THE STATE HOSPITALS BOARD FOR SCOTLAND

The Care Programme Approach (CPA)
A policy for the care and treatment planning of patients.

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1. What is the Care Programme Approach?

CPA was originally adopted in Scotland in 1992 \(^1\) as a way of ensuring that those people who are suffering from severe and longstanding mental illnesses with complicated health and social care needs have care plans which reflected their needs for ongoing care, treatment and supervision and that this is fully coordinated by the agencies and personnel involved. CPA ensures that there are systematic arrangements for the assessment of the patient’s health and social care needs.

More recently the Scottish Executive stated it’s commitment for the use of CPA for restricted patients\(^3\). This became policy with the publication of Guidance for Forensic Services \(^4\) in which CPA forms the basis for the regular review of all patients subject to restriction orders. This guidance has recently been reviewed\(^5\) and will be included in the revised Memorandum of Procedure for Restricted Patients to be launched in June 2010.

The important elements of CPA include:

- Patient and carer involvement in the agreement and review of the care plan. This may require the involvement of the patients’ advocacy service and, if possible, full patient participation.
- Full consideration of the assessment of risk of violence and a plan for the management of risk. This should include matters associated with public protection, child protection and adults at risk.
- Full participation of all members of the multidisciplinary clinical team and where appropriate, representatives of external services. These may include the MHO, representatives from the local forensic team, Police and Scottish Prison Service.
- The production of a care plan which addresses the patient’s needs and is clear as to which professional is responsible for which action point and when it should be reviewed. The patient should agree to the plan and have a copy. Any objections that the patient may have should be noted.

\(^{1}\) Community Care in Scotland. Guidance on Care Programmes for people with a mental illness including dementia.

\(^{2}\) Community care: Care Programme Approach for people with severe and enduring mental illness including dementia. SWSG16/96

\(^{3}\) Delivering for mental health. NHS Scotland 2006

\(^{4}\) Guidance for forensic services. CEL 13 (2007)

\(^{5}\) Report of the Care Programme Review Group. Forensic Network May 2010
2. The underlying principles and the main purpose of the policy.

The principles of the Mental Health (Care and Treatment) Scotland Act 2003 provide the legal ‘building blocks’ for CPA alongside the 10 Essential Shared Capabilities and the Recovery Model which form part of the Clinical Model\(^6\) which provides the vision for the new clinical service within the State Hospital.

The key principles include:

- Care and treatment being focussed on the needs of the patient and not, for example, the organisation. Patients should be as involved as much as they can (or want) in their care and treatment.
- Encouraging patients to take more responsibility for their mental and physical health and risk management plan.
- Respecting diversity and ensuring that staff practice in an ethical manner and challenge inequality and discrimination.
- Ensuring that any care or treatment interventions are likely to be of benefit to the patient.
- Ensuring that all elements of the patient’s medical, psychological and social care needs are coordinated and considered in the care plan. These may include educational, life skills, recreational and exercise needs.
- Enabling members of the multidisciplinary teams to communicate and work together in such a way that patients receive the best care and treatment.

It is expected that adherence to the principles of good partnership working will lead to a sustainable care plan which will contribute to the patient's recovery process in an environment which respects the need for the safety and protection of the general public.

3. Who does this policy apply to?

This policy will apply to all State Hospital patients at every stage of their care pathway from admission to discharge or transfer.

4. Roles and Responsibilities

The operation and management of Admission CPA meetings and Intermediate and Annual CPA reviews are the responsibility of RMOs as the care coordinators. CPA meetings for patients being considered for transfer to another hospital or discharge will be coordinated by the CPA Manager along with contingency planning meetings to confirm the ongoing care pathway and Early Discharge Protocol meetings\(^7\). This will be at the request of RMOs.

\(^6\) The Clinical Model – a framework of principles, State Hospital 2009.
\(^7\) The Early Discharge Protocol HDL (2002) 85
This process will be overseen by the Clinical Systems Management Group chaired by the Medical Director and accountable to The State Hospitals Board For Scotland Clinical Governance Committee which is required to be satisfied that all restricted patients and others who may be a risk others are managed in accordance with the Care Programme Approach.

5. Details of Policy

Detailed operational guidance for the care and treatment planning for patients will be published and reviewed in association with the CPA Policy. This guidance is consistent with Government policy and should be read alongside State Hospital policies for risk and public protection. The State Hospital Board for Scotland will ensure that:

- All patients have an admission CPA within approximately 10 weeks of admission. The care plan will be reviewed at least 6 monthly thereafter through intermediate and annual CPA reviews. A transfer/discharge CPA will be held when a patient is being considered for transfer or discharge and in advance any programme of pre-transfer visits. Appropriate partner agencies should be invited.
- RMOs may wish to have more frequent reviews of objectives detailed within the care plan.
- All patients will have a Care Coordinator. Currently this is the RMO who has overall responsibility for the care of the patient and will organise the meetings in a timely fashion; be responsible for the proper invitations to external professionals and members of the clinical team; and the circulation of documentation.
- The management of Transfer/Discharge CPA meetings is the responsibility of the CPA Manager in association with the RMO.
- Despite the paramount importance of working in partnership with the patient and the need to encourage patient participation it is important that there is also an opportunity for the professionals to discuss police intelligence, third party matters and certain risk management issues in private. This may be managed through a ‘pre-CPA’ meeting.
- Consideration must be given to inviting carers to the meeting. If they are unable to attend, it is important that there views are sought. For Named Persons to effectively undertake their duties they must have an opportunity to attend if they so wish.
- For every CPA meeting full consideration must be given to risk assessment and management with practical contingencies agreed in relation to risk indicators.
- Following the meeting, documentation which should conform to CEL 13 (2007) requirements and will be circulated within four weeks of the meeting.

8 Policy for the assessment and management of violence and sexual violence risk to others.
6. Format

The State Hospital is committed to ensuring that, as far as it is reasonably practicable, the way services are provided to the public and the way patients and staff are treated reflects individual needs and does not discriminate against individuals on grounds of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation. Should anybody require access to this policy in another language or format (such as Braille or large print) they can do so by contacting the Head of Communications.

7. Evaluation

The effectiveness of the Policy will be evaluated in line with the developed core principles and by the development of an evaluation and monitoring framework which will report to the Clinical Systems Management Group. An annual plan of audits will also be undertaken to measure adherence to specific areas within the policy e.g. “All patients have an admission CPA within approximately 10 weeks of admission. The care plan will be reviewed at least 6 monthly thereafter.

8. APPENDICES


Care Coordinator
A member of the clinical team who has responsibility for ensuring the continuity of care. This is done through organising meetings in a timely fashion and keeping in touch with the patient. Currently, the care coordinator is normally the RMO at the State Hospital. The care coordinator will not assume responsibility for other professionals.

Care Plan
A care plan is mandatory for all detained patients and describes the patient’s treatment (or proposed treatment). Treatment relates to medical treatment for the disorder and will also include aspects of psychological interventions, habilitation and rehabilitation. The plan should be SMART. Objectives should be specific, measureable, achievable, realistic and with a review date. There should be a named worker responsible for each intervention.

Care Plan Approach (CPA)
A framework for the care of people with mental health needs. It requires:

- The need to involve patients and their carers.
- Close working between all of the relevant agencies.
- A systematic assessment of an individual’s health and social care needs and risk.
- The formulation of a care plan to address the assessed needs within a context of victim and public safety.
• The appointment of a key worker or care coordinator to monitor the delivery of care.
• The regular review and modification of the care plan in line with the individual’s changing needs.

Contingency planning meeting
Occasionally there is a need to establish a multi-agency forum in order to identify a proposed pathway for the individual. This will take into account the patient’s assessed needs; levels of security and the views of commissioners.

Early Discharge Protocol (EDP)
The EDP assumes the use of CPA with a view to assembling a multi-agency contingency plan to ensure that the patient’s health and social care needs are met within a context of public and victim safety in the event of the patient being discharged by a Tribunal or a Court against the clinical advice.

Multi-Agency Public Protection Arrangements (MAPPA)
A set of arrangements established by the Police, Local Authorities, NHS and Health Boards and the Scottish Prison Service (known as responsible authorities) to assess and manage the risk posed by sexual and violent offenders.

Mental Health Officer (MHO)
A local authority social worker with specific experience and training in working with people with mental disorders. MHOs have a number of specific responsibilities associated with individuals who are detained under the Mental Health Act.

Multidisciplinary team (MDT)
Each MDT will consist of a range of core professions and may include representatives from external agencies including the MHO. Members of all professional groups will retain accountability for their own practice whilst working as a team with a view to agreeing and implementing a care plan.

Responsible Medical Officer (RMO)
An approved medical practitioner who has special experience and received particular training in the diagnosis and treatment of mental disorder who is designated by hospital managers for a particular patient. As with MHOs, the RMO has a number of specific responsibilities associated with individuals who are detained under the Mental Health Act.
8.2. Relevant Policy and Guidance

Mental Health (Care and Treatment)(Scotland) Act 2003.
HDL (2002) 85
Scottish Government Guidance for forensic services CEL 13
Scottish Office. 1992 Community Care in Scotland. Guidance on Care Programmes for people with a mental illness including dementia. SWSG1/1992
Scottish Office 1996 Community Care :Care Programme Approach for people with severe and enduring mental illness including dementia. SWSG16/96