



Public – To be published on the Trust external website

Personalised Care Planning Policy

Ref: CLIN-0111-v1

Status: Ratified

Document type: Policy

Contents

1	Introduction.....	3
1.1	Background	3
1.2	What this means for Tees, Esk, and Wear Valleys NHS Foundation Trust (TEWV) services.....	4
1.3	TEWV services which are still required to use CPA	4
2	Why we need this policy	5
2.1	Purpose.....	5
2.2	Objectives	5
3	Scope.....	6
3.1	Who this policy applies to	6
3.2	Roles and responsibilities	6
3.3	Legislative Framework.....	8
3.3.1	Mental Health Act (1983) and Mental Capacity Act (2005).....	8
3.3.2	Section 117 of the Mental Health Act (1983).....	8
3.3.3	Care Act (2014)	9
3.3.4	Safeguarding	9
4	Policy.....	9
4.1	Principles.....	9
5	Role of the Keyworker:	11
6	Related documents	12
7	How this policy will be implemented	12
7.1	Implementation action plan.....	13
7.2	Training needs analysis.....	13
8	How the implementation of this policy will be monitored.....	14
9	References	14
10	Document control (external).....	15
	Appendix 1 - Equality Impact Assessment Screening Form	16
	Appendix 2 – Approval checklist	20
	Appendix 3 – Services Continuing in the Care Programme Approach.....	22

1 Introduction

We acknowledge issues and challenges people face, and we don't shy away from the honest realism of how tough their journey of recovery can be—but we always do so with a voice of positivity. By remembering to promote the opportunities in front of them and reminding them of the support they have beside them if they come to need it again.

This policy is critical to the delivery of Our Journey To Change and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our three strategic goals, which means it will support the Trust to:

- Co-create a great experience for all people who use our services, carers and families from its diverse population by ensuring that care is coproduced, needs-led and person centred.
- Co-create a great experience for our colleagues by ensuring that staff can focus on delivering the care and treatment that the people we serve need.
- Be a great partner, so we will work together within our health and care system to deliver the best possible outcomes for our population.

1.1 Background

The Care Programme Approach (CPA) framework has been in place since 1991 and has served its original purpose, which was:

- to organise and standardise our approach to mental health, learning disability and autism service provision, and,
- to safeguard, offer and administer care and treatment to the people that are vulnerable because of their mental illness/disorder and/or their learning disability or Autism.

We recognise these principles of the CPA as being sound in nature. To improve on them we must move to a consistent, high standard of personalised care in health and social care. This approach aims to enable people to thrive and live their best life.

National Guidance regarding CPA was clarified by NHS England (NHSE) in a Position Statement, published in June 2021 (revised March 2022). This states that, other than some exceptions (noted below, section 1.3), all relevant services should start to plan the transition to a minimum, universal standard of high-quality care for everyone in need of community mental healthcare.

1.2 What this means for Tees, Esk, and Wear Valleys NHS Foundation Trust (TEWV) services

A flexible, responsive and personalised approach following a high-quality and comprehensive assessment means that the level of planning and co-ordination of care can be tailored and amended, depending on:

- The complexity of a person's needs and circumstances at any given time.
- The assessed and identified intervention required to meet personalised needs.
- What matters to them and the choices they make.
- The views, needs and circumstances of carers and/or other important people in their life, professional judgment and evidence-based practice.

Significant work has already been undertaken in the Trust to embed the Community Mental Health Framework and i-THRIVE models. A central strand that runs through all these frameworks is the care planning process.

This interim Policy supports all TEWV staff, working across all specialities, to work with people who use our services, carers and families to personalise care planning.

1.3 TEWV services which are still required to use CPA

This is an interim policy, during which a number of services can continue to work to the CPA Framework. This additional time will allow these services to plan for a smooth transition, towards more personalised care planning and a minimum, universal standard of high-quality care.

All services, regardless of continued use of CPA, are expected to work to the standards and principles of personalising care as set out in this interim policy. By doing so, these services will be compliant with the CPA principles of assessing, allocating, care planning and reviewing the care of the person.

The services still required to operate according to the CPA framework are:

- Secure Inpatient Services (Adults)
- Health and Justice Services
- Body Dysmorphia Services (not currently provided by TEWV)
- Perinatal Services
- Obsessive Compulsive Disorder Services (not currently provided by TEWV)
- Mental Health Services for the Deaf
- Specialist Eating Disorder Services



See Appendix 3: Services Continuing in the Care Programme Approach for the exceptions to practice outlined in this policy, that can be applied.

2 Why we need this policy

2.1 Purpose

This policy provides a framework for:

- Ensuring that care planning is an ongoing, dynamic process that adapts to the changing needs and preferences of the person using our service.
- Engaging people in meaningful conversations about their care, such as 'What matters to you?'
- Building robust partnerships between people who use our services, important people in their life, and professionals across the health, social care, voluntary and community care sector. Robust partnerships will provide a framework that will support, ensuring that the person gets the right care, in the right place from the right person.

The policy will: -

- Ensure that the Trust has clear, consistent high standards for personalised care and support planning.
- Achieve a shared understanding among Trust staff of the principles and practices of personalised care and support planning.
- As we move to an anticipated integrated multi-agency approach, be an interim position from which Trust staff can deliver safe, high-quality care.

2.2 Objectives

Good therapeutic and professional relationships.	Skilled application by staff to create trust, familiarity, respect and genuineness.
Inclusive of nominated or identified significant others.	To ensure the inclusion of those people important in their life, that the person has identified, wants and needs to be involved in their care.
Coproduction of Care Plans.	Foster a coproduction approach in care planning, where people who use our services and their carers and important

	people in their life are active participants in the creation of their care plans.
Care Reviews to be needs-led and dynamic.	Ensure that care reviews occur frequently, regularly, depending on what the person needs and prefers. Review schedules must be developed with the person, carers and other important people in their life. The rationale for review periods above 6 months, need to be clearly documented.
Integration with a Multi-Disciplinary Team:	Establish clear roles and responsibilities within a system-wide multi-disciplinary team (MDT) to deliver the necessary care and support outlined in the coproduced care plans.
Development and achievement of Meaningful Outcomes:	Ensure that care plans are linked to meaningful outcomes that support people to thrive.
Flexibility and Choice:	Promote flexibility and choice within the care planning process, allowing Keyworkers to be from any organisation within the wider system.
Interim and Future Planning:	Acknowledge that this policy represents an interim position as we transition to a fully integrated, multi-agency approach.

3 Scope

3.1 Who this policy applies to

This policy applies to all the Trust’s employees and / or identified system partners who develop, implement, review, or use care plans when receiving care from TEWV specialist services.

3.2 Roles and responsibilities

Role	Responsibility
Trust Board	<ul style="list-style-type: none"> Ensure there are effective arrangements for the implementation and review of this policy and the standards contained within it. Oversee organisational commitment and resource allocation to support personalised care planning.
Executive level	<ul style="list-style-type: none"> To thoroughly review this policy with other Executives.

	<ul style="list-style-type: none"> • To give final approval to the publishing of, and amendments to, this policy. • To always have a named executive with overall responsibility for this policy. • Provide leadership and ensure the policy is in line with strategic objectives and adequately resourced.
Care Group Directors	<ul style="list-style-type: none"> • To lead the implementation of this policy. • To ensure there are systems in place that promote the adherence to this policy. • Champion the adoption of personalised care planning within care groups, ensuring alignment with the policy.
General Managers	<ul style="list-style-type: none"> • Implement and review this policy in their specialist areas. • Ensure that systems and processes are in place that promote the standards detailed in this policy. • Provide opportunities for training, development and supervision to support the policy standards.
Specialty Development Managers	<ul style="list-style-type: none"> • Responsible for the support and oversight of this interim care planning policy.
Team, Service, MDT and Professional Leaders.	<ul style="list-style-type: none"> • Ensure implementation of the systems and processes in their ward or team. • Ensure all employees attend relevant training relating to this policy.
Keyworker:	<ul style="list-style-type: none"> • The offer of a Keyworker is not an intervention in and of itself but will assess, identify needs and coproduce a care plan with the person, overseeing its coordination. • Have the requisite competence, experience and training to assess and coordinate the care of the person. • To have a meaningful and productive therapeutic relationship with the person. • May deliver interventions where applicable.
Multi-Disciplinary Team and Partners.	<ul style="list-style-type: none"> • To work in partnership to meet the wide range of needs people present with.
All clinical employees	<ul style="list-style-type: none"> • Will adhere to the principles in the content of this policy. • Implement the policy standards and procedures.

	<ul style="list-style-type: none"> • Understand their role as Keyworker. • Maintain individual competence in all areas that are relevant to this policy. • Read all Trust communications regularly to ensure you stay up to date with any changes to this policy and/or other policies that may impact this one.
--	---

3.3 Legislative Framework

Staff carrying out personalised care planning need to be aware of the legal frameworks that structure how care and support are provided. This must be incorporated into the care planning conversations to allow a transparent, open discussion about the legal framework that is in operation. The legal situation and the person’s rights within that framework must be recorded in the relevant section of the persons electronic health record.

Sometimes the personalised care planning process will be sufficient to satisfy the legal requirements. However, sometimes a separate statutory assessment and planning process will need to take place. If this is the case the resultant actions should be discussed with the person as part of an ongoing conversation and included in the coproduced care plan.

3.3.1 Mental Health Act (1983) and Mental Capacity Act (2005)

People may not be able to fully participate in co-producing their care plan due to capacity issues or acute distress, however, staff should make every effort to maximise personalisation, autonomy and coproduction in all cases. Where required statutory Independent Mental Capacity Advocate (IMCA) or Independent Mental Health Advocates (IMHA) may need to become involved.

Sometimes staff will believe it necessary for actions to take place without the person’s consent, leading to the relevant legal process being used (Mental Capacity Act or Mental Health Act). If this is the case, the reasons for this, the nature of restrictions and the person’s legal rights must be discussed with the person and their parents, family, carers and identified important people in their life..

3.3.2 Section 117 of the Mental Health Act (1983)

Staff must be aware if the person is receiving section 117 aftercare services and will record this in the persons electronic health record.

The coproduced care plan will include consideration of the following three questions:

Do the section 117 aftercare services continue to:

1. Meet a need arising from or related to the person's mental disorder that led to the original detention?
2. Reduce the risk of a deterioration of the person's mental condition?
3. Reduce the risk of the person requiring readmission to hospital for treatment for the disorder?

If the answer is "yes" to all, then s117 eligibility must continue and be recorded in the electronic health record with no need to carry out an additional "review". If any answers are "no", then a full multi-disciplinary review should make a decision about whether to formally end the s117 eligibility.

3.3.3 Care Act (2014)

The aim of this interim policy is to ensure an integrated personalised care and support planning process. Any personalised review or care plan development must be 'Care Act compliant' and mirror the preventative nature of the 'Care Act'. Any potential need for Care Act services should be considered within the discussion and may lead to a full formal assessment being requested. Where required statutory Care Act advocates may need to become involved. Any records relevant to the Care Act will be recorded primarily on the Local Authority electronic recording system and copied into the Trust's electronic patient record.

3.3.4 Safeguarding

With reference to section 42 of the Care Act, the Trust is committed to delivering effective public protection and safeguarding arrangements to manage care and risk. Where a safeguarding issue has been identified of a sufficient degree to require raising concerns to a partner agency, Safeguarding procedures will be followed.

4 Policy

This is an interim policy to provide the structure and details necessary to continue to provide safe and effective care and treatment, as we move towards a consistent high standard of personalised care.

4.1 Principles

**Dynamic and Responsive Care Planning:**

Recognising that needs and circumstances can change, our care planning is adaptable and responsive, capable of evolving to meet the changing needs of

the person using our services. Care plan reviews should occur as frequently as necessary, depending on the person's needs, circumstances and preferences. Review schedules must be developed with the person who uses our service and/or their carers' and/or other important people in their life. The rationale for review periods above 6 months needs to be clearly documented in the persons electronic health record.

Our care planning approach is firmly rooted in the foundation principles that were outlined in the NHS England CPA Position Statement (see Section 6 – Related Documents), and this ensures we are aligned with best practices and legal standards.

1. **Therapeutic and Professional Relationships:** Using a trauma-informed approach, there will be a skilled application by staff to create trust, familiarity, respect and genuineness.
2. **Duty of Care and Responsible Signposting:** No matter the starting point or what service they access first, the person and/or their carers and/or other people that are important to them can be connected to the right type of support at the right time.
3. **Person-Centeredness:** At the heart of our care planning is the person receiving care. We commit to understanding and integrating their unique needs, preferences, and values into every aspect of the care planning process. We commit to ensuring that we minimise the number of times a person repeats their story, by keeping robust and timely clinical records.
4. **Shared Decision-Making and Coproduction:** Central to our approach is the belief that care planning is a collaborative endeavour. We support people in understanding their care, treatment, and support options, including the associated risks and benefits, enabling informed, shared decisions based on high-quality information and personal preferences.
5. **Transparency and Accessibility:** Communication with people who use our services, as well as communication with those in their support networks, will be clear, accessible, and jargon-free, ensuring that all parties have a thorough understanding of the care planning process and the options available. Ensuring that the person, with their consent, receives a copy of their care plan in a format that is understandable to them and continuously reviewed.
6. **Holistic and Integrated Approach:** We acknowledge the interconnectedness of various aspects of a person's life and health. Our care planning considers

all facets, ensuring a holistic approach that integrates biological, psychological and sociological well-being.

7. **Safety and Risk Management:** Ensuring the safety of people who use our services and others involved in their care is paramount. Our care planning includes proactive risk assessment and management strategies to maintain a safe environment for all.
8. **Continuous Learning and Improvement:** We are committed to ongoing learning and development, both at the individual and organisational levels, to continuously enhance the effectiveness and quality of our care planning.

5 Role of the Keyworker:



A Keyworker role takes place within a supportive relational context, synthesising evidence-based practice within a compassionate and collaborative therapeutic relationship.

Alongside the person receiving the service, a Keyworker must: -

1. Ensure a needs-led comprehensive assessment is completed, that takes account of a person's individual circumstances and ensures a holistic approach that integrates biological, psychological and sociological well-being.
2. Ensure that a needs-led and goal-based care plan is co-produced, taking into account the person's individual preferences and aspirations., and involving the wider multi-disciplinary team where applicable.
3. Ensure that appropriate tools and processes are used to help guide the person and those around them through a meaningful care planning process e.g. the use of DIALOG at an individual level and formulation at the multi-disciplinary team level, inclusive of the person.
4. Ensure they apply and utilise this policy in alignment with national legislation including Mental Health Act, Deprivation Of Liberty Safeguards, etc
5. Ensure the use of person related outcome measures to guide care and outcomes.
6. Execute their duty of care and by responsible signposting, connect the person to the appropriate services/intervention/networks of care around them (including Local Authority and Voluntary, Community & Social Enterprises).
7. Conduct regular reviews of the care plan in order to ensure that the plan continues to meet the person's needs.
8. Waiting time metrics required for your service should be considered.



See [Admission, Transfer and Discharge Policy](#) for further guidance on Inpatient admission.

6 Related documents

- [Transitions Procedure Child and Adolescent to Adult Services / Primary Care](#)
- [Medicines overarching framework](#) - Prescribing
- [Safety and Risk Management Policy](#)
- [Privacy and Dignity Policy](#)
- [Governed Psychological Therapies \(GPT\) Procedure](#)
- [Admissions, Transfer and Discharge Policy](#)
- [Mental Health Code of Conduct](#)
- [Mental Capacity Act Policy](#)
- Integrated Teams operational policies.
- [Safeguarding Adults Policy](#)
- [Safeguarding Children Policy](#)
- [Domestic Abuse Procedure](#)
- [Multi Agency Public Protection Arrangements \(MAPPA\) Policy – including Potentially Dangerous Persons.](#)
- [Communicating with service users best practice](#)
- [Inter-Agency Section 117 Mental Health Act 1983](#)
- [NHSE Care Programme Approach Position Statement](#)

7 How this policy will be implemented

- This policy will be published on the intranet and Trust website.

- Line managers will disseminate this policy to all Trust employees through a line management briefing.

7.1 Implementation action plan

Activity	Expected outcome	Timescale	Responsibility	Means of verification/ measurement
On publication, and as part of the communication strategy, brief key stakeholders and staff on the new policy.	Increase awareness of the principles more broadly across the Trust and allow time for staff to reflect on how to make the appropriate changes to their practice.	On publication plus 6 months.	The Personalising Care Steering Group	Briefing presented at Care Group Board and Clinical Networks. Series of online webinars.
Review and update the associated online training pack – currently named ‘CPA Module’.	Ensure fidelity with the principles outlined in the Policy. Support staff to reflect on making appropriate changes to their practice.	Quarter 4, 24/25.	The Personalising Care Steering Group	Updated online training pack.

7.2 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All clinical staff	Online training pack in addition to CITO care planning module, CITO DIALOG module.	3 hours.	On induction & then 3 yearly updates.

8 How the implementation of this policy will be monitored

	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented, and monitored; (this will usually be via the relevant Governance Group).
1	<p>100% of all electronic clinical records selected for the scheduled Clinical Audit of Record Keeping Standards will evidence: -</p> <ul style="list-style-type: none"> • Information sharing. • Accessible information. • Needs identified. • Goal setting. 	<p>As per the Trusts programmed schedule of Clinical Audit.</p>	<p>Care Group Boards and Quality Assurance Committee.</p>
2	<p>IIC dashboard – shows 100% compliance that all people who use our services have a completed care plan in place that covers: -</p> <ul style="list-style-type: none"> • Information sharing. • Accessible information. • Needs identified. • Goal setting. 	<p>Data held at Team level and used at least weekly in Team Huddle.</p> <p>Service Improvement Delivery Group to monitor for exceptions on a monthly basis.</p>	<p>Specialty Improvement Groups and Care Group Boards.</p>
3	<p>85% of Clinical Staff will have undertaken the online training module on personalising care planning.</p>	<p>Service Improvement Delivery Group to monitor for compliance and exceptions on a monthly basis.</p>	<p>Specialty Improvement Groups and Care Group Boards.</p>

9 References

- [Community Mental Health Framework for Adults and Older Adults \(CMHF\) - National Health Service England \(NHSE\)](#)
- [Position Statement on the CPA \(NHSE in June 2021 \(revised March 2022\)\)](#)
- [NHS Long term plan \(2019\)](#)
- [Human Rights Act \(1998\).](#)
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 9](#)

- [NICE Guideline 197 Shared Decision Making](#)
- [NICE Guideline 204 Babies, children and young people's experience of healthcare](#)
- [NICE Clinical Guideline 138 Patient experience in adult NHS services: improving the experience of care for people using adult NHS services](#)
- [The Care Act \(2014\)](#)
- [The Mental Capacity Act \(2005\)](#)
- [The Mental Health Act \(1983\)](#)
- [Building the Right Support \(2015\)](#)
- [Equalities Act \(2010\)](#)
- [I-THRIVE](#)

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	21 January 2025
Next review date	21 January 2028
This document replaces	n/a – new document
This document was approved by	Executive Clinical Leaders Sub-group (ECLS)
This document was approved	18 December 2024
This document was ratified by	Management Group
This document was ratified	21 January 2024
An equality analysis was completed on this policy on	26 March 2024
Document type	Public
FOI Clause (Private documents only)	n/a

Change record.

Version	Date	Amendment details	Status
1	21 Jan 2024	New document	Ratified

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	All Specialities – Trustwide.
Title	Personalised Care Planning
Type	Policy
Geographical area covered	Trustwide
Aims and objectives	<p>The purpose of this policy is to ensure that the Trust has clearly articulated and accessible standards in relation to personalised care and support planning, and that these standards are compliant with all statutory obligations.</p> <p>Objectives</p> <ul style="list-style-type: none"> • To make sure that people working in or with the Trust know what is expected when it comes to the personalised care and support planning processes. • To make sure that the people accessing Trust services receive a positive care and support planning experience, and a care plan, that leads to improved outcomes. • Future objective – For there to be a single multi-agency policy that all system partners agree to work to. This interim policy will work as a bridge to that longer term goal.
Start date of Equality Analysis Screening	01 December 2023
End date of Equality Analysis Screening	26 March 2024

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	People who use our services, families, carers, staff and partner agencies
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	n/a
Describe any positive impacts / Human Rights Implications	This policy will ensure that the people in our care are able to agree to and receive the care and treatment they need, in the way they prefer. Ensuring independence, autonomy and where

	<p>capacity might be lacking, that the care is still offered in the persons best interests with robust safeguards in place.</p> <p>This policy seeks to better enable a holistic view of the person receiving our services, with a focus on recovery, independence, quality of life and well-being.</p>
--	---

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	NHS E CPA position statement. NG 197. NG 204. CG 138.
Have you engaged or consulted with people who use our services, carers, staff and other stakeholders including people from the protected groups?	Yes.
If you answered Yes above, describe the engagement and involvement that has taken place	We have held a number of engagement events that have included people with lived experience, staff and partner organisations. We have attended, presented at and discussed with a number of regional and national forums including both HNY and NENC ICB's – to ensure collaboration and co-ordination of our efforts.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	n/a
Describe any training needs for people who use our services.	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

Title of document being reviewed:	Yes / No / Not applicable	Comments
1. Title		
Is the title clear and unambiguous?	Y	
Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2. Rationale		
Are reasons for development of the document stated?	Y	
3. Development Process		
Are people involved in the development identified?	Y	
Has relevant expertise has been sought/used?	Y	
Is there evidence of consultation with stakeholders and users?	Y	
Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4. Content		
Is the objective of the document clear?	Y	
Is the target population clear and unambiguous?	Y	
Are the intended outcomes described?	Y	
Are the statements clear and unambiguous?	Y	
5. Evidence Base		
Is the type of evidence to support the document identified explicitly?	Y	
Are key references cited?	Y	
Are supporting documents referenced?	Y	
6. Training		

Have training needs been considered?	Y	
Are training needs included in the document?	Y	
7. Implementation and monitoring		
Does the document identify how it will be implemented and monitored?	Y	
8. Equality analysis		
Has an equality analysis been completed for the document?	Y	
Have Equality and Diversity reviewed and approved the equality analysis?	Y	
9. Approval		
Does the document identify which committee/group will approve it?	Y	
10. Publication		
Has the policy been reviewed for harm?	Y	
Does the document identify whether it is private or public?	Y	
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	N/A	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	

Appendix 3 – Services Continuing in the Care Programme Approach

This Appendix specifies the remaining exceptions from Policy 'IA-0002-v6.1: The Care Programme Approach and Standard Care' not already covered by the main policy document and can be applied by the services named in Section 1.3, that continue to work within the Care Programme Approach.

Following this policy will naturally meet the requirements with regard to CPA case management.

Those working with patients in the identified services, can still separate their caseloads by the classification terms:

- 'On CPA'. That is, involving multiple services and/or complex needs. Describes the approach used in secondary mental health and learning disability services to assess, plan, review and co-ordinate care for people with complex needs, relating to their mental health or learning disabilities or
- 'On Standard Care'. That is, single services and/or less complex needs. Clinical needs are more straightforward and have a greater degree of self-management in their recovery and wellbeing.

Such classification will be identified on the recording systems that the service uses.

The care plan review for those people on CPA will be completed with the person, people important to them, and the MDT involved in their care on a 6-monthly basis, as a minimum standard. And recorded on the persons electronic health record.

The care plan review for those people on Standard Care will be completed with the person, people important to them, and the MDT involved in their care on a 12-monthly basis, as a minimum standard. And recorded on the persons electronic health record.

This policy directs that these care reviews are to be needs-led and dynamic and that the rationale for review periods above 6 months, need to be clearly documented. For those on Standard Care, where the electronic health record may prompt a 6-month review, the rationale should be documented that the person remains on Standard Care.