

## CPAA North Region

Minutes of the North Regional Meeting  
Held at Harrogate District Hospital, Harrogate  
On Tuesday 16<sup>th</sup> February 2010

### Present

Ivan Creaser	North Yorkshire & York Primary Care Trust
Sheila Shaw	North Yorkshire & York Primary Care Trust
Simon Binns	Bradford District Care Trust
Laura Scott	Bradford District Care Trust
Phil Tordoff	Metropolitan Borough of Calderdale
David Gilbert	Tees, Esk & Wear Valleys NHS Foundation Trust
Donna Kemp	Leeds Partnership NHS Foundation Trust

### Apologies

Graeme Buckley	Northumberland Tyne & Wear NHS Trust
Andrew Lang	Isle of Man Mental Health Services
Steve Jones	Sheffield Care Trust
Sara Johns	Humber Mental Health Teaching NHS Trust

### 1. Welcome

Introductions made.

### 2. Minutes from Last Meeting

Frequency of meetings discussed, all agreed to keep at quarterly.

**PbR** - Some trusts appointing a lead in this area. PT stated his trust will be shadowing the income to see how it will work, and SWYFT are looking to include social care aspects into the PbR framework. Overall, members feel that PbR is ok, but some money does need to go into workforce development and training.

**Training Materials** - DG stated that training materials are still WAA focused, and he has liaised with CCAWI, who told him that the work was only commissioned for WAA, they are hopeful of widening this out, but no time frame for this was given. This does have some impact on training delivery, training is bespoke by team generally. SB pointed out that Older Persons services have been a driver for CPA training as they felt that they were being a bit left behind.

**ISAT** - Members stated that they weren't really using this tool.

**Lead Professionals** - It appears that most trusts lead professionals are qualified for accountability reasons, and the assurance that quality assessment and planning can be delivered. PT doesn't use the term lead professional, everyone is a Care Co-ordinator. Most IT systems tend to force people down the CPA route, as the option

of lead professional isn't available. This is helping in devising care plans as there is a standard one available, PT discussed 'bolting on' care plans from other disciplines as and when necessary in addition to the overarching CPA plan.

**Personalisation** - There are discrepancies between what health considers personalisation (engagement, collaboration etc..) and what social services consider personalisation (budgets etc..), this distinction needs to be made very clear. CPA is ideally suited to delivering the personalisation agenda as the processes are basically the same, PT suggested that Care Co-ordinators are and have been 'brokers' for a long time anyway.

### 3. **Supporting the Workforce: Leeds Launch**

Members all agreed that training is essential to deliver quality services, and there needs to be training in certain areas, some of which can be covered in overview or foundation days. The new materials do support this, but there are difficulties in self assessments and being sure that Care Co-ordinators are competent to be Care Co-ordinators. PT has devised an assessment tool to ensure this, based on the CCAWI assessment of competencies, but more in depth and adaptable for different areas. PT has linked the KSF and appraisal process, and the tool can be used with universities to 'fore-arm' newly qualified practitioners with certain competencies. PT discussed the training package he will be delivering, including foundation days. SB commented that it's difficult to know who are the Care Co-ordinators as the IT system doesn't support this and clinicians recording errors, agreed by other group members. **ACTION: PT will e-mail his assessment tool to group members for their use.**

### 4. **Service User Involvement**

There was a general discussion about the pro's and con's of service user involvement in the delivery of training. IC gave account of the reasons for asking this question. PT has used Service Users in training before, in a role play capacity, and has found someone who has seen both sides of the fence and has a wealth of experience. DK commented that we should be requesting people to help, and ensure that we 'train the trainers'. DG commented that we are unlikely to get someone who is completely cold to the whole thing. All group members agreed that there needs to be some mechanisms in place for open honest transparent discussions of what is to be expected from the Service Users. trainers, i.e. do they deliver training or share their experiences? There is a need to recognise that everyone gets anxious, not just Service Users, and the need to brief and debrief should be a component of involving Service Users. LS commented that a lack of payment has been a barrier to Service Users involvement. DK posed the question of should Service Users come to the training sessions, not just as trainers. General agreement that everyone needs to be aware of the CPA process.

### 5. **Any Other Business**

DK asked where do the answers go to queries raised via CPAA (e.g. 'can anyone help A. Nurse with their question please?'). The answers go to the query raiser. Discussion about the CPAA website, should these questions be raised within the 'forum section' and consequently the answers also, members agreed that there are interesting questions raised, and are curious about the answers, but never find out. **ACTION: This question to be raised at the next national meeting.**

### 6. **Date and Venue of Next Meeting**

Bradford agreed to host the next meeting on 18<sup>th</sup> May 2010.

**7. Dates of future meetings**

*Regional Meetings*

18.05.10      Bradford

*CPAA Quarterly Meetings*

21.04.10      Gloucester Academy

14.07.10      Mapperly, Nottinghamshire

06.10.10      Swallownest, Sheffield

*CPAA Conference 2010*

November      Wales              Date and venue to be confirmed