

# CPA POLICY

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## POLICY SUMMARY

- This policy outlines the implementation of the Care Programme Approach (CPA) and Non-CPA for Essex Partnership University NHS Foundation Trust (EPUT). The policy must be applied together with other relevant legislation, and should be read in conjunction with the CPA Procedure which provides detailed reference for staff and advice regarding care under CPA and Non-CPA.
- The CPA is a process which describes the approach used in secondary mental health services to assess patients, develop a personalised care plan, and manage risk, review and coordinate care to address patient needs.
- This policy applies to, and is mandatory for, all staff working within mental health services and learning disability provided by the Trust. It sets out the policy governing the operation/delivery of CPA & Non-CPA within the Trust.

- The commitment of the Trust and responsibility of all staff in everything we do is not to discriminate on any grounds. In drawing up this policy aspects of discrimination have been considered so that particular groups are not disadvantaged.

**The Trust monitors the implementation of and compliance with this policy in the following ways:**

Performance Standards, KPI's, Audit, Supervision, 1-1s and Trust wide CPA Steering Group.

Services	Applicable	Comments
Trust wide		
Essex MH&LD	✓	
CHS		

**The Director responsible for monitoring and reviewing this policy is  
Executive Chief Operating Officer**

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**CPA POLICY**

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## CPA POLICY

<b>1.0 INTRODUCTION</b>
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- 1.1 The Care Programme Approach was introduced by the Department of Health (DoH) in 1991 to provide a framework for effective mental health care to all patients and carers regardless of age, disability, race, ethnic origin, nationality, gender, gender reassignment, sexual orientation, marital status, religion, culture, belief, spirituality, pregnancy and maternity.
- 1.2 CPA is a framework for assessing, planning, implementing/delivering care, and then evaluating the effectiveness of that care/intervention.
- 1.3 The patient/carer is put at the centre of care planning and delivery. Comprehensive information is given to patients so they can make informed choices with regards to their care and treatment based on their diverse needs, strengths and preferences.
- 1.4 Values and principles of person-centred care include:
  - Focussing on the individual and recovery.
  - Assessing and planning the care for the person as a “whole”.
  - Promoting and supporting self-care.
  - Recognising the role and needs of carers.
  - Services based on fulfilling therapeutic relationships and partnerships between the people involved.
- 1.5 The CPA process promotes safety, positive risk taking, and recovery/living well through a whole life focused approach.
- 1.6 The term ‘Patient’ will be used throughout this CPA Policy. This refers to service users, clients, residents.

<b>2.0 SCOPE OF THE CARE PROGRAMME APPROACH</b>
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- 2.1 Following the initial assessment, service users will be placed on either CPA or Non-CPA. The decision to provide care under CPA or Non-CPA is a clinical decision.
  - **CPA:** An individual deemed to have complex needs, a higher risk profile and/or requiring multi agency input should be placed on CPA.
  - **Non-CPA:** An individual with more straightforward needs, one agency input or no problems with access to other agencies/support and lower risks should be placed on Non- CPA.

- 2.2 CPA or Non-CPA is applicable to all individuals (adults, older adults and younger people) receiving secondary mental health services in whatever setting that care is delivered. Therefore, throughout this policy, reference to the CPA framework includes the two levels (CPA & Non-CPA).
- 2.3 The following key groups will automatically be considered to require the support of CPA. Those:
- Who are admitted to a mental health hospital as an inpatient?
  - Who have parenting responsibilities?
  - Who have caring responsibilities?
  - Who are unsettled in their accommodation?
  - Who have a history of violence or self-harm.
  - Who have known history of suicide attempts/ideations?
  - Who have co-morbid drug and alcohol or physical health conditions?
  - Who have complex physical, psychological and social needs?
  - Who have learning disabilities?
  - Who are accepted for treatment (as opposed to just assessment) by the Home Treatment Team?
  - Who are under the care of the Early Intervention Team?
  - Who are supported under S117 of the Mental Health Act?
  - Who are subject to a Community Treatment Order (CTO) under the Mental Health Act?
  - Who are under a Guardianship Order under the Mental Health Act (Section 7)?
  - Who are subject to safeguarding procedures?

### **3.0 CPA PROCESS**

#### **3.1 Referral**

Referrals are received from a range of sources including GP's, local authority social services, the voluntary sector, probation services, police service, carers, family members, neighbours, other organisations, any other professionals (e.g. district nurse, pharmacist, etc.) and in some instances individuals user may self-refer.

#### **3.2 Components of CPA**

The main components of the CPA framework are:

- Assessing
- Risk assessing and planning
- Care planning (including crisis and contingency planning)
- Reviewing
- Co-ordinating care
- Transitions

### **3.3 Assessment**

Those accepted for assessment will receive a comprehensive holistic assessment of their mental and physical health and social care needs (in line with the Care Act 2014) and this must always include an assessment of risk.

### **3.4 Risk**

Risk assessment is an essential and on-going part of the CPA process and there must be a specific assessment of the level of risk posed to self and/or others using the Trust's approved risk assessment tool.

### **3.5 Care Plan**

A care plan is intended to provide a shared understanding of care being provided for each individual. It is a written record outlining who is doing what, when and where, how and why, and must be written using language and terminology that the patient and their family or carer (if appropriate) are able to understand.

### **3.6 Coordinating Care**

Care co-ordination is a clearly defined function which assures that the objectives and goals agreed with the individual are achieved through the effective delivery of care.

- The term Care Co-ordinator is used for those working with individuals supported by the CPA Process.
- The term Lead Professional is used for those working with individuals on Non-CPA.

### **3.7 Review**

Review is the way we find out if the care plan is working, look at the progress the patient has made and the ways in which their needs may have changed. On review, consideration must be given to whether or not care should continue to be delivered under CPA.

### **3.8 Transitions**

Individuals can experience any number of transitions during their contact with our service, such as discharge from services, transfer between services, or transfer of care to another provider.

### **3.9 Carers**

Carers play an important role in the support required in helping to contribute to a person's recovery and wellbeing. Carers are entitled to a holistic assessment of their own needs in order to continue their caring role, even if the person they are caring for refuses support from the mental health service.

#### **4.0 TRAINING**

- 4.1 All staff who undertake the role of care co-ordinator will complete eLearning training every three years

#### **5.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION**

- Department of Health 1991, Care Programme Approach
- Department of Health 2008, Refocusing the Care Programme Approach
- Department of Health 1994, Ten Essential Shared Capabilities
- Mental Health Act 1983 (amended 2015)
- Mental Capacity Act 2005
- The Care Standards Handbook 2014 (Care Co-ordination Association)
- Care Act 2014

#### **6.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES**

- Advance Decisions
- Carers Strategy
- Clinical Risk Assessment and Management
- Discharge Procedure
- Equality & Diversity Policy
- Information Governance Policy
- Records Management Policy
- Safeguarding Children & Adults Policy
- S117 Protocol
- 7 Day Follow up Policy
- Induction and Mandatory Training Policy and Procedure

**END**