Care Programme Approach (CPA)	
Standard Operating Procedure (SOP)	
Ref No: 1903 **Version: 3**	
Prepared by: Torbay CAMHS - Practice Manager	
Presented to: Care and Clinical Policies Group	**Date: 20/09/2017**
Ratified by: Care and Clinical Policies Group	**Date: 20/09/2017**
	Review date: 13 October 2020
Relating to policies: **Care Programme Approach (CPA) Policy** **Nursing and Midwifery Council (NMC)** **Health & Care Professionals Council (HCPC)** **Codes of Practice** **Other professional codes of practice/guidance**	

1. Purpose of this document:

To ensure that service users are at the heart of their care, receive a clear treatment pathway through CPA and that there is a clear and robust line of accountability for their package of care.

2. Scope of this SOP:

Applicable to all staff working within the Torbay and South Devon NHS Foundation Trust - Child and Adolescent Mental Health Service.

3. Competencies required:

All staff will receive training in awareness and any support identified will be offered as required, so that staff comply with this SOP.
All staff will have knowledge of this operating procedure – (Torbay CAMHS)
All staff will have awareness of the process of auditing this SOP.

Patients covered:

Young people in the Torbay CAMH service who meet any of the following characteristics:

- Suffer from a severe mental disorder (including emerging personality disorder) with high degree of clinical complexity.

- Are at current or potential risk(s), including: Suicide, self-harm, harm to others (including history of offending).

- Have a relapse history requiring urgent response or are susceptible to self-neglect/non concordance with treatment plan.

- Are a vulnerable child; child protection e.g. at risk of exploitation, financial/sexual, financial difficulties related to mental illness, disinhibition, physical/emotional abuse, cognitive impairment, child protection issues.

- Have a current or significant history of severe distress/instability or disengagement.

- Have the presence of non-physical co-morbidity e.g. substance/alcohol/prescription drugs misuse, learning disability.

- Are in need of multiple service provision from different agencies, including: social services, housing, physical care, employment, criminal justice, voluntary agencies.

- Are or have been recently detained under Mental Health Act or referred to a home treatment team.

- Are significantly reliant on carer(s) or has own significant caring responsibilities.

- Are experiencing disadvantage or difficulty as a result of: parenting responsibilities, physical health problems/disability, unsettled accommodation/housing issues, employment issues when mentally ill, significant impairment of function due to mental illness, ethnicity (e.g. immigration status; race/cultural issues; language difficulties religious practices); sexuality or gender issues.

- Are between the age range of 17-18 who will be transitioning from CAMHS to Adult Mental Health Services (AMHS)

The key groups are service users:

- Who have parenting responsibilities.

- Who have significant caring responsibilities.

- With a dual diagnosis (substance misuse).

- With a history of violence or self-harm.

- Who are in unsettled accommodation.

- Who are seeking political asylum.

(If after considering these characteristics and key groups, it is felt by clinicians that **CPA is not appropriate or beneficial to the service users**, then the reasons must be clearly documented and recorded in progress notes on the patients electronic record.

Service users detained under treatment sections of the Mental Health Act 2007 (i.e. sections 3, 37, 47 and 48) will be eligible to receive statutory aftercare under Section 117 of the Act. CPA is likely to apply in most cases and should be used to fulfil the requirements of Section 117. If CPA is working effectively, it should provide the appropriate framework for planned, monitored and managed aftercare, which service users subject to Section 117 need.

Procedure:

- The Torbay CAMHS Practice Managers & Professional/Service Leads for the service will ensure that all staff are fully aware and up-to date with this Standard Operating Procedure (SOP), including recording that the staff member has read and understood this SOP in their line management supervision record.

- A reference copy of this SOP will be kept in a designated easily accessible electronic shared drive file within Torbay CAMHS marked CPA.

- The CPA should be used to support service users who are seen to have "complex characteristics". These characteristics have been established nationally and should be considered by clinical staff when deciding whether service users would benefit from support using the CPA. There are also a number of key groups who would normally have the support of CPA unless there are clear reasons why this is not appropriate. See above list.

- CPA status must be recorded for all service users receiving a service on the patients' electronic record. All CPA recording must be evident via "labels" (it is the responsibility of the care co-coordinator to ensure that this is the case, it may be recorded by any clinical member of the team or an administrator) on the electronic patient record systems. If there is no label it is predicted that the patient is not in the CPA process. When a service user is discharged, their CPA status must also be discharged.

- A CPA Care Co-ordinator will be identified who will be responsible as follows, (app 1). CPA Care Co-ordinators have specific responsibilities within the CPA. They take responsibility for a service user from the point of allocation, through all phases of care including when a service user is admitted to hospital. Their core functions are to undertake: Comprehensive needs assessment, risk assessment and management; crisis planning and management; care planning and review. As well as transfer of care and discharge.

4. Monitoring tool:

Clinical staff should be made aware of the requirements of this policy and associated policies, procedures and guidance by their line managers.

This policy will be made available as a public document on the Trust's website.

Awareness of the policy will be raised via training (section 6 above).

Compliance with appropriate aspects of the policy will be monitored via:

- Care Planning Standards Audits and/or evaluations.

- Evaluation of the implementation of the Trust's Information standards where these are relevant to care planning and treatment choices

- Corporate and local Healthcare Record Audits

Relevant performance measures developed by the Trust such as compliance with 7 day follow up after discharge from inpatient care.

Monitoring tool:

Standards:

Item	%	Exceptions
Safety – this document serves as a summary / checklist / reminder of the main points for record keeping in Torbay CAMHS/audit tool		
100	NIL	
Governance – All staff should ensure they follow this protocol	100	
How will monitoring be carried out?	audit	
When will monitoring be carried out?	yearly	
Who will monitor compliance with the guideline?	Leads/Practice Managers	

References:

*Care Programme Approach (CPA) Policy -
North East London NHS Foundation Trust April 2017*

Amendment History

Issue	Status	Date	Reason for Change	Authorised
2	Approved	August 2015	Reviewed & Updated	Torbay CAMHS - Practice Manager
3	Ratified	13 October 2017	Revised	Care and Clinical Policies Group
3		19 February 2018	Review date extended from 2 years to 3 years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

> **"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		**Version and Date**	
Policy Author			

An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.

Who may be affected by this document?

Patients/ Service Users ☐	Staff ☐	Other, please state…	☐

Could the policy treat people from protected groups less favorably than the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Age	Yes ☐ No☐	Gender Reassignment	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Disability	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender	Yes ☐ No☐	Pregnancy/Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐

Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☐

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☐ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?	Yes ☐ No☐ NA ☐
Does the policy encourage individualised and person-centred care?	Yes ☐ No☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐ NA ☐

EXTERNAL FACTORS

Is the policy a result of national legislation which cannot be modified in any way?	Yes ☐ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Who was consulted when drafting this policy?

Patients/ Service Users ☐	Trade Unions ☐	Protected Groups (including Trust Equality Groups)	☐
Staff ☐	General Public ☐	Other, please state…	☐

What were the recommendations/suggestions?

Does this document require a service redesign or substantial amendments to an existing process? *PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below*	Yes ☐ No☐

ACTION PLAN: Please list all actions identified to address any impacts

Action	**Person responsible**	**Completion date**

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form		**Signature**	
Validated by (line manager)		**Signature**	

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.