A REVIEW OF THE IMPLEMENTATION OF THE CARE PROGRAMME APPROACH IN WALES

CPA ONE YEAR ON

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1.0 Introduction

The National Service Framework (NSF) for adult mental health set a target for full implementation of the Care Programme Approach (CPA) by Dec 2004. This required that all NHS Trusts and Powys LHB, together with their partner local authorities, establish systems and processes to roll out the CPA to cover existing and newly referred service users. CPA policy guidance was published in February 2003 to inform the process of implementation.

To indicate the high level of priority given to CPA, the Assembly Government set a Service and Financial Framework (SAFF) target for 2004/5 requiring that Local Health Boards and their NHS Trust providers ensure CPA was fully implemented by the target date of Dec 2004.

Early in 2006 Ann Lloyd, Head of the Assembly Government's Health and Social Services Department, asked for a national review of CPA implementation to be undertaken, following one complete year of it being in operation in Wales.

1.1 Purpose of the Review

The review was not intended to provide a full audit of CPA, but to provide a snapshot of progress, identifying some of the problems encountered in implementing CPA, and the scale of any such problems across Wales.

This report, prepared for Ann Lloyd and the Minister for Health and Social Services, will be used as part of the Assembly Government's performance management of the NSF, and its conclusions to make recommendations for improved implementation.

1.2 Methodology

A questionnaire (copy at Appendix 1) was developed by the mental health policy team within the Welsh Assembly Government. It was distributed by the Assembly Government's 3 Regional Offices to the providers of NHS secondary mental health services, ten NHS Trusts and Powys Local Health Board (in the rest of this report 'Trusts' is deemed to include Powys LHB). Trusts were asked where possible to complete the questionnaires with their partner local authorities. These were then collected by the Regional Offices and forwarded to the mental health policy branch for analysis and inclusion in the review.

11 questionnaires were sent out, however North Glamorgan NHS Trust and Pontypridd and Rhondda NHS Trust completed a joint response. For the purposes of the review, totals are expressed by the number of Trusts providing mental health services, i.e. n=11.

2.0 Conclusions

The following conclusions have been drawn from the review of CPA one year on:

1. Significant progress has been made in implementing CPA in all parts of Wales however in order to derive maximum benefit from CPA there is a need for further work to enhance CPA.

2. Some of the dedicated posts established to co-ordinate and oversee the implementation of CPA are under threat due to the expiry of funding streams to support them. Some areas are seeking solutions to this by locating the role in other posts or seeking continuing funding from alternative sources. The absence of dedicated post holders in each Trust provides the potential for the loss of momentum for further progress in CPA implementation.

3. Policies and procedures have been developed on a multi-agency basis and these have been integrated with Section 117 Statutory Aftercare policies.

4. The lack of embedded Information Technology systems integrated across health and social care services capable of supporting CPA is significantly hampering progress.

   The lack of such systems is leading to increased bureaucracy, duplication of effort, an inability to access key clinical information between professionals between locations and in services operating out of hours.

   Should these failings continue it is likely that confidence in the CPA process will be lost.

   Delays in procuring IT systems are due in part to some providers awaiting a system that will support the single electronic patient record, and as a result systems may not be developed until the Informing Healthcare and Informing Social Care projects are rolled out across Wales. Where bespoke systems have been procured and are in place CPA is more embedded and appears to be providing greater benefits

5. Progress has been made in integrating CPA with the UAP but this will require further work to embed fully. The challenge of developing an integrated system supporting UAP/CPA across health and social care services provides a serious challenge.

6. Paper based CPA systems are in place including pro forma to capture assessments of need and risk.

7. The level of CPA that service users are subject to, i.e. standard or enhanced is being routinely recorded. However because this was not a detailed audit it has not been possible to compare the variance between different Trusts use of the two levels of CPA. Other more general data sources suggest that there are inconsistencies in the ratio between the two levels, this needs to be analysed in greater detail

8. The risk assessment tools being used within CPA processes across Wales vary considerably. A number of academic institutions in Wales and CSIP in England are analysing the application of effective risk assessment tools in mental health settings. Welsh Assembly Government will continue to liaise with these bodies and use their findings in its deliberations of risk assessment within CPA.

9. Systems for aggregating and sharing unmet need for commissioning, clinical and managerial purposes exist but are somewhat embryonic due to a lack of IT systems to support them.

10. Service users and carers are being involved in the development of their own care plans. However it is not possible to determine in absolute terms the percentage of service users and carers involved without more detailed local audit.

11. Care plans are being distributed to relevant agencies. Trusts and local authorities have taken steps to address the need for service user consent to share care plans. They are shared in paper format slowing the process down and leading to increased administrative burden.

12. All Trust areas have plans to undertake detailed CPA audits and in many areas these have become part of standard Trust audit processes.

13. Whilst CPA implementation has predominantly been carried out by NHS Trust and Social Services provider services, commissioners have supported implementation. In some areas this support has extended to financial support, although this has not been universal.

3.0 Recommendations

1. The findings of this review should be disseminated in an anonomysed form to NHS Trusts, Local Authorities, Local Health Boards and Local Mental Health Strategic Planning Groups across Wales.

2. The full implementation of CPA should remain a priority for the Assembly Government. This will need rigorous performance management to ensure that continued progress is being made. Performance management should include Regional Offices being satisfied that arrangements for dedicated time from identified post-holders to ensure continued implementation of CPA are acceptable.

3. The conclusions of the analysis of risk assessment tools by Wales Applied Risk Research Network and Care Services Improvement Partnership should be disseminated to Trust and Local Authorities across Wales for consideration in the improvement of standards of risk assessment in CPA processes.

4. Information Technology is crucial to the full and effective implementation of CPA. The Welsh Assembly Government Policy Division together with Informing Healthcare and Informing Social Care should engage with those services that have procured and introduced IT solutions to CPA implementation. An analysis of how the IT solution has enabled CPA implementation together with associated costs should be considered as should projected difficulties in dovetailing these systems with the single electronic patient record. This analysis should be used to inform those services that have not procured systems to find suitable IT solutions.

5. Audits of local services including prison mental health services should be undertaken in line with the requirements of Raising the Standard. These audits should include service user satisfaction and be based upon a standardised tool such as the CPA Association audit tool in order to allow future benchmarking of services. Audits must include as a minimum an analysis of the numbers of service users involved in developing their care plan, the numbers and percentage of service users given a copy of their care plan, the number of carers offered an assessment, the number assessed and the number who decline such assessment.

6. An analysis based upon local audit should be undertaken on the use of standard and enhanced CPA across NHS Trust areas in Wales.

7. CSIP are currently undertaking a review of CPA in England. WAG should analyse the outcome of the CSIP review and consider the relevance of its findings in the Welsh context.

4.0 Detailed findings from the Review

The questionnaire covered the following seven broad topics:

- Lead Officer
- Policy, procedures and pro-forma
- IT systems development
- CPA and Unified Assessment Process (UAP) integration
- Distribution of Assessments
- CPA Implementation Audit Data
- LHB Local Authority facilitation of CPA

The report is set out using these topic areas as headings.

CPA Lead Officer

Question 1

> ***Does the Trust have an identifiable lead officer overseeing CPA implementation?***

Up to the 31st March 2006 all Trusts reported having an identifiable lead officer in place.

Question 1a

> ***Do they have authority to work across all agencies to ensure an integrated approach?***

All Trust respondents confirmed that their CPA lead officer has authority to work across all agencies. In a number of cases it was highlighted that this was reflective of and supported by broader inter agency collaboration in delivering mental health services.

Question 1b

> ***Is the post established on a substantive basis? Please indicate in comments box whether the post holder is responsible only for CPA.***

Future funding and current responsibilities of lead officers is varied across Wales. At 31st of March 2006 nine Trusts had a dedicated CPA co-ordinator. In the two remaining trusts Trust 9 have two staff with other responsibilities fulfilling this function and in Trust 3 15% of a post is dedicated to CPA co-ordination. Whilst dedicated to CPA some post holders have responsibility for UAP integration, monitoring, training and audit responsibilities.

In the Trust 6, Trust 8 and Trust 5 areas funding for the post either expired on the 31st March or is about to expire.

In Trust 8 a bid has been made to the LHBs to secure funding for a dedicated CPA lead. In Trust 3 the funding for the current post which dedicates 15% of its time to CPA will expire at the end of March 2007. Trust 5 has secured its dedicated CPA lead officer post until 2008 from discrete Assembly Government funding.

At the time of the review, Trust 6 was in the process of renegotiating its CPA co-ordination. The Trust, with its partner organisations, intends to lodge responsibility for CPA implementation with clinical service managers and propose the nomination of an executive level lead for CPA who will be supported by the Mental Health Directorate's Head of Nursing.

CPA Lead Officer Summary

One year on from the date of implementation all Trusts had a CPA lead officer authorised to work across health and social care. Financial pressures mainly driven by resource having been time limited have reduced or are threatening to reduce this capacity in almost 50% of trust areas.

Policy Procedures and Proforma

Question 2

> ***Has the Trust developed a policy and procedures to underpin CPA implementation including appropriate pro forma?***

All eleven Trusts have developed policies and procedures to underpin CPA implementation. In all cases these have been agreed and ratified with local authority partners. In a number of trust areas the original policies have been reviewed or are in the process of review and ratification.

Question 2a

> ***Is the policy integrated with local Section 117 policies and procedures?***

In all eleven trust areas CPA policy is incorporated within the Section 117 policy. One trust, Trust 1 identified the fact that not all directorates within the mental health and learning disability division use CPA but where CPA is extant it is covered by the section 117 policy. In ten of the eleven Trusts processes are in place to monitor Section 117 compliance. Trust 7 were the only Trust in which compliance is not monitored but this is currently under review.

Question 2b

> ***Have pro forma been developed and agreed between agencies implementing CPA?***

In all eleven Trust areas CPA pro forma have been developed and agreed between NHS and their partner local authorities.

Question 2c

Do systems facilitate the transfer of care plans between community team and in patient services at times of hospital admission?

All eleven of the trusts stated that systems facilitate the transfer of care plans between community teams and in patient services. However seven of the eleven trusts acknowledged that the process is not as robust as it could be. Whilst systems have been established and enshrined in policy the full implementation of sharing care plans between community and inpatient services is being hampered by a lack of information technology to support this.

One Trust that is achieving this integration, Trust 5 cited its Paris IT system as the means by which this co-ordination is achieved.

Question 2d

Do systems facilitate informing Primary Care Teams of those people within their practice subject to enhanced CPA in order to assist GPs in meeting the requirements of the mental health Directed Enhanced Service?

All eleven Trusts provide GPs with care plans that include the level of CPA to which the patient is subject. This is in line with the NSF requirement for copies of care plans to be sent to GPs within seven days. Both Trust 5 and Trust 10 Trusts identified that current electronic systems will not enable the notification of GPs of a patients level of CPA.

A manual solution has been established in Trust 5 and changes to electronic systems are under development..

Trust 10 is in the process of examining IT systems to facilitate the sharing of information with primary health care. Meanwhile the CMHTs and CPA manager are investigating current systems to facilitate this information sharing.

Question 2e

Do the pro forma include capacity to record the following information?:-

i. Specialist Assessment?
ii. Risk Assessment? (If yes Which assessment tool)
iii. Care Plan?
iv. Contingency plan including non compliance and missed contact arrangements?

v. Appointment of a care Coordinator?
vi. Reviews?
vii. Physical healthcare needs?
viii. Service User ethnicity?

All of the eleven providers captured all of the above information. The Trust 8 response identified that they have only a partially formed care plan for recording at this stage.

Trusts were asked to identify the risk assessment tool used within the assessment process. Three Trusts Trust 5, Trust 4 and Trust 3 used a locally developed risk assessment tool.

Four trusts specified the following tools Trust 9 Trust used the FACE risk profile, Trust 10 used a locally modified version of the Sainsbury's Centre for Mental Health tool, Trust 2 use the Sainsbury Centre for Mental Health level 1 and level 2 risk assessment tools and Trust 1 have used the Worthing Weighted Risk Indicator. Trust 1 are reviewing their tool and negotiating the adoption of a single risk assessment tool across the Trust and their five local authority partners this is likely to be the DICES tool.

Policy Procedures and Pro-forma Summary

All eleven Trust areas have made significant progress in developing policies procedures and bespoke pro forma to support CPA with virtually all trusts giving a positive response to all fields in the questionnaire. They have also ensured integration of the CPA process with Section 117 Aftercare policies and procedures in partnership with their relevant local authorities. Importantly they include risk assessment processes within CPA systems and pro forma. However, there is no standardised risk assessment tool in use across Wales with a variety, some locally developed, in use.

The most significant problem identified was that of obstacles to information sharing. This was almost exclusively due to limited or no electronic systems being in place. The sharing of care plans is dependent in most areas on paper copies being dispatched. In the absence of supporting IT this requires additional administrative support.

IT system development

Question 3

> ***Has the Trust procured an IT system to support CPA implementation?***

Only four Trusts have procured an IT system to support CPA; Trust 9, Trust 5, Trust 7 and Trust 4.

The remaining NHS Trusts; Trust 10, Trust 8, Trust 6, Trust 3, Trust 1 and Trust 2 have not as yet procured a system.

Trust 9
Trust 9 have procured Functional Analysis of the Care Environment (FACE). This system is fully operational and is being rolled out with training for full operation across the Trust by September 2006. Agreement has been reached that all health and social care staff will enter information onto the FACE system. Basic personal information will be placed onto the local authority systems by admin staff. The local authority basic information is used to direct services and staff to appropriate personnel until an integrated solution is established.

Trust 5
Trust 5 has procured the PARIS system and CPA currently interfaces with the PARIS/PAS system. The system is not yet fully operational and will not be in mental health until 2007 when ISOFT will be introduced. In adult mental health services there is integration with the local authority through the use of the local authority social services PARIS system.

Trust 7
Trust 7 have procured the PARIS system however it is not fully operational and does not interface with the local authority systems but information sharing options are being considered.

Trust 4
Trust 4 has procured the MIP mental health module. The system is not yet fully operational and does not interface with local authority systems.

Trust 2
Trust 2 have in principle agreement to procure a system.

Trust 1
Trust 1 is piloting its existing system EPEX to support CPA documentation. However there is no interface between this system and their partner local authorities. This problem is further complicated by the fact that the local authorities in Trust 1 use either SWIFT or RAISE. There is also no information sharing agreement in place across Trust 1.

Trust 3
Trust 3 have not procured a system to support CPA and are not in the process of procuring a system. It has been identified that local IT systems can not support CPA.

Trust 6
Trust 6 is working with its partner local authorities to develop a system which supports Unified Assessment Process UAP. It is seeking this solution to address the IT solution for CPA.

Trust 8

Trust 8 has not procured an IT system to support CPA. They identified this as the single most difficult problem with CPA. both of the Trusts have different PAS systems and the two local authorities use different versions of SWIFT. This is leading to duplication and inefficiencies in the use of CPA.

Trust 10
Trust 10 has not procured an IT system to support CPA but is in the process of doing so. No decision has been reached on the preferred system but it is the intent that there will be connectivity with local authorities enabling document linkage and a secure email system.

Information Technology Development Summary

The lack of integrated NHS Local Authority IT systems to support CPA is a significant shortfall. Seven Trusts have not procured a system and of the four that have, only one Trust 9 is close to full operation and roll out. Progress is being made in other areas but nowhere has a full solution been found to allow integration of health and social care systems. This represents a major hurdle in realising the full potential of CPA. Integrated IT systems would minimise duplication, make CPA less bureaucratic, minimise the administrative burden and speed up the process of sharing information between agencies and settings.

There are a number of different systems in place in health and social care services and frequently there are compatibility problems. There is potential that if these hurdles are not overcome progress on improving CPA processes will not occur and staff will become frustrated with the process.

Care Programme Approach (CPA) Unified Assessment (UAP) Integration

Question 4

> ***Has the Trust integrated its CPA system with local Unified Assessment (UAP) processes?***

Seven of the eleven NHS Trusts; Trust 2, Trust 1, Trust 6, Trust 10, Trust 9, Trust 7 and Trust 5 have integrated their CPA/UAP processes. However five of these Trusts identified that the system would be improved with an IT solution noting that currently, integrated data collection and access to data, is hampered by a lack of IT or the lack of integrated IT.

Trust 4, and Trust 8 are in the process of developing and integrated system, whilst Trust 3 has reached agreement to establish a multi agency task and finish group to address this issue.

Care Programme Approach (CPA) Unified Assessment (UAP) Integration Summary

Significant progress is being made to integrate CPA and UAP systems. Meetings have been held with WAG officials from mental health Policy Branch and SSIW to address this issue. Ten of the eleven Trusts either have or are in the process of developing integrated systems and the only area not to have commenced the process is developing a group to facilitate integration.

Integrated IT is once again seen as the means of fully realising the ambition for fully compatible systems. However given the issue of incompatibility of NHS and LA IT systems raised under question 3 above this appears to be even more problematic than finding an IT solution to support CPA.

Distribution of Assessments

Question 5

Are arrangements in place governing distribution of assessment outcomes including care plans?

Only Trust 4 does not have arrangements in place governing the distribution of assessment outcomes. Trust 4 does however have a system in place to provide the service user with a copy of the care plan.

In the ten Trust areas where systems are in place all ten supply information on assessment outcomes and a copy of care plans to all of the following care providers:

i. The Service user
ii Their Carer
iii The Nearest Relative if different from ii above
iv The GP
v The Local Authority
vi Other agencies

All of the trusts were clear, however, that in order to share information they would first seek the service users consent and that information would not be routinely shared with all care agencies unless they were actively engaged in delivering a component of the care. Trust 8 drew particular attention of the need for service user consent to share information with nearest relative.

Question 5a

Does the plan specify enhanced or standard level of CPA?

All eleven Trusts stated that their care plans specify whether the service user is subject to the standard or enhanced level of CPA.

Question 5b

Please detail the criteria used for placing people on enhanced CPA.

Nine of the eleven NHS Trusts referenced the criteria within the CPA guidance. Two Trusts Trust 1 and Trust 6 made additional reference to other guidance such as the UAP guidance "A Unified and Fair System for Assessment and Managing Care". Trust 1 also specify that all people subject to Section 25 Supervised Discharge Orders shall be placed on enhanced CPA. This reflects the fact that making a service user subject to a supervised Discharge Order requires that they would be at considerable risk of vulnerability due to neglect or risk of physical harm and that this would satisfy the need for enhanced CPA. Trust 6 specify that the decision must be needs led rather than service led. Trust 5 provided a condensed criterion which is in line with the CPA guidance. Trust 3 stated that local criteria are used however these were not specified and it is not therefore possible to determine whether or not these criteria are in line with CPA policy guidance.

Question 5c

Are systems in place to provide identified information on unmet need to commissioning planning groups?

Table 1. Information on unmet need emanating from CPA processes provided to planning and commissioning agencies by NHS Trusts.

Commissioning/Planning Body	yes	no	partially
Local Health Board commissioners	6	4	1
Local Authority Commissioning staff	8	2	1
Voluntary Sector Service Providers	5	4	2
Local Mental Health Strategic Planning Group	9	2	0

The picture is less clear than that represented in table one. Trust 7 for instance indicated that unmet need is only partially captured currently and can not therefore be appropriately shared with planning and commissioning bodies. Trust 6 on the other hand stipulated that their policy requires that information on unmet need is provided to the planning and commissioning bodies. Local audit has however illustrated that policy is not always fully reflected in operational practice.

Distribution of Assessments Summary

Progress has clearly been made on sharing information on the outcome of assessments. Systems for sharing information on care plans to service users are in place across all Trust areas. A significant majority have systems in place to share information with relevant care agencies and informal carers where clinically appropriate.

NHS Trusts appear to be universally operating a systematic approach to recording the level of CPA and to determining the level of CPA on which service users are placed. It will be interesting when a more detailed audit is

undertaken across Wales by Trusts to benchmark the percentage use of standard and enhanced CPA between Trusts.

Systems are less well developed for capturing and sharing information on unmet needs although more trust areas are providing information on unmet needs to commissioners and planners. It is unlikely that the quality and ease of transfer of this information will be fully realised until IT systems are in place to capture and aggregate this need.

CPA Implementation Audit Data

It is difficult to benchmark the Welsh NHS Trusts using the audit data available due to variance in CPA audits in different Trust areas. This variance has meant that there are missing data in many of the fields addressed in the questionnaire where neither validated nor estimated data wee available. Trusts showing a 0% return in figures 1-4 below have been unable to provide data. This does not mean that there is no activity in these Trust areas against these fields. Furthermore missing data does not mean that there has been no audit activity in that Trust area but that the question posed in the WAG questionnaire was not included in the local CPA audit. In order to improve the ability to benchmark Trusts in the future standardised audit fields could be developed with CPA lead officers agreeing a standardised methodology for data collection.

Whilst data on CPA implementation are incomplete they do nevertheless provide the ability to note progress in CPA implementation in many parts of Wales.

Question 6

> ***What is the % of Service Users currently involved in the development of their care plans?***

Questionnaires returned with data in this field reflected the following:

Trust 2
In their CPA audit May-July 2005 Trust 2 showed that 95% of care plans documented service user views.

Trust 7
A service User review in Trust 7 indicated that 28.75% of service users surveyed had a care plan, of which 65% felt they had been involved in its development.

Trust 1
A baseline review in Oct 2005 identified that in Trust 1 47% of case notes had a completed and up to date care plan. Significant variability was noted between the County Boroughs and staff teams with an overall estimated figure of 40% of service users having been involved in developing their care

plan. Some teams are likely to be performing significantly higher than this estimate.

Trust 10
A Trust 10 survey completed in the summer of 2005 using a service user questionnaire identified that 79% of respondents indicated that they had been involved in developing their care plan

Trust 3
Based upon a sample audit an estimated 80%+ of service users in Trust 3 had been involved in developing their care plan.

Trust 4
An audit of adult mental health services in Trust 4 demonstrated 67% of service user had been involved in developing their care plan.

Trust 5
An estimated 95% of service users have been involved in developing their care plan. Some evidence was also gathered that in the 5% not involved some service users had refused to engage in the CPA process.

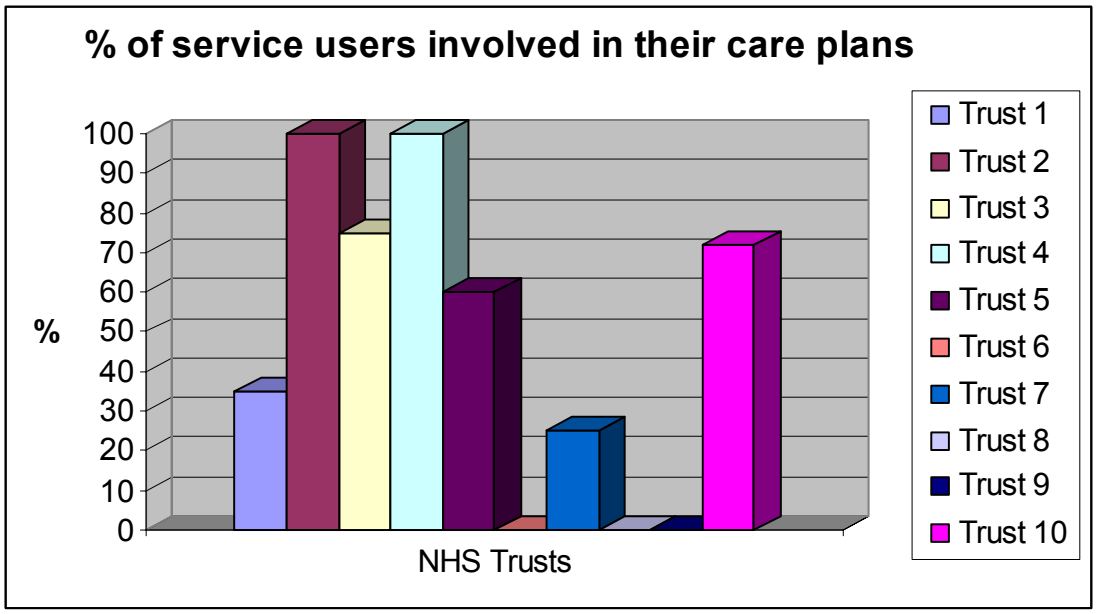

Figure 1: Percentage of Service Users currently involved in the development of their care plans summary

It is not possible to state with certainty the frequency of service users being involved in the development of their care plan because in many areas this is not routinely monitored. In order to undertake an audit this has in many cases involved reviewing case notes. Only where it is specified that service users participated, or where their views are explicitly stated in the care plan can it be evidenced that they have been involved. This is not to say that where such a record does not exist they have not been involved. The graph at figure 1 is therefore likely to be an underestimate of service user participation.

A number of the audits undertaken show significant progress in this field. However, it must be noted that the data reflected in the returns reflect surveys and questionnaires where the sample sizes are likely to have varied and that estimates are not therefore directly comparable. Nevertheless where data are available returns show that where care plans do exist between 40% and 95% of service users have been involved in their development.

Question 6a

What is the % of service users offered written copies of their care plans?

Questionnaires returned with data in this field reflected the following:

Trust 6
There is variation in performance across local authority areas covered by Trust 6. The 31% figure identified in Fig 2 is the mean for Trust 6.. Validated data showed that 39% of service users in Area A and 24% of service users in Area B had been given a copy of their care plan.

Trust 7
Their survey showed that of the 29% of service users for whom care plans had been developed 43% of these had received a copy.

Trust 2
In February 2006 figures from the monthly CPA returns recorded that 83% 0f service users were offered a copy of their care plan.

Trust 1
Their base line re-audit identified that 26% of service users received a copy of their care plan. However this is out of step with the routine practice of forwarding a copy of the care plan to the service users once it has been typed. They estimate therefore that in excess of 80% of service users for whom a care plan has been developed has a copy.

Trust 10
Trust 10 stated that in all cases service users are offered a copy of their care plan and that where a copy exists there is 100% compliance in sharing it with service users.

Trust 3
Based upon their sample audit there was 100% compliance in sharing a copy of the care plan with the service user representing an estimate of in excess of 81% of service users having received a copy of their care plan.

Trust 4
Based upon their sample audit there was 100% compliance in sharing a copy of the care plan with the service user. This represents 67% of service users having received a copy of their care plan.

Trust 5

In Trust 5 as in a number of areas there is 100% compliance in sharing a copy of the care plan with the service user when the plan has been completed. Based upon their estimation this would reflect 95% of service users in Trust 5 having a copy of their care plan.

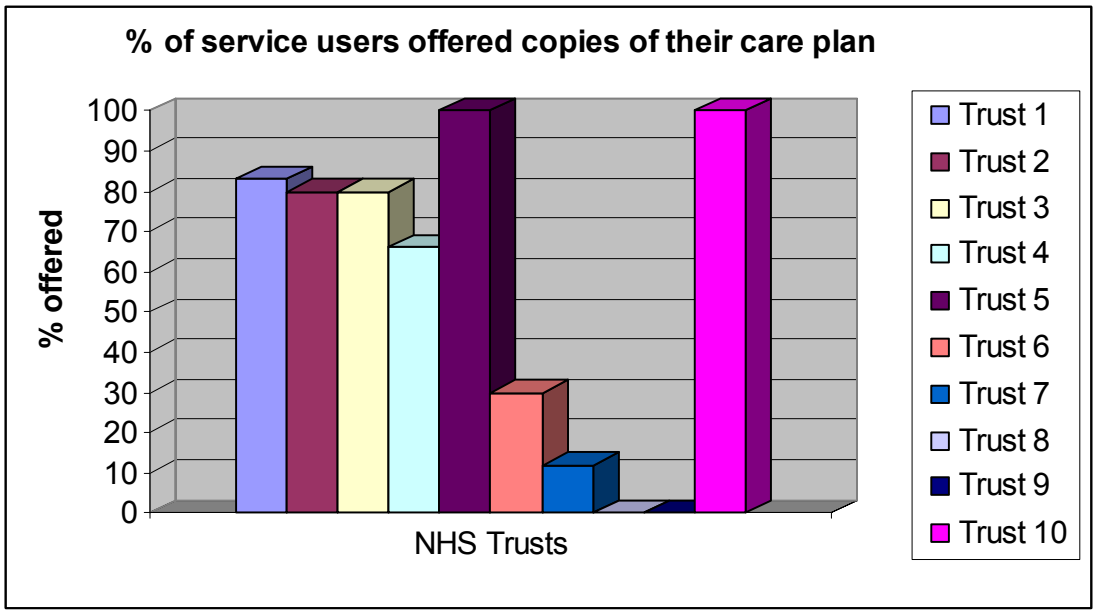

Figure 2: Percentage of service users offered written copies of their care plans summary

Benchmarking the performance of Trust areas in the provision of care plans is not possible due to the variance in available data. Some returns reflect validated data based upon audit whilst others reflect local policy that all care plans are routinely shared with service users. Where data were not available these are illustrated as 0% reflecting missing data rather than a lack of activity.

Question 6b

> ***What is the % of carers of people subject to CPA that have an assessment of their own needs and their own care plan?***

The questionnaires containing data in this field reported the following:

Trust 6
The CPA audit conducted in Trust 6 identified that in Area A 21% of carers were offered an assessment but none were completed. In Area B 8% were offered and 2% completed. This low completion rate is likely to reflect the uptake rate by carers where an assessment is offered.

Trust 7
The figure is not known but a full audit of CPA was ongoing at the time of this report being completed.

Trust 1

The Trust 1 audit identified that only 8% of service users had a carer identified. Of this 8%, 17% had received an assessment. The number declining assessment was not recorded.

Trust 2
An audit undertaken between May and July 2005 in Trust 2 identified that 53% of carers had been assessed and provided with a copy of their own care plan.

Trust 10
In Trust 10 67% of carers were identified as having a copy of their care plan and 82% as having signed a copy of their care plan

Trust 3
In Trust 3 there are no data available. However it was highlighted that voluntary sector agencies completed an estimated 15 carer assessments in the 12 months prior to the completion of the questionnaire.

Trust 4
Trust 4 identified 3% of carers as having a copy of their own care plan and that this was an area where services need to improve.

Trust 5
Trust 5 did not provide data but did identify that the offer of an assessment is only taken up by a minority of carers. Their IT system PARIS will in the future be able to generate a report on the number of assessments undertaken. This will be a mandatory question in the assessment process.

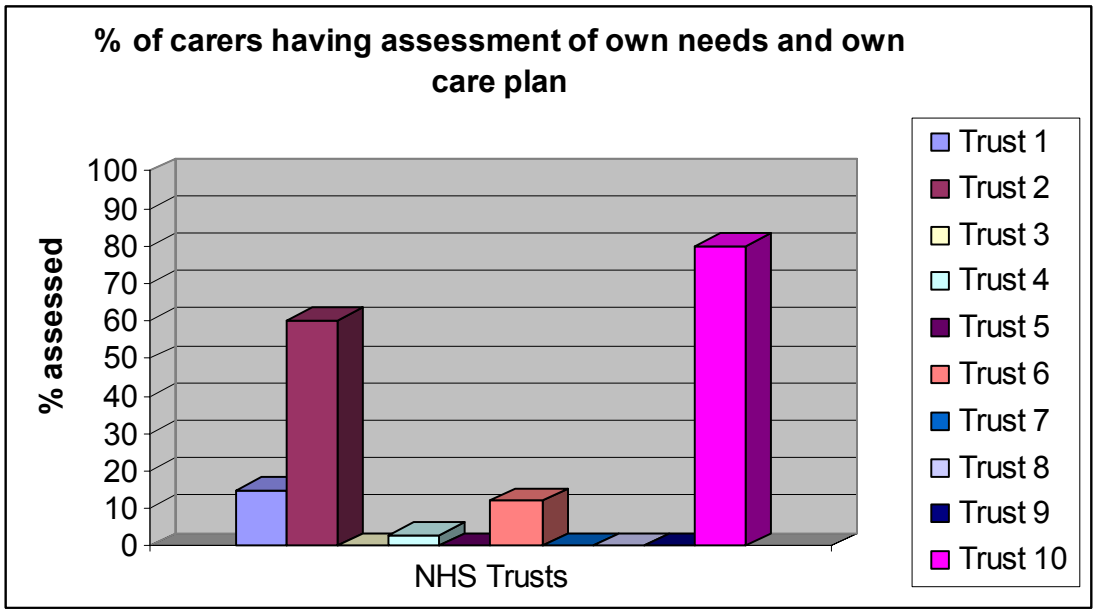

Figure 3: The % of carers of people subject to CPA that have an assessment of their own needs and their own care plan summary

Of all of the fields requiring a % figure of activity this field was the most difficult to draw conclusions and comparisons. In the areas where audit had been carried out a number of significant variables were identified.

Not all service users subject to CPA has a carer. In some areas it is clear that an assessment will only be carried out where such an assessment has been requested or where it is clear that an assessment is required. Furthermore there is evidence that where an assessment was offered this was frequently declined by the carer. In order to undertake meaningful analysis of carer assessments improved and standardised data collection systems are required.

Question 6c

> ***What local arrangements have been developed to audit CPA implementation in future years?***

The Trust responses were as follows:

Trust 6
CPA audit is part of the Trust's rolling annual audit plan and will include the Community Intensive Support Team and Prison Mental health In-reach Service

Trust 7
CPA lead to undertake annual audits from a service user perspective and from an implementation/compliance perspective.

Trust 2
Local CPA audit tool developed annual audits to be undertaken.

Trust 1
A pilot was undertaken in November 2004 using the Department of Health CPA audit tool. Whilst this was helpful, it was a lengthy process. The CPAA audit tool (with some amendment to reflect the Welsh NSF and policy guidance) is being used as a tool for ongoing, rolling audit across the boroughs in Trust 1. It includes a service user and carer questionnaire but the plan is that rather than send a questionnaire (which statistically doesn't elicit a good response) interviews will take place. They hope to use a peer interview style (with service users who have received training, interviewing other service users). The hope is that this will be the least threatening of all scenarios, and would illicit more honest results. Ethical approval for this is currently being sought.

Trust 10

- CPA Service User Audit to be done again in three years time
- Benchmarking with other services
- Case File Monitoring of CPA standards annually

Trust 8

Future Audits:-
Review of Baseline CPA Audit
All aspects of Care Planning as identified in Part 1, paragraph 11 of CPAA Audit Tool.

Trust 3
Priorities for audit work have been identified, which include:

- Timely reviews
- Analysis of H.O.N.O.S Data
- Collation and distribution of unmet need data
- Accurate completion of documentation

However there is no IT facility to capture all of this data and staff are not in place to support a manual system.

Trust 9
First annual audit being undertaken utilising an audit tool / questionnaire for service users / carers. Future year audits will be utilising the current draft ICP for CMHTs and ratified ICP for In-Patient services. With the introduction of electronic records the audit of CPA will be an integral part of reporting.

Trust 4
Annual audit in line with Welsh Risk Pool-CPA association guidance

Trust 5
Use of CPAA Audit tool is the suggested option as part of audit cycle and part of CPA lead work programme

Future Audit Arrangements Summary

The responses to this question varied significantly. However there were a number of common themes in the responses. All Trust areas have arrangements in place for the future audit of CPA processes. The majority of responses identified the need for service users and carers to form part of the audit process either by means of questionnaire or sample interviewing.

Seven Trusts explicitly stated that a bespoke CPA audit tool would be used many of which would be the CPA Association tool or a locally modified version of this tool.

Question 6d

> ***How has the local health board and Local Authority facilitated the implementation of CPA?***

The Trust responses were as follows:

Trust 6
Partner LHB and LAs were fully involved in the implementation of CPA. Through our partnership arrangements the implementation of CPA was driven by the joint strategy groups and also involved the voluntary sector.

Trust 7

- LHBs and Local Authority partners on the CPA implementation group.
- They are involved in the development of documentation, policy and procedures and involved in training and the roll out of UA/CPA

Trust 2

No response

Trust 1

The LAs are committed to a partnership approach and are well represented at the CPA board. Following the review baseline audit, the Trust & each local authority borough have developed an action plan with the lead officer to improve compliance with the standards. This was supported by LHBs.

Trust 10

- Local authorities have been involved through their adult social care departments throughout implementation period
- Part funding of CPA post
- The LHB is assisting the Trust and LAs regarding procurement of IT system for CPA

Trust 8

The LHB and LA are partners on CPA Overarching Group and members of the Mental Health Joint Working Group. All policies are developed with all Partners.

Trust 3

The Local Health Board and Local Authorities have facilitated the implementation of documentation used across health and social care agencies. Despite efforts, no funding has been identified to support Care Programme Approach locally.

Trust 9

The implementation of CPA has been led by the Trust reporting to LHB's and LA's via strategy and planning groups and collegiate commissioning arrangements

Trust 4

Employment of CPA lead preparation of written policies and guidance and the training for care co-ordinators

Trust 5

Agreed shared policies, procedures and documentation. This is specifically covered in Multi-agency CPA Steering Group and Mental Health Service Development Group

LHB Local authority facilitation of CPA implementation Summary

From the evidence included on the questionnaires it appears, as may be expected, that the NHS Trust and local authority providers have led the implementation process. However the commissioners in LHBs and local authorities have been involved in the process. Involvement included the use of local partnership arrangements to ratify policies and procedures, assistance in the employment of CPA leads and procurement of IT systems and training. One Trust specified that no funding to support the CPA process had been forthcoming.

APPENDIX ONE CPA REVIEW QUESTIONNAIRE
A Review of Care Programme Approach Implementation: One Year On

No.	Implementation Criteria	Delivery status	Comments
Lead Officer			
1	Does the Trust have an identifiable lead officer overseeing CPA implementation?	Yes/No	
1a	If yes. Do they have authority to work across all agencies to ensure an integrated approach?	Yes/No	
1b	If yes. Is the post established on a substantive basis?	Yes/No	
Policy Procedures and proforma			
2	Has the Trust developed a policy and procedures to underpin CPA implementation including appropriate pro forma?	Yes/No	
2a	If yes, is the policy integrated with local Section 117 policies and procedures?	Yes/No	
2b	If yes, have pro forma been developed and agreed between agencies implementing CPA?	Yes/No	

No.	Implementation Criteria	Delivery status	Comments
Policy Procedures and pro forma continued			
2c	If yes, do the systems facilitate the transfer of care plans between community team and in patient services at times of hospital admission?	Yes/No	
2d	Do systems facilitate informing Primary Care Teams of those people within their practice subject to enhanced CPA in order to assist GPs in meeting the requirements of the mental health Directed Enhanced Service?	Yes/No	
2e	Do they include capacity to record: (please provide detail in comments box) i Specialist Assessment? ii Risk Assessment? (If yes What assessment tool) iii Care Plan? iv Contingency plan including non compliance and missed contact arrangements? v Appointment of a care Coordinator? vi Reviews? vii Physical healthcare needs? viii Service User ethnicity?	 Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	
IT system development			
3	Has the Trust procured an IT system to support CPA implementation?	Yes/No	
3a	If yes, what system has been procured?		

3b	If yes, is the system fully operational?	Yes/No	
3c	If yes, does the system interface with the local authority system?	Yes/No	
3d	If no, is the Trust in the process of procuring an IT system?	Yes/No	
Care Programme Approach Unified Assessment Integration			
4	Has the Trust integrated its CPA system with local Unified Assessment (UAP) processes?	Yes/No	
4a	If yes does the Trust have integrated CPA/UAP pro forma and data collection systems	Yes/No	
Distribution of Assessments			
5	Are arrangements in place governing distribution of assessment outcomes including care plans? Do these include: i) The service user ii) Their carer iii) Their Nearest relative (if different from carer) iv) The GP v) The Local Authority vi) Other agencies	Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No	
5a	Does the plan specify enhanced or standard level of CPA?	Yes/No	

5b	Please detail the criteria use for placing people on enhanced CPA.		
5c	Are systems in place to provide identified information on unmet need to: i Local Health board commissioners ii Local authority Commissioning staff iii Voluntary sector service providers iv Local mental health strategic planning group (please provide detail in comments box)	Yes/No Yes/No Yes/No Yes/No Yes/No	
CPA implementation Audit data			
6	What is the % of Service Users currently involved in the development of their care plans? Is this figure an estimate or drawn from validated data	 Yes/No	
6a	What is the % of service Users offered written copies of their care plans? Is this figure an estimate or drawn from validated data	 Yes/No	
6b	What is the % of carers of people subject to CPA that have an assessment of their own needs and their own care plan? Is this figure an estimate or drawn from validated data	 Yes/No	
6c	What local arrangements have been developed to audit CPA implementation in future years?		

6d	How has the local health board facilitated the implementation of CPA?	