

# Mental Health Law Briefing

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## Refocusing the Care Programme Approach (CPA)

The Department of Health's Care Programme Approach (CPA), which has been used since 1990 to describe the framework that supports and co-ordinates mental health care for individuals with severe mental health problems in secondary mental health services, is currently the subject of a refocusing exercise which will take effect in October 2008. There are currently two levels of CPA support:

- Standard support is for individuals who only receive secondary mental health services from one agency, can self manage their mental health problems and maintain contact with service providers.
- Enhanced support is available for individuals with multiple care needs which are provided by a range of agencies. Individuals on enhanced support are generally more likely to be at higher risk and to disengage from contact with services.

From October 2008 the term CPA will no longer be used to describe those receiving standard support. Where an individual only receives secondary mental health services from one agency and has straight forward needs an appropriate professional within that sole agency will be responsible for co-ordinating the individual's care and the CPA label will be removed from the individual's care provision.

The Department of Health's view<sup>1</sup> is that the use of the term CPA to describe the system of care given to those with less complex, single agency needs has led to more attention being paid to the CPA system than on providing good professional care. As from October 2008 no formal designated paperwork for care planning and review will be required for patients formerly receiving standard support CPA, although a statement of care must still be agreed with the patient and a short, central record of essential information must be maintained.

When the refocusing is complete in October this year the Department of Health anticipate that the cohort of individuals receiving the support of, what it terms, "new CPA" will not be significantly different from those who currently need the support of enhanced CPA. However, as part of the refocusing exercise clearer guidance will be provided to services to ensure that the criteria for CPA provision is not subject to differential local interpretation and key groups are not overlooked. The DoH is concerned that in the past some individuals who have been compliant with treatment, well supported in the community and/or have recovered from an episode of mental illness have been identified as requiring enhanced level CPA.

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<sup>1</sup> See *Refocusing the Care Programme Approach: policy and Positive Practice Guidance* March 2008, available at [www.dh.gov.uk/publications](http://www.dh.gov.uk/publications).

To ensure the correct assessment of individuals' needs the DoH has published a list to be used by agencies as a guide in assessing whether an individual should receive new CPA<sup>2</sup>. It should also be assumed by agencies that members of certain key groups<sup>3</sup> should benefit from new CPA unless a risk and needs assessment shows otherwise, and all individuals subject to Supervised Community Treatment or Guardianship under the Mental Health Act 1983 will also be subject to new CPA.

From October 2008 agencies must ensure that new CPA is considered by reference to the DoH guidance for all individuals. If it is not considered appropriate then the reasons must be clearly documented in care records. The necessity for the continuation of CPA support must also be considered and documented at every formal review and agencies must ensure that CPA support is not withdrawn prematurely.

The role of care co-coordinator will continue to be undertaken by an individual within one of the agencies providing services to the patient. The role

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should usually be undertaken by the person best placed to oversee care management and the DoH stipulate that the co-ordinator may be of any professional discipline but must have the authority to co-ordinate the delivery of the care plan. A new learning and development package has been commissioned for all staff working in mental health services.

The DoH are keen to emphasise that the changes to the CPA will not result in removing care from people in need. The motivation behind the refocusing is cited as a desire to remove unnecessary bureaucracy in the provision of secondary mental health services to those without complex, multi-agency needs. At the same time the changes reinforce the application of what is currently termed enhanced CPA but will be effectively be re-named simply "CPA" for those who have a higher level of needs.

Agencies should review their documentation in the lead up to the changes to ensure that individuals with higher support needs are identified and supported in accordance with the new criteria and, where appropriate, to simplify documentation to be used in respect of patients who will no longer need CPA.

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<sup>2</sup> Ibid. Table 2 at pp. 13 & 14

<sup>3</sup> The key groups are those:

- 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