



Section: 1 – Patient Care

Policy & Procedure: 1.05

Nature and Scope: Policy - Trustwide

Subject: Care Programme Approach (CPA) Policy in Partnership with Nottingham Adult Services Housing and Health and Nottinghamshire Adult Social Care & Health Departments

This Care Programme Approach (CPA) Policy applies to all areas which form Nottinghamshire Healthcare NHS Foundation Trust as well as to the Social Work Mental Health Services provided by Nottingham Adult Services Housing and Health and Nottinghamshire Adult Social Care & Health Departments.

The CPA policy underpins joint Procedures, clarifies CPA responsibilities, details how joint training will be delivered and describes arrangements for the monitoring of the process.

Date of Latest Ratification: September 2016

Ratified By: Trustwide Clinical Policies Approval Group

Implementation Date: September 2016

Review Date: April 2022

Associated Trust Policies & Procedures:

- Treatment Risk Assessment and Management of Treatment Risk Training Policy – **15.09**
- Multi Agency Public Protection Arrangements Procedure – **03.10a**
- Safeguarding Children Policy – **17.01**
- Safeguarding Vulnerable Adults Policy – **17.04**
- Physical Assessment and Examination of Patients [Minimum Standard] - **1.14**
- Information Sharing Between Professionals, Service Users and Carers Policy – **4.01**
- Transfer and Discharge Policy – **1.29**
- Forensic Services - Arnold Lodge: Care Programme Approach **FO/A/44**
- Forensic Services - Low Secure and Community Forensic Directorate: Care Programme Approach - **FO/C/43**

Forensic Services - Wathwood Hospital: Care Programme Approach - **FO/W/68**

Forensic Services - Rampton Hospital: Care Programme Approach - **FO/R/75**

Forensic Services - Prison Healthcare: Care Programme (Offender Health) - **FO/OH/01**

Adult Mental Health: Care Programme Approach - **AMP028**

MHSOP Care Programme Approach Procedure - **MHSOP/NO39**

Specialist Services Directorate – ID: Care Programme Approach

Specialist services Directorate – CAHMS: Care Programme Approach

Nottinghamshire Healthcare NHS Foundation Trust

Care Programme Approach (CPA) Policy
In Partnership with Nottingham Adult Services Housing and Health and Nottinghamshire
Adult Social Care & Health Departments

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Nottinghamshire Healthcare NHS Foundation Trust**Care Programme Approach (CPA) Policy****In Partnership with Nottingham Adult Services Housing and Health and Nottinghamshire Adult Social Care & Health Departments****1.0 POLICY STATEMENT**

- 1.1 The Nottinghamshire Healthcare NHS Foundation Trust recognises its duty to ensure that, in Partnership with Nottingham City Health and Social Care and Nottinghamshire Adult Social Care & Health Departments as well as other significant Social Services partners and co-employers, effective and robust systems of care are in place using the principles embodied in 'Refocusing the Care Programme Approach: Policy and Positive Practice Guidance' DOH 2008.
- 1.2 The Trust also accepts that, to ensure systems are robust and effective, a CPA Audit Service will need to be in place and will need resourcing.
- 1.3 The Trust recognises that effective and robust systems can only be developed and be maintained with management support and effective training to all relevant staff, which is mandatory.

2.0 INTRODUCTION

- 2.1 The Care Programme Approach provides a framework for the delivery of personalised mental health and intellectual & developmental disability care and ensures that those with mental illness/disorder or intellectual & developmental disability do not fall through the safety net of care services.
- 2.2 This Care Programme Approach (CPA) Policy applies to all areas, which form Nottinghamshire Healthcare NHS Foundation Trust, and to the Adult Social Care Services provided by Nottingham City Health and Social Care and Nottinghamshire Adult Social Care & Health Departments. It is recognised that Nottinghamshire Healthcare NHS Foundation Trust also works closely with Social Care staff from Derbyshire, Lincolnshire, Leicester, Yorkshire and Health and Social Care Service providers and private care providers throughout the British Isles.
- 2.3 The CPA policy underpins joint procedures, CPA responsibilities, details how joint training will be delivered and describes arrangements for the monitoring of the process.
- 2.4 The Medical Director of the Trust has lead responsibility for the strategic oversight and development of CPA on behalf of the health and social care communities in order to achieve the delivery of a quality service for all.
- 2.5 The Government's commitment to CPA was reaffirmed through various publications including 'Effective Care Co-ordination in Mental Health Services – Modernising the Care Programme Approach'. Modernising Mental Health Services – 'Safe, Sound Supportive' and the 'National Service Framework for Mental Health' – 'Our Health, Our Care, Our Say: A New Direction for Community Services'. Most recently 'Refocusing the Care Programme Approach: Policy and Positive Practice Guidance' DOH 2008.
- 2.6 The scope of CPA is primarily for those who are in touch with mental health services. The principles of CPA are now being incorporated into services being delivered to those in Mental Health Services Older People (MHSOP), Specialist Services and Offender Health. It is therefore important that the Trust recognises that the core principles of CPA apply across all services.

3.0 AIM OF THE POLICY

3.1 To ensure that all the elements of CPA are practiced by all clinicians and that this activity is accurately recorded using the Trust's patient information systems, then audited and reported through Clinical Governance and operational management structures. It is the aim of the Trust to harmonise procedures and minimise documentation wherever practicable using best practice as guidance. Therefore the assumption is that CPA processes will be standardised at a minimum at clinical directorate level and that all efforts will be made to standardise at Local Forensic and Offender Health services level.

3.2 The four main elements of CPA are:

- Systematic arrangements for assessing the health and social care needs of people accepted into services provided by Nottinghamshire Healthcare NHS Foundation Trust and other agencies outlined in 2.1.
- The formulation of a CPA care plan, which identifies the health and social care, required from a variety of providers.
- The appointment of a care co-ordinator to keep in 'close contact' with the service user and to monitor and co-ordinate care.
- Regular reviews and where necessary agreed changes to the care plan.
- ***The appropriate definition of 'close' will be included in local procedures.***

3.3 This policy fully supports the statement of values and principles detailed below taken from "Refocusing the Care Programme Approach" DOH, 2008:

The approach to individuals' care and support puts them at the centre and promotes social inclusion and recovery. It is respectful – building confidence in individuals with an understanding of their strengths, goals and aspirations as well as their needs and difficulties. It recognises the person as an individual, as a person first and patient/ service user second.

Care assessment and planning views a person "in the round" seeing and supporting them in their individual roles and the needs they have, including: family; parenting; relationships; housing; employment; leisure; education; creativity; spirituality, self-management and self-nurture; with the aim of optimising mental and physical health and well being.

Self-care is promoted and supported wherever possible. Action is taken to encourage independence and self determination to help people maintain control over their own support and care.

Carers form a vital part of the support required to aid a person's recovery. Their own needs should also be recognised and supported.

Services should be organised and delivered in ways that promote and co-ordinate helpful and purposeful mental health practice based on fulfilling therapeutic relationships and partnerships between the people involved. These relationships involve shared listening, communicating, understanding, clarification, and organisation of diverse opinion to deliver valued, appropriate, equitable and co-ordinated care. The quality of the relationship between service user and the care co-ordinator is one of the most important determinants of success.

Care planning is underpinned by long-term engagement, requiring trust, team work and commitment. It is the daily work of mental health services and supporting partner agencies, not just the planned occasions where people meet for reviews.

- 3.4 CPA procedures will ensure that effective and appropriate care co-ordination is provided and this will encompass the following:
- Definition of the thresholds for assigning an individual to one of the two different levels which will reflect the differing levels of risk and clinical complexity of need presented by service users.
 - Allocation of a Care Co-ordinator/ Lead Professional.
 - Comprehensive assessment of the service users' health and social care needs.
 - Consistent risk assessment and management processes.
 - Multi-disciplinary agency input.
 - Attention to age, gender, disability, race or ethnicity, religion or spiritual belief, sexual orientation, and accommodation/ homelessness.
 - Recognition of Carers' needs and, where needed, assessment of these needs and support.
 - An up to date Care Plan which is regularly reviewed
 - Implementation and sharing of care plans and crisis & contingency plans, including the sharing of information within legislative guidelines and Trust procedures.
 - Identification of unmet needs.
 - User and Carer involvement in CPA Process including agreement of care plans with Carers wherever possible.
 - Identify Carers including young Carers, informing Carers of their right to a Carer assessment of need and ensuring assessments and reviews are carried out. Carers (Recognition Act and Services) Act 1995, National Service Framework Mental Health (Standard 6) "Caring about Carers" 1999, Carers and Disabled Children's Act 2000 Carers (Equal Opportunities) Act 2004
 - The Trust promotes the use of the Recovery Approach and CPA should be undertaken while encompassing the recovery model whenever possible.
 - Whole systems approach
 - Vulnerable child & vulnerable adults awareness (compliance with requirements of Safeguarding)
 - Equality of access to services
 - Use of agreed outcome measures
 - Advance Statements (Future wishes)
 - Social inclusion issues i.e. employment, training, education
 - Written and electronic records accurately maintained
 - Person Centred Approach with regards to Community Intellectual & Developmental Disability Services
 - Multi-Agency Public Protection Arrangements (MAPPA)
 - National Health and Service Litigation Authority (NHSLA)
 - Monitor – "Risk Assessment Framework"
 - Self-Directed Support Assessments
 - Health & Wellbeing
 - Opportunity to self assess

- Identification of Lasting Power of Attorney , Advance Decision to Refuse Treatment and Advance wishes (Independent Mental Capacity Advocacy)
- The transfer of service user including; Internal transfer between services and out of area
- Physical healthcare needs and responsibilities to communicate and liaise with GP's to ensure service user's physical healthcare needs are addressed.
- Production of Section 117 aftercare plans in line with the Code of Practice Mental Health Act
- Ensure care is provided within National Policy and Standards Framework i.e.: Adherence to CQC Fundamental Standards & The Health and Social Care Act 2008 - Regulations 2014

4.0 RESPONSIBILITIES

- 4.1 It is the responsibility of each member of staff to ensure they are practicing within agreed CPA Policy & Procedures and to work in a co-operative manner with all other health and social care staff in relation to all aspects of CPA.
- 4.2 It is the responsibility of each manager to ensure that they and their staff are practising within agreed Policy and Procedures and to work in co-operation with the CPA Service, Organisational Development and Learning and Health Effectiveness Audit Teams to ensure:
- All relevant staff complete CPA training as soon as practicable after employment and at least three yearly intervals thereafter.
 - Co-operation in identifying training needs and releasing staff to attend training events.
 - Co-operation in audits as agreed by the Clinical Governance Committee.
 - Unmet needs and resource deficits are communicated to their line manager and CPA Office.
- 4.3 It is the responsibility of each Care Co-ordinator to ensure the CPA records are maintained in Multi-Disciplinary Team notes and on relevant Trust patient information systems.
- 4.4 It is the responsibility of the Care Co-ordinator/ Lead Professional to ensure that the information collated regarding children is completed as part of the screening tool and that this is considered at all points of the process, including review meetings and discharge planning arrangements.
- 4.5 It should be noted that “child(ren)” refers to both biological and non-biological family members and also any child(ren) with whom the client has significant contact.
- 4.6 It is the responsibility of all staff involved in the CPA process to ensure that appropriate referrals are made to Children's Social Care where there are concerns for the welfare of a child. Such referrals will always occur:
- a) if a service user has a delusional belief involving their child(ren)
 - b) if a service user might harm their child(ren) as part of suicide plans

5.0 INSTRUCTION, TRAINING AND COMMUNICATION

- 5.1 In order to ensure effective and robust CPA procedures, the Trust will give high priority to ensuring that the level of training, information and support given is appropriate to the roles and responsibilities of the post in which staff are employed.

The Trust and Social Services management are committed to making available resources to support the training requirements of all relevant employees to ensure effective CPA practice.

- 5.2 It is the responsibility of those staff in managerial and leadership positions in conjunction with Organisational Development and Learning to ensure all relevant staff are appropriately trained in CPA Procedures and have regular updates. This should be undertaken in conjunction with Trust Wide CPA Manager and Local CPA Leads, local procedures and Organisational Development and Learning Policy re: Personal Appraisal Development and Independent Training Needs.

6.0 REVIEW

- 6.1 This policy will be reviewed every 3 years or in the light of legislative or organisational change.

7.0 TARGET AUDIENCE

- 7.1 All staff involved in the clinical care of patients.

8.0 CONSULTATION

- 8.1 Executive Leadership Council

9.0 CHAMPION & EXPERT WRITER

- 9.1 The Champion for this policy the Executive Director: Clinical Governance & Medical Affairs and the expert writer is the Trust Wide CPA/MHA Manager.

10.0 EQUALITY IMPACT ASSESSMENT

- 10.1 This policy has been screened to identify its relevance to Equality and Diversity. In particular, the policy has been screened in order to identify whether the policy may have a differential and adverse impact on any identified minority groups, provide an opportunity to promote equality.

11.0 MONITORING COMPLIANCE

- 11.1 A CPA Audit will be undertaken in each Directorate annually by the CPA Service Manager in conjunction with local CPA Leads and the Clinical Audit Department. A random selection of teams will be audited and the findings will be fed back to the Local Clinical Governance Meetings and Medical Director at the CPA Strategy Group Meeting in the form of a presentation and report. Action Plans will be developed for each Directorate and will be monitored by the General Manager for that area.

12.0 IMPLEMENTATION

Implementation of this policy will be through General Managers and Clinical Directors.

13.0 REFERENCES

- CQC Fundamental Standards
- 'Effective Care Co-ordination in Mental Health Services' Modernising the Care Programme Approach, NHS Executive, SSI, October 1999.
- Monitor – 'Risk Assessment Framework', 2013

- The Health and Social Care Act 2008 – Regulations, 2014
- ‘National Service Framework for Mental Health’. - DoH HSC 1999/223:LAC(99)34 30.9.99
- ‘Modernising Mental Health Services’ Safe, Sound, Supportive – DoH (HSC 1998/233/LAC(98)25)
- ‘Our Health, Our Care, Our Say: A New Direction for Community Services’ - Presented to Parliament by Secretary of State for Health by command of Her Majesty, Jan 2006.
- ‘Refocusing the Care Programme Approach: Policy and Positive Practice Guidance’ DOH 2008.
- NHSLA
- ‘Code of Practice Mental Health Act 1983’ (DoH)
- ‘Code of Practice Mental Capacity Act 2005’ The Stationery Office
- ‘New Ways of Working for Everyone’ DoH, 2007
- ‘Mental Health Minimum Dataset’ NHS
- ‘Promoting the Mental Health and Psychological Wellbeing of Children and Young People: Report on the Implementation of Standard 9 of the National Service Framework for Children, Young People and Maternity Services’ DoH, 2006
- NIMHE/CSIP Delivery Race Equality Programme
- National Treatment Agency, Care Planning Guidance 2006

Policy/ Procedure for: Care Programme Approach (CPA) Policy in Partnership with Nottingham City Health and Social care and Nottinghamshire Adult Social Care & Health Departments

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RECORD OF CHANGES

DATE	AUTHOR	DETAILS OF CHANGE
02/04	M Varney	2.2 Reference to Safety First
07/05	M Varney	Section 3.5 - Reference to CNST project team request to include discharge information Section 4.2 - Reference to electronic data inputting Section 5.3 & 5.4 Reference to Health Informatics, liaison
09/06	M Varney	Section 2.2 - Reference MHSOP Section 3.1 - Reference required management structures Section 3.4 - Reference Care Plan, Advanced Directives, Social Inclusion and Accurate Records Section 4.1 - Reference CPA Policy and Procedure Section 4.2 - Reference Health Effectiveness Audit Teams Section 7 & 8 added Section 3.1 – Reference Standardising CPA processes Section 3.5 – deleted Section 4.2 – Reference two yearly intervals Section 2.2 – reference “Our Health, Our Care, Our Say: A new direction for community services. Plus Community Learning Disability Services (CLDS) Section 3.4 – reference to Person Centred approach.
10/07	M Varney	Section 3.4 – Wording altered, bullet point added, EIA and Monitoring Compliance and Effectiveness sections added, physical healthcare added Section 5.2 – Wording altered Section 12 – Changed to ‘Implementation’ (New Section)
11/08	J Basi	Sect 3.6 Addition of point 16 and removal of Appendix 1 - Transfer Out of Area Under the CPA and Appendix 2 -Internal Transfer Form
12/08	J Basi	Updated in line with ‘Refocusing the Care Programme Approach: Policy and Positive Practice Guidance’ DOH 2008.
10/09	J Basi	Updated in line with Safeguarding
01/12	J Basi	Updated, three yearly review
03/15	J Basi	Updated, three yearly review
09/16	J Basi	Updated – minor amendments only
04/21	L West	Review date amended for April 2022

