

SOUTH ESSEX PARTNERSHIP NHS FOUNDATION TRUST

CARE PROGRAMME APPROACH

<u>Controls Assurance Statement</u>
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This policy, and the associated procedure/handbook, set out clear guidance for the Care Programme Approach (CPA). The policy provides a framework for referral, assessment, risk management, care planning, care reviews and discharge from CPA. This policy also ensures that risks associated with these activities are minimised.

CPA is a process, which ensures that all clients receiving a CPA package of care are allocated to a Care Co-ordinator. The Care Co-ordinator will ensure that the standards contained within this policy are fully implemented.

It is the responsibility of all operational management to ensure that all Care Co-ordinators have the relevant knowledge, skills and expertise to carry out their duties in the manner expected.

The ability of individual practitioners to communicate clearly with each other, work in partnership with service users, carers and other agencies and use sound professional judgement are crucial to its success.

This policy takes into account the implications of the Mental Capacity Act 2005 and ensures that due regard is given to all service user's and carer's capacity to make decision that affect their health and social circumstances.

1.0 INTRODUCTION

- 1.1 CPA applies to all service users with a mental illness, or who are in a mental health crisis, in contact with secondary Mental Health Services (both health and social care). CPA is not dependent on the setting in which care is provided and is just as relevant to people with mental health problems in prisons, in residential care, supported housing, nursing homes, secure units or in hospitals as it is to those living independently in the community.
- 1.2 The Trust will provide a set of standardised CPA processes and where necessary accompanying documentation, which will be used by Adult Mental Health Services. In order to ensure consistency, best practice and continuity, this documentation will be approved and managed by the CPA Steering Group.
- 1.3 Services such as Older People, Children, Forensic, Drug and Alcohol, Learning Disabilities and In-Patients will require service-appropriate assessment, care planning and review documentation. All documentation will be approved centrally by the CPA Steering Group in order to ensure compatibility.

2.0 REFERRAL

- 2.1 Standardised CPA documentation will be used for all new referrals to secondary Mental Health Services.

3.0 ASSESSMENT

- 3.1 All persons assessed by the Clinical Assessment Service will receive a Core Assessment which will include Mental Health, Physical Health, Medication, Substance Misuse, Learning Disabilities, Forensic history, Cultural and Spiritual Needs, Relationships, Carers Needs, Housing, Finance, Employment, Education and Networks.
- 3.1.1 All persons referred for a medical opinion or psychology services will be assessed in accordance with their specialist practice.
- 3.1.2 It is expected that all assessments will adhere to the principles of Social Inclusion.
- 3.2 There are three possible outcomes as a result of this Core Assessment,
- 3.2.1 Persons, who are not considered to be eligible for a service under CPA, will be given a copy of the outcome of their assessment (also copied to the referrer if applicable). Where necessary, the service user may be given advice regarding alternative community services potentially available to them.
- 3.2.2 Persons who are eligible to receive a service under standard CPA will be provided with a Standard Care Plan. A CPA Co-ordinator will be appointed.
- 3.2.3 Persons who are eligible to receive a service under enhanced CPA will be appointed a Care Co-ordinator. The Care Co-ordinator will undertake a comprehensive assessment which will include the views of carers, other professionals and, where applicable, other agencies. Service users in this category may also require other specialist assessments e.g. Consultant Psychiatrists. Comprehensive assessments will be the responsibility of the appointed Care Co-ordinator.
- 3.3 Occasionally, the assessor may require a second opinion before determining the outcome of the assessment.
- 3.4 Risk assessment is integrated into the assessment processes at all stages. Therefore where risks are identified the management of these risks will be addressed in the care plan whether it is a standard or enhanced care plan.
- 3.5 Further guidance on the assessment and management of risk can be found in the professional handbook and should be followed accordingly.

4.0 LEVELS OF CPA

- 4.1 There will be 2 levels of CPA within the Trust. These are **standard** and **enhanced**.
- 4.2 Standard CPA
 - 4.2.1 People who require standard CPA will normally receive a time limited intervention from a single discipline/professional. The care plan will include how the episode of care will be ended.
 - 4.2.2 Standard CPA, usually means that service users are likely to be able to self-manage their own problems, have active informal support networks and pose little danger to themselves or others.
- 4.3 Enhanced CPA
 - 4.3.1 Service users with complex multiple needs will normally be subject to enhanced CPA and will normally receive services from a number of professionals and agencies over an extended period of time.
 - 4.3.2 Service users on enhanced CPA are likely to have multiple needs, require more frequent and intensive interventions, will have had previous admissions to hospital, be at risk to self or others and are also likely to be under the care of a Consultant Psychiatrist.
 - 4.3.3 Service users who are in hospital, with the exception of those in hospital for substance/alcohol detoxification or respite, will automatically be subject to enhanced CPA and to the requirement on discharge of 7 day follow-up.
- 4.4 The procedure and professional handbook will clearly identify what support/intervention is required for each category.

5.0 CARE PLANS

- 5.1 All care plans will identify needs/difficulties and goals with the respective actions to meet these goals. It is expected that care plans will address the principles of Social Inclusion, Recovery and Ethnicity and Diversity and will focus on the strengths and aspirations of the service user.
- 5.2 All care plans will be discussed with the service user, a copy given to them, dated and with a review date evident. Enhanced Care Plans must be signed by the service user.
- 5.3 Care plans will only be given to other parties as agreed with the service user. This particularly applies to those who have a part in delivering the agreed care. On occasions, it may be necessary to share information without the service user's permission in order to manage risk. The Care Co-ordinators role in this process is clearly explained in the professional's handbook.

6.0 DISENGAGEMENT/NON COMPLIANCE
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- 6.1 All incidents where service users disengage must automatically trigger a review of care including a review of the contingency and crisis plan. Efforts must be made to find out why the service user failed to turn up to an expected appointment or who was not at home when community staff have previously arranged to visit.
- 6.2 A procedure has been developed to guide staff in these circumstances. This procedure can be found in the professional handbook.
- 6.3 At no time should an enhanced CPA service user be discharged from CPA purely on the grounds of disengagement.
- 6.4 For service users subject to standard CPA please see 8.1.1 below.
- 6.5 Where a service user on enhanced CPA fails to keep appointments or disengages, the care plan/contingency plan will identify what immediate steps must be taken in these circumstances. It may be that an Advanced Directive has been written by the service user and this will be taken into account in deciding what action to take.
- 6.6 If a service user refuses to comply with their care plan (e.g. Take prescribed medication), the Care Co-ordinator must ascertain the reasons for non-compliance and call a CPA review if non-compliance continues.

7.0 REVIEWS

- 7.1 All care plans will normally be reviewed face-to-face with the service user no less than yearly but more often if professionally considered necessary.
- 7.2 Service users due to be discharged from hospital may have their CPA level adjusted following a review of their inpatient treatment plan. They must in any case have their care plan reviewed within 4 weeks of discharge.
- 7.3 For service users under enhanced CPA, other parties and/or agencies will be invited either to contribute to the review or to attend or both according to the complexity of the person's needs and, where appropriate, with the consent of the service user.
- 7.4 The 'Cues Booklet' (Carers and Users Evaluation of Services) will be provided for service users on enhanced CPA as preparation for review.
- 7.5 Following review the care plan will be re-issued regardless of whether there has been a change in circumstances or not. Service users on enhanced CPA must be asked to re-sign the care plan.
- 7.6 Consideration should be given to whether or not service users remain on the allocated CPA level or whether or not they should have their CPA status regraded.
- 7.7 A further review date must be agreed at this stage.

8.0 DISCHARGE FROM CPA

- 8.1 Service users can only be discharged from enhanced CPA following a CPA Review.
- 8.1.1 Discharge of people subject to standard CPA should be on the basis of either a review or in accordance with clinical/professional judgement.
- 8.2 All relevant personnel and agencies such as the service user, carers, GP's and other involved parties will be sent a discharge notification letter within 3 days by the care co-ordinator of confirmation that the discharge has taken place.
- 8.3 The service user will be given information regarding how to access the services in the future should their needs change.
- 8.4 Should an enhanced service user require re-engagement with the service up to 6 months after discharge, they will be immediately referred back to their original Team/Service who will arrange an urgent review of their needs.

9.0 CARERS

- 9.1 A carer is a person who provides regular and substantial care for a service user on CPA. Carers have a right to an assessment of their caring, physical and mental health needs and their ability to continue to care.
- 9.1.1 A carer can be a relative, friend or neighbour and may be a sole carer or part of a wider caring network.
- 9.2 It is expected that the carers of service users, receiving an enhanced CPA package of care, must be offered an assessment of their needs.
- 9.2.1 After the assessment is completed the carers support plan must be given to the carer and reviewed at the same time as the service user's care plan is reviewed.
- 9.3 The carers of service users receiving a standard package of care will be offered a carer's assessment where it is identified that they are providing regular and substantial care.

10.0 THE ROLE OF THE CARE CO-ORDINATOR

- 10.1 The Care Co-ordinator will consider all elements of the service users circumstances and take action where indicated. This includes:
- Child Protection
 - Vulnerable Adult
 - Equality and Diversity (translation, faith, culture)
 - Communication
 - Social Inclusion (inc. employment, friendship, families, stigma etc...)

- Direct Payments or Family Group Conferencing according to Enhanced level of CPA and eligibility criteria for funding from the Local Authority.
- Development of an Advanced Directive

10.2 Standard CPA

10.2.1 The Care Co-ordinator will ensure that each service user who requires a **Standard** CPA package receives the following:

- A Core Assessment
- A Care Plan
- A Planned Review within one year or sooner if necessary
- The Carer, where there is one, will be offered and provided with an assessment of their needs
- A Crisis Card

10.3 Enhanced CPA

10.3.1 The Care Co-ordinator will ensure that each service user who requires an **Enhanced** CPA package receives the following:

- Comprehensive Assessment of Need
- Care Plan
- Risk Profile
- Key Events Chart
- Contingency and Crisis Plan
- Planned Review within 6 months
- The Carer, where there is one, will be offered an assessment of need and provided with services to support their ability to care for the service user
- A Crisis Card

10.4 If a service user is admitted to hospital the care co-ordinator will maintain CPA responsibility at all times.

10.4.1 The Care Co-ordinator will ensure that the following documentation is copied to the Ward within 3 working days of admission:

- Comprehensive Assessment (if on enhanced CPA)
- Risk Profile (if on Enhanced CPA)
- Care Plan
- Contingency and Crisis Plan (if on Enhanced CPA)

10.4.2 When a service user, previously not known to the service is admitted to hospital then the Community Team will allocate a care co-ordinator as soon as practicable and at least within one week. The Community Team will accept responsibility immediately to work with the Ward Staff in developing a community care plan.

- 10.5 In the event of the service user being discharged, the Care Co-ordinator will follow the service user up in the community, face-to-face or by telephone, within 7 days of their discharge, with the exception of those in hospital for substance/alcohol detoxification or respite.
- 10.5.1 In the event of the Care Co-ordinator not being able to undertake this contact, a nominated team representative will undertake this follow-up visit.
- 10.6 The transfer of care to another worker or to another Trust must only occur after a period of relative stability and following a CPA review. The guidance is explained in full in the professional handbook.

11.0 THE ROLE OF IN-PATIENT STAFF

- 11.1 All service users admitted to the ward will receive a
- Ward based Assessment including Risk Assessments
 - In-Patient Treatment Plan
- 11.2 Service users not previously known to community services will be referred to the local Community Team within 3 days of admission using the approved documentation. The inpatient staff will work with the Community staff to develop a community care plan.
- 11.3 The in-patient documentation will be forwarded onto the Community Team on discharge. Each in-patient episode will form part of the CPA file.
- 11.4 A discharge notification letter must be sent to the GP within 3 days of discharge with relevant information (see handbook).

12.0 CONFIDENTIALITY

- 12.1 Service users have a right to receive information on confidentiality and information. All service users will therefore be given the following:
- Information Sharing Leaflet
 - Complaints/Compliments/Comments Leaflet
 - Access to Records Leaflet

13.0 TRAINING

- 13.1 Each team/service will have one nominated CPA lead.
- 13.2 The CPA lead will undertake training on a regular basis (at least once a year) for the team. The CPA Lead will ensure that the workforce development department receive the attendance list.

- 13.3 The CPA lead will implement training to reflect the identified gaps (if any) as a result of the annual CPA audit or amendment to the Trust's CPA Policy/Procedure.
- 13.4 The CPA leads will be updated regularly via the CPA training sub group.
- 13.5 All new care co-ordinators must attend the central CPA training within 6 months of being appointed.
- 13.6 All new non-care co-ordinators should receive awareness training from the CPA lead within 6 months of commencing work within the Trust.

14.0 STANDARDS

- 14.1 The Trust will develop a number of performance standards, which must be adhered to by all staff. These standards will be identified in the CPA Procedure and Professional Handbook. Adherence to these standards will be audited on an annual basis.

15.0 MONITORING

- 15.1 Operational managers will ensure that the quality of practice within CPA is regularly considered as part of CPA Co-ordinators supervision. A record of this supervision will be kept in line with the Trusts Supervision Policy.

16.0 POLICY REFERENCE INFORMATION

Clinical Policy Number:	CLP30
Implementation Date:	01.04.2001
Last review Date:	27.09.2006
Amendment Date(s):	01.04.2001, 22.01.2003, 19.06.2003, 27.09.2006
Next Review Date:	01.09.2009
Consultation regarding this policy has been held with:	CPA Steering Group, Adult and Older Peoples Service Management Board, Executive Team
Date Approved by Executive Team:	14.09.2006
Date Ratified by Trust Board:	27.09.2006

The Director responsible for reviewing and monitoring this policy is

The Director of Operations