NORTH LANARKSHIRE COUNCIL

REPORT

To: Social Work Committee	Subject: Scottish Office Circular SWSG 16/96 Community Care: Care Programme Approach for People with Severe and Enduring Mental Illness, Including Dementia
From: Jim Dickie, Director of Social Work	
Date: 10th April, 1997.	
Ref: BMcG/HS	
Author of Report: Brian McGuire, Principal Officer (Community Care)	

1. **Purpose of Report**

The purpose of this report is to inform Committee of the joint response to the Scottish Office from Lanarkshire Health Board and North Lanarkshire Council on Scottish Office Circular SWSG 16/96 on the Care Programme Approach.

2. **Background**

2.1 The Circular provides revised guidance on the joint arrangements for implementing the Care Programme Approach (CPA). It builds on and supersedes the guidance contained in SWSG 1/92, which first outlined arrangements for the CPA.

2.2 The initial Circular required Health Boards and Local Authorities to introduce the CPA for people with severe and enduring mental illness, including dementia. The new Circular maintains that requirement and seeks to ensure that the CPA is targetted at those people most in need, and that the arrangements for the implementation of the CPA receive a high priority.

2.3 A report to the Social Work Sub Committee (Operations & Services) of 16th December, 1996 outlined the key points in the Circular, noting that a joint response to the Scottish Office was due by 30th April, 1997. Committee asked the Director of Social Work to report on the contents of this response prior to its submission.

2.4 The Circular requires Directors of Social Work, General Managers of Health Boards and Director of Housing to provide evidence that:

* agencies have reached agreement about who will have overall responsibility for co-ordination of the CPA;

* effective arrangements are in place for implementing and monitoring the CPA;

* arrangements are, or will be, incorporated within community care plans, mental health strategies and contractual arrangements with NHS Trusts and other providers;

* arrangements have been jointly agreed by Health, Social Work and Housing;

* arrangements accord with the guidance described in Annex 2 to the Circular.

3. **Joint Response**

3.1 The joint response to the Scottish office, a copy of which is appended to this report, indicates that the arrangements for implementation of the CPA in North Lanarkshire are well advanced and broadly comply with the terms of the guidance:

3.2 The Local Authorities and the Health Board have agreed that Health will have overall responsibility for co-ordinating implementation of the CPA, with Lanarkshire Health Care NHS Trust as the lead agency;

3.3 North and South Lanarkshire's monitoring groups are in place, as is a central data base for all people entered on the CPA;

3.4 The CPA arrangements are being included in community care plans, mental health strategies, NHS contracts, Housing plans and Housing management plans;

3.5 All arrangements are jointly agreed by North Lanarkshire Housing and Social Work Departments, Lanarkshire Health Board and Lanarkshire Health Care NHS Trust.

3.6 Annex 2 to the Circular is very detailed and the greater part of the joint response deals with this. The most significant matters to note are:

* paragraph 6 of the Circular refers to the involvement of users and carers - the North Lanarkshire monitoring group does not yet include users and carers but is actively discussing ways in which they could best be involved;

* paragraph 15 refers to inclusion of people with dementia - to date people with dementia have not been included in the CPA in Lanarkshire pending the results of two pilot studies in Glasgow and Stirling. The new guidance draws on lessons from the pilots and Lanarkshire will now make use of this to prepare inclusion criteria for people with dementia;

* paragraphs 17 and 18 refer to management arrangements - since the Committee report of 16th December, 1996 the CPA management arrangements have been changed, with separate management and monitoring groups for North and South Lanarkshire;

* paragraph 22 refers to information on services - a full inventory of and means of access to services will be developed in June, 1997, as required by the Circular;

* paragraph 23 refers to emergency arrangements - crisis and emergency arrangements will be reviewed this year in accordance with the requirements of the National Framework (members may also wish to note that next year the department hopes to fund an out of hours service, with telephone helpline, for people with mental health problems).

4. **Conclusions**

4.1 In partnership with the Health Board and Trust, North Lanarkshire Council is making good progress in implementing the CPA, and the joint response to the Scottish Office sets out the current situation in North Lanarkshire.

4.2 Where there is not yet full compliance with the terms of Circular SWSG 16/96, steps have been taken as outlined in the response to ensure this is achieved within a reasonable timescale.

5. **Recommendations**

Committee is asked to:

(i) endorse the joint response to the Scottish Office;

(ii) otherwise note the terms of this report.

Jim Dickie,
Director of Social Work.

For any further information in relation to this report, please contact Brian McGuire, Principal Officer (Community Care) - Telephone 01698 332031

ComCare/Reports/CareProgApproach

CIRCULAR SWSG 16/96 - COMMUNITY CARE: CARE PROGRAMME APPROACH FOR PEOPLE WITH SEVERE AND ENDURING MENTAL ILLNESS INCLUDING DEMENTIA

JOINT REPORT BY LANARKSHIRE JOINT PLANNING PARTNERS

Introduction

This report has been prepared by the joint planning partners in response to paragraph 6 of the above Circular which requires information detailed in five bullet points. The response to the first four bullet points is detailed below; the fifth point requires reference to Annex 2 of the Circular and the paragraph numbering therein.

1. Local authorities and the Health Board have agreed that Health will have overall responsibility for co-ordinating implementation of CPA. The lead agency is Lanarkshire Healthcare NHS Trust.

2. North and South Lanarkshire Monitoring Groups are in place, as is a central database for all patients entered on the CPA

3. CPA arrangements are being included in Community Care Plans, Mental Health Strategies, NHS Contracts, Housing Plans and Housing Management Plans.

4. All arrangements are jointly agreed in Lanarkshire. Agencies involved are North Lanarkshire Housing and Social Work Departments, South Lanarkshire Housing and Social Work Departments, Lanarkshire Health Board and Lanarkshire Healthcare NHS Trust, plus representatives of users/carers.

5. Compliance with Annex 2:

   Paras 1-3: Achievement of the declared Aims, Objectives and Outcomes has been at the centre of development of the local system and arrangements as described later in this report.

   Para 4: Covered at (3) above.

   Para 5: Development of contract specifications and performance indicators will be taken forward as part of the overall development of contracts for services.

   Para 6: Ways of involving users and carers are being actively discussed. The local monitoring groups include representatives from local non-statutory organisations.

Paras 7-8: Local policy agreement was reached under the auspices of the former Lanarkshire Joint Planning Group in April 1996. The nature of the agreement is laid out in the Procedural Document, a copy of which is enclosed.

Para 9: Lead agency and criteria for admission are described in the Procedural Document.

Para 10-14: Details covered in the Procedural Document.

Para 15: The Joint Groups were awaiting guidance in the light of the two pilots before including this category of patients. It will now be included and work on inclusion criteria will commence in April.

Para 16: Client consent issues have been identified and discussed both within the joint groups and at training workshops. If problems arise, there will be a full multi-disciplinary review of the case and a view taken. A joint protocol will be developed to cover such instances.

Para 17-18: The original joint group which developed the arrangements and monitoring mechanisms was established by and reported to the former Lanarkshire Joint Planning Group (Health Board, Strathclyde Region). With local government re-organisation, the overall joint planning structure was revised, initially to a pan-Lanarkshire structure and more recently to separate North and South structures for each local authority. The single CPA group has now become two groups - North and South, and each will report to its respective authority based Joint Planning Group. The remits, roles and responsibilities of these two groups may be reviewed in the context of each authority's evolving joint planning structures and approaches. In the meantime, by common consent, the groups are continuing to function as previously and have representatives of all the main agencies and Lanarkshire Association for Mental Health. GP and user representatives are as yet to be nominated. The chairman of both groups is the Director of Operations (Mental Health/Learning Disbaility), Lanarkshire Healthcare NHS Trust.

Para 19: Joint documentation for referrals and assessment has been established, including an extract of care plan to inform housing partners of accommodation requirements.

Para 20-21: Information sharing and confidentiality issues are covered in the Procedural Document and will be subject to on-going scrutiny by the two groups.

Para 22: A full inventory and means of access to services will be developed by June 1997.

Para 23: Crisis and emergency services will be reviewed this year in the context of the national Framework for Mental Health Services. In the meantime, a joint protocol for dealing with these will be developed by June 1997.

Para 24: This guidance is noted.

Para 25/26: A joint protocol will be produced to deal with these points following local workshops that are being planned for May/June.

Para 27-28: Standards have been established locally and are contained in the Procedural Document. Standard timescales are listed in the new joint guidance that has been produced on stages and timescales.

Para 29: The two groups which are in place carry out the functions of monitoring, evaluation, and review. The groups will carry out further work to develop outcome indicators over the next six months.

Para 30: A series of local workshops was held in April/May 1996 and again in February/March 1997. Attenders included health, social work, housing, non-statutory organisations and representatives of users/carers. Further local workshops are being planned.

Para 31-32: Operational guidance was produced in April 1996.

Para 33-34: In the light of experience of the pilot sites, and in relation to locally identified issues, further work will be undertaken in order to improve the definition of respective roles of key workers, co-ordinators, etc.

Para 35-41: Standards are built into local procedures and will be overseen by the two monitoring groups.

General Comments

In addition to the responses to the particular points above, the following observations, based on the experience of the first year of operation, are offered.

Practice Issues

It would have been helpful to have had some national guidance/standards on issues such as eligibility criteria; non-compliance and consent; roles of key worker v. care co-ordinator. These issues took some considerable time in exploration and reaching conclusions locally and this must have been replicated across the country.

Legislative Changes since CPA

There have been a number of important changes in the interim, e.g., Community Care Orders; Guardianship; Supervision and Treatment Orders. It would be helpful to have a statement on how these should be integrated with CPA.

Resources

The development of the CPA has been undetaken from within existing resources in the first year. As mentioned above, a deal of time has had to be spent resolving issues which might have been more speedily addressed with some national guidance. Although it is too early to demonstrate, it is likely that CPA cases will remain on caseloads for some time and that accordingly caseloads will increase. It will be some years before the beneficial impact of reduced crisis situations (as a result of improved management by CPA) balances this increased caseload.

Dementia

As stated in relation to para 15 above, the inclusion of dementia clients has been held over locally pending the results of the two national pilots. This is a different client group with different needs to the younger mentally ill. Such clients are much less likely to move and be lost in terms of care continuation, or to be a risk to others. A workshop of local practitioners is being held to consider how best to apply the principles of CPA to best effect for this care group.