

To: Social Work Sub-Committee (Operations and Services)		Subject: Scottish Office Circular No: SWSG16/96 Community Care: Care Programme Approach for People with Severe and Enduring Mental Illness including Dementia
From: Jim Dickie Director of Social Work		
Date: 16 December 1996	Ref: BMCG/LC	

1.0 Purpose of Report

To outline the key points in The Scottish Office's most recent circular on the Care Programme Approach, dated 28th October 1996.

2.0 Background

- 2.1 The circular provides revised guidance on the joint arrangements for implementing the Care Programme Approach (CPA).
- 2.2 The circular builds on and supersedes the guidance contained in Scottish Office Circular SWSG1/1992, which first outlined arrangements for the CPA.
- 2.3 The initial circular required health boards and local social work authorities to introduce CPA for people with a mental illness, including dementia. The new circular maintains that requirement, and seeks to ensure that the CPA is targeted at those people most in need, and that the implementation of the arrangements for CPA receive a high priority.
- 2.4 Local Authorities and Health Boards are now invited to review their arrangements and practices for implementing CPA to ensure that they accord with the revised guidance in the circular.
- 2.5 Directors of Social Work, general managers of Health Boards and Directors of Housing are required to provide evidence by 30 April 1997, in a joint response to SWSG, 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 CPA;
 - arrangements are, or will be, incorporated within community care plans, mental health strategies and contractual arrangements with any NHS Trusts and other providers;
 - arrangements have been jointly agreed by health, social work and housing;
 - arrangements accord with the guidance described within the circular.

3.0 Summary of the Guidance

- 3.1 The circular places no new responsibilities on health boards, social work or housing authorities but rather provides revised guidance on how existing responsibilities should be implemented and gives more detail than previous guidance.
- 3.2 Since 1992 The Scottish Office has conducted two monitoring exercises, in Glasgow and Stirling. The present guidance draws on lessons learned from these pilots.
- 3.3 The circular gives the aim of the CPA as to ensure that individuals with severe and enduring mental illness, including dementia, who also have complex health and social care needs receive continuing care and appropriate supervision.
- 3.4 The circular outlines seven key areas which need to be addressed by agencies for effective implementation of the CPA. These are:
- (i) Strategic context:
Arrangements for the CPA should be clearly identified within Community Care and other local plans.
 - (ii) Local Policy Agreement:
A local policy agreement should set out the arrangements for implementing CPA at a local level.
 - (iii) Lead Agency:
The local policy agreement should identify which agency has responsibility for co-ordinating the joint arrangements.
 - (iv) Criteria for Admission to CPA:
These must be jointly agreed by all agencies involved.
 - (v) Management Arrangements:
A joint management group should take responsibility for planning, co-ordinating and implementing the CPA.
 - (vi) Operational Guidance:
This should be developed for key staff in the appropriate agencies and be designed to support effective inter-professional collaboration.
 - (vii) Individual Care Programmes:
A care plan should be in place for all individuals in the programme.

4.0 CPA in North Lanarkshire Council

- 4.1 Members will be aware of an earlier report presented to Committee in May which outlined arrangements for implementation of the CPA in North Lanarkshire Council from 1st May 1996.
- 4.2 Arrangements have been in place from that date and there are now well over fifty people in the CPA from North Lanarkshire.

- 4.3 A joint monitoring group is in place, with Lanarkshire Health Board as the co-ordinating agency. While many of the points covered in the recent guidance reflect current practice within the local CPA, some issues still need to be addressed in order to comply fully with the guidance.

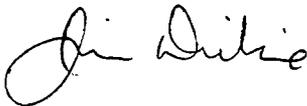
The most significant of these are:

- establishing a local policy agreement;
- setting out performance indicators;
- including people with dementia in the programme.

5.0 Recommendations

5.1 Committee is asked:

- (i) to agree that the response to The Scottish Office should be routed through the joint planning arrangements between the Council and Lanarkshire Health Board, ensuring the appropriate involvement of all key agencies, including the Housing Department;
- (ii) to ask the Director of Social Work to report to committee on the contents of this response prior to 30th April 1997, and
- (iii) to otherwise note the contents of this report.



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