CPA Policy

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Lead Officer:	Director of Nursing
Equality Impact Assessment completed:	Yes

Applicable Legislation/Regulations:
Essential Standards of Quality and Safety Outcome 4 – Care and welfare of people who use services Health & Social Care Act Regulation 9 – Care and welfare of service users Department of Health Children's Act 2004 United Convention of the Rights of a Child 1991 Human Rights Act 1998 Sexual Offences Act 2003 Safeguarding Vulnerable Groups Act 2006 Children and Families Act 2014 Mental Capacity Act 2005
Codes of Practice:
MHA Code of Practice
Purpose:

Version Control Table		
Date Ratified	**Version Number**	**Status**
13/12/18	V2.0	Live

Date	**Key Revision**
13/12/2018	Converted onto new policy template & updated child protection link - section 4 (CPA Meetings)

Please check to ensure this is the most current electronic copy of this document as it is updated and published in electronic format only (hard copies may become out of date).

Equality Impact Assessment for this policy

Protected Characteristic (domain)	Area of conflict	Resolution
Age	Nil	N/A
Disability	Nil	N/A
Gender Reassignment	Nil	N/A
Pregnancy & Maternity	Nil	N/A
Race	Nil	N/A
Religion or Belief	Nil	N/A
Sex	Nil	N/A
Sexual Orientation	Nil	N/A
Marriage and Civil Partnership	Nil	N/A

All relevant persons are required to comply with this policy and must demonstrate sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation. If you feel you are disadvantaged by this policy, please contact the Registered Manager and the service will actively respond to the enquiry.

1. INTRODUCTION

The Care Programme Approach (CPA) was introduced in 1991 to provide a framework for effective mental health care. In October 2008 further guidance was introduced which emphasised the need for a focus on delivering person-centred mental health care and also that crisis, contingency and risk management are an integral part of assessment and planning processes.

Mental Health service users, particularly those with complex and enduring needs, often require help with aspects of their lives in addition to care and treatment, such as housing, finance, employment, education as well as their physical health. This place demands on services that no one discipline, or agency can meet alone, and it is therefore necessary to have an integrated system of effective assessment, planning, delivery and review, so that all services can work together for the benefit of the service user

Where a service user has fewer complex needs and has contact only with primary care, 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 requirement is for essential information to be maintained and reviewed regularly.

The Care Programme Approach is for individuals with a wide range of needs from several services, or who are at most risk. It applies to individuals within all Inmind Group sites if they fall within this category and includes adolescents.

2. PRINCIPLES

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.
(f) Individuals and carers will be involved and engaged.
(g) Ensure that service user risk is appropriately managed, shared and recorded.
(h) Care and Treatment will be holistic.

The focus of assessment and care planning should be outcomes that represent improvements for service users and their families.

3. APPROACH

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The production of the Care Plan is the responsibility of the MDT under the oversight of the Responsible Clinician

The MDT will ensure that staff:

(a) Ascertain a clear definition of individual needs
(b) focus on areas of assessment, risk and care
(c) have systems that can support multi-agency delivery to meet the range of individual needs
(d) access training in CPA
(e) undertake a regular local audit of CPA documentation and processes

Each Service User will have a Named Nurse who is responsible for their specific care plan. This plan will be developed in conjunction with the MDT and monitored by the Named Nurse. There will be regular formal reviews of the plan when there is a change in circumstance or behaviour of the Service User, when the service user feels they need a review, and in any case at least every three months

4. CPA MEETING

The MDT team will agree a CPA meeting date which is suitable for as many of the invitees as possible in liaison with the care co-ordinator.

The purpose of the meeting is to formulate/review the care plan and set longer term goals. Elements of risk and how the care plan manages the identified risk must always be recorded. The care plan must be outcome focussed.

The draft report is finalised and agreed at the CPA meeting. Changes should be included in the minutes of the meeting.

All discussions taken, and actions agreed are to be documented on the appropriate CPA report form and circulated to all involved, subject to the consent of the service user. This provides evidence that the service user's needs are being assessed, and that action plans are being developed and shared with those involved.

Consideration should be given to care planning if there are any actual or potential risks to the service user's own or other children, when discharge would mean resumed contact with them.

Further information can be found at **https://www.health-ni.gov.uk/publications/hsc-scqd02-10-rapid-response-report-preventing-harm-children-parents-mental-health**

5. SERVICE USER INVOLVEMENT

All service users will be involved in the CPA process. If possible, they will be involved in the organising of the CPA meeting, e.g. time, location, who is invited and the chairing of the meeting.

If they are not able to do this themselves, as a minimum they are to be asked who they would like to be invited, supported in completing the service user views and feedback form and be provided with a copy of the report prior to the meeting.

6. CARER INVOLVEMENT

With the service user's agreement, carers are to be included in the CPA process. They are to be asked to provide feedback form prior to the CPA so that their views can be included. It is however imperative that consent is sought from the service user about the information that can be disclosed to their carer. This will affect the amount of involvement they can have and whether they can attend the meetings.

7. PLANNING AT TIME OF CRISIS

Service users who will have, as part of their care plans, contingency and crisis plans.

Contingency plans should set out the action to be taken based on previous experience if the service user becomes very ill or their mental health is rapidly deteriorating.

The contingency plan will include information necessary to continue implementing the care plan in crisis, names and contact details of other relevant professionals, who the service user is most responsive to, and previous strategies that have been successful in engaging the service user.