTICE

2016/17

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