

Clinical

Policy Title:	Care Programme Approach
Policy Number:	C34
Version Number:	V04
Date of Issue:	01/06/2009
Date of Review:	31/05/2012
Author:	Healthcare Services
Ratified by:	Prof Kevin Gournay - Consultant for Healthcare Services
Responsible Signatory	Prof Chris Thompson - Chief Medical Officer
Outcome:	Patient treatment and care is informed by clear communication between staff and across agencies
Cross Reference:	C62 Health Records (Clinical Notes) C67 Care Pathways C07 Child Protection Policy and Guidelines Independent Health Care National Minimum Standards C2 & M2 Independent Health Care National Minimum Standard Regulation 9 Priory Data Protection policy

References:

Refocusing the Care Programme Approach: Policy and Positive Practice Guidance. Department of Health March 2008
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_083647
 Making the CPA work for you Department of Health March 2008
<http://cpaa.org.uk/files/NewCPAUserguide.pdf>
 'The Health of the Nation: Key Area Handbook Mental Illness' DoH/SSI (1993) London HMSO
 National Service Framework for Mental Health (1999) DoH
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598
<http://www.npsa.nhs.uk/nrls/alerts-and-directives/rapidrr/> (090528 RRR Preventing harm to children from parents with mental health needs)

NOTIFICATION:	June 2009
<p>This policy has been reviewed and extensively changed in line with new policy guidance from the Department of Health. Please review local procedures.</p> <p>The only forms to be used for the CPA process are as follows:</p> <ul style="list-style-type: none"> C Form 04 - Summary of CPA Assessment C Form 06 - CPA Record (Adults & Adolescents) C Form 06A - Review of CPA Meeting - Adults & Adolescents (Acute and Secure) C Form 06B - Adolescents CPA Review for Commissioners C Form 69 - Secure Services CPA Record 	

CARE PROGRAMME APPROACH

1 INTRODUCTION

- 1.2 The Care Programme Approach (CPA) was introduced in 1991 to provide a framework for effective mental health care. From October 2008 the term CPA will no longer be used to describe the system of provision of mental health services to those with more straightforward needs in secondary mental health services (previously Standard CPA). Where a patient has straightforward needs and has contact with only one agency, formal designated paperwork for care planning and review is not required. However a statement of agreed care should be recorded either in a discharge care plan, or a letter. The minimum required is for essential information to be maintained and reviewed regularly.
- 1.3 The Care Programme Approach will be for individuals with a wide range of needs from a number of services, or who are at most risk. Care co-ordination and support for this group **only** will be called the Care Programme Approach (CPA) (previously Enhanced CPA). The remainder of this policy relates to this category of patients.

2 POLICY STATEMENT

- 2.1 Priory Healthcare units will comply at all times with the 2008 guidance on Care Programme Approach.
- 2.2 The key principles of the CPA are that a whole systems approach should be taken. Services and organisations should work together to:
- (a) Adopt integrated care pathways approaches to service delivery
 - (b) Improve information sharing
 - (c) Establish local protocols for joint working between different planning systems and provider agencies
 - (d) To ensure that services are person-centred, values and evidence based
 - (e) Provide an appropriately trained and committed workforce.
- 2.2 The role of the care co-ordinator is vital. When a decision is taken to change the care co-ordinator the patient must be informed and an explanation given. The name of the care co-ordinator must be documented.
- 2.3 The focus of assessment and care planning should be outcomes that represent improvements for patients and their families.
- 2.4 Attention to local audit, performance management, national regulation, and issues of equalities are needed to ensure equitable outcomes for all.

3 Priory Units

- 3.1 Priory units must:
- (a) Provide clear definition of individual needs
 - (b) Focus on areas of assessment and care
 - (c) Have systems that can support multi-agency delivery to meet the range of individual needs
 - (d) Provide training in CPA
 - (e) Provide an annual local audit of CPA plans

Clinical

- (f) Provide data to the compliance managers from the central quality & safety team to demonstrate that the local audit results were satisfactory.

3 CONFIDENTIALITY

Information that is to be stored between different agencies should be gathered by strict protocols and complying with the Priory Data Protection policy to ensure that all parties concerned, including the patients, are aware of how information will be used, who will have access to it and how it will be safeguarded.

4 Patients who may need a CPA

4.1 Diagnosis of a severe mental disorder (including personality disorder) with a high degree of clinical complexity.

4.2 Current or potential risks including:

- (a) Suicide, self harm, harm to others (including history of offending)
- (b) Risk of harm to their own or other people's children*
- (c) Relapse history requiring urgent response
- (d) Self neglect or non compliance with treatment plan
- (e) Vulnerable adult.

* NOTE: Whilst mental illness can be compatible with good parenting, some parents with a severe mental illness are at risk of harming their children. They may have delusional beliefs about a child, or the potential to harm the child as part of a suicide plan.

4.3 Current or significant history of severe distress.

4.4 Presence of co-morbidity e.g. adult mental disorder with learning disability or with addiction.

4.5 Need for more than one public service.

4.6 Currently or recently detained under the Mental Health Act. Subject to Supervised Community Treatment or Guardianship. Section 117 patients will always be subject to CPA.

4.7 Significant reliance on carers or has own significant caring responsibility.

4.8 Experiencing disadvantage or difficulty.

See **Table Three** (p16) of *Refocusing the Care Programme Approach Department of Health 2008* for further information.

5 EFFECTIVE CARE CO-ORDINATION

5.1 Everyone referred to Priory services should receive an assessment of their needs.

5.2 The principles of CPA are relevant to the care and treatment of younger (adolescent) and older people with mental health problems. See Annex A and Annex B of Refocusing the Care Programme Approach for further information Department of Health 2008 (p48).

6 IMPLEMENTING CPA FOR A PATIENT

6.1 Prior to a CPA meeting the key worker/named nurse will:

Clinical

- (a) Co-ordinate CPA until a care co-ordinator is identified at the first meeting which should take place soon after admission
 - (b) Meet with the patient prior to the CPA meeting to complete an assessment incorporating risk factors to CPA (**C Form 04 - Summary of CPA Assessment** can be printed from the Intranet).
 - (c) Where appropriate, distribute required reports to meeting attendees, observing strictest confidentiality
 - (d) Ensure that action points from CPA meetings are promptly and confidentially distributed
- 6.2 The CPA meeting will be attended by all relevant professionals, the patient and carer where not contra-indicated.
- 6.3 The purpose of the meeting is to formulate the care plan. Elements of risk and how the care plan manages the identified risk must always be recorded.
- 6.4 Particular consideration should be given to care planning if there are any actual or potential risks to the patient's own or other children, when discharge would mean resumed contact with them. Further information can be found at <http://www.npsa.nhs.uk/nrls/alerts-and-directives/rapidrr/> (090528 RRR Preventing harm to children from parents with mental health needs)
- 6.5 The care co-ordinator will be identified at the meeting.
- 6.5 The care programme record will be completed: using **C Form 06 – CPA Record** for adults and adolescents and **C Form 69 – Secure Services CPA Record** for secure patients. The patient and carer, where appropriate, will be invited to sign the CPA form and will be given a copy of the completed CPA document. No local documentation should be used.

7 PLANNING AT TIME OF CRISIS

- 7.1 Patients on CPA will have, as part of their care plans, contingency and crisis plans. These plans form a key element of the care plan and must be based on the individual circumstances of the patient. It is good practice for patients not on CPA to have similar arrangements within their care plans.
- 7.2 Contingency plans should set out the action to be taken based on previous experience if the patient becomes very ill or their mental health is rapidly deteriorating.
- 7.3 The contingency plan will include information necessary to continue implementing the care plan in crisis, i.e. telephone numbers of service providers name and contact details of other professionals. The plan should also include who the patient is most responsive to, how to contact them and previous strategies that have been successful in engaging the patient.

8 REVIEW OF CARE PLANS

- 8.1 The date of the next review will be set and recorded at each review meeting.
- 8.2 The patient or any member of the care team will be able to ask for a review of the care plan at any time.

Clinical

- 8.3 Any request for a review should be considered by the care team.
- 8.4 If the care team decides that a review is not necessary the reasons for this must be recorded on the standard form.
- 8.5 When care co-ordination is provided by Priory staff, the implementation of the care plan should be assessed within the first month of assessment meeting.
- 8.6 At each review meeting a CPA Review Form should be completed ; **C Form 06A- Review of CPA Meeting** for adults and adolescents (Acute or Secure Services) or **C form 06B – Adolescents Review for Commissioners** if required for Commissioners to the Adolescent services.

Associated forms

- C Form 04 - Summary of CPA Assessment
- C Form 06 - CPA Record (Adults & Adolescents)
- C Form 06A - Review of CPA Meeting - Adults & Adolescents (Acute and Secure)
- C Form 06B - Adolescents CPA Review for Commissioners
- C Form 69 - Secure Services CPA Record