Mental Health & Learning Disabilities & Addiction Services

CARE PROGRAMME APPROACH (CPA) POLICY

Author:	**Clinical Director MH & LD** **Senior Nurse**
Responsible Lead Executive Director:	**Chief Officer**
Endorsing Body:	**Mental Health Programme Board; MH & LD Clinical Governance Committee.**
Governance or Assurance Committee	**Mental Health & Learning Disability Clinical Governance Group**
Implementation Date:	**December 2013**
Version Number:	**3**
Last Review Date:	**February 2023**
Review Date:	**March 2025**
Responsible Person	**Associate Medical Director** **Associate Director of Nursing (MH&LD)**

CONTENTS

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	CPA Steering Group
Consultation Process / Stakeholders:	CPA Steering Group comprising of representation from including Housing Department and Partner Agencies
Distribution:	• Health & Social Care North & South Lanarkshire • MHLD Clinical Governance Group • Reference documents will be imported to specific section on First Port • Staff Briefing

CHANGE RECORD				
Date	**Author**	**Change**		**Version**
06/03/2015	M Gilfillan and CPA Steering Group	Some minor changes in wording and Responsible Persons to reflect changes in organisation. CPA Implementation Group replaced by CPA Steering Group throughout document. P.4 – '...implementation and roll out of the...' removed. P.6 – 'To aid progression...' sentence removed. P.6 – Role of CPA Facilitator removed. P6. - under heading CPA Administrator the sentence 'Assist CPA Facilitator...' removed. P.7 – Role/Responsibilities of CPA Implementation Group replaced by that of CPA Steering Group. P.7 – Communication Plan section reworded and 2 lines removed.		1
29/11/16	M Gilfillan	Added hyperlink to First port CPA Page		2
08/12/16	M Gilfillan	Some minor changes in wording and Responsible Persons to reflect changes in organisation.		2.1

27/1/20	M Gilfillan	Front Page Names removed and use of titles only Page 5 4.1Text box- Change of date regarding Mental Health (Care & Treatment) (Scotland) Act 2003 to Mental Health (Scotland) Act 2015 P7 additionally wording after Locality Administration support '…will be considered by the Steering Group'	2.2

| 24/11/22 | M Gilfillan | CPA Policy reviewed and changes made to reflect the evolving policy and practices over time:
Introduction - reworded and sentence "Various legislation…" added.
Aim of Policy –
"Guidance on CPA process…" sentence and 2 removed and 2 additional bullet points added.
Purpose & Outcomes –
First bullet point added
Who Is the Policy intended to Benefit or Affect? - first sentence added. Second sentence extended to paragraph which describes alternative legislative process that maybe applied.
Who are the stakeholders – Some wording removed.
CPA Inclusion Criteria – Text box removed and replaced with text only to reflect inclusiveness in use of CPA.
Roles & Responsibilities – Wording "The Executive lead." removed. List of Roles & Responsibilities have been arranged in different order.
CPA Steering Group – additional responsibilities added.
Clinical Directors/Service Mangers – additional responsibilities added.
Role & responsibilities of **CPA Lead** added.
Service User/Carer added
Role & responsibilities of **Other Professionals/Agencies** added.
CPA Admin replaced with words **Central Administrator.**
Partnership Administration Team/Locality Administrator

Resource Implications-additional responsibilities added to list.
Quality Improvement – "Policy cross-reference…with added wording of "Risk Assessment"
References/Bibliography list- updated with more update documents.
Other Relevant Reading/Sources –as above.
Appendix 1-changed to reflect changes in language and titles.
Appendix 2 – EQIA Assessment for Relevance Form added to policy | 3 |

1. INTRODUCTION

This Policy applies to all health and social care professionals working within North & South Health and Social Care Partnerships in Lanarkshire. CPA was first introduced in 1996 and it is applicable to those in the care of Mental Health, Learning Disabilities and Addictions services (MH, LD & Addictions). Mental Health policy and practice has evolved considerably over this period in recognition of greater levels of patient & carer inclusion and collaboration.

Various legislation and reports from Governing Bodies have influenced the development and application of the CPA in Scotland (see Reference Section).

CPA ensures that there are systematic arrangements for the assessing, planning and management of the patient's health and social care needs for those who have a diagnosis of a mental disorder, and complex needs that may require access to recourse from multiagency/professional groups.

2. AIM, PURPOSE AND OUTCOMES

By adopting the principles of this policy and the CPA process, collaboration and communication within and between agencies and professionals in Health, Social Services and Housing will be enhanced.

Aim of Policy

- To ensure clarity in relation to the roles & responsibilities of all involved in the CPA process, by adopting the principles of recovery.
- Provide some guidance on the roles & responsibilities within the CPA processes within North & South Lanarkshire Health and Social Care.
- Provide a framework to support a standardized approach across North & South Lanarkshire Health and Social Care.

Purpose and Outcomes

- To enhance the delivery of consensual person centred care and patient choice by promotion of individual patient collaboration and communication within and between agencies & in Health, Social Care & Housing.
- To ensure a consistent and integrated approach across Health and Social Care North & South Lanarkshire in the application of CPA.
- To ensure decisions regarding assessing and planning care, and risk management are made according to best practice, legislation and needs of the patient.
- To make CPA care planning inclusive, transparent and robust.
- To promote involvement, consideration and recognition of contribution of the primary carer or independent advocacy at appropriate stages in the CPA process.

3.   SCOPE

3.1   Who is the Policy intended to Benefit or Affect?

Central to the CPA process is the focus on recovery and the delivery of personalised care to all those in need of MH, LD & Addictions services both from a health and social care perspective.

This Policy applies to all health, and social care professionals working within North & South Lanarkshire Health & Social Care Partnership (Lanarkshire HSCP) and those who use services. Not all patients will require or request the CPA process to assess, plan and manage their care.
There are other legislative processes **which may** run alongside or be considered more appropriate than CPA for adults who experience difficulties related to MH, LD and/or Addictions, including Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003 and Adult Support and Protection (Scotland) Act 2007. To ensure rights are maximized, any framework for managing need and risk should be fully agreed by Lanarkshire HSCP, with the Adult, their carer and/or families' views, will and preferences being fully considered in decisions.

3.2   Who are the Stakeholders?

- Patients who are under the care of Mental Health, Learning Disability and Addictions services and their Carers.
- NHSL health and social care staff and partner agencies.
- NHSL Management in relation to compliance with application of CPA in a system of work.

4.   PRINCIPAL CONTENT

4.1   CPA Inclusion Criteria

Since its introduction, the CPA process has evolved to the present by adopting a more flexible and responsive person centered approach which considers the needs of all patients who are supported by MH, LD & Addictions services. Patients should be considered for CPA in terms of their individual needs, care planning and coordination required to deliver safe, effective care. Some factors to consider when determining whether or not there is a need for the CPA process includes:
- High degree of clinical complexity
- Factors associated with increased risk such as poor compliance and engagement with services
- Care, support and treatment of the individual requires input from 2 or more specialties and/or other agency involvement including 3rd sector
- Ineffective communication between care agencies or providers
- The degree of care co-ordination likely to benefit the individual would not be achievable without the support of the CPA process.

This is not an exhaustive list as each individual will present with different needs which may or may not be met by services and agencies. The individual's needs may change over time with review indicated at key times such as deteriorating health (mental & physical); transitions between care settings/services; escalation of risk and/or protective factors; change in legal status of the individual;

repeated unplanned admissions.

A patient may request to have their care managed under the CPA process regardless of complexity or multiagency/professional involvement. The Consultant responsible for the patient's care would determine whether the patient would be best served by the robust care planning arrangements of CPA or not.

It continues to be **a mandatory requirement for all patients' subject to a Compulsion Order & Restriction Order (CORO)** to have their care managed under CPA.

A CPA Guidance document has been prepared to provide more detail than this policy can provide, to support staff and partner agencies in the application of the CPA.

4.2 CPA Pathway

A CPA Pathway has been developed as an aide to illustrate the key stages in the application of the CPA process to those applying the framework (Appendix1).

5. ROLES AND RESPONSIBILITIES

The roles and responsibilities of those involved in the CPA process are outlined in more detail within the CPA Guidance document on First Port page. Those unable to access First Port should request a copy from NHSL colleagues who are involved with the patient.

Key roles and responsibilities are as follows:

Service User, Carer and Independent Advocacy Involvement

The CPA process enables individuals to be involved in all aspects of their care which is under pinned by both the principles of the Mental Health (Care & Treatment) (Scotland) 2003/2015 and Trauma Informed Care (safety, trust, choice, collaboration and empowerment). The CPA process encourages the individual to participate in all meetings and contribute to the decisions made in regards to their choice of care, treatment and support. There may be times when the individual may need the support of their carer and/or independent advocacy services to ensure opportunities to have the views of the individual and their preferences heard before and during meetings. The CPA meeting should take into account the impact that the individual's care and support is having on the carer

CPA Steering Group
- Promote the application of a recovery-focused, person-centered CPA care and action plan in North & South Lanarkshire Health and Social Care
- Review, monitor and update related CPA policy/ procedures and protocols
- Monitor uptake of CPA across MH, LD & Addictions services including current & future audit reports and action plans, reporting same via existing/future governance and assurance structures within North & South HSCP such as MH, LD & Addictions Clinical Governance Group meetings
- Monitor, report and when appropriate escalate any resource issues in the implementation of the CPA process
- Respond to future training needs
- Advisory group to Health and Social Care North & South Lanarkshire and partner agencies

in the application of the CPA Process
- Review and update the CPA page on NHSL First Port page

Lead Consultant Psychiatrist for CPA-identified in work plan
- Nominated by Health and Social Care North & South Lanarkshire
- Chair of the CPA Steering Group
- Report to relevant Boards and meetings re: the use of CPA
- Review of Policy and related documents

Clinical Directors/Service Managers

- Oversees progress and advises on aspects of the implementation of the CPA process across NHSL
- Disseminates information regarding CPA to their respective Boards/responsible directorate
- When appropriate will attend and contribute to CPA meetings
- The RMO of the individual should take the role as Chair of the individual's CPA meeting unless otherwise discussed and agreed by those involved in the CPA Meeting

CPA Lead – any professional involved in the patient's care

- Can be any professional involved in the patient's care. The best placed individual to take this role will be nominated & agreed within CPA meeting.
- Be involved in the patient's care and have knowledge & experience of patient's issues.
- Have the relevant knowledge, competence, skills, experience, training and qualifications to facilitate the CPA process, having legitimate authority within the process
- Monitor the care & action plan as per CPA minutes
- Communicate any concerns/variance of the care and action plan
- Update Locality and Central Administrator as appropriate of meeting dates and change of status such as discharge or transfer of CPA

Other Professionals/Agencies
- To complete ongoing assessment of needs and risks
- To agree appropriate care and contingency plan
- To inform CPA Lead of any concerns or changes to care or needs
- Participate in meetings

Central Administrator – identified by the OSM for Mental Health & Learning Disabilities
- Management of information systems
- Updating NHS Lanarkshire central database

Partnership/Locality Administration Team
- This is provided from CPA Lead's secretarial/administrator support
- Supports the CPA Chair and Lead with administrative tasks such as invite letters, typing up of minutes from CPA meetings
- Maintain a local database/spreadsheet of those patients managed with CPA process within the locality/team

- Communicate any updates or changes to the Central Administrator

More details on Roles & Responsibilities, Stages in the application of the CPA Process and templates can be found in the **CPA Guidance document** which staff can access on First port.

http://firstport2/resources/programmes-projects/care-programme-approach

6. RESOURCE IMPLICATIONS

Ongoing consideration by the CPA Steering Group:

- Funding of permanent substantive CPA Care Coordinator and Administrator support
- Impact on workload for secretarial team to be monitored and reported to the CPA Steering Group for escalation if necessary
- Impact on staff roles for documentation completion and meeting attendance
- Impact on inclusive criteria on existing support structures and processes such as the Quality Improvement Team annual audit of those patients on CPA within Forensic and LD services
- Future training needs, including the undertaking of e-learning modules that would support the roles & responsibilities within the CPA process
- Use of digital technology for meetings which permits patient and carer attendance
- Monitor the impact and escalate any issues on the Quality Improvement Team ability to support the auditing and report of audit of the use and compliance with the CPA process

7. COMMUNICATION PLAN

- Progress reports as per appropriate reporting structures/boards
- Future training as and when identified within Health and Social Care North & South Lanarkshire
- Intranet / Health and Social Care North & South Lanarkshire Policy website and Staff Briefing
- CPA Guidance Document / Protocol 2015 - available on First Port for NHSL staff

8. QUALITY IMPROVEMENT – Monitoring and Review

- Policy review at regular intervals as necessitated by the introduction of legislation from the Scottish Government/ Department of Health and other relevant bodies
- Policy cross-reference to other NHSL Policies, i.e. Information Sharing, Information Governance and Risk Assessment
- The Forensic Clinical Governance Group will be responsible for ensuring regular audit and monitoring, with support as required via the Clinical Quality Team using agreed Audit tool
- Provision of information may be via the Central Administrator or Partnership Administration Team, re: statistics for local and national reports

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

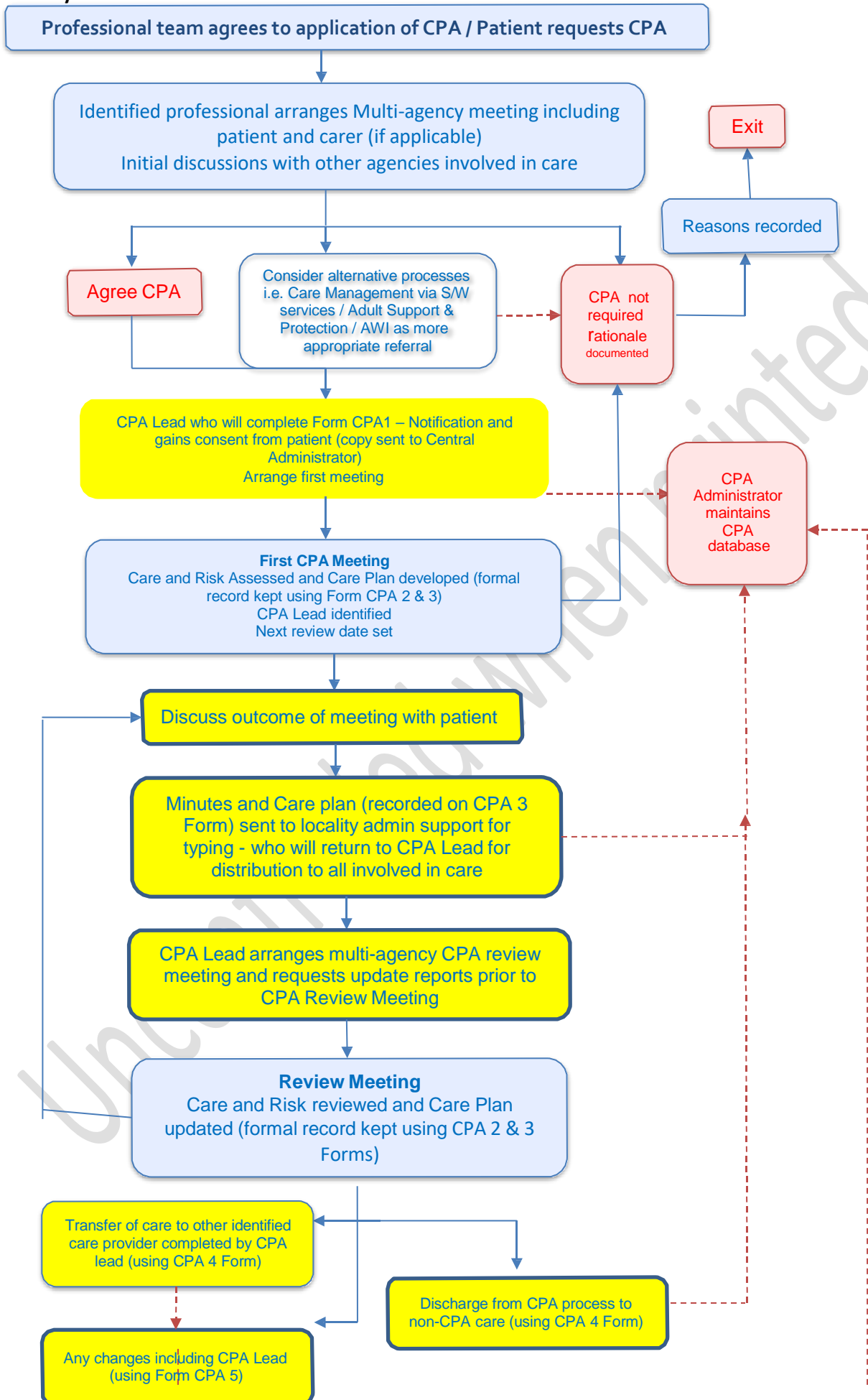This policy meets NHS Lanarkshire's EDIA (Appendix 2)

$\checkmark$

10. REFERENCES/Bibliography

- Mental Health & Wellbeing Strategy – NHS Scotland – http://www.healthscotland.scot
- Lanarkshire Mental Health & Wellbeing Strategy 2019-2024 – https://www.nhslanarkshire.scot.nhs.uk
- Triangle of Care: A Guide to Best Practice in Mental Health Care in Scotland, Third Edition
- EndingTheExclusion_September2022.pdf (mwcscot.org.uk)
- HIS (June 2022). Excellence in Care Framework - Online available: Excellence in Care (healthcareimprovementscotland.org) accessed 25/11/12 NHS Health Scotland, (2016).
- Good Mental Health for All, Online available: Good mental health for all (health Scotland. scot) accessed 22 November 2022 Scot Gov (March 2017).
- MWC for Scotland (Oct 2021): Preparation of Care Plans for people subject to compulsory care & treatment. Good Practice Guide
- Mental Health Strategy: 2017-2027. Online Available: Mental Health Strategy: 2017-2027 (www.gov.scot) accessed 25/11/12
- Scot Gov (Feb 2022). Online Available: The Vision for Justice in Scotland 2022 (www.gov.scot) accessed 25/11/12
- The Scottish Government, (2016). Fairer Scotland Action Plan. Online Available: www.gov.scot/Resource/0050/00506841.pdf accessed 25/11/22
- Scottish Government, (December 2016). Health and Social Care Delivery Plan. Online available: http://www.gov.scot/Resource/0051/00511950.pdf accessed 25/11/12

11. OTHER RELEVANT READING/RESOURCES

- Department of Health (1990) The Care Programme Approach for People with a Mental Illness Referred to Specialist Psychiatric Services. Department of Health, HC (90)23/LASSL (90)
- CPA Guidance document/protocol (2015) http://firstport2/resources/programmes-projects/care-programme-approach
- LearnPro Modules: - Managing Effective Meetings; Principles of CPA
- MWC for Scotland (Oct 2021); Preparation of Care Plans for People Subject to Compulsory Care & Treatment. Good Practice Guide
- National Collaborating Centre for Mental Health England, (2021) The Community Health Framework for Adults and Older Adults
- NHS England (March 2022): Care Programme Approach Position Statement
- Journal of Theoretical & Philosophical Criminology (February 2022 - @Without Limit of Time@ Living as a restricted patient in Scotland. Barnet V et al

Professional team agrees to application of CPA / Patient requests CPA

Identified professional arranges Multi-agency meeting including patient and carer (if applicable)
Initial discussions with other agencies involved in care

Exit

Reasons recorded

Agree CPA

Consider alternative processes i.e. Care Management via S/W services / Adult Support & Protection / AWI as more appropriate referral

CPA not required rationale documented

CPA Lead who will complete Form CPA1 – Notification and gains consent from patient (copy sent to Central Administrator)
Arrange first meeting

CPA Administrator maintains CPA database

First CPA Meeting
Care and Risk Assessed and Care Plan developed (formal record kept using Form CPA 2 & 3)
CPA Lead identified
Next review date set

Discuss outcome of meeting with patient

Minutes and Care plan (recorded on CPA 3 Form) sent to locality admin support for typing - who will return to CPA Lead for distribution to all involved in care

CPA Lead arranges multi-agency CPA review meeting and requests update reports prior to CPA Review Meeting

Review Meeting
Care and Risk reviewed and Care Plan updated (formal record kept using CPA 2 & 3 Forms)

Transfer of care to other identified care provider completed by CPA lead (using CPA 4 Form)

Discharge from CPA process to non-CPA care (using CPA 4 Form)

Any changes including CPA Lead (using Form CPA 5)

Appendix 2

EQIA: Assessment for Relevance Form submitted with reviewed CPA Policy

EQIA Care
Programme Approach