SINGLE EQUALITY IMPACT ASSESSMENT REPORT

CARE PROGRAMME APPROACH REVIEW 2007

Introduction

This assessment has been commissioned by the Care Programme Approach Review Team at the Department of Health (DH) as part of a programme of single equality impact assessment (SEIAs) designed to help the DH to meet its duties under the relevant equalities legislation and as a matter of good practice. This is to be achieved both through the assessment of the proposals contained within the CPA review document and by facilitating consultation events across the country to determine how those people who will be directly affected feel about the proposals.

The Care Programme Approach (CPA) by its very nature strives to provide person centered care to service users and endeavours to remove barriers to the equitable provision of services. However, creating a culture whereby we embed and systematically consider the impact of policy development and decisions on different equality groups represents a major shift in the CPA process. It requires a shift whereby CPA considers not only prevention of unintended discrimination, but addresses questions relevant to the positive promotion of equality of opportunity and the appreciation of diversity within the CPA.

This report highlights the key findings of the single equality impact assessment work that was carried out on the Care Programme Approach Review.

Aims of the CPA Review

In brief the CPA Review aims to guide and support mental health services to ensure that policy intentions and aspirations are implemented at an operational level – and are more consistently applied across England. The following initiatives are being undertaken to support the review:

- Underpinning policy and implementation guidance with a statement of common values and principles that are agreed by services users and providers
- Providing further guidance to services for individuals that might need higher levels of support
- Emphasising the importance of considering physical health and social outcome needs
- Developing good practice guidance to provide service users and carers with the information they need about CPA
- Providing practical advice on how bureaucracy might be reduced to cut down on time wasted and duplication to allow more opportunities for interaction between service users and practitioners
- Publishing best practice guidance on risk assessment and management – with service user and carer involvement being a key element

- Making clear the competencies a care co-ordinator needs to carry out the job properly
- Developing national training in care co-ordination and risk and safety management for care co-ordinators and teams
- Working with the Healthcare Commission and the Commission for Social Care Inspection (CSCI) to develop measures that can be used to assess the quality of the CPA system. Service user feedback and local audit will be important elements in this.

The Review is linked to the strategic aims of the Department of Health to make service delivery more person centered.

SINGLE EQUALITY IMPACT ASSESSMENT

The scope of this work was to look at the impact of the CPA on the 6 equality strands: race, disability, gender, sexual orientation, religion, and age. The work builds on the initial assessment carried out with reference to race and gender in February 2007.

While public bodies have a duty under equality legislation to undertake equality impact assessments in the areas of race, disability and gender, it is recognised good practice to also take into account equality in age, sexual orientation and religion or belief.

This single equality impact assessment was carried out in compliance with the requirements of the Race Relations (Amendment) Act 2000, the Disability Discrimination Act 2005 and the Equality Act 2006. This SEIA focuses on eliminating discrimination, promoting equality of opportunity and good relations between people of different groups (based on age, disability, gender, race, religion and sexual orientation).

In particular, this SEIA was interested in consulting a representative group of people from statutory and non-statutory sector organisations who have first hand experiences of working in, or using mental health services.

Methodology

In the course of the SEIA, Intelligent Service Improvement Limited (ISI), who were commissioned to conduct the SEIA, undertook desk research, consultation events and we sent out questionnaires to relevant stakeholders.

The desk research included examination of documents relating to CPA, and the thinking behind the Review and the Race and Gender Review Report1.

In keeping with impact assessment processes, ISI conducted an initial screening workshop with internal strategic stakeholders. The workshop involved a presentation

[1] **Williams, Dr Jennie:** Director Inequality Agenda Ltd; **Keating, Dr Frank:** Senior Lecturer Royal Holloway, University of London. *THE CARE PROGRAMME APPROACH: RACE AND GENDER IMPACT SCREENING*

and a Question and Answer session on Reviewing the CPA. Participants were then asked to complete an Equality SWOT (strengths, weaknesses, opportunities and threats) analysis paying particular attention to the proposed key areas for change and improvement and the consultation questions at the end of the each section of the consultation document. They were then asked to look at the impact of the proposal on the various equalities strands and answer the following questions:

- How do the proposals ensure that equalities are integral to the CPA process?
- What is the impact of each proposal on each equality group?
- What is the extent of that impact?

They were also asked to feedback on information provided particularly with regard to:

- What sort of information they felt they needed to be able to participate better?
- What information already exists? and
- Whether the information that exists is reliable and up-to-date?

A questionnaire was sent out nationally, through the National CPA Association, to professionals in the field. It was also sent to a wide variety of service user and carer networks to ensure that persons who were not able to attend the national consultation events had the opportunity to input into the process. The questionnaire was vetted by a sample of statutory service providers and service users. It contained 14 questions which looked at each section contained within the review document and asked relevant equalities related questions about each. See Appendix 1 for a copy of the questionnaire.

Five full impact assessment consultation events were held nationally. They were held in London, Birmingham and Leicester. Two of these events were specialist events, as they focused on people with disabilities and on BME people.

All questionnaires and consultation packs were accompanied by a CPA Consultation Brief, which outlined what CPA was, what the review was about and highlighted the report from the initial screening consultation event. See Appendix 2. During the consultation events participants were given an overview of single equality impact assessments and the CPA Review document. They were then asked to respond to 5 key questions which linked with the wider Equality Impact Assessment framework. See Appendix 3 for the list of questions.

Consultation and Involvement

The people involved in the initial screening and consultation included strategic staff, nursing staff, community groups service users and carers.

Core Principles Identified by Participants as relevant to Equality and Diversity in CPA

1. Include service users and their carers in the drafting of a national equality and diversity strategy and implementation plan to ensure that equality issues are embedded in the CPA as part of mainstream delivery
2. Identify expected equalities outcomes and equalities performance indicators for the CPA
3. Clearly state at what stages of the CPA the cultural needs of the service users are taken into account
4. Provide a robust national induction programme for Care co-ordinators which incorporates equalities as one of its core principles
5. Ensure that service users can access services that are 'fit for purpose' and appropriate to their needs
6. Ensure that there is clarity around how complex a case needs to be to qualify for the CPA
7. Ensure that there is appropriate continuity of care as people move from one age group to another
8. Identify the links between the CPA and other national mental health programmes
9. Publish facts and figures for the profile of number of people on the CPA and the recovery rates
10. Publish documents in simple language either in conjunction with representative service users and carers or that are vetted by CSIP service user and carer leads
11. Close the gaps between CPA strategy and implementation
12. Acknowledge links between the different services that contribute to people's physical and mental health and highlight areas of good practice
13. Provide guidance to all those involved in the CPA on service user and carer involvement
14. Assess the issues around lack of adequate support and respite care for carers and make explicit provisions to address this

Feedback from consultation events

The general feedback from participants is that the Review consultation Document is well thought out generally and is very good on generic CPA issues, but that it does not take account of any equality and diversity issues.

There was a sense of frustration amongst participants that questions about equality were being posed at such a late stage in the Review Process. As with the Screening workshop, participants of the full impact consultation events stated that they felt that it may be too late to ask many of the questions regarding equalities. They felt that the CPA Review consultation process should have started with equality and diversity issues at the forefront and that they should have been built into all aspects of the mainstream consultation process. Service users in particular also felt that they should have been involved from the very beginning, in the writing up of the document, so that they would have had the opportunity to contribute their own experiences and knowledge.

The Review Consultation Document contained consultation questions at the end of each Section, and participants indicated that they felt that the consultation questions at

the end of some of the Sections also needed to explore equality issues. Though it was acknowledged that the Review Consultation Document is not going to be re-issued, participants have suggested that for future reference, each Section should include consultation questions on expected outcomes regarding equalities in the CPA and a question on equalities performance indicators.

It is also generally felt that the Review consultation Document should have been more comprehensive so that equalities form an integral part of it, and that the first round of consultation should have flagged up the fact that equalities were not a core and underpinning value that was embedded throughout the document. Participants felt that the relevant equality strands included in this SEIA were not specifically mentioned within the CPA Review consultation document and that this was a huge omission. There is no in depth discussion on culture, language, age, social economic and multiple diagnostic needs.

Feedback gathered at the initial screening workshop and from later consultation events and from questionnaires suggests that the proposals contained in the Review consultation Document, in their current form, potentially can have an adverse impact on all equality strands which can result in practices directly or indirectly being discriminatory. In brief participants felt generally that equalities and the processes for ensuring that equalities were embedded within the new proposals were not strong enough.

Specifically participants indicated that they felt that the proposals did not measurably demonstrate how they would improve or impact the needs of specific groups of persons on the CPA, particularly older people, BME communities, children and those for whom religion and belief are important. They elaborated on this point during in-depth discussions and the following core issues were identified as their main concerns regarding impact of the new CPA on communities. Recommendations were also made a propos each issue identified and discussed.

1. Values and Principles

Participants feel that the values and principles that underpin the Consultation document and its proposals do not either implicitly or explicitly include equalities nor do they demonstrate how equalities are to be embedded.

They pointed out that Section 2 discusses at length the main ideologies and philosophies to be embedded within the new CPA, including the fact that it is to be based on a whole systems approach, and that it is meant to be inclusive and dynamic and drawing specifically from the 12 essential shared capabilities, but that it does not mention equalities or diversity.

Participants expressed their disappointment that the Review Document failed to explicitly commit to equality and diversity and agreed that Section 2 should have been written by the service users themselves or in partnership with service users and carers.

Recommendation

It was recommended that Section 2 be rewritten with input from service users and carers from the relevant communities, to ensure that equality and diversity underpinned the entire document and that equality issues are well accounted for and play a prominent and explicit part in the reinforcement of the values of the new CPA.
The general feeling is that once equality and diversity become core values in Section 2, they would be reflected throughout the rest of the Consultation Document.

2. Embedding Equalities

Across the board, participants felt that none of the proposals in the Review Document were sufficiently explicit about expected outcomes regarding equalities and that the document did not try to define what the performance indicators around equalities in CPA should be.

They stated that the proposals did not demonstrate how the tendency to generally organise services in ways which do not directly take account of the actual needs of the individuals as members of a particular community, would be dealt with.

Participants thought that it was laudable that the Review Consultation Document and project statement indicated that the new CPA was meant to be more person centered, but felt that the actual proposals did not go the distance in exhibiting how this was to be done with reference to equalities.

Some took particular issue with Section 11and its consultation questions on measuring and auditing. It was generally felt that the Section was not robust enough about how monitoring and evaluation was to be done and by whom to ensure that equalities were adequately integrated into the new proposed CPA.

Recommendation:

Participants indicated that they wanted to insure against service providers devising checklists for delivery re equalities, rather than trying to embed the values within their way of working. They felt that Section 11 needs to provide more guidance on how provider services would ensure that equalities are embedded into the new proposed CPA.

Section 7 states that services and commissioners should consider these wide-ranging needs at individual assessment and planning level and at aggregate service commissioning and planning levels across agencies to develop and co-ordinate service provision to meet the "whole person" needs. Participants felt that it was vital that the Section explored how exactly this would be done with reference to equalities.
They also recommended that each Section should be explicit about the expected outcomes regarding equalities.

3. General Cultural Awareness and Competence

A theme running throughout discussions was that CPA processes as they currently exist, and the review document itself, do not address the importance of cultural awareness particularly for BME groups, travelers, refugees and those with specific spiritual needs. Similarly for people who are part of lesbian, gay and bisexual communities, identity and cultural needs should be an intrinsic part of the assessment process. It was felt that understanding and knowledge of different cultures and identities was missing in all aspects of CPA and that the Review Document did not adequately address this issue. They felt that where assessments are carried out in the absence of this knowledge, recovery is likely to be hindered.

Recommendation:

The final Review implementation Document must identify how and at what stages during the new CPA Process service providers identify cultural needs that have to be an intrinsic part of the assessment process.

4. Staff and Care Co-ordinators

Participants felt that the Review Consultation Document did not mention or demonstrate how Mental Health Services would go about ensuring that they developed and demonstrated cultural competence to ensure that staff, particularly care coordinators, are able to understand, communicate, operate, and provide effective services cross-culturally.

Specifically, they explored Section 4 which discusses the competencies of the Care Coordinator, and pointed out that the Section does not mention cultural competence, or equality and diversity, or any other relevant equality training.. It was stressed that competence also included competence in meeting the needs of older people.

On this issue, discussion highlighted concern that both staff and service users were likely to have their own prejudices. Participant felt that this was particularly relevant around disabilities, Lesbian Gay and Bi-sexual issues, race and gender. The question arose about how the CPA programme addresses issues of prejudice and discrimination.

The general agreement was that staff at all levels need to improve their skills in diversity and equality issues and that the CPA Review needs to highlight this as a key target.

There was also much discussion around the definition of the Care Co-ordinator role and on who qualifies to be a care co-ordinator. Participants felt that the Review Document almost assumes that the Care-Co-ordinator will come from the statutory service provider sector, and that it does not entertain the notion that the co-ordinator can come from varying sectors involved with the CPA. Service users and carers present at the consultation events indicated that they wanted the opportunity to be care co-ordinators

with the support of a well trained advocates – they stated that they felt that they were best placed to understand their needs better than anyone else.

Recommendation:

It was recommended that the Review implementation document should address how to provide a robust national induction programme for care-coordinators, which incorporates equalities as one of its core principles. It was suggested that the programme addresses issues around:

- *Assumptions*
- *Challenging personal prejudices*
- *Interpretation of an individual's language and behaviour;*
- *The impact of discrimination on individuals.*
- *Leadership*

They also suggested that a comprehensive good practice guide should be developed to accompany the final document, and that the guide must contain examples of good practice specific to equalities in CPA.

The CPA Review implementation document should explore the possibility of expanding the definition of the Care –Coordinator to include the possibility of the Service User, Carer or Advocate becoming the recognised co-ordinator. This would have to be supported by the determination of specific criteria for care co-ordinators and the identification of trained advocates who would support the service user or/and carer.

5. Access to Services

Workshop participants indicated that it may be useful to include a separate Section around access. They explained that they thought that this was relevant to this SEIA because they felt that the Consultation Document did not adequately address issues around interpretation and translation where language is a barrier.

They indicated that they felt that there are significant issues around language that must be addressed in the national policy and that this is not an issue that should be left to be addressed locally. They went on to point out that since CPA is meant to be person centred, that there is an obligation to ensure that persons on CPA can adequately participate in the process and in their own care, and that an integral part of making that happen was paying attention to, and making provision for language barriers.

Participants also took issue with the use of the term ‘access to services’. The main issue here is that they felt that the term access lent itself to being interpreted as mostly ensuring that service users and carers knew about the services and about pathways to entry, but that it did not adequately ensure that services themselves were equipped to deal with or focus on specific needs of specific clients based on the communities they identified with.

Recommendation:

Participants suggested that in the absence of a separate Section on access, that Section 6 which discusses service user and carer engagement should include some discussion on access to services. It is vital that all service users and carers are involved from the very beginning in developing national policy around access and language for CPA. It was stressed that issues around language, interpretation and translation were equally relevant to people with hearing impairments.

It was suggested that though Section 2 refers to access to services, that it may be useful to use the term services that are 'fit for purpose' instead.

6. One level of the CPA

Participants stated that they felt that Section 3 needed to be more explicit regarding the criteria for and the complexity of having a new single level CPA, particularly with reference to BME communities. It was pointed out that there was no acknowledgement within the Consultation Document that BME service users tend to be the ones on enhanced CPA, and therefore no mitigating provision to ensure that within the new single CPA structure that BME communities are not inadvertently discriminated against.

Recommendation:

Section 3 needs to go further to define the process for determining who should be on the new CPA. Participants stated that Section 3 needs greater clarity on how complex a case had to be to qualify for a CPA. They also want assurances that systems were being put in place to ensure that culture would be considered when determining if a person should be on CPA. They felt that this was relevant especially with regards to black men, (many of whom they say are on enhanced CPA), who have been traditionally regarded as aggressive, due to their body language and their manner of speaking, both of which can be attributable to culture.

They also suggested that Section 3's proposal questions should include a description of how the new CPA should go about ensuring that certain communities are not adversely affected.

7. Cross cutting equalities issues

Of particular importance also was the question of how the CPA would apply to persons who may face what can be termed 'multiple disadvantages' within the system. This point is relevant to all the equalities strands, for example to BME communities, women and gay and lesbian people who have physical or sensory impairments. It was felt that this needs consideration within the wider context of the document.

This point was also emphasised with reference to older adults, and it was suggested that there needs to be systems in place to ensure that older adults who typically are dealing with both mental and physical issues are catered for.

Recommendation

Section 5 needs to also unequivocally mention and discuss continuity of care for older adults and for children and young people.

8. Links with other national programmes

It also pointed out that neither the Children and Adolescent Mental Health Services (CAMHS) nor the Delivering Race Equality (DRE) Programme[2] highlighted in the document. Participants felt that Consultation Document needs to clearly refer to other national programmes that impact these particular communities to ensure that programmes were not working in silos.

Recommendation:

DRE particularly should feature prominently in Sections 1 and 4, since DRE is a significant national programme that will have direct impact on BME service users, carers and on service providers, and since DRE is underpinned by the same core principles that underpin the CPA Review.

Participants noted that both CAMHS and DRE have developed a comprehensive cultural competence toolkit for staff and that these toolkits should feature as part of the Care Coordinators training programme under CPA.

It was also noted that Section 2 references the 10 Essential Shared Capabilities, but does not mention the 12 service characteristics of DRE. Participants felt that the 12 service characteristics should be integrated into the Section 2 and that the Race Relations (Amendment) Act 2000, and the Disability Discrimination Act 2005, should feature here as well and they have a direct impact on duties required to be carried out.

9. Monitoring and Evaluation

The workshops highlighted that participants felt that they needed to see evidence that the CPA is being monitored. The group wanted to see a clear process for monitoring the equality impact of the whole CPA programme.

Participants also agreed that a nationally led equality and diversity strategy and implementation plan is needed to ensure that equality and diversity issues become an integral part of the CPA programme. This would need to be backed up by effective equality monitoring systems to ensure that all diverse groups gain equal access to the CPA programme.

A constant theme across all the consultation events was the lack of data and evidence within the Review Document which tracked the need of diverse groups. Participants felt that clear data was needed with evidence, facts and figures to identify patterns of which communities tended to be on CPA and the recovery rate of persons from those communities as it related to CPA. Service users wanted to know the profile of people currently on the CPA programme and were keen to ensure that any changes to these profiles were tracked to ensure that changes to the CPA programme did not disadvantage vulnerable groups.

Recommendation:

It is recommended that a National Equality and Diversity Strategy and Implementation Plan be developed for the CPA Review. The Strategy should contain hard indicators and specific targets to be achieved. Key Performance Indicators are an important part of the CPA Review Programme's commitment to improve the quality of the Care Planning Approach. Participants felt that patients and the public have a right to know how well different NHS organisations are performing with respect to the CPA,and they feel that different NHS organisations also need to know how well they are doing in comparison with others, so that good practice can be shared can be shared and weaknesses can be identified and acted upon.

The proxy key performance indicators identified include:

- *Level of attendance of key staff including GPs to team meetings*
- *The ability of service user or carer or advocate to chair meeting*
- *The creation and local agreement of an effective CPA process map which embeds equalities*
- *The identified and recorded definition of recovery by individual service users on CPA*

It was also suggested that the strategy should also make provision for unannounced spot checks and visits to service providers to ensure that proper procedures are being followed re equalities, and that all relevant documents and paper work are completed, and that quality controllers should be able to periodically sit in on CPA team meetings to ensure that diversity issues for each case are being taken account of.

10. Language and Jargon

Workshop participants also took issue with the language and jargon used in the Review Document which were both seen as a huge barrier to the involvement of diverse groups. They felt that the language presumes pre-existing knowledge and is hard to follow. Much of the terminology used could be interpreted in different ways. For example, participants asked

- "What does person centered mean?"
- "What is the difference (if any) between CPA and care management?"

Recommendation:

The final document should be written using plain English and should be written either in conjunction with representative service users and carers or should be vetted by CSIP service user and carer leads.

11. Organisational Culture and Bureaucracy

Participants agreed that one of the biggest challenges for diverse groups is that the whole CPA system is very bureaucratic. There is a gap between aspirations and delivery and unless the organisational culture which has led to this is challenged, the review of CPA is unlikely to improve the situation for diverse groups.

It was felt that there are areas where the system breaks down – often due to lack of understanding and knowledge of the process in play by service providers, incomplete paperwork and lack of communication. Many felt that the system breaks down at assessment level.

Recommendation:

Proposals for improvements were to

- *Make the basics of CPA simpler and clearer for service users to understand*
- *Manage awareness and expectation of staff – so that their knowledge and skills are improved.*
- *Insist that all providers create a comprehensive process map for the CPA in partnership with service users and carers and all other relevant stakeholders.*

12. Continuity of Care

Difficulties in accessing are across services was an important issue for participants who felt that people on the CPA also generally needed to access services relating to housing, employment, citizenship, physical health and benefits for example. It was agreed that the CPA did not address needs across all services, and that this for instance will be disadvantageous to people who have pathways through the criminal justice system. It was stated that it can take up to 2 months for medical records to follow a service user to prison or to resettlement upon release. There was expressed concern about the transition between CAMHS and adult services and the transition between adult services and older people's services. Participants felt that the Review Document did not adequately address these issues.

Recommendation:

The final Review Document should actively acknowledge links between the different services that contribute to people's physical and mental health and highlight areas of good practice.

13. Service Users and Carer Involvement

Participants felt that the Review Document did not adequately cater for the involvement, participation and ultimately the empowerment of the service user or carer. It was felt that though Section 6 mentions that 'involving and enabling service users and carers should be at the heart of policy and practice in the assessment and planning of care', that the Review Document itself does not go the distance in ensuring that this happens.

The participants acknowledged that different groups needed different types of support and the recommendation was that these diverse needs are highlighted as part of the review. It was suggested that there were different expectations for different groups due to age or cultural issues for example. The most vulnerable groups in the CPA system which could slip through the net were highlighted as:

- Young offenders
- Young black men.
- Transitional groups such as asylum seekers and travellers

Recommendation:

The final Review document must specify that service providers must actively involve service users and carers and that the document should accompany guidance for involvement.

Workshop participants also suggested that the final Review implementation Document should be written in a manner that included the service user and carer perspective, in order to ensure that the document included equalities at every level. They felt that this was important in order to ensure that the person and their whole identity were taken account of in CPA, not just the mental health element.

14. Carer Support

The consultation workshops highlighted the importance of carers' assessment and support for carers. Carers wanted the new CPA to explicitly acknowledge their roles as carers and acknowledge the fact that this role can impact on their own mental health and well being. In times of crisis the carer can also be distressed and this needs to be taken into account. The issue of young and same sex carers, who are often hidden, was missing from the Review Document. The document also did not address the issue of cultural understanding of the carers' role for someone on CPA.

Recommendation:

The new CPA must highlight the importance of:

- *Respite provision*
- *Support programmes for carers*
- *Systems and provisions being made for the patient to have alternative persons to rely on.*

Section 6 should address the issue of carer support and respite and make explicit provisions for them.

Date of Single Equality Impact Assessment Report: November 2007

Date of Publication of Results: December 2007

Appendix 1

The Questionnaire

Please briefly consider the following 14 questions. Your answers will help us determine if the proposals and statements contained in the Consultation Document will adequately embed equality and diversity into CPA, thereby ensuring that relevant communities will not be disadvantaged.

Please send your feedback by the 1st November to: cpafeedback@isiltd.net

1	**About yourself**
Please tell us which geographical region you work in	
Please describe briefly the communities that you serve in relation to the six equalities strands that have been included in this SEIA	
Please tell us about any issues pertinent to equalities in CPA that are relevant to the communities that you serve	
	The following questions are all directly based on the proposals and statements contained within the Consultation Document. Each question follows the proposal or statement of intention from the relevant Section of the Consultation Document
2	**Section 2: Values and principles**
Proposal: The Care Programme Approach should be underpinned by an explicitly stated set of values and principles.	
How well do you think that equality and diversity have been embedded into the values and principles of the Consultation Document? Please provide a brief explanation for your answer.	
3	**Section 3: Who should CPA be for?**
Proposal: One level of CPA focusing on complex service response and complex need. Key groups identified.	
Do you feel that one level of CPA would particularly benefit or disadvantage any community? Please provide a brief explanation for your answer.	
4	**Section 4: The Care Coordinator**
Proposal: National competencies to be identified for the role of care co-ordinator.	

The role of the care co-ordinator is pivotal to the success of the CPA. We want to strengthen the role and consider the need for national frameworks of competencies and training.
The role of the Care Coordinator is a pivotal one in the plans for the new CPA. Do you think that the Consultation Document has done enough to ensure that Care Coordinators have the cultural competence to ensure the delivery of appropriate and responsive services across all equality strands? Please provide a brief explanation for your answer.
5 Section 5: Continuity of Care
Proposal: Services should review their CPA procedures to ensure pathway approaches to the CPA and improved continuity of care – particularly with in-patients and prisoners.
Has this section adequately ensured that services will review their pathway approaches to CPA, and improve continuity of care in a manner that will ensure that all equality strands are catered for? Please provide a brief explanation for your answer.
6 Section 6: Service User and Carer Engagement and Involvement
Involving and enabling service users and carers should be at the heart of policy and practice in the assessment and planning of care.
Has this section adequately ensured that race, disability, age, gender, sexual orientation, and religion are core consideration when engaging service users and carers? Please provide a brief explanation for your answer.
7 Section 7: Choice in mental health
The CPA should be used to record the wishes of service users, including any advance directives or decisions, when they are relatively well to inform their care and treatment when they are in crisis. The record should include the choice of interventions discussed with the service user and or carers and relatives, what was decided and by whom.
Will the CPA adequately ensure that processes are in place to take account of and record the wishes of service users from all equalities strands? Please provide a brief explanation for your answer.
8 Section 8: Clinical Risk Assessment and Management
Proposal: The Department of Health is developing a framework on the evidence of effectiveness of risk assessment tools. Services should consider this when reviewing systems and approaches to assessing and managing clinical risk.

Does this proposal adequately address the need for service users and carers from different communities to be better involved in decisions about, and managing, risk and safety? Please provide a brief explanation for your answer
9 Section 9: Tackling Bureaucracy
National policy has aimed to avoid being over-prescriptive in what documentation should
be kept in relation to the CPA, but experience suggests that this may have had the
paradoxical effect of allowing local bureaucracy around the CPA to burgeon.
Would any of the suggestions for reducing bureaucracy unfairly discriminate against any particular community? Please provide a brief explanation for your answer
10 Section 10: Measuring and Improving Quality
Auditing and measuring the quality of the CPA is carried out in a variety of ways – both locally and nationally.
Has this section adequately ensured that proper monitoring and evaluation processes are in place to guarantee that equalities and diversity are properly embedded into CPA? Please provide a brief explanation for your answer.
11 Do you have any concerns that any of the following groups are not getting their needs met under CPA? **BME people, gay and lesbian people, children, older adults, members of a particular religious community, men, women, disabled people, offenders and ex-offenders.**
12 If you answered yes to the above question, what do you think needs to happen to make sure that their needs are met within the new CPA?

13 Where do you think this fits into the CPA review?
14 People from different equality strands often find it difficult to access relevant info regarding their CPA. Do you think that the proposal goes far enough to ensure effective communication between service users, informal carers and service providers?

Please send your feedback to: cpafeedback@isiltd.net
If you have any other questions about the process, please send to enquiries to:
Denise.bobb@isiltd.net
Hazel.sawyers@isiltd.net

Appendix 2

Brief Outline of Consultation Exercise

Thank you for agreeing to participate in the Single Equality Impact Assessment (SEIA) for the Department of Health's CPA Review.

Intelligent Service Improvement Ltd. has been commissioned by the Department of Health to project manage the Single Equality Impact Assessment for the CPA Review.

The Single Equality Impact Assessment

- An equality impact assessment is a way of systematically assessing, and consulting on the effects that a proposal is likely to have on people, depending on their racial group, gender, disability, sexual orientation, age, religion
- The main purpose of an equality impact assessment is to try to prevent the possibility that a proposal could affect some groups unfavourably.
- The Dept of Health is developing policy and a toolkit around conducting SEIAs
- This means that instead of doing individual EIAs for each equality strand, they are encouraging all their programmes to do a single one
- The single EIA exercise will incorporate all the strands, as a matter of good practice

Equalities strands included in this SEIA

- Gender
- Age
- Disability
- Religion (belief or non-belief)
- Race
- Sexual Orientation

A SEIA is made up of two stages:

- Stage 1 involved examining the proposal to see if it is relevant to equalities. This is called SCREENING.
- Stage 2 involves a full assessment of the proposal to determine if it could potentially have adverse effects on any particular groups.

Stage 1: Initial Screening Consultation event was held in August 2007

- Consulted strategic stakeholders from all equalities strands
- Report written and submitted to SEIA Steering Group

See attached document for highlight report on Stage 1 Screening Consultation event.

The Care Programme Approach Review

The Care Programme Approach

The Care Programme Approach (CPA) is the term used to describe the system for assessing, planning, reviewing and managing patient (service user) treatment, care and support in specialist (secondary) mental health services. These services can be provided to a service user living in his or her own home, or in other settings (e.g. hospital, residential care, prison). At its heart is the philosophy of person-centred care and support and service user empowerment and recovery.

The system was introduced in 1990 and its four main elements are:

- Systematic arrangements for assessing the health and social needs of people accepted into specialist mental health services
- The formation of a care plan which identifies the health and social care required from a variety of providers
- The appointment of a key worker (care co-ordinator) to keep in close touch with the service user and to monitor and co-ordinate care;
- Regular review and, where necessary, agree changes to the care plan.

Policy guidance stresses the importance of close working between heath and social care agencies and the need to involve service users and carers in the assessment and planning of service users' support and care.

The Review

In general the policy intentions remain consistent – the review aims to guide and support services to ensure that policy intentions and aspirations are made real on the ground – and more consistently applied across the country (England). We are doing a number of things to support this, including:

- Underpinning policy and implementation guidance with a **statement of common values and principles** that are agreed by services users and providers
- Providing further guidance to services on **individuals that might need higher levels of support**
- Emphasising the importance of considering **physical health and social outcome needs**
- Developing good practice guidance to provide **service users and carers with the information they need about CPA**
- Providing practical advice on how **bureaucracy might be reduced** to cut down on time wasted and duplication to allow more opportunities for interaction between service users and practitioners
- Publishing best practice guidance on **risk assessment and managemen**t – with service user and carer involvement being a key element
- Making clear the **competencies a care co-ordinator needs** to carry out the job properly
- Developing **national training** in **care co-ordination and risk and safety management** for care co-ordinators and teams

- Working with the Healthcare Commission and CSCI to develop measures that can be used to assess the **quality of the CPA system**. Service user feedback and local audit will be important elements in this.

To view the whole consultation document, please log on to:

http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_063354

The Screening Workshop

Workshop format

The workshop included consideration of all of the equalities strands – race, age, disability, sexuality and sexual orientation, religion and faith and gender and the report provides a useful audit trail.

Priority Level

Participants feel that there is the potential that the proposals would have a high level of adverse impact on all the equalities strands included within this SEIA. Consequently, they have recommended that the **Reviewing the Care Programme Approach 2006: A Consultation Document** goes out to full equality impact assessment consultation.

Assessment of Impact

Generally participants acknowledged that the values and concepts underpinning the CPA Review were appropriate, nevertheless, they felt generally that equalities and the processes for ensuring that equalities were entrenched within the new proposals were not strong enough.

Participants indicated that the proposals did not measurably demonstrate how they would improve or impact the needs of specific groups of persons on the CPA, particularly older people, children and those for who religion and belief are important.

Participants also felt that the Consultation Document did not adequately highlight the importance of assessing the needs and risks specific to each particular equality group.

They indicated that the consultation questions needed to explore equality issues and that either the existing questions needed to be tailored to ensure that equalities are considered or that new questions needed to be added.

Participants indicated specific concerns with regard to the following issues:

1. **Embedding Equalities:**

- The proposals were not sufficiently explicit about expected outcomes regarding equalities and the document did not try to define the performance indicators around equalities in CPA.
- Section 11 is not robust enough about how monitoring and evaluation was to be done and by whom to ensure that equalities were adequately integrated into the new proposed CPA.

Recommendation:

- Each Section should include a consultation question on expected outcomes re equalities in CPA and a question on performance indicators regarding equalities.
- Section 7 should explore how exactly services and commissioners should consider the wide-ranging needs at individual assessment and at aggregate service commissioning and planning levels across agencies with reference to equalities.

2. Staff and Care Coordinators

- Consultation Document did not demonstrate how Mental Health Services would ensure that they developed and demonstrated cultural competence to ensure that staff, particularly care coordinators, are able to understand, communicate, operate, and provide effective services cross-culturally.
- Section 4 does not mention cultural competence or any other relevant equality training.

Recommendation:

- Section 4 should focus on the provision of a robust national induction programme for care-coordinators, which incorporates equalities as one of its core principles.
- A comprehensive good practice guide should be developed to accompany the final Review document. The guide should contain examples of good practice specific to equalities in CPA.

3. Access to Services

- May be useful to include a separate Section around access. They felt that the Consultation Document did not adequately address issues around interpretation where language is barrier.
- Issues around language that must be addressed in the national policy and not left to be addressed locally.
- Drop the term ‘access to services’ used in the document as the term access lent itself to being interpreted as mostly ensuring that service users and carers knew about the services and about pathways to entry.

Recommendation:

- In the absence of a separate Section on access, that Section 6 which discusses service user and carer engagement should include some discussion around on access with reference to equalities
- Though Section 2 refers to access to services, that it may be useful to use the term 'fit for purpose' instead.

4. **Values and Principles**
   - Values and principles underpinning the Care Programme Approach do not specifically include or demonstrate how equalities are to be embedded.
   - Equalities do not really seem to be one of the core values underpinning the Review
   - Section 2 discusses the main ideologies to be embedded within the new CPA, but that it does not mention equalities.

   Recommendation:
   - Section 2 should be rewritten to ensure that equality and diversity underpin the entire document.

5. **One CPA**
   - Section 3 needs to be more explicit regarding criteria and complexity regarding the one level of CPA, particularly with reference to BME communities.

   Recommendation:
   - Section 3 needs to go further to define the process for determining who should be on the new CPA.
   - Section 3 needs to build in assurances that systems were being put in place to ensure that culture would be considered when determining if a person should be on the one CPA.

6. **Cross cutting equalities issues**
   - How CPA would apply to persons who may face what can be termed 'multiple disadvantages' within the system e.g. BME communities, women or gay and lesbian people who have physical or sensory impairments.

   Recommendation
   - Section 5 needs to also unequivocally mention and discuss continuity of care for older adults and for children and young people.

7. **Links with other national programmes**
   - Neither the Children and Adolescent Mental Health Services (CAMHS) nor the Delivering Race Equality (DRE) Programme were mentioned in the document.
   - Participants felt that Consultation Document needs to clearly refer to other national programmes that impact these particular communities to ensure that programmes were not working in silos.

Recommendation:

- DRE should feature in Sections 1 and 4.
- Both the CAMHS and DRE cultural competence toolkits for staff should feature as part of the Care Co-ordinators training programme under CPA.
- Section 2 needs to refer to the 12 characteristics of DRE.

Please send your feedback to:
cpafeedback@isiltd.net

If you have any other questions about the process, please send to enquiries to:
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Appendix 3

Consultation Events Questions

Question One

Have we taken proper account of Equalities issues in the areas covered by the consultation document?

Question Two

Is there any chance that the proposals could disadvantage your community/ or any others?

Do you feel that any of the proposals would adversely affect any particular community or benefit any community in its present form?

Please identify the community, the potential impact, and the degree/level of impact.

Question Three

Have we thought properly about all the Equality strands?

How can we ensure that the proposals take account of and embed equalities?

We would like to know if the consultation questions contained in the consultation document take account of all the equality strands relevant to this exercise.

Question Four

Are we doing enough to monitor the review?

Are further actions required to make sure that particular policies have a positive impact on all equality strands?

Are additional monitoring processes required in your view?

What specific steps need to be taken in the design, delivery and evaluation of the self-regulation approach to ensure that that there is no adverse impact equality?

Question Five

Do you know of any areas which have been successful in promoting race equality?

Can you, in relation to specific policies, point us to examples of good practice in promoting race equality? For example, can you draw our attention to any papers or reports from your own organisation, institution or personal experience?