THE STATE HOSPITALS BOARD FOR SCOTLAND

THE CARE PROGRAMME APPROACH
A policy for the care and treatment planning for patients

(To be read in conjunction with the Care Programme Approach (CPA) Operational Guidance)

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	Clinical Quality Department	
Advisory Group	Clinical Governance Group	
Approval Group	Policy Approval Group (PAG)	
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Accountable Executive Director	Medical Director	

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet:
http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)	☐

Changes required to policy (evidence base checked)	☒

Summary of changes within policy:

March 2024 review:

- Updates to language throughout.
- Inclusion of MAPPA within Section 1 under 'key elements'.
- Within section 2, reference to trauma informed care. Updates to TSH vision and values and updates to align with new clinical model guidance.
- Section 5 has been amended to provide clarity to deputising arrangements for chairing CPAs.
- Section 6 has been expanded.
- Section 9 is a new addition.
- Section 10 is a new addition.

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1 PURPOSE

The Care Programme Approach (CPA) was originally adopted in Scotland in 1992 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.

At that time, the Scottish Executive stated its commitment to the use of CPA for restricted patients. This became policy with the publication of Guidance for Forensic Services (CEL13) in which CPA forms the basis for the regular review of all patients subject to restriction orders. This guidance is contained within the Memorandum of Procedure for Restricted Patients (2010).

The key 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, adapted communication strategies and should promote full patient participation where possible.
- 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 of harm.
- 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 mental health team, MAPPA, Police and the 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.

2 BACKGROUND

The principles of the Mental Health (Care and Treatment) Scotland Act 2003 provide the legal context for CPA alongside the 10 Essential Shared Capabilities, the Recovery Model and Trauma Informed Practice which inform the Clinical Model. These principles contribute to the vision for the 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 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.
- Carers/Named Persons are fully engaged in the process and their views valued.

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.

The vision of The State Hospital is to:

- Excel in the provision of high secure forensic mental health care
- Achieve positive patient outcomes
- Ensure the safety of our valued staff, patients, visitors and the general public
- Promote collaboration across health, social care and justice services
- Strive to be an exemplar employer

The values of The State Hospital are aligned to NHS Scotland:

- Care and compassion
- Dignity and respect
- Openness, honesty and responsibility
- Quality and Team Work

The twin aims of The State Hospital are:

1) The provision of a safe and secure environment that protects staff, patients and the general public
2) The delivery of high quality, person centred safe and effective care and treatment

3 SCOPE

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, Intermediate and Annual CPA reviews are the responsibility of the Responsible Medical Officer (RMO) as both the Chair and Care Co-ordinator with administrative support provided by the medical secretary.

The operation and management of Transfer/Discharge CPA meetings are the responsibility of the RMO as both the Chair and Care Co-ordinator with support provided by the CPA administrator, in consultation with the allocated Social Worker / Social Work Team Leader and overseen by the Social Work Manager.

In the event of a potential unplanned discharge as a result of court or tribunal processes, the RMO will direct the Contingency Plan and where necessary implement the Early Discharge Protocol (HDL (2002) 85).

The CPA process will be overseen by the Clinical Governance Group, chaired by the Medical Director, and accountable to The State Hospitals Board for Scotland Clinical Governance Committee. The Committee is required to be satisfied that all State Hospital patients are managed in accordance with the Care Programme Approach.

5 DETAILS OF POLICY

Operational guidance for the care and treatment of patients will be published and reviewed in association with the CPA Policy. The guidance is consistent with Scottish Government policy and should be read alongside State Hospital policies for risk and public protection.

The State Hospitals 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 normally in advance of any programme of pre-transfer visits. Appropriate partner agencies should be invited.

- The RMO as Care-Co-Ordinator may wish to have more frequent reviews of objectives detailed within the care plan.
- All patients will have a Care Co-ordinator. Within The State Hospital this is the RMO who has overall responsibility for the care of the patient and will organise the meetings in a timely fashion. The RMO will be responsible for the invitations to external professionals and members of the clinical team and the circulation of documentation with support being provided by the Medical Secretary.
- The management of Transfer/Discharge CPA meetings is the responsibility of the RMO with support being provided by the CPA Administrator in consultation with the Social Worker/ Social Work Team Leader and Social Work Manager.
- The RMO or an appropriate deputy (e.g. Social Work Manager) will be responsible for chairing all CPA meetings.
- The Keyworker will explain the purpose of the CPA meetings, including transfer/discharge CPA meetings, to the patient in advance of the meeting and will give feedback following the meeting if the patient is not in attendance. Where involved, advocacy may also support the patient with feedback following the meeting.
- 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.
- With the patient's consent consideration must be given to inviting the Named Person and/or carer or another person of the patient's choice to the meeting. If they are unable to attend, it is important that their views are sought.
- With the patient's consent the Named Person and/or carer or another person of the patient's choice should receive the care and treatment plan once it is complete.
- Patients have the right to independent advocacy and for them to be involved in the CPA process. For patients who may lack the capacity to instruct advocacy, consideration should be given to the provision of non-instructed advocacy services.
- For every CPA meeting full consideration must be given to risk assessment and management with practical contingencies agreed in relation to risk indicators.
- A copy of the minute will be shared with patient by the keyworker and any comments given to the RMO/Chair.

6 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and/or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The Equality and Impact Assessment (EQIA) considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation/translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith/religion/beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers/Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and/or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

7 STAKEHOLDER ENGAGEMENT

Key Stakeholders	Consulted (Y/N)
Patients	Y
Staff	Y
The Board	N
Carers	Y
Volunteers	N

8 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within the State Hospital via the intranet and through the staff bulletin. The Person Centred Improvement Service will facilitate communication with Patients and Carers.

The Clinical Governance Group will be responsible for the implementation and monitoring of this policy.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

This policy will be reviewed every three years or earlier if required.

9 GLOSSARY AND DEFINITIONS

Care Co-ordinator
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, physical health 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 Programme 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 where it appears that they may be discharged in an unplanned manner such as appeal under the Mental Health (Care and Treatment) (Scotland) Act 2003 or the collapse of criminal proceedings at court. 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 identifying 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 and 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.

10 RELEVANT POLICY AND GUIDANCE

- Mental Health (Care and Treatment)(Scotland) Act 2003.
- The State Hospital, Clinical Model Guidance, 2023.
- NHS Scotland, The State Hospital. The Clinical Model, a framework of principles. May 2009.
- The 10 Essential Shared Capabilities for Mental Health Practice (2011).
- Scottish Executive (NHS Scotland)(2006) Delivering for mental health. Scottish Executive Health Dept (2002) The Early Discharge Protocol HDL (2002) 85.
- Scottish Executive Health Dept (2006) Forensic mental health services HDL (2006) 48.

- 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.