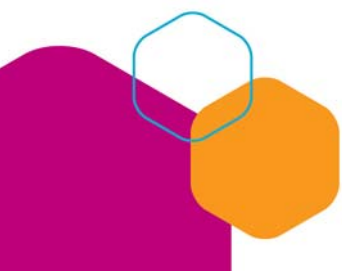


# **Transformation and the care programme approach: moving forward in London**

Report on a workshop held in central London  
on 31 March 2010

April 2010



## Introduction

The care programme approach (CPA) is a system of delivering and coordinating care, which is focused on recovery and developed in partnership with the service user and carer. Transformation is a shift towards early intervention, prevention, choice and control for the service user.

This event aimed to provide information about the links between transformation and care programme approach, with an opportunity to discuss the implications of integrating health and social care systems.

This report includes:

- background to the event
- aims of the event
- presentations
- feedback and summary
- graphical representation of attendees
- conclusions, moving forward, and next steps
- a background to CSL
- acknowledgments.

## Background

In January 2010, a number of pan-London care programme approach leads met to develop a working relationship in response to the Department of Health's plans for local authority self-directed support. It was felt that self-directed support developments were likely to have serious implications for care programme approach procedures, including significant increases in administrative requirements for service users and trust staff.

This event aimed to bring key people together to discuss the integration of the care programme approach and transformation.

The London Development Centre has been working with provider services for many years and one of the work streams has been supporting the implementation of the care programme approach. The London Development Centre is now part of Commissioning Support for London (CSL), which supports London commissioners to deliver NHS London's strategic plan, *Healthcare for London*. For further details of CSL, please visit [www.csl.nhs.uk](http://www.csl.nhs.uk).

The shift of focus means that the care programme approach work stream has come to an end, however this work will continue via the support CSL offers the London commissioners.

## Aims of the event

- To explore how transformation and the CPA can come together effectively.
- To share good practice regarding integration between health and social care systems.
- To identify the challenges and opportunities for developing and improving work practices.

## Presentations

The day was chaired by Jim Symington, Head of Commissioning and Improved Care Pathway Programmes, National Mental Health Development Unit (NMHDU), and the following presentations were given:

- Linking transformation and the CPA – personalisation for all (national and regional perspectives) by Ian Winter, Deputy Regional Director, Social Care and Partnerships, Department of Health.
- Understanding Payment by Results (PbR) for mental health and links with CPA by Peter Howitt, Head of Expanding the Scope of PbR, Department of Health.
- Whose plan is it? By Rita Brewis, In Control.
- What has already been achieved? By Ann Sheridan, Community Services Manager, Central and North West London Foundation Trust; Peter Cartlidge, Assistant Director, Camden and Islington NHS Foundation Trust; Ceri Sheppard, Look Ahead Project, Tower Hamlets.
- Action planning by Neil Nerva, London Social Care Transformation Programme Manager, Department of Health.

## Feedback and summary

The event included two interactive sessions where delegates were asked various questions and a summary of their feedback is given below.

### Whose plan is it? By Rita Brewis

#### 1. What do we value about the CPA?

Many people agreed that a particular benefit of the CPA is that it brings everyone involved in the care together, such as service users, carers and professionals. This facilitates information sharing and transparency in the decision making process as well as sustaining a continued process of dialogue between all of those involved in a person's care.

All groups found the CPA empowering, though for slightly different reasons. Professionals found it empowering because it gave them an even platform to discuss their priorities; carers found it empowering because it recognised them as an important part in the process; and service users found it empowering because it gave them real choice and control over their care.

The final key point of value was the identification of a named person as this made communications easier and reassuring.

### **How we think service users value the care programme approach**

- Empowers service users

It strengthens and ensures user participation by giving service users real choice and control over their care. With the organisation wrapped around the service user, they are empowered to have a say in their care and can perform a chairing role.

- Focus on outcomes and personal strengths

The CPA provides the support to achieve personal goals by concentrating on outcomes, rather than targets. This allows the carer to focus on the service user's strengths, aspirations and resilience by setting realistic goals that help people to flourish. Frequently cited was the importance of the focus on recovery.

- Network of support and access to resources

CPA can act as an efficient 'one-stop-shop' by providing a central point of contact and access to resources. This also generates a network of support that can lead to the service user feeling safer by having contingency and crisis plans that they have been involved in shaping.

- Transparency in decision making and continuity of care

CPA offers transparency in decision making because it needs to be signed off by all parties. This ensures a process of dialogue and a continuity of relationships with all of those involved in the service user's care.

- Integrated care

CPA offers the chance for integrated care both in the delivery and identification. It brings social care into the agenda, as well as wider community networks and services.

### **How we think carers value the care programme approach**

- Recognition of the role of carers

CPA is important because it acknowledges the role of the family and/or the carer. It provides a good opportunity to involve carers as well as exploring ways of including them further. The CPA can identify tasks for family work, as well as a link to carer's assessment.

- Transparency in the decision making process

CPA offers transparency in the decision making process as it needs to be signed off by all parties.

- Information sharing and continuity of care

As well as the decision making process, the CPA is a valuable mechanism as it provides information while also facilitating information sharing by ensuring a process of dialogue between all parties. It identifies a central point of contact and ensures a continuity of relationship with all those involved in a service user's care.

### **How we think professionals value the care programme approach**

- Joint working

CPA brings together various disciplines for an holistic assessment that gives all professionals a voice. It is a shared approach to care which needs to be signed off by all parties. It also brings together the health and social care agenda.

- Information sharing and continuity of care

CPA provides continuity of care by ensuring a process of dialogue. It is also a valuable means of information sharing by all of those involved in a person's care.

- A working framework

CPA provides a framework that marks progress and provides structure and boundaries that are useful for focusing time properly. It provides a continuity decision making tool with opportunities to plan and review. The care plan also provides an opportunity to measure success.

- A working framework: clarity over roles and responsibilities

CPA also sets out a framework, which sets boundaries for staff and identifies clear roles and responsibilities for all those involved in a service user's care.

- A working framework: risk management

CPA framework provides a clear safety net to encourage positive risk taking. The risk management framework effectively shares the risk between parties.

### **How can we sustain what we value about the CPA?**

- CPA to remain the priority and keystone

CPA must remain the foundation of care. Self-directed support tools have to be integrated with the CPA process.

- Clear and timely communications

It was identified that there is a need for more information and to ensure that this information is clear and accessible to all including a clear, simple introduction for service users.

Also noted was the need for the development of a resource directory which would provide access to examples of good practice, toolkits for decision making and other evidence-based resources.

- Joint working between health, social care and the third sector

There would need to be joint ownership between the NHS and local authorities with good supervision and strong leadership for all staff. Joint working was seen to include imaginative use of third sector.

- Clear evidence base

The importance of a clear evidence base underpinning all aspects was frequently cited with suggestions that there should be small trials and the findings should underpin all training.

- Staff training

It is important to ensure that there is training and development for all staff and that this includes the concepts of recovery and personalisation. It is vital to ensure that all training is evidence based.

- Continued support and clear framework

There is a need for practical advice and support for the successful delivery of personalised support. Professionals were keen to stress the importance of protected time to make assessments and ensure implementation.

- Service user and carer involvement to be sustained and involved

For transformation and the CPA to work together, they need to be integrated with the life and work of the service user with supported self-assessment. It was also suggested that there should be help for service users to create and commission their own services.

- Clarity over place and priority of other health and social care themes

It was stressed that it was important to keep the theme of transformation and CPA linked with re-enablement and recovery and not to lose sight of the mental health community. Also sought was clarity over PbR with suggestions that it shouldn't hinder personal support.

### **Action planning by Neil Nerva, London Social Care Transformation Programme Manager**

The delegates were asked to consider what was needed to move the integration of transformation and care programme approach agenda forward. They were asked to consider national government-level actions and organisational-level actions.

#### **National-level actions**

The main themes involved the need for more structure and clarity, led from the top, over the integration of the care programme approach and the transformation agenda. This should be developed in tandem with the concerns and practical considerations of those on the front line, including clear system guidance and clarity over new roles and responsibilities. The need to adapt the current system in information management and technology was seen as vital if integration was to be genuine, rather than purely rhetorical.

- Planning and moving forward

There is a need for clear, joined up thinking nationally on PbR and personalisation whilst keeping an equitable focus on mental health within all implementation of personalisation. Future work needs to be kept realistic and practical for local practitioners and clinical input was deemed essential to this.

There is a need for work on improving ways of measuring real outcomes and national strategy should go further in promoting community-led, empowered and inclusive public services reform.

- Guidance and frameworks

There is a need for centrally produced practical guidance to integrating the care programme approach and transformation to demonstrate national joined up thinking on PbR and personalisation. An integrated performance framework that has a purpose as well as a focus on outcome based assessments is required, possibly integrating CQUIN. There is also a need for model documentation from the Department of Health and linking to an evidence base to convince professionals of benefits.

- Clarity over roles and responsibilities

There needs to be consideration of the remit of professionals in taking forward personalisation and providing clear guidance on roles and responsibilities by defining who should be the care coordinators. Whatever the level of the professionals involved, there was a clear need to invest in training.

- System which makes integration and joint working possible

The national infrastructure needs to make real moves to integrate health and social care performance regimes as well as the informational management and technology infrastructure. A commitment to a single electronic record system or at the very least, a successful interface between health and social care IT systems and a drive to make it happen is required.

- Finance

More transparency on funding and holding both local authorities and PCTs to account for equitable spend on mental health whilst reducing bean counting and paperwork.

### **Organisational-level actions**

- Senior figure in organisation identified

There should be a lead for personalisation in each organisation, possibly even a champion for mental health and personalisation. It should be someone senior who is committed and ensures that it is prioritised.

- Project groups to be set up or reconfigured

Existing social care boards need to be energised to consider personalisation and transformation. New borough-level mental health project groups are to be set up. A key part of their remit would be to work on changing staff culture.

- Joint working

Joint working was a key aspect with local authorities, PCTs and NHS trusts to continue to work together to find solutions. More work is needed on identifying shared values with more effort to understand and act on interlinking initiatives.

- Using evidence-based learning

There is a need to publicise learning from the pilot sites and into final policies and procedures. To make clear communications and resources a key strand of moving forward; suggestions were made to publicise the stories of individuals, describing what had worked and what hadn't.

- Remember service user/carer focus

It was stressed that whilst all this change was happening it was key to keep the user and carer in mind throughout.

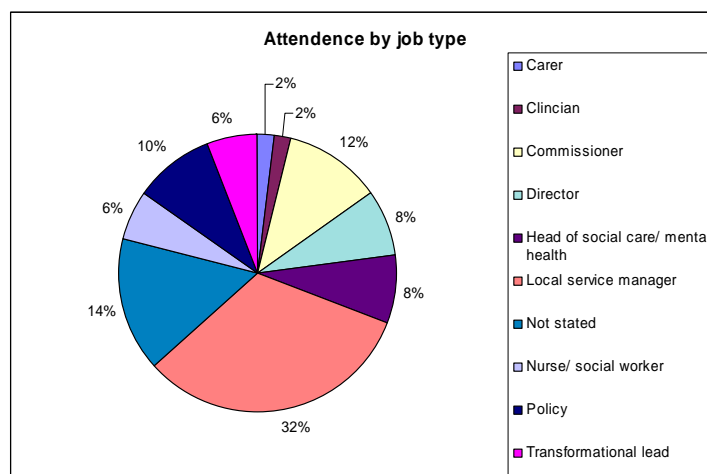
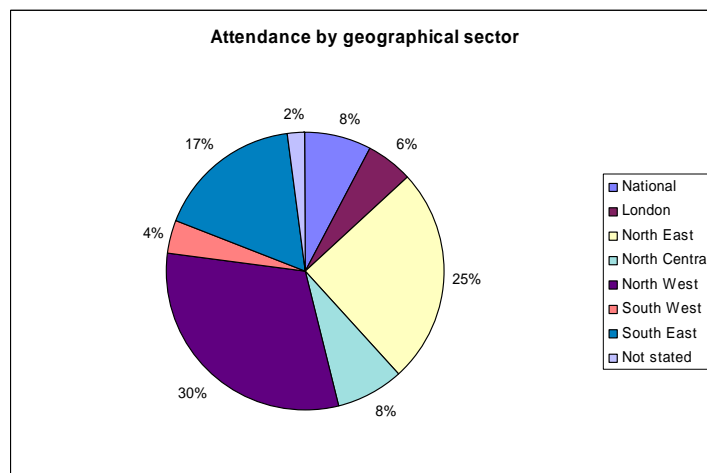
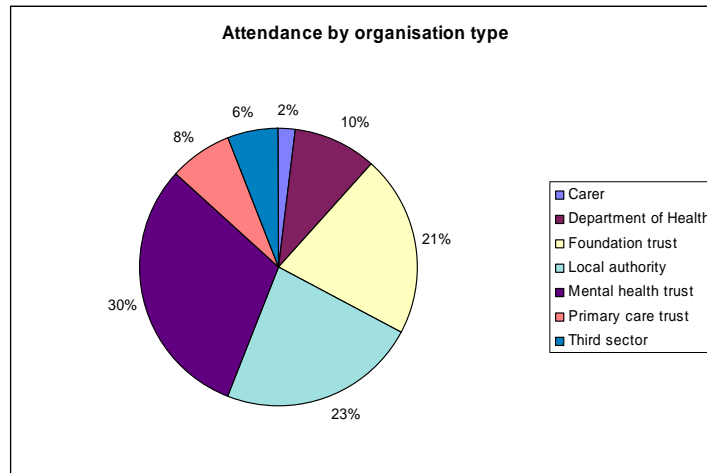
- Importance of retaining and promoting flexibility

It was noted that commissioning would need to become more dynamic in order to meet this agenda, as well as the general framework allowing for continuing flexibility without being too prescriptive. A need was recognised to retain flexibility to modify mental health documentation and procedures as well as giving professionals time to do this properly and learn lessons. An opportunity to work with Section 75 of the Mental Health Act 1983 (amended 2007) was also noted.

- Finance

There is a need for more money from local authorities to go into the mental health commissioning budget.

# Graphical representation of attendees



## Conclusions, moving forward, and next steps

This was an exciting and energetic event. The speakers and local services shared their knowledge and experience. The table work sessions were valuable, helping us to not only remember the real values of transformation and the care programme approach but to ensure these values are embedded and sustained going forward.

Delegates were invited to join a pan-London network established by South West London and St George's and Camden and Islington trusts and supported by the London mental health trusts CEO group. If you would like to join the network please email: [Ruth.Allen@swlstg-tr.nhs.uk](mailto:Ruth.Allen@swlstg-tr.nhs.uk)

## Acknowledgements

CSL would like to take the opportunity to thank all speakers and delegates for their contribution at the event.

I would like to particularly thank the following speakers and organisers:

- Jim Symington, Head of External Commissioning and Improved Care Pathway Programmes, National Mental Health Development
- Ian Winter, Deputy Regional Director, Social Care and Partnerships, Department of Health
- Peter Howitt, Head of Expanding the Scope of PbR, Department of Health
- Rita Lewis, Head of In-Control
- Neil Nerva, London Social Care Transformation Programme Manager, Department of Health
- Ann Sheridan Community Services Manager, Central and North West London Foundation Trust
- Peter Cartlidge, Assistant Director, Camden and Islington NHS Foundation Trust
- Robert Smythe, Peter Airey & Ceri Sheppard, Look Ahead Project
- Jane Courtney, Commissioning Support for London
- Sue Christie, Commissioning Support for London
- Monica Llupar, Commissioning Support for London
- Jessamy Hayes, Commissioning Support for London

### **Emma Bagshaw**

Mental Health Implementation Specialist  
Commissioning Support for London