Care Programme Approach (CPA)
Introduction

This guide aims to make it easier to understand how the Care Programme Approach (CPA) works and gives you some ideas for getting the most from your CPA.

Who is CPA for?

Those service users whose care needs require one of the following:
- support from more than one staff member
- longer term care

CPA is not required for service users whose care is of relatively short duration or provided by one professional.

Why have a CPA?

CPA is the way of making sure services are planned, delivered and reviewed in a co-ordinated way around the needs of our the mental health service users. It aims to ensure that everyone supporting a service user knows what helps during the times of distress and what they need to do to support recovery.

What is a care co-ordinator?

A care co-ordinator is a mental healthcare professional (mental health nurse, occupational therapist, social worker or psychologist) who takes overall responsibility for ensuring that your needs are assessed, your care is planned and those plans are carried out.
A care plan will be agreed at a CPA review meeting which you
will be invited to. Your care co-ordinator should work with you in drawing up the plans and should ensure you are provided with a copy of your care plan.

What is the CPA?

The four main elements of the CPA are:

1. An **assessment** of your
   - mental and physical health and social care needs
   - safety and risk issues

2. A **care co-ordinator** is appointed to keep in close contact with the service user, carer(s) and other professionals who contribute to the CPA and who will monitor and co-ordinate care.

3. A written **care plan**. This is a document that has identified the mental and physical health needs and social care support required to meet those needs. It should be (preferably) jointly agreed with members of the multi-disciplinary team, the GP, the service user, any carer(s) and other relevant agencies.

4. Regular **review** and monitoring of the service user’s needs and their progress against the care plan with agreed changes where necessary.

How does the CPA work?

CPA is a process for identifying what your health and social needs are and arranging the best way of meeting them.
The aim of this is to make sure you do not lose contact with professionals and that your care is properly planned and co-ordinated.

Sometimes this will involve meetings with all the professionals and people who support you. Other times it will mean having contact with your care co-ordinator.

**What is a CPA review meeting?**

At least once every six months your care co-ordinator will arrange a CPA review meeting to discuss your needs and draw up or review your care plan. This may include inviting all the people involved in your care to meet together with you to agree your care.

However if you do not feel comfortable with this, you may request your care co-ordinator to arrange a smaller meeting. Your care co-ordinator can then have a conversation with any other people involved in your care before the meeting and bring their views along.

**Prepare for the review by thinking about:**
- what are the difficulties you are having at the moment
- the type of things you find supportive and would like in your care plan
- the support that would help if you were in a crisis
- whether you would like to make an advance statement (see page 7)
- identify what is going well
- list the things you would like to talk about or the questions you would like to ask.
What should be in a care plan:

- the details for all those involved in your care
- contact details of your care co-ordinator and who to contact out of office hours
- the arrangements for your mental health care including, where appropriate, any prescription medication or talking treatments
- the arrangements for your physical health care and who will provide it
- the factors that might indicate you are becoming unwell and what to do if they should occur
- an assessment of your safety needs and the best way to manage them (this may include risks to your safety or the safety of others as well as the risks of disengaging from treatment)

The care plan should include plans to address any other needs you have including possibly:

- accommodation
- employment
- education or training
- income
- social and leisure
- parenting and family
- culture and faith
- gender or sexuality

The care plan should also include the date of the next CPA review.
Who makes decisions?

Decisions at CPA review should be made jointly. Where agreement cannot be reached, the person chairing the meeting may have the final say. The chair is usually your care co-ordinator or psychiatrist.

Advocacy

You may wish to have an advocate accompany you to help you say what you need to say or speak on your behalf. An advocate may be a member of your family or a friend or you may wish to have an independent person who works as an advocate. Your care co-ordinator or a member of staff can advise you how to contact your local advocacy service.

What happens if things change?

First of all you need to discuss the changes with your care co-ordinator, and then at your next CPA review meeting. Depending on the nature of the change, your care plan may be altered or your need for CPA changed.

What if I no longer require CPA?

Oxford Health NHS Foundation Trust is committed to providing high quality care to all its patients whether they require CPA or not. Not requiring CPA usually means your care can be provided by one professional or may be of relatively short duration.
What happens if I am in hospital?

If you are not already on CPA you will be placed on it while you are in hospital. A CPA meeting should take place before you are discharged from hospital. CPA will be continued after your discharge from hospital if it is thought to be necessary.

Where does my carer fit into all of this?

With your agreement carers should be invited to CPA review meetings including those prior to discharge from hospital. They should also receive a copy of the care plan.

Where a carer provides support they are entitled to an assessment of their own health and social needs and a care plan to address those needs.

What is an advance statement?

This is a statement made in advance to say how you would like to be treated should you become ill. It should be recorded on your care plan if you have made one and say where the statement can be found.

What if I have more questions?

Your care co-ordinator should be able to help if you need any further information.
Concerns and complaints

We aim to provide you with a high quality service at all times. However, if you have any concerns, complaints or comments about your experience of our service then please tell a member of the team or contact the PALS and complaints team on the freephone 0800 328 7971.