Care Programme Approach in Mental Health Care: past, present and future – time to move on?

Thursday 1st November 9.30am - 4.00pm
Venue: City, University of London

Please communicate conference debate widely:
#CPAconf
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<td>Prof. Frank Röhricht &amp; Paul Binfield, ELFT &amp; Prof. Debra Salmon, Dean of School of Health Sciences; City, University of London</td>
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<td>The national mental health care context</td>
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<td>The service user perspective – drivers for change</td>
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<td>The history and development of CPA in the UK</td>
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<td>Prof. Alan Simpson (Professor of Collaborative MH Nursing; City, University of London)</td>
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<td>CPA and quality of life – the DIALOG approach</td>
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<td>From CPA to RCA – ELFTs novel recovery care approach</td>
<td>Prof Frank Röhricht, Paul Binfield &amp; Graham Fawcett (Consultant Clinical Psychologist)</td>
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<td>14.45 – 15.15</td>
<td>From COCAPP to RCA – the evaluation of system impact</td>
<td>Prof. Alan Simpson, Dr Sally Barlow (Lecturer in MH Nursing) &amp; Dr Martin Cartwright (Senior Lecturer in Health Services Research)</td>
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<td>Recovery and rehabilitation services – a vision for the future</td>
<td>Dr Sri Kalidindi (Consultant Psychiatrist SLaM &amp; National Clinical Lead, GIRFT MH Rehabilitation)</td>
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https://www.city.ac.uk/visit#42531=1
Tim Kendall

Professor Tim Kendall is National Clinical Director (NCD) for Mental Health NHS England.

He was appointed as National Clinical Director (NCD) for Mental Health at NHS England in April 2016 and at NHSI in March 2017. As NCD for mental health, Tim is responsible for providing clinical advice and direction in mental health for NHSE and I, for the Secretary of State, ministers and government more broadly, including the intergovernmental MH committee; and for the Department of Health and other government departments. He also works with other National Clinical Directors, including for Dementia and older peoples mental health, children and maternity; and works closely with a group of Associate NCDs for mental health covering secure care, CAMHS, perinatal mental health and adult mental health including workforce and Out of Area Placements. Tim also leads a National Network for MDs in Mental Health and chairs a number of national committees to further the implementation of the 5 Year Forward View for MH. Tim has recently started work with GIRFT and Carter within NHSI.

Tim continues as Director of the NCCMH, as visiting professor at UCL, as MD for research in Sheffield and works clinically with people with mental health problems in Sheffield.

Abstract:
In his presentation, Prof Kendall will be talking about NHS England’s development of a new framework for community mental health services as an alternative to the CPA.

Sidney Millin

Sidney Millin is Expert By Experience, Father, Activist, Campaigner and Journalist.

He has been using mental health services for over 20 years (on CPA). Sectioned a number of times.

He has been involved in many MH initiatives such as training the Met Police, training ELFT staff and passionately challenging stigma.

Abstract:
Sidney will talk about his experience with the traditional CPA care planning approach in contrast to the new care planning process recently implemented.
David Kingdon

David Kingdon is Professor of Mental Health Care Delivery at the University of Southampton, Clinical Director in NHS and honorary consultant adult psychiatrist. He has worked in the UK Department of Health and been involved in many policy initiatives. He chaired the Expert Working Group leading to the Council of Europe’s Recommendation 2004(10) on Psychiatry and Human Rights. His research interests are in cognitive therapy of severe mental health conditions and mental health service development on which he has published seven books and over 100 peer reviewed papers. He received the Aaron T Beck Award for Exceptional Cognitive Therapy in 2015 with Douglas Turkington.

Abstract:
Over the past two decades, the Care Programme Approach has been instrumental in embedding principles of holistic collaborative assessment and management. It was developed as a clinical process from recommendations by the Stokes Inquiry but was also a response to the emerging complexities of providing multiagency care. However it has been persistently bureaucratised with addition of complex and unnecessary assessment schedules and modules. The division and attachment of targets to severe and less severe categories is artificial, unreliable and problematic. Clinical practice now needs to move forward to embrace evidence-based pathways, outcome measurement and standard setting.

Tom Burns

Tom Burns is Professor Emeritus of Social Psychiatry at the University of Oxford. His research was predominantly health services research in community psychiatry, particularly complex interventions. He has published six books and over 300 papers including RCTs of case management, vocational rehabilitation and Community Treatment Orders. These latter appear to be utterly ineffectual but despite this are currently being introduced worldwide. Our Necessary Shadow: The Nature and Meaning of Psychiatry, is his book on psychiatry for the general reader published by Penguin in 2014. He was awarded the CBE in 2006 for services to mental health care. He remains interested in the centrality of relationships in psychiatry and the need for increased rigour, and attention to, research in psychiatry. He has recently coordinated a symposium to mark the 40th anniversary of the Basaglia’s revolutionary Italian Law 180 which will be published by Oxford University Press in 2019.

Abstract:
The Care Programme Approach: be careful what you wish for.
CPA has been probably one of the most successful (? the last successful) central directive in UK mental health. There is good evidence that it has achieved its intended purpose of coordinating and promoting continuity of care. However it has suffered from endless bureaucratic and ideological meddling and lost its way. Time to go back and resurrect it as a coherent tool.
**Alan Simpson**

Professor Alan Simpson is Professor of Collaborative Mental Health Nursing and leads the Centre for Mental Health Research at City, University of London. He has a special interest in service user involvement and co-production. He and colleagues recently completed two large funded cross-national studies of recovery-focused mental health care planning in both community and inpatient settings (COCAPP/A), and Alan is currently a co-investigator on a large study of peer support (ENRICH) for people discharged from mental hospitals. Other interests include improving the physical and mental health of people with comorbid conditions and working across disciplines to enable this to be successful.

**Abstract:**

The CPA - What does/does not work: Lessons from two cross-national studies of care planning and coordination

Two large studies of care planning and coordination were conducted in England and Wales, across six NHS service providers in 20 CMHTs (COCAPP) and 19 inpatient wards (COCAPP-A). The aim was to identify facilitators and barriers to providing recovery-focused personalised care planning. We surveyed service users (n=749), ward staff/care coordinators (n=491) and carers (n=28) and conducted interviews with 69 service users, 59 multidisciplinary staff, 39 managers/senior practitioners and 26 carers. We also reviewed care plans and observed care planning meetings. We will present the main results which have helped inform the ELFT’s new eCPA.

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**Stefan Priebe**

Professor Stefan Priebe graduated in Psychology and Medicine, and qualified as Neurologist, Psychiatrist and Psychotherapist in Germany. Since 1997 he has been Professor for Social and Community Psychiatry at Queen Mary, University of London (QMUL). He is also Director of the WHO Collaborating Centre for Mental Health Service Development, Director of the NIHR Global Health Research Group for Developing Psycho-Social Interventions, and Research Director of Bart’s Institute for Population Health Sciences. For about 20 years, he has been heading research on developing DIALOG+.

**Abstract:**

CPA and improving quality of life – the DIALOG+ approach

Meetings of patients and clinicians for assessment and planning are at the heart of mental health care. DIALOG+ was developed to turn these meetings into therapeutic effective interventions. It is based on quality of life research, concepts of patient-centred communication, IT developments and solution focused therapy. DIALOG+ is computer assisted and provides assessment, planning, intervention and evaluation in one procedure. It has been shown to improve patients’ quality of life and other outcomes. The question is now to what extent this new approach can and should complement, enrich or replace the more traditional CPA procedures.
Paul Binfield

Paul Binfield is Head of People Participation, East London NHS Foundation Trust. He has worked for ELFT for 10 years, during which time he has contributed to the Trust gaining national and international recognition for its good practice. Paul has used his lived experience of mental health to develop and embed the People Participation function into the everyday work of the Trust.

During Paul’s time with ELFT he has overseen a successful collaboration between the Trust and the Docklands Light Railway, which works alongside DLR staff and led to a reduction in mental health absence for their staff and suicides in the area. Paul led the Trust to pioneer service users conducting research in relation to measuring the impact of user involvement on recovery on behalf of the Trust. Paul has also led the Trust in embedding service user/user/carer staff training, service user/carer staff recruitment system.

Graham Fawcett

Graham Fawcett is a consultant psychologist and professional lead for adult psychological services in East London NHS Foundation Trust. He was clinical member and IT liaison for the ELFT CPA redesign project. He contributes to a range of clinical health informatics and design projects with a particular interest in process data and outcome data visualisation. He has worked for ELFT since 2005 with a particular clinical focus on trauma co-presenting with severe and enduring mental health issues. He was a member of the pan London Bombings response and head of the London Military Veterans pilot service. He has 15 years’ experience as a humanitarian aid worker and has recently taken up a post as Director of Psychosocial services for Thrive Worldwide delivering physical and psychological occupational health services to the international humanitarian sector.
Abstract:
Together with colleagues we are going to present ELFTs journey in establishing a new recovery care oriented process and corresponding tools. We will present the thinking and decision making that led to the new approach and introduce the building blocks of an electronic care planning system. The entire process starts with “what matters to me” questions and care planning at ELFT is now focused towards service user’s predominant needs as identified through a screening process based open the DIALOG (PROM) scale. This allows dynamic patient-related outcome monitoring embedded with care planning and a solution focused approach based upon the principles established through research on effective therapeutic engagement (DIALOG+).
Martin Cartwright

Dr Martin Cartwright is a Chartered Psychologist and Senior Lecturer in Health Services Research at City, UoL, where he is Programme Director for the MSc in Health Psychology. Martin is a behavioural scientist whose research focuses on understanding why people engage in healthy or unhealthy activities, and how we can use insights from Health Psychology and Implementation Science to change the behaviour of patients and health care professionals to improve health outcomes. He collaborates widely in research focusing on physical health with colleagues from Nursing, Midwifery, Optometry, and Speech & Language Therapy. He contributes behavioural science input to research projects to support the needs of Mental Health Service Users.

Abstract:
From COCAPP to RCA – the evaluation of system impact

East London NHS Foundation Trust (ELFT) introduced their innovative CPA process across all community teams from May 2017, following a successful pilot phase. Researchers at City, University of London have worked with ELFT to evaluate the implementation and impact of the new care planning process for service users and staff. They will describe a mixed methods process evaluation that has included the use of questionnaire surveys, interviews and care plan ratings, and present some of the interim findings.

Sri Kalidindi

Dr Sridevi Kalidindi is a Consultant Rehabilitation Psychiatrist in a community rehabilitation and recovery team at the South London & Maudsley (SLaM) NHS Foundation Trust. This role has involved the identification of significant local commissioning gaps, and work in close partnership with commissioners and others to develop appropriate, successful services, with excellent person-centred, recovery-based outcomes. Her clinical team works with service users to empower them to improve their quality of life, social inclusion and recovery, whilst also making significant savings to placement budgets.

She is the immediate past Chair of the Rehabilitation & Social Psychiatry faculty at the Royal College of Psychiatry, the national clinical lead for the ‘Getting It Right First Time’ mental health rehabilitation at NHS Improvement and national advisor for the NICE guidance on community psychiatry.

Abstract:
“Community Recovery and Rehabilitation Services – a vision for the future”.

Rehabilitation psychiatry services are essential to help people recover from longer-term mental health problems. These services have evolved in many different ways and look different around the country. Although there is not a one size fits all approach, good rehabilitation services do take a whole system approach and have person-centred care, hope and empowerment at their heart, for those people with the most complex needs in mental health services. This presentation will outline best practice points for care planning in good rehabilitation services and present a vision for the future.
## My Recovery Care Plan

**Date:** xxx  
**My Name:** xxxxxxx  
**NHS Number:** xxxxxx

### Who gets to see my plan?

Remember 5 ways to mental health & wellbeing:
- Connect - stay in touch with family / friends
- Get active
- Take notice - be more aware of the present
- Keep learning
- Give to others

### What Recovery means to me? My long term goals! What I would like to achieve in 12 months time...

For me recovery means...

This is my long term goal. I would like to achieve in 12 months....

### What matters to me?


### My skills, strengths and experiences that will help me achieving my goals:

My skills, strengths and experiences that will help me achieve my goals:

### Discussions and Actions

#### Mental health discussion and actions

A discussion and action plan for mental health issues.

This is a plan.

#### Physical health discussion and actions

Physical Health discussions and actions

Really satisfied with physical health action plan after discussion

#### Other discussion and actions

e.g. Accommodation and leisure discussion and actions. Accommodation needs attention - plan for move in autumn.

Would like to move area away from parents

Need to be more active.

Discussion around gym membership.

Need to decide how often to attend and which classes to join
Contacts for more information:

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Frank Röhricht: frank.rohricht@nhs.net; 🌐 @frank_rohricht

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